

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH COLONEL JENNIFER MENETREZ,
SURGEON, JOINT TASK FORCE-HAITI SUBJECT: JOINT TASK FORCE-HAITI MEDICAL
OPERATIONS; INCREASING MEDICAL CAPACITY OF GOVERNMENT OF HAITI AND NGOS
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LT. CRAGG: Let me go ahead and start the Bloggers Roundtable
for today. I'd like to welcome you all to the Department of Defense's
Bloggers Roundtable for Thursday, March 4th, 2010. My name is Lieutenant
Jennifer Cragg with the Office of the Secretary of Defense for Public
Affairs, and I'll be moderating the call today.

Remember to clearly state your name and organization prior to
asking your questions. And also, if you have to place the phone on hold,
please exit the roundtable and call back in; we'll hear your hold music.
And, if at all possible, please set your phone on mute.

Today our guest is Colonel Jennifer Menetrez. She's the Joint
Task Force-Haiti surgeon, and she's going to be discussing JTF- H medical
operations and the increasing medical capacity of the government of Haiti
and NGOs in Haiti.

So without further ado, I'm going to turn it over to the colonel
to start with an opening statement, and then we'll go to questions.
Ma'am, the floor is yours.

COL. MENETREZ: Good morning. Thank you for having me.

I've been amazed at the resiliency of the Haitian people and
proud of the care our military professionals have provided over the last
month.

Since the 15th of January, U.S. military medical personnel have
provided care to over 8,600 Haitian residents. Of the 8,600 patients
seen, the U.S. military surgeons performed close to 1,000 surgeries.
Primary-care physicians conducted over 7,200 outpatient visits and
oversaw the care of 1,300 post-surgical care within the hospital wards.

Another great example of our success is the steady decline of
patients on board the hospital ship USNS Comfort. Over the last 10 days,
we've seen over a 65 percent reduction in patients on board the ship, as

they have been appropriately transferred to local hospitals for follow-on care.

The USNS Comfort continues to remain on station in Haiti as our civilian partners continue to increase their medical capabilities in both the Haiti governmental organizations as well as the nongovernmental organizations. We will continue to provide medical support in unison with the government of Haiti and USAID. However, we are seeing our role steadily reducing. The Comfort currently has no Haitian patients on board. The last Haitian patient was discharged from the Comfort on February 27th.

The government of Haiti has made mobile clinics a priority, as they support the IDP camps. To date, there are 130 mobile clinics and 156 on-site clinics. The collaboration between the military, government of Haiti and USAID continues to be wonderful. Collaboration between all parties has been a milestone of a unified response to a challenging event.

Hello?

LT. CRAGG: Yes, ma'am. Should I go ahead and start with the questions now?

COL. MENETREZ: Yes, please.

LT. CRAGG: Great. Thank you so much, ma'am.

Okay, Beth, you were the first on the line. Please go ahead with your question.

Q Good morning, ma'am. Thank you for taking the time to join us this morning. This is Beth from Home Front in Focus. I actually have two questions, and I don't know if the other callers will beat me up for asking two. But first, I'm curious about the capabilities of the mobile clinics that you just mentioned. What type of care are they able to give? And also I wanted to know if you could speak to back a year ago, last summer, the Comfort was in Haiti on a humanitarian mission with several NGOs, and I just wondered if the groundwork that was established back then helped to make the efforts of the United States military as successful as it has been.

COL. MENETREZ: Beth, thank you for the questions. And I also appreciate what you're doing in your spare time.

The capabilities of the mobile clinics is evolving and will certainly depend on the providers that are there, the equipment that's there. But it would be primarily primary-care types of visits. The hospital settings are still where surgical capabilities would be and x-ray, laboratories, operating rooms. So the mobile clinics would be more primary care.

I think that this is an evolving concept, and the systems that are in place now you could consider to be mobile clinics. When the

hospitals were damaged, in a sense, most of the medical facilities were outside in tents. Those you could consider to be mobile clinics. And that would include operating rooms.

