



# NEWSletter

INTERNATIONAL ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

March/April 2010

## *Message from the President*



On February 12, 2010, what probably started as a subterranean shift of minor significance rapidly grew to a 7.0 earthquake under the city of Port-au-Prince, Haiti. A city of often poorly constructed buildings and dwellings instantly became piles of rubble where hundreds of thousands of Haiti's residents were killed, injured and/or trapped in the aftermath. And then, as if that wasn't enough tragedy, in the early hours of February 27, 2010, an 8.8 earthquake riddled Chile that prompted several aftershocks, including a 6.3 earthquake in Argentina. We all have seen the pictures that showed the horror and we have heard the stories describing the miracle rescues and the vast medical needs of the survivors. Surely, many citizens of Haiti and Chile sustained maxillofacial injuries that required treatment. It was reported that some of the injured in Haiti were taken to the Dominican Republic and others were transported to various other countries. It would be difficult to imagine that any one country could treat all of those with maxillofacial injuries.

My point? It is the belief of your Board of Directors that the IAOMS should investigate what our organization can do to help with Haiti and Chile's immediate needs and establish a Maxillofacial Disaster Relief Team that is able to respond to future disasters worldwide to help treat patients with maxillofacial injuries. I have asked former Board member Don Booth to lead this investigation and make recommendations to the Board.

The situations in Haiti and Chile will most likely be focused on secondary treatment of many of these maxillofacial injuries under the belief that many may not have

received primary care. Infection will be the major enemy of OMS and our orthopedic colleagues. The lack of a viable infrastructure for treatment delivery and for meeting the caregivers' needs, is also a concern that will need to be addressed. This may require many patients to be transported to other countries for care, which will, of course, create further logistical problems regarding language barriers as well as short- and long-term needs. Treating the injuries, even secondarily, will most likely be the easiest part of negotiating this maze.

In looking at the possible future needs of a Maxillofacial Disaster Relief Team, many lessons must first be learned from the situations in Haiti and Chile. For instance, it may be beneficial for the IAOMS to partner with another ongoing volunteer group in order to address any concerns regarding practitioners being able to easily gain access to the country or countries in need. Any available infrastructure for treatment facilities and volunteer accommodations must be immediately assessed after the disaster in order to determine the needs "on the ground" and to be able to either bring treatment to the area, or transport the injured to the treatment. Either situation will demand a pre-established network in order to facilitate the appropriate response after a rapid, thorough assessment. As mentioned before, transporting treatment facilities to a stricken area is not easy, nor is moving a number of injured patients to another area for care. It would be easy for us to look the other way and not research possible solutions to these problems that periodically face our world.

In my opinion, it is the responsibility of the IAOMS as the world leader in the delivery of OMS care, to take on this task and establish this Maxillofacial Disaster Relief Team. I would ask all members to consider participating in this project. Hopefully, your services will never be needed, but we must all accept the responsibility that goes with our career choice.

--Larry W. Nissen