Haiti – After the Earthquake

Nearly three years ago, on January 12, 2010, Haiti was struck by a massive, magnitude 7 earthquake which resulted in more than 316,000 deaths, over 200,000 injured, and more than a million left homeless. Much of the country’s infrastructure and government services were destroyed. By October, after heavy summer rains pounded the displaced people’s camps, which had inadequate sanitation facilities, cholera broke out and resulted in over 520,000 cases, with nearly 7,000 deaths.

In the immediate aftermath of the earthquake, HVO, which had one program in Haiti training rehabilitation technicians, undertook an assessment of what role HVO could have, given the enormity of destruction. At the request of several NGOs in need of support, HVO began screening candidates for other organizations in need of health care professionals, specifically orthopaedic surgeons, operating room nurses, and physical therapists. This was a staff intensive task that continued for several months until organizations were sufficiently staffed.

2010 was a horrible year for Haiti but with over $5 billion dollars pledged to “build back better”, where do things stand as the third anniversary approaches?

The record is mixed. 50% of the rubble has been cleared from the streets; that amounts to 5 million cubic meters, the equivalent of 5 full football stadiums. Yet, there are still buildings that remain in ruins and are not safe to enter. The National Palace was destroyed and its shell remained a powerful image of the damaged nation. Demolition of the building just started but it is not clear who will rebuild it. The Parliament building was also destroyed and USAID funded the construction of a temporary building, inaugurated in November, 2011. Yet, it has not been occupied due to insufficient space and incomplete work. The UN Development Program set up a Cash for Work project, the world’s largest job creation program, but 60% of the population is still unemployed.

The number of people living in tent camps has decreased from 1.5 million, but there are still 390,000 in 575 camps. While millions have been spent on temporary housing, repairs to damaged homes, and new construction, there are still about 80,000 condemned homes in the Port-au-Prince area. Even so, USAID estimates that about 65% of those are occupied, either to maintain a claim on the property or to escape life in the tented camps.

“I have a great opportunity to present you my utmost thanks for your support. The activities got started in February, and I hope in the next months to bring more assistance to the patients who need care.”

—Dr. Rene Jean Ramses
Dentist in Port-au-Prince, Haiti
Dear Friends,

We are just winding down from a wonderful year of celebrating HVO’s 25th anniversary. Thank you to all who helped in the celebration – for sharing photos and stories, and for presenting HVO’s work at conferences, meetings, and in neighbors’ living rooms. Thank you to those who attended the gala event in Washington, DC; the energy in the room was certainly a testament to the vibrancy of our volunteers and programs. Thank you to the many volunteers and donors who have made our work possible since 1986!

The anniversary year received a lot of coverage from our sponsors, who presented certificates, wrote articles, and supported the gala reception. The White House sent a wonderful letter of congratulations, the state of New Jersey issued a proclamation, and Washington, DC proclaimed April 14 as “HVO Day.” All of this excitement really built a sense of shared community as well as an awareness of the accomplishments over 25 years.

Those accomplishments are many and a number of you acknowledged that through a contribution to the HVO Silver Fund, which strengthens HVO’s ability to meet new challenges and address new opportunities. Another way to make a lasting commitment to HVO’s work is through a charitable bequest to the HVO Legacy Circle. A planned gift ensures that HVO will be able to continue to make important educational strides in improving health care in developing countries. That, truly, is a gift that keeps on giving!