So really we not yet have heard a national plan from the minister of health. It is forthcoming. And I imagine those details will be included in that.

Now, as far as the Comfort in Haiti last year, I honestly can't speak to that. However, the mission of the Comfort this time, I imagine, is different from what it was last year. And the mission for the Comfort after this earthquake was really disaster-related. It was to take care of the -- during the immediate crisis and to help the people of Haiti get back on their feet and take care of the initial most severe injuries while facilitating and supporting the local hospitals until they were able to reopen. And we're so pleased that that's been happening and there are so many facilities that are daily gaining more and more capacity, more expertise, more staff, more equipment. It's really great to see.

LT. CRAGG: Thank you, ma'am.

Q Thank you so much.

LT. CRAGG: Thank you, ma'am.

And thank you, Beth.

And let's go to Andrew. Andrew, you're next. Please go ahead.

Q Colonel, Andrew Lubin from Leatherneck Magazine. I appreciate the time today. COL. MENETREZ: Hi, Andrew.

Q Colonel, I spent a little time on the ground with the Marines in the 22nd back in January, early February.

And my contacts down there tell me that some of the major medical problems, or the major crisis, are the people who had the amputations back after the earthquake, where apparently they were discharged, a lot of them, into less than sanitary conditions, and post-op infections are coming, like gangrene, and things are getting worse and worse.

Are there any plans to take them back on the Comfort, or are they going to try and treat them locally?

COL. MENETREZ: Well, Andrew, it's really interesting that you asked that question, and I appreciate you asking that question. It just so happens that my specialty is physical medicine and rehabilitation. That wasn't a criteria for this job, but it was a lucky coincidence.

And I had heard that same thing before I came here, and I am still looking for all of these amputees. Now, that isn't to say that there aren't amputees. There are definitely people who have had

amputations of various levels, from a finger to above the knee to above the elbow. And there is a working group that is specifically designed to address the rehabilitation of people who have had amputations, and there are -- right now there are -- let's see -- we're trying to get a good handle on how many amputees there are. We don't have an official number.

There were some rumors that the number was in the thousands, but I honestly think that that is incorrect. And I would be very surprised if the number is more than a thousand. Frankly, I'd be surprised if it's more than 500. But that number has yet to be determined officially.

Q Interesting. I was down in Philadelphia on Monday afternoon. I gave a presentation on Haiti to the southeast chapter of the Philadelphia Red Cross. And they use it to raise money. They're talking about 7,000 amputations, and probably 2,000 people need to get back for post-op problems. That's what they're using for fund-raising. So you don't think that's accurate, then.

COL. MENETREZ: Well, from what I'm seeing here -- and I and others are looking for the amputees -- at this point -- now, that isn't to say that there won't be more amputees, because there are injuries to limbs that require ongoing care, whether it's wound care, external fixator removal, follow-up from prior surgical procedures, and fractures, and to potentially reset fractures. And who's to say that there won't be additional amputations performed.

Those are not urgent procedures, generally speaking. Those are things that the local hospitals are already saying, "Yes, we can definitely handle that. We're capable right now of doing that." And there are nongovernmental organizations that are even planning to come back -- I mean, that are here for a long time, for six to 12 months, let's say, and others that are specifically planning to come back at a time frame when the external fixators would need to be removed. So there is that increased capacity then.

Q Okay, great. Thank you very much.

LT. CRAGG: Thank you, Andrew.

Thank you, ma'am.

Let's go to Jim. Jim, you're next, please.

Q Good morning, Colonel. Jim Dolbow with the U.S. Naval Institute blog. Thanks for participating in this Roundtable.

How much longer do you expect the Comfort to remain in Haiti? And what difference has that made, I mean, with JTF-Haiti, if there was no hospital ship involved?

COL. MENETREZ: Well, Jim, thanks for the question.

