

## **WHERE did CDI get its inspiration?**

The earthquake in Haiti on January 12th destroyed most of Port-au-Prince and other major communities, killing over 200,000 people and leaving millions displaced. Once the news arrived, Kevin, Matthias, Veronica and friends immediately started an internet campaign and relief drive. Over the next days we strategized our response. Soon we had our first fund-raising event—to the benefit of our targeted partner: A small school project in one of the worst-affected areas of Port-au-Prince. We had been partnering since the previous year when we worked on a year-long campaign raising awareness about Haiti and its issues in New York City.

Late in February, our team of 14, including medical professionals, arrived in Port-au-Prince. We had spent a month and a half collecting donations, advocating at events, networking, sorting and packing goods. We were joined by dozens of volunteers—strangers who came together offering their time, their cars and their networks. We flew in eight pallets of priority goods—about 7,000 pounds in 110 boxes—and brought 26 large crates filled with supplies, like blankets, diapers, water, food, sanitary products, towels, sandals for the children and flashlights. Several hundred of boxes of clothing which were shipped by sea also arrived in Haiti since then.

On our daily ride to the work site, we got used to seeing entire street blocks flattened. We passed the remnants of the National Palace and the Cathedral. In most cases, the scene was a pyramid of debris on top of which a single person worked the rubble with a hammer. Children played in what seems to be the greatest adventure playground: Cuts, falls and trips are a constant danger. Our medical team spent considerable time treating injuries large and small that resulted from accidents. During our stay, the dead continued to be pulled out from the devastation.

Few of the people we came to assist had tents. There were no toilets. On site, we set up a medical tent, a registration station, and a play-tent for the children. We divided roles among the team: registration, child-care, medical care, translation, logistics/supplies etc. Apart of our own presence throughout the week, there was little other visible help in the area. Only one organization maintained two large water bladders in the community. The local population had not been beneficiary of the “rice surge” which had been orchestrated during February.

We registered most of the students. Many of them lost relatives and, to this day, it is not uncommon to find teenaged children seeing after the wellbeing of their siblings. When we arrived, the kids were thirsty, starving, and feverish. We gave them water and food. We sang songs and did arts and crafts with them. We provided medical attention to hundreds suffering from injuries, infections, scabies and symptoms of malnutrition. We rushed two pregnant women to the general hospital’s maternity ward. We fostered partnerships and laid the groundwork for future reconstruction of the school. Our work may have been but a drop in the ocean. Yet, it is grassroots actions like this that amount to significant change, that show alternatives and that can inspire us to act together and create real and tangible impact for the people we work with. **THIS is what makes CDI.**