Sincerely,

Nancy

Nancy A. Kelly, MHS
Executive Director

“Those who can, do. Those who can do more, volunteer.”
— Author Unknown

HVO is now on Facebook; become a fan today.
## Current Volunteer Opportunities

### Active Program Sites

**Anesthesia**
- Ethiopia .................. 2 - 4 weeks
- India .................. 2 - 4 weeks
- Malawi .................. 2 - 4 weeks
- Peru .......... 1 - 4 weeks
- South Africa ........ 2 - 4 weeks
- Vietnam ................. 2 - 4 weeks

**Dermatology**
- Cambodia .............. 2 - 3 weeks
- Costa Rica .......... 1 - 2 weeks
- India .................. 2 weeks
- Peru .......... 1 - 4 weeks
- Uganda ........ 3 - 4 weeks

**Hand Surgery**
- Honduras ........ 1 week
- Peru .......... 1 - 2 weeks

**Hand Surgery/Hand Therapy**
- Nicaragua ............. 1 week

**Hematology**
- Cambodia .............. 2 - 4 weeks
- Peru .......... 1 - 4 weeks
- Uganda ........ 2 - 4 weeks

**Internal Medicine**
- India .................. 2 - 4 weeks
- Peru .......... 2 - 4 weeks
- Uganda ........ 3 - 4 weeks

**Nurse Anesthesia**
- Bhutan .............. 1 month
- Cambodia .............. 2 - 4 weeks
- Ethiopia ............ 2 - 4 weeks

**Nursing Education**
- Cambodia .............. 2 weeks
- India .................. 2 - 4 weeks
- Uganda ........ 3 - 4 weeks

**Oncology**
- Ethiopia ............ 2 - 4 weeks
- Honduras ........ 1 - 4 weeks
- Vietnam .............. 3 - 4 weeks

**Oral Health**
- Cambodia .............. 2 weeks
- Honduras ........ 1 - 2 weeks
- Laos ............... 1 - 2 weeks
- Nicaragua ........ 1 - 2 weeks
- Peru ........ 1 - 2 weeks
- Rwanda .............. 2 weeks
- Samoa .............. 2 weeks
- St. Lucia ........ 2 weeks
- Tanzania .............. 2 weeks

**Orthopaedics**
- Bhutan .............. 1 month
- Cambodia .............. 2 - 4 weeks
- Cameroon .............. 1 month
- China .............. 2 - 4 weeks
- Costa Rica .............. 1 - 2 weeks
- Ethiopia ............ 2 - 4 weeks
- Ghana .............. 2 - 4 weeks
- Malawi .............. 1 month
- Moldova .............. 2 weeks
- Mongolia .............. 2 - 4 weeks
- Nicaragua .............. 2 weeks
- Peru ........ 2 week minimum
- St. Lucia .............. 2 - 4 weeks
- South Africa .............. 1 month
- Tanzania .............. 2 - 4 weeks
- Uganda ........ 1 month

**Pediatrics**
- Bhutan .............. 1 month
- Nicaragua .............. 2 - 4 weeks
- St. Lucia .............. 2 - 4 weeks
- Uganda ........ 1 month

**Physical Therapy**
- Bhutan .............. 4 months
- Ethiopia .............. 2 - 4 weeks
- Guatemala .............. 1 - 2 weeks
- Haiti .............. 2 - 4 weeks
- India .............. 2 - 4 weeks
- Peru ........ 2 - 4 weeks
- Rwanda .............. 2 - 4 weeks
- St. Lucia .............. 1 week minimum
- Suriname .............. 2 - 4 weeks
- Vietnam .............. 2 - 4 weeks

**Special Projects**

**Emergency Medicine**
- Bhutan .............. 1 month

**Mental Health**
- Bhutan .............. 1 month

**Pharmacy**
- Uganda .............. 3 months

**Wound Management**
- Cambodia .............. 1 - 2 weeks
- India .............. 2 - 4 weeks
- Peru ........ 1 - 2 weeks

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**Please Note:** New programs are added regularly and volunteer assignments are made on a rolling basis. For the most up-to-date information on volunteer sites and scheduling, contact the HVO Program Department: info@hvousa.org or 202-296-0928. Visit the website www.hvousa.org.
News & Events