I can't answer the question about exactly how much longer the Comfort will be here, because that is an answer that is determined

through the government of Haiti and USAID regarding -- and it directly reflects the needs and the requirements of care in Haiti.

The good news is that there are no more Haitian nationals aboard the ship, so that's very indicative of the increasing capacity available in Haiti. As a matter of fact, this afternoon the minister of health, Dr. Larsen, is going to pay a visit to the Comfort expressly to give his thanks for the Comfort for what they have done for his country.

I'm sorry, I forgot your other question.

Q How would the U.S. response to the Haiti earthquake have been different if there was no U.S. Navy hospital ship?

COL. MENETREZ: Oh, I see. That's an interesting question. I think it obviously would have been much, much more difficult. There were so many surgeries. The more complicated surgeries were conducted on the Comfort. And at one point there were 50 surgeries that were conducted in one day, and that was on the 29th of January. That was the most surgeries that were done in one day. There were -- at one point there were 485 patients aboard the ship, also on that same day.

So I think that it's -- I can only speculate. The Comfort has done amazing things. And I think that without it, there might have been -- probably would have been more morbidity and mortality.

Q Thank you, Colonel.

COL. MENETREZ: Thank you.

LT. CRAGG: Thank you, Jim.

Thank you, ma'am.

Dale, you're next. Please go ahead.

Q Yes, ma'am. This is Dale from MilitaryAvenue.com.

And I have a quick question about the NGOs and the supplies, the medical supplies. Are there any shortfalls currently in the country of Haiti that are not being met?

COL. MENETREZ: Hi, Dale. Thanks for asking about the NGOs. That is a constant question regarding the supplies and what people need. And it changes all the time. We are always asking, "What do you need? What can we do?" But actually that question is best answered through USAID, because they're really the ones that prioritize things, keep the list of who needs what and how much and how to get it.

So I can't answer that. I think that there are -- I can't answer that. All I can say is that the outpouring of people around the world has just been tremendous and extremely appreciated. So there is definitely the need for improvement in the medical care in this country, and I think that we're off to a very good start.

Q Okay. And what would be the best story or best challenge that the U.S. military has met for the Haitian government, as far as supplies and medical?

COL. MENETREZ: Hmm. Let me think. Can you give me -- can you rephrase the question?

Q Sure. The U.S. military's response is providing, you know, just wonderful lifesaving capabilities. What was the best thing that we did down there that we could tell the military community?

Q She's looking for a good-news story.

COL. MENETREZ: Right. Well, I think, actually, I think that the Comfort is a good-news story. And the fact that there isn't a need to have patients on board the Comfort is a very positive sign. The fact that people are resuming selling goods on the street is good. That's a sign that the economy is starting to return.

I think that all of the organizations that are here that are trying to organize and help guide some structure to the medical system is very good. It's so unfortunate that this earthquake happened and resulted in deaths. However, the outcome very well may produce a higher standard than what was there previously.

The cooperation among the NGOs has just been phenomenal.

It's not one is better than another or wanting to elbow somebody else out. There's been this incredible collaboration. You know, it makes me proud to be a human being and to be an American, I must say.

Q That's perfect. Thank you, ma'am.

LT. CRAGG: Thank you, ma'am.

Thank you, Dale.

Chuck, you're next, please.

Q Good morning, Colonel. Chuck Simmins from America's North Shore Journal.

COL. MENETREZ: Hi, Chuck.

Q Hi. Would you be able to comment on what we see even in the NGO communications, rumors of various illnesses? If I ran down a short list of illnesses, would you be able to comment on whether you've seen or heard of confirmed cases of these illnesses?

COL. MENETREZ: Well, I'll try. Chuck, I don't have -- I must say, I don't have confirmation of illnesses, just to be up front with

you. In my discussions with various providers, they've told me of certain patients and diagnoses that they've seen.

Q Okay.

COL. MENETREZ: But I personally have not got documentation or verification of that, so I don't know that I can --

Q Okay. Well, with that understanding, early on there was a report of numerous cases of tetanus. Has tetanus been an issue?

