Tragedy has a way of bringing people together. For those who devote their lives to serving the medical needs of others, a disaster such as the Haiti earthquake brings into focus their calling. This is the story of two such individuals who strengthened their unlikely bond and their dedication to the people of Haiti. Dr. Bernard Nau, a Haitian orthopaedic surgeon, and Raymond Cloutier, an American orthopaedic engineer, share their unique and very personal stories. Though diverse in many ways, the paths of Dr. Nau and Mr. Cloutier crossed in Haiti, where they continue to partner in the midst of crisis.

Dr. Bernard Nau: Haiti has been my life-long home. I was privileged, unlike the vast majority of children in Haiti, to get a good education and even study medicine in my country, specializing in orthopaedics. I completed postgraduate work in Guadeloupe and Brussels, focusing on external fixation. I returned to Haiti with a strong desire to give back to my country.

For many years I taught orthopaedic residents at the ill-equipped medical school in Port au Prince. Then I began a private practice and gave one day each week to serve the poor at mission hospitals. With a population of nine million, Haiti has the highest level of poverty in the western hemisphere. My challenge, over the years as an orthopaedic surgeon in Haiti, has been to provide care to an impoverished people, using out-dated equipment with little access to even basic surgical implants and instrumentation.

I got the news that Haiti had experienced a large earthquake while on the Miami airport tarmac, moments before taking off for Switzerland to attend a meeting of the Fédération Internationale de Volleyball. As team physician, my responsibilities include about four trips each year around the world to support the medical needs of the athletes. On January 12, 2010, my world changed forever.

Raymond Cloutier: Haiti came into my life in the form of a seven-month-old girl with hydrocephalus who was dying in a Port au Prince orphanage, unable to get proper neurosurgical treatment. “Baby Hope” was airlifted to the U.S. for life-saving surgery in 1996. Now 14, my adopted daughter is thriving. Had she not received this surgery, however, she surely would have died – like the many other children I have seen die in Haitian orphanages with this same condition.

Over the years my family grew to love the people of Haiti, as we travelled to this unique country just 800 miles from Miami. As an orthopaedic engineer, I noticed many medical needs but did not know any Haitian orthopaedic surgeons to team up with. In 2008, during one of our trips to Haiti, my late wife and I established The Love We Breathe, a ministry with a three-fold goal to support:

- The orphanage from which we adopted two of our three children.
- The development of a school for special-needs children.
- Improved orthopaedic care in Haiti.

Two months later, my wife suddenly died of a stroke. An amazing set of events unfolded in the following months that led to my introduction to Dr. Nau. My employer, medical device manufacturer Exactech, generously donated a large quantity of total hip replacements.

Dr. Nau and a team of the top orthopaedic surgeons in Haiti performed what may have been the first total hip replacement in the country in January 2009. The patient was a woman who had been unable to walk for five years due a fractured hip that she could not afford to have treated. Within weeks, Lamercie was able to walk without assistance. Her life was transformed by this procedure. Additional donations enabled many more patients to
regain mobility. The emerging joint reconstruction program was even beginning to expand in late 2009, to include total knee replacements with the prospect of treating children with scoliosis.

I got news that an earthquake struck Haiti while driving home from work. My immediate thought was to call Dr. Nau to see if his family was all right. Hearing that they were, I then thought of my many other friends in Haiti. It was days before I learned that they survived. Some fellow Exactech employees and I quickly formed a team. Our mission, the challenges ahead for us and the size of our task were all unknowns. Nevertheless, what we knew was that we needed to act quickly, as lives were at stake.

Dr. Nau: On January 15, 2010, I returned from Europe exhausted, but energized to help my countrymen. My long flights to and from Europe gave me time to reflect on the medical response to the disaster in Haiti. I had studied the relief effort after the Indonesian tsunami in 2005. The immediate outpouring of support by the world community was helpful at first, but then dissipated within a few months.

This led to a large increase in late morbidity and mortality due to secondary effects. I challenged our team that we needed to apply the lessons learned from the tsunami relief efforts and establish a plan that would deal with, not only the acute trauma, but also the long-term orthopaedic care and follow up in Haiti months and years from now.

Raymond Cloutier: Dr. Nau’s challenge became our guide as we navigated the uncharted territory of a medical crisis in a country wherein even the basics (electricity, water, food and communications) were unreliable and often nonexistent.

A team of Exactech employees and sales agents organized a multi-pronged approach to the relief. Some excelled at organizing the many medical teams who travelled in the early days after the quake. Our surgeon customers clamored to participate in the relief effort. This warmed our hearts and reminded us why we chose the field of orthopaedics so many years ago.

Organizing these trips involved hours of logistical support and quite a bit of patience and flexibility by everyone. At times, nerves were frayed. Once, after an eight-member team of surgeons missed their flight by only minutes, their response was simply, “Okay, no big deal, we’ll just start asking around to see if we can get on another plane.” Within two hours, they were headed to Haiti. Their attitude of positivity, flexibility and perseverance in the midst of a chaotic situation told me that they were well-suited for their mission.

Others on the team were adept at collecting medical supplies and getting them into the hands of organizations that could transport them quickly to Haiti. Still others on the team hosted relief workers in their homes and advocated for the needs of the Haitian people in the media.

Exhibit 1: Walkers donated by Exactech employees

During the month after the earthquake, we learned that:

- The best-laid plans are often thwarted in place of even better things.
- You only have what you have, and therefore, you must make the best of it. The corollary to this was, no matter how little we were able to give, the Haitians were grateful.
- The value of teamwork became most apparent to us when the depleted resources (emotional, physical, etc.) of one member were quickly sensed by another member who then gave an encouraging
word or simply “picked up the ball” without complaint.