HVO MEMBERS IN THE NEWS

Richard Kemme Honored

This spring, Richard J. Kemme, MD was honored at the White House as a “Champion of Change.” He and nine other honorees were honored as members of the US Rotary Club during National Volunteer Week. Dr. Kemme, an orthopaedic surgeon, has traveled to Malawi for the last 21 years through Orthopaedic Overseas to train orthopaedic clinical officers. That program presently furnishes ninety percent of the orthopaedic care available in the country. Dr. Kemme also launched a Rotary-supported micro-loan program through FINCA which serves nearly 22,600 Malawians. A long-time member of HVO, Dr. Kemme has also received the President’s Call to Service Award, the Rotary Service Above Self Award, and the Rotary Global Alumni Service to Humanity Award.

Impact of HVO/ASCO Program in Honduras presented at WCC

Lisa Kennedy Sheldon, PhD APRN, presented her HVO experience at the World Cancer Congress on August 29, 2012. The presentation, entitled, “ASCO and Health Volunteers Overseas: Delivering Oncology Nursing Education in Honduras” described the ASCO/HVO partnership as a solution to decreasing the burden of cancer through education and training. The presentation was co-authored with Julie Carlson, MS CNS, from OSF St. Anthony Medical Center in Illinois and Jose Sanchez, MD of Hospital Escuela in Tegucigalpa, Honduras. It focused on assessment data and survey responses from oncology nurses who participated in two cancer nursing conferences presented by HVO volunteers in July 2011 and March 2012. The teams found that less than 4% of oncology nurses had any cancer specific training and had primarily learned on the job. The Honduran nurses were eager for information on chemotherapy administration, pain and symptom management, and end of life care.

Dr. Kennedy Sheldon is an Assistant Professor in the College of Nursing and Health Sciences at the University of Massachusetts Boston. She serves on HVO’s Nursing Education Steering Committee.

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AMM to Close

African Medical Mission, founded in 1981 by Chris and Jenny McConnachie will be closing its doors as of the end of this year. Dr. McConnachie left a thriving practice in North Carolina in 1983 and moved his family to Transkei, then a ‘homeland’ on the Eastern Cape of South Africa. The need for medical services, especially orthopaedic care, in the area was overwhelming. The initial plan was to stay for 5 years and then to re-evaluate.

Under the leadership of Dr. McConnachie and African Medical Mission, orthopaedic care for the three million people in the region improved significantly. AMM funded a surgery theater complex and spinal unit at Bedford Orthopedic Hospital; trained hundreds of local healthcare workers, and established relationships with overseas nonprofits and medical schools which supplied volunteer medical professionals; constructed a fully equipped radiology department; built and developed an outpatient clinic; created housing for volunteers and staff, and developed an outreach system for bringing care to those in outlying rural areas.

In 1987 Dr. McConnachie invited HVO to send volunteers to assist in teaching and training. Over the years, HVO sent 345 volunteers who completed 436 assignments. Nearly half of these were orthopaedic surgeons (154) and they completed 202 assignments.

Sadly, Dr. McConnachie passed away in 2007. His wife, Jenny, remained in Mthatha and continued her work with the Itipini Community Project. Under her leadership, this project provided medical care to a ‘shantytown’ of 3,000, including primary care, TB and HIV testing, counseling, and treatment, and nutritional aid. In addition to medical services, the project also ran a preschool and a youth program, a hospice, and several small economic programs. In May of this year, all the dwellings at Itipini were bulldozed and the residents were relocated. Since that time, Jenny has been working to bring the work of the Itipini Community Project to a close.

Over the years, the work and commitment of Chris and Jenny McConnachie have been recognized by many. Among other awards, Chris received the 2002 American Academy of Orthopaedic Surgeons International Humanitarian Award. Jenny received the Lettie Pate Whitehead Evans Award in 2006. And they both were recipients of the “Order of the British Empire, 2006”, as Officers of the Order. HVO recognition included the Orthopaedics Overseas Humanitarian Award given posthumously to Dr. McConnachie in 2008.

