

**(A98) Animal Relief Coalition of Haiti (ARCH): A Collaborative Approach to Animal Relief and Recovery***D. Green*

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**Background:** Following the devastating earthquake in Haiti last January, the International Fund for Animal Welfare (IFAW) and the World Society for the Protection of Animals (WSPA) developed the Animal Relief Coalition of Haiti (ARCH). 19 animal welfare agencies from around the world joined IFAW and WSPA to provide a \$1.04M managed fund to the Ministry of Agriculture, Natural Resources, and Rural Development (MARNDP).

**Discussion and Observations:** The relief and recovery efforts were based around six objectives: 1. Mobile veterinary clinic 2. Public Outreach emphasizing disaster preparedness, disease prevention, and animal welfare 3. Educational outreach to include an animal welfare curriculum for school-aged children 4. Cold-chain: to provide solar-powered refer/freezer units in remote sections of Haiti to keep vaccines cold 5. Dog and cat survey in Port-au-Prince 6. Rebuilding of the National Laboratory The purpose of this presentation will be to discuss how ARCH was developed and Best Practices and Lessons Learned from a collaborative approach to animal relief and recovery.

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**(A99) Remote Access and Extrication, the Haiti Experience***L. Paladino, M. Lucchesi*

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**Introduction:** The January 12 2010 7.0 magnitude earthquake's epicenter hit just 10 miles west of Port-au-Prince and its 2 million inhabitants at 4:53 pm. Estimates of dead 222,517 at the time of writing, with thousands missing and hundreds of thousands living in tent cities. Haiti is the poorest country in the Western Hemisphere with approximately 80% of the population living under the poverty line. There is a lack of seismic risk perception and planning at the national level. As a result in many areas there are no, or poorly followed, road, highway or bridge building codes.

**Need:** Although assistance arrived to major ports and cities from all corners of the globe, access from rural and remote areas to centralized hospitals remained difficult. Our group, a mobile medical team able to negotiate difficult terrain by foot with vehicle support in close proximity, deployed to these remote areas. EMS systems were poor in rural areas prior to the earthquake and now are nonexistent, in areas where no access to phones or even addresses (tent cities) to respond to. We found many injured without access to transportation even a month after the earthquake. No family or friends had access to vehicles to transport them. Many knew help was available, but did not know where or how to access. They waited in situ for help not knowing if it was coming. Limb threatening injuries were left to get necrotic and infected, no doubt adding to the morbidity and mortality. Our groups identified patients requiring transport and arranged for drivers, many times using paid locals from cities.

**Call for future action:** Implementation of a disaster plan for International NGOs to provide organized EMS transport for remote victims without access. Coordination with local community leaders and OCHA to identify areas in need of this service.

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**(A100) Building Local Resilience and Competencies in Remote Haitian Communities***R. Gore, C.M. Bloem, B. Arquilla, P. Roblin*

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Injury and trauma are major causes of premature deaths worldwide. At present, Haiti does not have an existing emergency medical system. Basic first responders training was developed for lay people and medical professionals in rural Haiti.

**Methods:** The training was conducted in Terrier Rouge, Haiti. Participants included medical professionals, laborers, health professionals, teachers, students, and truck drivers from six towns in northeastern Haiti. A three-day training course taught by U.S. board certified emergency medicine physicians was instituted. Basic life support (BLS), first aid, and BLS/first aid instructors courses were taught based on the American and Canadian Heart Associations curriculum. The BLS/first aid instructors course was limited to health professionals, whereas the first aid course was open to all members of the community. The program included the development of local teaching tools and manuals translated to local languages. Twelve newly trained local Haitian instructors assisted in the final day of training.

**Results:** The course was well received by participants. A total of 54 people completed the BLS course, 67 completed the first aid course, and 12 participants completed the BLS/first aid instructors course. Ninety-five program participants completed the end of course survey. Forty-four of the participants were male, 49 were female, and 2 did not answer. Forty-one participants had no prior BLS/first aid training or exposure. The ages of participants ranged from 13 to 52 years. The course participants included two physicians, 22 students, eight nursing students, seven nurses, 20 teachers, 12 health workers, five drivers, and 14 laborers. Of those surveyed, 92 stated they would recommend this course to a friend. Eighty-eight participants stated that hands on learning helped them better learn the course material.

**Conclusion:** This sustainable, locally controlled training model increased local skill level for basic first responders in rural Haiti.

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**(A101) Gender Difference of the Damage in Haiti Earthquake Disaster***M. Hata,<sup>1</sup> J. Tanaka,<sup>2</sup> Y. Yamahata,<sup>3</sup> K. Okuchi<sup>1</sup>*

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An earthquake struck Haiti on 12 January 2010. More than 200,000 people were killed and more than 300,000 people were injured in this earthquake. The Japanese government dispatched the Japan Disaster Relief Medical Team (JDR-MT) to Haiti on 16 January. This is the report of the medical activities