When I was a first responder with Medical Teams International (MTI) to Haiti in January, we knew it was the beginning of a long, long period of recovery. It was worse than anything seen in any previous catastrophe according to MTI/UN staff. Civil-war-style medicine was happening – amputations were being performed with just alcohol for anesthetic at the UN. Infection was the biggest issue. People who in the United States would have been immediately admitted to a hospital were instead lying in the sun and dirt where their wounds became cesspools.

The MTI team saw hundreds of patients a day. They were lined up on sidewalks, in the parking lot, transported on garden gates, brought in on the backs of family members, on recliners found in the streets and by the truckloads from the UN. While that is small compared to the hundreds of thousands of people who were injured in the January earthquake, helping just one person can mean life for an entire family. Crush injuries sustained by falling buildings or burn injuries from fires were most common. Even something as innocuous as a thorn in a foot could be disastrous. In a third world country, it becomes infected and if sepsis ensues eventually the foot has to be amputated. Now the main breadwinner for a family is unable to work and an entire family is facing death because there is no safety net, no welfare or social programs.

After the initial months of wound care, fracture setting and amputations, Haitians had nowhere to go for follow-up. So MTI partnered with a hospital and a sewing vocational school in Les Cayes to create a 20 to 30 bed non-acute rehabilitation center for amputees awaiting prosthetics or rehabilitation. The orthopedic team promised the patients at the Port au Prince hospital that MTI was willing to transport them back to the clinic in Les Cayes for follow-up prosthesis, rehabilitation and/or revision. Medically, they need help not just now, but in six months, and two years, and ten years.

When I returned in August, I saw people who still had external fixators that should have come off in February and March, people whose scar tissue is preventing movement because they were afraid to weight bear on healing injuries. We saw people who had knee flexion contractures as a result of not mobilizing their below-knee amputation stumps that were so severe they need surgical revision. Now they need an above the knee amputation, which requires infinitely more effort as an amputee to operate a prosthesis than a BK.

Now almost a year later, they need help now as much as they did when we arrived in January. MTI has teams going to Les Cayes continually, and there is a particularly urgent need right now for physical therapists, certified prosthetists-orthotists (CPO’s), and orthopedists to provide follow-up care to those who had amputations or whose scar tissue has inhibited movement. Physicians, nurses, and physical therapists can be profoundly affected by the experience of donating their time to nongovernmental organizations, I have received far more than I’ve given each time I’ve volunteered. I am particularly impressed with the teams that volunteer for Medical Teams International, an NGO whose margin of overhead is just three percent.

Please contact me for more information about volunteering or other ways to help. English fluency is sufficient. West Portland Physical Therapy Clinic, LLC, 1630 SW Morrison Street, Suite 100, Portland, OR 97205, www.wpptc.com, tel: 503.227.7774, fax: 503.227.7548, cell: 503.880.4854.