The decision to close an organization is, of course, a difficult and emotional one. In the case of AMM, it is a reflection of the many changes that have happened in South Africa since 1983. While transitions are often cause for sadness, the legacy of Chris and Jenny’s commitment and dedication to making life better for so many will remain and serve as inspiration to all who knew them and had the opportunity to work with them.

(some information from AMM website, accessed Aug 16, 2012)
Celebrating 10 Years of Global-HELP

After the tragic events of 9/11, Dr. Lynn Staheli, a pediatric orthopaedist, wondered how he could have a greater impact on alleviating some of the world’s disparities. Having taught in 37 countries, he had seen the need for orthopaedic information and had created a desktop publication, *Journal of Pediatric Orthopaedics*. The combination of his medical knowledge and his wife Lana’s skills in publishing led him to establish Global-HELP (Health Education Using Low-cost Publications).

The organization was established as a frugal, efficient model where board members fund the administration of the organization and Dr. Staheli volunteers his services as executive director. With such a model, all funds received from donors are directed towards publishing.

Ten years since its founding, the organization has developed an extensive resource library in orthopaedics, with a particular focus on pediatrics. Their *Guide for Clubfoot Management* is in its third edition and has been translated into 30 languages. It was also selected by the World Health Organization for inclusion in their Blue Trunk Library of essential books and manuals for district health centers in Africa.

Global-HELP relies on a large pool of committed volunteers who write new material, as well as authors who generously share their books to be reproduced. Many HVO volunteers have very generously donated their time and publications to be shared with developing countries through Global-HELP.

Resources at Global-HELP are available in several different formats. Initially, all materials were available free online in a pdf format. Recently, they have added materials in a DVD format, so that sites which have poor access to the Internet can access the information. The DVD contains the entire library of Global-HELP publications. Such a wealth of knowledge is available for $1.00 and multiple copies can be easily packed in a suitcase and widely distributed during medical assignments abroad.

There are also some hard copy books that have been developed. A number of hospitals and physicians had indicated the need for more information in Africa, yet there was no commercial interest among publishing companies. Instead, 150 contributors worked together to create a text, *Pediatric Surgery in Africa*, and Global-HELP produced 1,000 hard-bound copies and made it available on its website.

To date, some 250,000 pdf documents have been downloaded to over 150 countries, and 20,000 printed materials have been distributed to more than 60 countries. HVO congratulates Dr. Staheli, his wife Lana, and their colleagues on a decade of service that has resulted in a wealth of health care information that is having such a global impact.

In addition to writing manuals or sharing publications, HVO volunteers can assist Global-HELP in the following ways:

- Purchase copies of the DVDs and distribute them on your HVO assignments;
- Share effective tips on appropriate technology and care that you have learned in your travels so that information can be widely shared;
- Share information with Global-HELP about publications that are of real value to health care in developing countries.

For more information on the excellent resources available or to make a donation, please visit the website: [www.global-help.org](http://www.global-help.org)

*Photo: Teach-Travel-Learn 2012*

Sixty-five surgeons, residents and spouses came to Washington, DC in June for a 1.5 day workshop, *Teach • Travel • Learn: Volunteering with Orthopaedics Overseas*. Participants were engaged in a series of interactive sessions designed to prepare them for overseas volunteer assignments and to provide them with specific skills for teaching orthopaedics in developing countries. This workshop, which has now been presented 4 times, is a partnership between HVO and the American Academy of Orthopaedic Surgeons. A Mac/PC compatible CD of the presentations and other resources is available for $35 on the HVO website.
Haiti – After the Earthquake  continued from page 1

One large project frequently promoted in the “rebuilding” discussion is a new industrial park in Caracol, an area unaffected by the earthquake. The area is being jointly developed by the Haitian government, the US State Department, and the Inter-American Bank. Plans promise some 20,000 jobs. Unfortunately, the project has caused considerable concern, as the area offers unique environmental conditions in the bay, and proper environmental studies were not conducted in the rush to get a job project underway.