COL. MENETREZ: I do believe tetanus has been seen by several providers.

Q All right. How about typhoid?

COL. MENETREZ: I don't know -- I don't know about typhoid. Q How about cholera?

COL. MENETREZ: I have not heard one mention of cholera.

Q Measles.

COL. MENETREZ: Nor measles.

Q Okay. Now, are you able to comment on the issue of malaria in the troops of the Joint Task Force?

COL. MENETREZ: Yes, Chuck.

Q All right. Can you tell me, is it an isolated kind of thing, or is it something that's now become a concern for the entire task force?

COL. MENETREZ: Well, Chuck, malaria is certainly of concern for the task force just being in this environment. And that's why it was very important for all of the service members to take prophylactic medication to prevent getting malaria; not only that, but everybody was issued a mosquito net, was instructed to treat their uniforms and use insect repellent and take special precautions during the times that mosquitoes are more likely to bite.

Q Okay.

COL. MENETREZ: So, despite that, though, there have been six cases of malaria diagnosed in U.S. service members. Now, that was very unfortunate, despite those efforts. And, on further investigation, it turns out that that's what was put as being the mandates were not followed exactly, and some doses of the prophylactic medication were missed.

So that led to unfortunately having to make sure that everybody was taking their medication as was prescribed. And since then, there have been no additional cases of malaria.

Q Okay. And -- I lost it. (Laughs.) Just -- oh, I know what I wanted to -- you mentioned that American troops, U.S. service members, were treating medically on the 15th of January. I just wanted to remind you that the cutter Forward was treating people on the 13th people of January.

COL. MENETREZ: Thank you.

Q Within 12 hours of the earthquake, Coast Guard cutter Forward was working with the Haitian coast guard at their base in Carrefour.

COL. MENETREZ: Excellent. Thank you for that correction.

Q All right, thank you. LT. CRAGG: Okay, we have time to quickly go around the horn just one more time.

So, Beth, any follow-on questions?

Q I'm good. Thank you so much.

LT. CRAGG: Thank you, Beth.

Andrew, any follow-on questions?

Q Yes.

Colonel, do you see the American Red Cross any place down there, or what NGOs have stepped up and done more than anybody else? Doctors Without Borders? Have you run into them much?

COL. MENETREZ: Oh, my goodness. There are so many NGOs. I couldn't even -- if I named one, that wouldn't be fair. But, yes, the ones that you've mentioned are certainly here, and there are numerous ones literally from around the world. It's just beautiful.

Q Okay, thank you.

LT. CRAGG: Thank you, ma'am.

Thank you, Andrew.

Jim?

Q Colonel, Jim Dolbow again with the Naval Institute blog. Are you working -- I know you've been busy, but are there historians documenting the role of the military medicine in JTF-Haiti? Because it's a great story to be told to future generations.

COL. MENETREZ: Yes, Jim, as far as I know, there is a historian who is working in JTF-Haiti. And as far as I know, he is doing that; not to mention there are many providers who have already started writing articles about their experiences from a medical and personal level. So I

completely agree that this is -- that there are many lessons to be learned and experiences to be shared.

Q Outstanding. Thanks so much, Colonel.

COL. MENETREZ: Thank you, Jim.

LT. CRAGG: Thank you, ma'am.

Thank you, Jim.

Dale, please go ahead. Q Yes, ma'am. Just a quick comment from a local perspective.

Are the NGOs being charged customs? Our church sent a bunch of supplies, medical supplies, et cetera, to an orphanage down there, and the port didn't want to transfer it into the country based on the fact that they had to pay thousands of dollars in customs fees. Have you heard anything like that about NGOs?

COL. MENETREZ: Well, Dale, I haven't heard that about NGOs. However, the topic of getting the supplies to where they need to be might be where the -- that might be the place to start. I don't know if that particular orphanage was at Fond Parisien. Do you know? Or Love a Child? Does that sound familiar?

