



1200 18th Street NW
Washington DC 20036
951.491.9827
www.aerobridge.org

6 January 2011

AERObridge Dispatches “Perfect” Humanitarian Mission to Port au Prince

For immediate release: Washington, DC - On 31 December 2010 Nurse Practitioner Barbara McLean (an Atlanta, GA-based medical volunteer working at Medishare/Bernard Mevs Hospital in Port au Prince) contacted AERObridge with a heart-wrenching plea. One of her patients, a 12 year-old girl suffering from Guillain-Barre’ Syndrome*, was dying and needed transport to an American hospital that had agreed to treat her, gratis, and save her life. AERObridge put out a call to operators of large cabin, long-range aircraft who had pledged their use for just such a mission and within twelve hours the crew of a U.S.-based Gulfstream IV-SP began flight planning the trip.

“Once we had an aircraft locked in for the mission out of Port au Prince, we began efforts to maximize the utility it offered by contacting humanitarian organizations here in the States to put together a load of desperately needed supplies and equipment to help fight the cholera epidemic” explained AERObridge President Marianne Stevenson. “By the time Barbara and the U.S. State Department had secured permission for Reina [the patient] and her mother to enter the U.S. on Monday [3 January] we had four organizations with relief supplies ready to go on board the aircraft.”

The mission began at 0800 on 4 January 2011 at Atlantic Aviation in Wilmington, DE where Dr. Jahan Tavangar of One World Environment loaded portable water purification units onto the aircraft. After a flight to Epps Aviation’s Atlanta FBO, the cabin and baggage areas were filled with cases of Oral Rehydration Salts and medical supplies obtained by Michael Rettig of the GotLift Foundation, as well as buckets of powdered chlorine and additional water purification units donated by Alpharetta, GA-based Madewell Products Corporation whose CEO, Jon Steele, also flew on the aircraft to supervise the installation of the units and provide instruction for their use in Haiti.

Once in Port au Prince, Adam Marlatt of GotLift and Sam Bloch of Grass Roots United put their crews to work offloading the supplies and equipment, while McLean and her crew got Reina prepped and loaded onto the Gulfstream. Within an hour of touching down in Haiti, the aircraft was ready to go and launched. Three hours later Reina was in the care of Charlotte, NC’s Hemby Hospital Pediatric Intensive Care Unit.

(more)

...A “Perfect” Mission continued:

“This mission,” Stevenson explained, “represents the absolute embodiment of the core values we established when we formed AERObridge. The needs of a young Haitian child were brought to our attention and we acted on it. The response to our initial call for an aircraft was virtually instantaneous and the capabilities of the aircraft that was offered to us meant that we could not only help Reina, but with the help of individuals, corporations and NGOs, we in turn could help to save the lives of thousands of other Haitians suffering from the effects of Cholera as well.”

“Everyone involved in this task offered their help unconditionally. We’d like to sincerely thank the owner and crew of the aircraft, International Trip Planning Service LLC, the staff and line technicians at Atlantic Aviation and Epps Aviation, the U.S. Department of State, U.S. Customs and Border Protection, GotLift, Grass Roots United, Hemby Hospital, and the dozens of people here and in Haiti who worked so hard to make this a truly perfect mission.”

-30 -

Editors note: The owner of the aircraft provided it on the condition of absolute anonymity, including the names of the crew. Photographs and video of the mission are available upon request. For more information, contact AERObridge President Marianne Stevenson at (951) 491 9827, email mstevenson@aerobridge.org. To obtain photographs or video footage, contact Alan Staats at (602) 790 2636, email astaats@aerobridge.org.

* Guillain–Barré syndrome (GBS) is an acute inflammatory demyelinating polyneuropathy (AIDP), a disorder affecting the peripheral nervous system. It is usually triggered by an acute infectious process. The syndrome was named after the French physicians Guillain, Barré and Strohl, who were the first to describe it in 1916. It is sometimes called Landry's paralysis, after the French physician who first described a variant of it in 1859. It is included in the wider group of peripheral neuropathies. There are several types of GBS, but unless otherwise stated, GBS refers to the most common form, AIDP. GBS is rare and has an incidence of 1 or 2 people per 100,000. It is frequently severe and usually exhibits as an ascending paralysis noted by weakness in the legs that spreads to the upper limbs and the face along with complete loss of deep tendon reflexes. With prompt treatment by plasmapheresis or intravenous immunoglobulins and supportive care, the majority of patients will regain full functional capacity. However, death may occur if severe pulmonary complications and autonomic nervous system problems are present. Guillain-Barré is one of the leading causes of (acute) non-trauma-induced paralysis in the world.