Haiti has long been susceptible to natural disasters (hurricanes, flooding, earthquakes, etc.) and just this past August, Tropical Storm Isaac hit the country causing at least 19 deaths. The UN is working to alleviate some of these problems, by building up river banks to ease flooding and by reforesting over 400 hectares of land that had been stripped. Meanwhile, USAID has worked with farmers to improve their agricultural skills and this year, over 9,000 farmers saw a 75% increase in yield and income.

Both the Pan American Health Organization and USAID have emphasized that the country’s development has to be Haitian-led and must emphasize infrastructure and capacity building. Towards that end, USAID has focused its work in four areas: infrastructure and energy, food and economic security, health and education, and the development of institutions.

Prior to the disaster, Haiti was the poorest country in the Western Hemisphere and ranked 149 out of 182 countries on the Human Development Index. Key indices had also fallen over the years as a result of corruption, natural disasters, and poverty. In 1990, 26% of the population had access to clean water and sanitation; by 2008, that figure had dropped to 17%. The US State Department reported that prior to the earthquake, “40% of the Haitian population had no access to basic health services.” Today, US government funding has provided access to basic health care for nearly 50% of the people. Much of the service focuses on maternal/child health, providing pre- and post-natal care, vaccinations, and HIV testing and counseling.

Partners in Health, which has had a long presence in Haiti, began construction on a new solar-powered teaching hospital in Mirebalais, set to open in 2013. It will offer extensive facilities for OB/Gyn care and will provide services in an area of the country previously lacking in health care.
Reflections from the Field

Eric Fornari, MD · Orthopaedics · Malawi
One of the keys to having a good experience is flexibility. Whether it is on the wards, in clinic, in the operating theater, or in the classroom, your services are much needed and the best way to approach your trip is with an open mind.

Andrew Babu, PT Onsite coordinator · Physical Therapy · India
We are very much pleased with the association we had with HVO. In re-evaluating the HVO program so far, the following are the specific outcomes that resulted after teaching by HVO Volunteers:

- PTs do better assessment of Back pain patients
- PTs use different Manual Therapy Techniques with good results
- PTs in Multidisciplinary Pain Clinic are able to show good results in pain reduction
- Handouts given by HVO volunteers are useful in making Home program Handouts given to the patient
- Clinical Reasoning skills of the PTs have improved and they make better decisions

Gregg Dickinson DDS · Oral Health · Nicaragua
An awesome way to volunteer! I had a great experience and I am looking forward to returning to UNICA again. UNICA faculty, students were very friendly and helpful. The students had just moved into their new clinic and were eager for clinic experience.

Adeniran Haastrup, MD · Anesthesia · South Africa
This determination to defy the odds and a realistic view of their resource limitations also fuels the strong desire to learn I saw in the medical staff. The people I taught were initially shy (which could be misconstrued as a lack of interest in learning at first), but as I got to know them and they got to know me and we became more comfortable with each other, I saw their thirst for knowledge. Because they know they might face a situation that they don’t have the adequate resources (equipment, staff, etc.) to handle, they place an importance on gaining knowledge that can potentially make a difference in their ability to save a life or not. If they can’t rely on external resources to get them through, they can at least rely on their internal knowledge so they value the educational resources that HVO volunteers bring to them.

Kenneth M. Kramer, MD · Orthopaedics · Cambodia
You’re initially taken aback by what’s lacking; back home we’re all used to having things "just-so" - partly for good reason and partly also because of the luxury of what’s available to us, but probably additionally because of the subconscious legal cloud of things having not been done "just right". There in Cambodia, it was just a group of doctors doing their best and a group of appreciative patients fully accepting this. It’s refreshing, like a return to residency, and your mentality quickly changes.