Q No. The name of it was Ebenezer Glenn Orphanage, and I don't know exactly the name of the town.

COL. MENETREZ: Okay. Well, unfortunately, there are all kinds of people out there. And I don't know about them being taxed. I don't think that that should have been happening. But I think that there should be a report sent through USAID describing that so that there can be further investigation, because as far as I know, that's -- and, not to mention, that's really a question directed toward the government of Haiti. I can't speak for that.

I have heard of another organization that was being given some tents, and then they were being charged a fee to pick up the tents. So there might be something similar to what you're talking about there. And some investigation and calls ensued, and there -- yeah, so I would encourage further investigation and dialogue with those involved and the government of Haiti.

Q Okay, thank you very much. And thank you today for taking your time with us.

COL. MENETREZ: Thank you.

LT. CRAGG: Thank you, Dale.

Thank you, ma'am.

And, last but not least, Chuck, please go ahead.

Q Yes, ma'am. You've told us there aren't any Haitians on board the Comfort as of today. Do we still have some foreign-country nationals that were injured in the earthquake aboard, or do they not have any patients at all?

COL. MENETREZ: No, Chuck, there aren't any foreign nationals or Haitians aboard the ship, which is really a good thing. They're able to utilize the resources that are available to them on the ground.

You know, one thing that actually I didn't mention was the ship is a beautiful white ship on the water, and it's named the Comfort. And it is very comforting, and it's an incredible symbol of what we're doing and our presence.

(Beeping sound.)

COL. MENETREZ: Hello?

Q Yeah.

LT. CRAGG: Yes, ma'am. It just means one person has dropped off. Please continue speaking.

COL. MENETREZ: So, yes -- I'm sorry. (Laughs.) Yes. So the Comfort is a symbol of what we're doing, and even -- at some point it will leave, right? At some point we will leave, but in a steady and gradual fashion, and only under the direction of the government of Haiti and with the concurrence of the government of Haiti, the minister of health, that there is no longer a need.

The military medical personnel that are on the ground now still have to take care of military personnel too. So the fact that there aren't any Haitians or other foreign nationals on board the Comfort is a very good sign.

Q And just a real quick follow-up. How badly injured, damaged, was the ministry of health? And is the current minister of health the one that was there before the quake? I mean, how functioning is that department is, I guess, what I'm asking.

COL. MENETREZ: Well, Chuck, I can't really answer that exactly because I haven't seen their facilities or anything. But they are communicating and coordinating things and have personnel involved in the various health clusters that are trying to direct all of this care that's going on.

Q Okay, thank you.

COL. MENETREZ: Thanks, Chuck.

LT. CRAGG: Thank you, ma'am.

And again, thank you, Chuck. And at this point, at about 11:27, I'm going to turn it back over to you, ma'am, for any closing thoughts, and then we'll wrap up today's Roundtable. So the floor again is yours.

COL. MENETREZ: Thank you. I appreciate all of your questions. And this -- I think this whole -- the earthquake was clearly a disaster and very unfortunate for the country of Haiti. But it appears that, in the end, the country may very well be in a better position than it was beforehand due to the incredible support by organizations around the world and the resilience of the Haitian people.

LT. CRAGG: Thank you, ma'am.

COL. MENETREZ: Thank you for the questions.

LT. CRAGG: Thank you again.

And to wrap up today's Roundtable, just so everyone knows, you've been listening to Colonel Jennifer Menetrez. She's the Joint Task Force-Haiti surgeon. And she's been talking about JTF-Haiti medical operations and the increasing medical capacity of the government of Haiti and NGOs that are in Haiti at this time.

Just to wrap up, you can grab the transcript and the audiophile from today's discussion if you visit www.dodlive.mil. Click on Bloggers Roundtable and you'll find the blog posting from the interview today.

Thank you so much, ma'am, for attending today. And thank you for the bloggers on the call. This ends today's discussion.