

**BWH Radiology Residency Program**  
**Humanitarian Efforts • Where We've Been**

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## Haiti

It is hard to have expectations when traveling to a place like Haiti to volunteer in Radiology. I have volunteered in medical settings from the Peruvian Amazon to the national teaching hospital in Zambia. I have learned that you never quite know what to expect.

Caribbean turquoise water, lush mountains and a vast coastal city suggested a tropical paradise. A dense curtain of rain and black clouds over the highlands promised a cooling rain, but it never reached us. As we descended into Port-au-Prince what seemed to be urban sprawl was just tents, tarps and tin roofs. Later we learned this community-by-the-sea is one of the most dangerous in the western hemisphere.



Driving in from the airport, I was impressed by the well-paved streets and delighted by the festive and colorful vans and pick-up trucks with their passengers hanging off the back.



At the first turn off the main thoroughfare, evidence of extreme poverty and legendary destruction from the 2010 earthquake were suddenly real. The road became barely passable and people living in tents lined the streets. Some new construction was evident

between the tent cities, but these buildings, I learned, were hotels for visitors and volunteers like myself.



Monday morning we woke early and quickly learned how close we would become on this trip. Our group of 12 managed to fit in a van that no one thought could seat more than 8. After a stiflingly hot ride full potholes and laughs as we became well acquainted. The van pulled into the front gate at Bernard Mevs Hospital. While hardly impressive, it was clean and organized. The green and orange walls gave it a slightly cheery feel, especially in the early morning sun.



A small triage area was on the left once we passed the front gates. Patients would have their complaints evaluated, blood drawn, and decision for medical or surgical

evaluation made. Here too, the decision for imaging was often made.



By mid-day, this triage area became swamped with people sitting under the beating sun along the wall outside triage waiting to be seen. The wait extended out the gates of the hospital where local vendors sold their goods and hot meals to those that were waiting.



The success and strength of Bernard Mevs Hospital came in part from its CT scanner, a gift from Wyclef Jean. Unlike in other local hospitals, trauma patients presenting to Bernard Mevs can be scanned quickly and immediately transferred to the OR for acute care. The CT scanner lives in its own trailer on the hospital grounds. Aside from being the most technologically advanced part of the hospital, it was also the only place to cool off in the hospital, as the scanner needed to be kept a chilly 70 degrees to function properly.





On a typical day at Bernard Mevs, all CT images are uploaded to a web-based PACS system and read by volunteer US Radiologists, usually within a few hours of the scan being done. Part of our job while in Haiti was to take over the reading of these scans, often providing the referring physician an almost real time assessment of the patients.

Another large part of our day was teaching. For 5 days, from approximately 8 am to 5 pm, 13 Radiology attendings, residents, and technicians lectured on topics ranging from basic concepts in radiation safety to cross-sectional diagnosis of various abdominal processes. Our audience included the single radiologist employed by Bernard Mevs Hospital, the only 4 radiology residents in the country of Haiti, attending surgeons, surgery residents, and radiology technicians in training.



Throughout the day, we took the radiology residents aside to give them individual time learning to read CTs and practicing scanning.

When not reading CTs or teaching, we tried to make ourselves useful throughout the hospital. Ultrasounds at Bernard Mevs are often performed by the volunteer physicians with variable radiologic experience, so we became a novelty, particularly our fantastic ultrasound technologist!



My first case Monday morning was a middle age woman with severe dyspnea due to large bilateral pleural effusions. Without suction, we rigged a three way stopcock to a foley bag, a 20cc syringe, and the drainage catheter. I then proceeded to aspirated 3 liters of pleural fluid 20cc by 20cc. Never has my thumb been so sore!

One of the hardest aspects of volunteering here was seeing patients at such advanced stages of disease. One young girl presented to us with a knee oozing pus. Unfortunately the orthopedic surgeon was nowhere to be found and she left without care. Every morning she returned hoping to be seen and treated. When I left, she was still there, waiting.



Yet, even with all the advanced state of diseases and poverty surrounding the hospital, it was hard to not to look past it all and see the incredible people who kept the place working. Around every corner was a new inspiring story. One I found on the roof of the hospital. Here a young man lost his leg after his house fell on him during the earthquake in 2010. He rose above the stigma Haitian society has attached to limb loss, and proved he too was still a productive member of society. A welder by trade, he built the structure on the roof of Bernard Mevs and oversees the prosthetic limb

“department” of the hospital. He travels throughout Haiti and the US playing soccer with a team of amputees and has even taught US service members who lost limbs in the line of duty how to use their new limbs.



Then of course there are the patients who move you. One five year old girl was that patient for me. She came to us as a referral through a contact I had in the United States. The concern was for a ruptured spleen after a young boy kicked her in her left flank. She was initially scared of the CT scanner, but we bonded over pictures of animals I had on my Ipad from a Zambian Safari I went on a few years past. A few minutes later she was flashing a big smile and held perfectly still for her exam. Sadly, what we found was more ominous than expected – a Wilms tumor. It was by chance that a pediatric surgeon was





volunteering and was able to resect the tumor that day and no metastasis was found on imaging or in surgery. After I left, I heard she healed well and returned home.

Our days may have been all work, but the CT scanner stopped functioning at 4:30 pm everyday as the hospital was kicked off the city's electrical grid and was forced to run solely on generators. This "forced" time off left us to find dinner, play pool, and enjoy live music.



I went to Haiti not really knowing what to expect when got there. What I found was a group of people who instantly bonded over a desire to help and to serve, a group of people so genuinely thankful for that help, and experiences I will carry with me forever.