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Life / Health

On the ground in Haiti: Searching for the resources to fight cholera



Dr. Tim Rindlisbacher, left, stands with Dr. Michel Edwege and Brianne MacKenzie outside a cholera treatment centre in Haiti. Unfortunately for many of the rural residents being hit hard by the epidemic, by the time they reach these clinics it is often too late to treat the deadly disease.

Brianne MacKenzie

Dr. Tim Rindlisbacher, National Post · Wednesday, Dec. 1, 2010

Dr. Tim Rindlisbacher, BSc, MD, Dip. Sport Med., is a regular contributor to the National Post's health page, writing on issues in sports medicine and exercise health, drawing on his experience from being physician for Canada's men's World Junior Hockey teams. The director of Sports Health at the Cleveland Clinic in Toronto, Dr. Rindlisbacher recently completed a third medical mission to Haiti as part of [Humanity First's](#) cholera relief teams, and this is an account of his experiences.

Rural Haitians thought themselves blessed until recently. Unlike their urban neighbours, they were mostly spared the direct devastation of January's earthquake. Their homes were intact. Their families whole. Their drinking water was safe. Then the bacteria responsible for cholera came. The once-pristine rivers of Haiti's central plateau are now vessels for life-threatening bacteria. People who had refreshed themselves from these rivers for generations can't comprehend that they are now all but poisonous. Every year is a struggle for those living in the poorest nation of the Western Hemisphere. But 2010 has been especially cruel to Haiti. The seismic insult was followed by shortages of food and water, storms, and now a deadly microbe thought by some to have been unwittingly introduced by international aid workers. And now this germ, helped by conditions of poverty and inferior sanitation, has flourished into a malignant epidemic.

I have just returned from my third medical relief mission to Haiti, and my experience was of a situation that's gone from desperate to overwhelming. The sight of listless children carted into our cholera treatment centre (CTC) outrages medical practitioners' sense of justice. Only a day or two earlier, these kids had bright faces and played in the streets. Now they look like terminal cancer patients, their features etched with strife and dehydration.

Cholera can be easily managed with loads of intravenous (IV) fluids, electrolyte salts and administration of a \$0.70 antibiotic. But time is truly of the essence. Left unchecked, the cholera bacteria continue to punch holes in the bowels until the host dies. Special "cholera beds" have been created to help overtaxed nurses. These beds have a hole that allows the streaming diarrhea (like rice water) to drop into a plastic bucket. The hole is diamond shaped, and the beds are covered with a silvery foil. Diamonds and silver. The irony was piercing for a physician from wealthy Canada.

In many children, the disease was so far advanced that they faced impending vital organ failure. Any child in Canada facing this

threat would be receiving round-the-clock care in a sterile, high-tech intensive care unit. Yet here, dogs wander between patient beds, IV bags dangle from tree branches, and flies linger on the faces of stuporous children. There are not enough cholera beds. A 16-year-old girl stands weakly over a pan and defecates in full view of strangers. Under a tree, a frail, panicky grandmother pleads for a drink of water. The grandmother's husband discreetly shares the story of their son's death the day before.

There are some 40 cholera treatment centres across the country. The one I was working in serves some 60,000 people, and has a mortality rate of 10%. Rural people don't have easy access. They must cross treacherous rivers and difficult terrain. And every extra minute battling cholera without treatment takes its toll. Many people often arrive close to death, if they are lucky enough to arrive at all.

Where will it all end? Cholera is callous and relentless. The United Nations anticipates a slow and difficult resolution. Doctors and nurses are desperately needed in remote areas to control the epidemic. Over the long term, international support will translate into clean water projects, education and community development. But the continuing onslaught of bad news overwhelms us. Many in the developed world take refuge in comfortable denial. Others seem to be experiencing donation fatigue. But millions of Canadians still manage to rouse themselves to help. I witnessed Canadian dollars making a difference. Groups like WorldVision, Doctors Without Borders and Humanity First save lives every day.

You may wonder what you can do to help. I'll tell you right now: Make yet another donation; sponsor a family or child. It's so clear and simple. As clear and simple as a glass of pure safe water.

- To make a donation to Humanity First, or to find out more about the organization's work around the world, visit humanityfirst.ca.

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