Melanie Kalmanowicz, MD · Anesthesia · Ethiopia
I had a fantastic experience in Addis Ababa. Every day I was able to both teach and learn a lot. The students had a great fund of knowledge and were eager to learn, thus it made teaching them very easy and a wonderful experience. Once I gained their trust they opened up and were very warm and welcoming, enabling me to learn about the Ethiopian culture and enjoy a great time also outside of the hospital.
**reflections...**

*Kathryn Schlenker, DO · Internal Medicine · Uganda*

Overall, I had a wonderful time in Uganda. This was an invaluable experience and I would not trade it for anything. My knowledge and clinical skills were challenged on a daily basis and I met so many wonderful people. I would love to return to Uganda in the future and be able to dedicate a longer period of time. I honestly cannot name the most memorable moment in Uganda because my entire trip was memorable. I will always remember the joyous laughter of Maria, one of the post graduates, traveling down the hospital hallway while talking with patients and their families. I will never forget the slightly sour taste of Matoke (steamed plantain bananas, a staple in Uganda) or the warm water of the Nile water as I floated down the river after whitewater rafting. Lastly, I will never forget how at home I felt, despite being over 7,000 miles away from home.

*Susan Wood, RN, CS, MPH, IBCLC · Nursing Education · Cambodia*

My Khmer colleagues, from staff nurses to nursing administrators, were incredibly open, patient and interested in any input. They were polite, caring, and wonderful colleagues & friends, and always made me feel both appreciated and welcome.

*William Mills, MD · Emergency Medicine · Bhutan*

I was sitting in the break room and saying goodbye to one of the doctors. We were deconstructing the month and examining similarities and differences between our respective EDs. He asked “You see a lot of gunshot on a shift?” It then hit me. Not only had I not seen a gunshot, I had not seen a single victim of intrapersonal violence as a patient in the ED in one month. OK guns are illegal in Bhutan but archery is the national sport and is typically performed very accurately with liberal amounts of alcohol by the “weekend warrior.” I suppose that EtOH/weapons combination is not so deadly in a country with more monks than soldiers.

*Jaicharan Iyengar, MD · Orthopaedics · South Africa*

The Peds ward is where I started, and was perhaps easiest to accommodate to as the delivery of care, from a patient-care standpoint, resembled that which we would provide back home in the states. The similarities ended there, however, as the patient environment was quite different than what I was familiar with. The children were generally admitted through the outpatient department (OPD) into the wards. Once in the wards, the parents left the children under the care of the sisters (nurses) of the ward and the parents usually returned to their villages and work until the child was ready for discharge. Indeed, the way the nurses took care of the children as their own and the way the children took care of each other, left an indelible impression on me. The pathologies were the usual sorts that one finds in Pediatrics—primarily trauma, but not exclusively—although many of the children endured a delay in seeking care due to the limited resources and inherent difficulties of the referral system that preceded Bedford. As such few fractures were truly “fresh”, the skill with which the orthopaedic consultants, registrars, and officers were able to manage sub-acute trauma was quite impressive.
HVO’s involvement – rehabilitation services and oral health care

At the time of the earthquake, HVO had one active program in Haiti providing training for rehabilitation technicians at the Hôpital Albert Schweitzer (HAS) in the Artibonite Valley. That program, in partnership with The Friends of HAS, has trained and certified 15 individuals as mid-level caregivers, capable of assisting a physical therapist, functioning somewhat independently in a hospital setting, and overseeing rehabilitative care in the community. This level of technician did not previously exist and HVO volunteers developed a curriculum and certification that uniquely addressed the need for rehabilitative care in Haiti, which significantly increased after the earthquake left so many people with a disability. (Figures in the aftermath ranged from 2,000 – 4,000 amputations and countless fractures). By working as mid-level caregivers, the technicians are able to address Haiti’s rehabilitative needs within the context of Haiti’s resources. With sustainability in mind, HVO and HAS developed the program curriculum with a unique approach to rehabilitation services training, ensuring basic care could be more readily available. The certification level is also unique and creates job opportunities and professional recognition for work desperately needed.

