



DR/HAITI BURN CARE NETWORK MISSION

2015/2016

MISSION STATEMENT

PRESENTED BY BURN ADVOCATES NETWORK, LTD.

A 501(C) 3 NOT-FOR-PROFIT TAX EXEMPT ORGANIZATION

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DR/HAITI BURN CARE NETWORK MISSION 2015-16

Burn Advocates Network's (BAN) first mission to Haiti began six weeks after the most devastating natural disaster to hit this hemisphere in three decades. The aftermath of January 12, 2010 included a flood of over one thousand burn victims fleeing from the earthquake's epicenter, fifteen miles southwest of the capital. Caravans of tap-taps and motorbikes carried parents seeking care for their injured children, many of whom were scalded with primitive cooking stoves that toppled over, dousing these children with boiling hot cooking oil. In some of these burn cases, children suffered second and third degree burns, which by American standards usually result in minimal disability. However, this is not so in Haiti. The National Burn Center at the public hospital and teaching center in Port Au Prince was badly damaged during the earthquake. There was no coordinated disaster plan in place and, for the children who did survive the immediate burns, physical therapy was not available. Injury rates skyrocketed so much that beds in tented hospitals were almost always filled. Other types of injuries included fractures and crush injuries, which led to amputations, but the injuries that seemed to linger the longest without definitive care were the burn cases.

Five years later, the makeshift tented operating rooms and ICU's are gone. Mass migrations of the wounded are no more; but the level and availability of care for moderate to severe burns has clearly not improved, nor has the frequency of burns to children decreased. The government still does not have a plan to address this public health crisis. Instead, this chaotic environment is furthered by the government's irregular payments to the staff of their public hospitals and for burn supplies and hospital equipment. Burn Advocates learned about this first-hand when, without notice, the modern physical therapy clinic we opened in the spring of 2010 at Justinien University Hospital in Cap-Haitien was closed down this past December due to the government's failure to pay the staff's salaries and rent. On top of that, the

country's largest burn unit created by MSF—Doctors Without Borders—has begun closing different surgical departments to work in new crisis zones.

With the National Burn Center out of commission and MSF potentially departing, a treacherous gap in care has been created. It leaves thousands of children in this “open fire” society of 10 million without proper and effective burn care. What is more alarming in the long term is the lack of training for the “next generation” of burn surgeons and clinicians. BAN has formulated a plan to save lives and reduce suffering which is entirely reliant on the private sector.

Est. Annual cost

1. DR/Haiti Burn Care Network Annual Symposium

“Improving the Outcome of Burn Patients in DR and Haiti”

\$47,000

Burn care in lower and middle income countries training course – adapted from several internationally recognized course for critical care in burns, supplemented with modules on physical and occupational therapy, nutrition, pain management and burn prevention. The faculty will include:

Haitian Former Director of the National Burn Center and current Chief of Surgery at University of Haiti/HUEH/MSPP/Louis –Franck Telemaque, M.D.

Dominican - The Director of the UNIQUEM Burn Center, Renata Quintana, M.D. (Course Co-chair) and Department Heads from UNIQUEM, the island's only pediatric burn facility located in Santiago DR.

American - The Shriners Hospitals for Children in Boston is a leader in treating the most difficult burn cases from around the world. (Last year the Shrine accepted and saved the life of a 17 year-old young

man who, with the help of Burn Advocates, transported him from DR to Boston.) The Shrine Burn Service Chief, Rob Sheridan, M.D., is the Chair and Assistant Director of Acute Burns and Harvard Instructor of Surgery, surgeon Philip Chang, M.D. is Course Co-Chair. This course will be simultaneously taught in French and Spanish. The estimated cost of this course for 100 clinicians to be held in a hotel conference center in North Haiti's second largest city is approximately \$35,000, plus an allowance of \$12,000 for videotaping, editing and post production. The final product will be distributed to all relevant hospitals and clinics.

2. Burn Prevention Campaign and Coordinator

\$75,000

Prevention has yet to be embraced in Haiti as part of the solution to the rampant morbidity and mortality caused primarily by cooking related incidents. The next most common causes of burn injuries is the unsafe use and storage of gasoline and propane. Electrocution from low hanging high voltage wires and bootlegs that are often overloaded is also a regular source of serious burns. Burn Advocates has developed and conducted a preliminary screening of a burn prevention program. It centers around two animated parrots, a firefighter and a nurse who teach children both how to avoid burns and what to do in the event someone is on fire or has been scalded. We anticipate the primary audience for this program will be the Creole speaking populations of Haiti (10 million) and those in DR (1 million).

3. Deployment of a burn trauma ambulance under the

**(\$70,000 acquisition
cost)**

supervision of a Burn Outreach Care Coordinator

(BOCC) to identify burn victims in facilities unequipped

\$55,000

to handle these cases and expeditiously and humanely transport patients who need advanced care to where that care is available. The first step in this process is to identify, assess and classify the capabilities of hospitals and clinics that render care. No such survey exists. This would be coordinated by a BOCC who would conduct the surveys and create a functioning and efficient network. A patient may require transport across the mountains or across the border to the UNIQUEM Burn Center in Santiago, DR. This modern 20-bed burn unit is a division of the Arturo Grillon Children's Hospital. It is the only pediatric facility on the island. The patient population is comprised of almost 50% Haitians, a mix of those seeking effective care for their wounded children who are DR residents and those who cross the border. UNIQUEM features specialty trained burn surgeons, physical and occupational therapists, psychologists and social workers. In other circumstances, transfer to the Shriners Hospitals for Children in Boston may be the most feasible solution. The BOCC would coordinate forwarding photographs and patient documentation, coordinate with Shriners staff and local hospital obtaining the necessary Visas and, finally, transporting the patient and accompanying family members to the airport. The cost of a Toyota Land Cruiser ambulance is \$70,000. Annual cost of the BOCC \$25,000 plus fuel, insurance and maintenance - \$15,000.