• The biggest task was often determining the highest priority at any given moment.

It was especially rewarding to see the orthopaedic industry respond to needs without regard to typical competitive attitudes. Donations were made without concern for who would get credit or proprietary fears. In addition, it became apparent to us that, for every recognized “hero,” there were at least 1,000 unsung “heroes” who gave tirelessly without any expectations of recognition.

**Dr. Nau:** After many attempts, I was finally able to get on a flight to Port au Prince on January 17. Upon arrival, I learned that two of my orthopaedic surgeon colleagues (Dr. Eric Edouard and Dr. Lascaze Buissereth) died in the quake. Everyone I knew had lost a close family member.

For those who have ever experienced personal tragedy in life, you know how helpful it is to have a friend walk with you through the pain. Within days of my return to Haiti, I was amazed by team after team after team of surgeons and nurses from all over the world who put their lives on hold to help. They quickly set up a triage in the parking lot at the hospital where I have my private practice, Centre Hospitalier du Sacré-Coeur (CDTI).

We all know that many hands make for lighter work. But what was even more helpful to me than their physical support was their deep concern about the pain and sorrow my countrymen were experiencing. This got me through some very long and difficult days.

Even more humbling was how the CDTI hospital owners, Dr. Reynold Savain and his wife, Genevieve Audain Savain, responded to the tragedy. Without hesitation, they opened the door of their life’s investment to the needy and desperately wounded people of their country (without a thought to how it would impact the future of their hospital). Their act of kindness and spirit of generosity has had a profound effect on my view of why I was “called” to the field of orthopaedics.

The extent of care provided during the relief effort has made a huge difference for many of the injured. The recovery rate and quality of follow-up care for those treated has far exceeded my original expectations. All of the patients are very grateful.

What, however, is ahead for Haiti when the novelty of the earthquake story wears thin? How well will the patients recover if sufficient medicines are not available to treat the inevitable infections? Will my hospital survive now that it has lost a month’s income while incurring significant expenses by providing free care to all who came?
What about my private practice and our employees? How will I re-establish my practice to provide for my family? What will be my “new normal”?

On September 11, 2001, America experienced a great loss and a great affront to its sense of security. This attack claimed almost 3,000 lives. Similarly, on January 12, 2010, Haiti experienced a great loss of life (some estimates are as high as 200,000) and property. Many are living under homemade tents and fearing the aftershocks. At least one-third of our entire population lost a close family member.

Bones, when properly set, heal within weeks.

People eventually learn to adapt to amputations.

Emotional scars, however, can be paralyzing and may never heal.

Raymond Cloutier and Dr. Nau: Many find it rewarding to rush in and heroically save others. We admire all who did this for the Haitians, especially since they had little concern for their own welfare. Now that the initial crisis in Haiti is over, however, the medical teams will leave and return to their own lives. The Haitian orthopaedists will remain, to pick up the pieces. However, the less glamorous task, to rebuild, is even more important. What the “rebuild” looks like is the key.

Out of necessity, the poor in Haiti tend to focus on daily survival. Therefore, identically flimsy home designs will likely be built on top of the rubble, since this is expedient and known. Similarly, the same organizational structures—ones that have failed to work for years—are also likely to get reproduced. Obviously, this isn’t best. The Haitian orthopaedic community is therefore faced with these questions:

- Are we simply going to duplicate how we have delivered orthopaedic care to our people over the years?
- When the next disaster strikes Haiti, will we leave the world orthopaedic community wondering, once again, why our country was so ill-equipped to handle the trauma?

We believe that the Haitian orthopaedic community is uniquely positioned to rebuild in a better way. We have an opportunity to re-engineer so that...may we be so bold to say?...one day we may become known as an orthopaedic Center of Excellence. Most would think this an unrealistic and audacious goal.

Many view Haiti as a country that has no potential. We believe, however, that the Haitian orthopaedic community can not only survive this disaster, but, in fact, thrive in the years to come. Some help is needed, at least in the next few years, to achieve this goal.

Raymond Cloutier: It would be easy for me to return to the “busyness” in my life and forget Haiti. (“Out of sight, out of mind.”) Many Americans will likely make this choice.

In his book *The Lost Choice*, Andy Andrews described a choice made by agriculturalist George Washington Carver when confronted with a farming crisis in his day. Andrews said that Carver “learn(ed) to do common things uncommonly well and used those skills and that knowledge to change the lives of those less fortunate.” Though probably tempted to look the other way, Carver chose to use his skills and knowledge to benefit the “less fortunate.” His life certainly could have been more peaceful and less challenging had he chosen the easier path (to ignore the problem). He chose, however, to apply his knowledge and skills and created dramatic improvements in farm productivity from which we still benefit greatly today.

Our way of life, in part, has been made possible by the choice Carver made. His choice has shaped our world. Each of us has a choice on how we spend our short time here on Earth. Andrews asks his readers if they realize that we have been made to make a difference. My questions to you, as you reflect on the tragedy in Haiti, are:

- How are you prompted to help future generations of Haitians, using the skills and resources you have?
- Will you choose to make a difference?

Raymond Cloutier can be reached at raymond.cloutier@exac.com. More information about *The Love We Breathe* is available at www.thelovewebreathe.org. Dr. Bernard Nau can be reached at bernard.nau@gmail.com. More information about CDTI hospital in Haiti is available at www.cdtihaiti.com.