The curriculum has been well received and reports from patients, staff, NGOs, and volunteers indicate that graduates have been providing a good level of care and have also displayed improved management and leadership skills. The positive feedback has led to the curriculum being used by other NGOs in Haiti and it will be incorporated into a USAID-funded project establishing a national rehabilitation technician training curriculum and standard of practice.

Now that the Hôpital Albert Schweitzer is adequately staffed, HVO is focusing on professional level education for the staff physical therapists as well as the rehabilitation technicians. The coursework includes entry level skill training in physical, occupational, and speech therapy and addresses broader issues for people with visual, hearing, or cognitive impairment. The HAS rehabilitation program has focused on building a strong team with good management and leadership skills. A key leader in the process has been David Charles, PT, the first Haitian Manager of Rehabilitation Services at HAS. His work has been widely recognized, as he has just accepted a position as Secretariat of State for the Inclusion of Persons with Handicaps in the Ministry of Health. This is wonderful news for Haiti, as his knowledge and skills will have a national impact on people with disabilities.

Denise English, PT, who serves as HVO’s Program Director for the Rehabilitation Project HAS, notes that there are several developments that are bright spots for the future of rehabilitation services in Haiti. Haitian rehabilitation professionals, who had trained in the Dominican Republic or Cuba and had remained in those countries, have begun returning to Haiti to fill new positions or those previously filled by expatriates. While some organizations and facilities had provided services to people with disabilities prior to the earthquake, the disaster brought heightened attention to the need for such services, and made increased funding available. The increased attention to rehabilitation has led to improved networking and coordination among those providing services but, most importantly, the Haitian government is now recognized as central to decision making.

HVO’s involvement in Haiti has also included a special partnership with the American Dental Association (ADA) and the Haitian Dental Association. Prior to the earthquake in Haiti, there were some 350 dentists in the country serving a population of 9 million. Thirty-five dental offices in Port-au-Prince were destroyed or severely damaged by the earthquake, leaving the dentists with no functional equipment and little chance to practice.
Nearly a third of the dental practices in the capital were left inoperable.

The American Dental Association, an HVO sponsor since 1990, asked HVO to partner with them in a unique project: Adopt-a-Practice: Rebuilding Dental Offices in Haiti. Since July 2010, the ADA has raised over $126,000 to rebuild or re-equip some of the dental practices that were lost. Donations have been received from all over the world for this project, as well as from many US dentists.

Since many Haitians are unable to afford dental care, the dentists receiving assistance through the project are asked to “pay it forward” and provide free services to those in need, all of which is monitored by an ADA/HVO Haiti project management team with the help of the Haitian Dental Association. The first four dentists who have received assistance provide approximately 50 hours each month of pro-bono dental service to those in need. To date, seven dental offices have been fitted with new equipment and are now operable to provide oral health services.

“This has been an unusual project, as HVO’s focus is on education and training,” said Nancy Kelly, HVO’s Executive Director. “The extent of devastation was so horrific, though, that it was vital to allow dentists to return to their profession and restore oral health care services. I am particularly pleased that the Haitian dentists are providing pro-bono services to those who previously may have had no dental care. This partnership with the ADA and Haitian Dental Association allows us to have a long-term impact on improving Haiti’s oral health care.”

The post-earthquake needs in Haiti are still tremendous, but there is progress and, for the most part, infrastructure and systems are slowly being put in place. The road ahead is a long one but there is hope for a better future, and perhaps the best hope lies within the Haitians themselves. As volunteer Mary Kragness, OT, wrote of her experience at the Hôpital Albert Schweitzer, “It was mentioned that following the earthquake the word perseverance was used to describe the reaction of the Haitian people….In a country that has so little, in terms of resources and material goods, there is a wealth of strength, endurance, and character.”

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The Washington Post, August 19, 2012
Special Thanks

DONORS & IN-KIND DONORS

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