\$10,000

4. Expanded sponsorship of Haitian surgical residents and Junior Faculty to attend American Burn Association meetings. For the past three years, Burn Advocates has sponsored surgical residents who have demonstrated an interest in and commitment to burn care in Haiti. Their five-day annual educational conference boosts the knowledge base of the attendee and provides a vision of the impact that a higher level of care could have on outcomes for Haitian burn patients. There would be four (4) attendees at \$2,500.

\$20,000

5. Developing externships and mentoring programs with American Medical Schools and Burn Centers.

The object of participating in the externship and Academy meeting would be to create “burn champions” in Haiti. These young but committed surgeons will become the leaders of burn care. They will be the captains of the burn teams that must be formed to save lives and lower morbidity. The young surgeons nominated for selection to the burn champions program would be vetted by a panel of leading burn surgeons and physicians. In the future, this program would expand to include nurses and therapists. The cost for an externship and attendance at an ABA meeting is \$5,000 per surgeon (This is the cost for four externships for the first year). Ideally, a surgeon and nurse from the same institution would be sent to an externship with a participating verified American Burn Center. The groundwork for these externships has been laid with relationships created with the Shriners organization and through the work of Miami Children’s Hospital Plastic Surgeon, Chad

Perlyn, M.D. The externships will often lead to an ongoing mentoring program and a long term “sister hospital” relationship.

\$20,000

- 6. Provide burn care supplies and equipment** (Largely donated by manufacturers). Burn Advocates has established relationships with several manufacturers and hospitals willing to donate bandages and supplies which are unavailable or unaffordable in Haiti and DR. Currently, we are delivering over \$200,000 worth of these supplies which are hand carried via air travel. With the addition of two part-time employees and the volunteer assistance of airline employees and a collaborative airfreight company, BAN could deliver over \$1 million worth of supplies to struggling Burn Centers including much needed nutritional supplements. There would be two (2) part-time interns at 20 hours per week.

\$35,000

- 7. A shared specialized camp for burn-scarred children from DR and Haiti.** Specialized burn camps have proven to bring pediatric burn survivors out of isolation and rebuild shattered self-image. There are approximately 70 camps worldwide with 45 operating in the U.S. The Burn Advocates Network has worked with American camps for the past 10 years bringing music and recreational programs nationwide. BAN established the first camp in Israel in 2008 and in Mumbai, India in 2013. BAN is scheduled to open the first camp in Sao Paulo, Brazil in January, 2016.

The goals of a Creole/Spanish speaking camp serving the children of Haiti and the DR include creating a multicultural framework that will follow the model of Camp Sababa in Israel, another of our bilingual camps with Jewish and Muslim children and staff.

GOALS

- Participate in all activities and experience success while developing new skills
- Restore confidence and improve self-image and self-esteem
- Encourage children to share their experience of injury and rehab process
- Increasing independence and participation
- Helping parents to “let go”
- Providing an environment which promotes caring for others
- Building a bridge to understanding beyond cultural and ethnic differences between Haitians and Dominicans

A bicultural camp would also strengthen the ties between physicians, therapists and their clinics and hospitals in both countries. As such, it would reinforce the goals of the DR/Haiti Burn Care Network.

CONCLUSION

Burn care in Haiti continues to be the subject of growing humanitarian concern. The underfunding of facilities by the government, the destruction of the National Burn Center during the earthquake and the anticipated closure of the Doctors without Borders burn facility leave a gap in both critical care and rehabilitation. The lack of organization and coordination costs lives and burdens hospitals tasked with treating cases well outside their competency. In the absence of a dedicated Burn Center, fewer surgeons and clinicians are being trained in burn care, from the initial treatment of wounds to very basic aftercare. An alliance with the UNIQUEM in Santiago, DR presents not only an opportunity for the sharing of critical care and rehabilitation, but also of educational resources. Clearly, there are political challenges that could complicate this project, namely the increase hostilities between these two nations. However, the benefits to the children of both countries will benefit greatly from the development of this network.

Crossing the border with critically ill children is relatively uncomplicated if accomplished in an ambulance. The result of this bilateral network will be getting children transferred to UNIQUEM's pediatric burn unit in much better conditions; thus lowering mortality rate and lowering the length of stay.

The involvement of Shriners Hospitals for Children in Boston opens an alternative care route for Hispaniola's most difficult cases. If air transportation can be arranged, these children from both DR and Haiti can receive world class care without compensation

Finally, the establishment of an annual specialized camp for pediatric burn survivors would be an effective resource to address the psycho-social

sequelae of burns. This project will further serve to unify the burn resources of Haiti and the DR.

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The total annual cost of this program would be \$262,000 and a one-time cost of the purchase of a burn trauma ambulance at \$70,000.