



## February Mission Trip to Dame Marie

2/11/12 to 2/18/12

Hi to my mission sisters and brothers from Port au Prince,

It has been an amazing week crisscrossing PAP and parts of Haiti to find a special place where we can do our surgical mission trip. With me has been Kathy Aries who you all know, as well as Maggie Levasseur, an ER nurse from Saint Francis who has been on mission trips to Haiti for the last 15 years. Our success is truly due to her efforts and her organizational skills. Maggie has earned a place on our blue team and will be helping me with these Haitian trips going forward as my overall organizational director. She wears multiple hats as we all do, and belongs to several Haitian organizations, the one most of you may know is MATH (Medical Aid to Haiti). Please respond to any requests for documentation just as if it came from me.

We have visited seven hospitals and met with administrators, coordinators, and medical directors. We also ruled out three more hospitals as untenable once we got our knowledge base completed from the checklist we brought and the physical conditions we found.

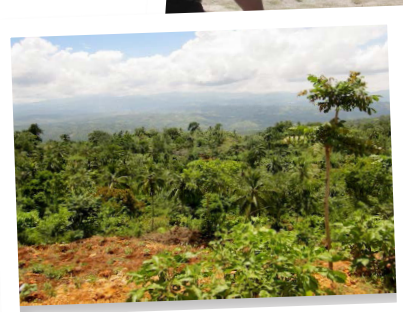
We have found a very special place that is the hardest to reach, on the most remote part of the western Haitian coast. This location came to us as the last spot we interviewed/evaluated. The leadership of the whole hospital community came out to plead their case and it is very strong.

Before I go into any detail, let me say that this trip is for only seasoned veterans. The remoteness of the location is a 10. The degree of difficulty is a 9.8. The need is a 10 +++. Backup is 0 and transport anywhere for a complication is a 0. Frustration level will probably be a 9 as the first mission there with so many possibilities of complications from travel to patient care. But the three of us on this scouting mission unanimously felt that this is the place for us. There is no doubt in my mind that everything we have done so far in the DR has gotten us ready for this trip and this moment in time. It just feels that right.

When we get back I will be contacting everyone on this mailing list individually. Listed below will be the slots I need to fill. As being responsible for all of you, I will only select those who will fill the needs we three scouts have perceived as the most important. I will also be selecting in priority those who have contributed the most to our organization thus far. The reason for this is: To get to this place, we must fly in to PAP. Then a truck will take our supplies to this community of Dame Marie, which is a 12-°-hour ride by truck. We will take a small plane that seats 16 to the city of Jeremie in the Western part of the country.

The next day we will travel by rough mountain/jungle roads for three hours or so, to this community.

We will be staying in the boyhood home of the hospital administrator for the week. The hospital itself is small, 16 beds.



They will turn it over to us for the week. There have been no surgical services there for over two years. Their only OB/GYN left over 7 months ago when he had to do an emergency C/S only with local anesthesia. The stress caused him to leave, and he now works for an NGO that works with the ministry of health. He was one of the administrators that came out to plead their case.



We will be running one OR table, and one lump and bump table. We will work from dawn to dusk and beyond if we have to. Everyone will be working for the good of the whole, and I expect if you choose to come after being offered a spot that you come with these expectations. Food and sleep are secondary though you will have both. Where we stay is just a short walk from the hospital. Conditions are rigorous but not as bad as several of the places we have stayed in the Dominican Republic. This is the view of the village outside the hospital window. Dire poverty.



This is the view from the front porch on Main Street where we will stay at the administrator's home.



The overall group will be composed of:

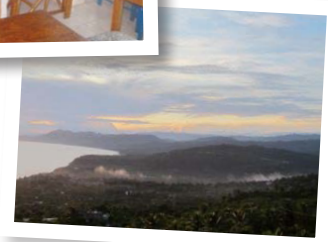
- One Anesthesiologist
- Two CRNA's
- One Preop RN
- One Postop RN
- One intraop RN circulator
- One surgical tech
- One helper for instruments, orderly services, and anything else needed
- Two general surgeons.
- One Chief Resident OB/GYN
- Two OB/GYN's
- One Medical Director

There will also be two other spots on the plane. One for an OB/GYN to stay in Jeremie and help there with the colposcopy need at the Center of Hope and the mountain villages, OR, an OB/GYN to help with the high risk pregnancies and see how the Haitian Health Foundation is working hard to bring the maternal mortality rate which is awful. Or two OB/GYNs, depending on the interest or another nurse or helper.

Those two will stay with Bette Gebrian of the Haitian Health Foundation at her family compound, which is spectacular. She used to live in Bristol but now considers Jeremie her home. That is also where we will spend the night before we travel to Dame Marie.



One of the mountain prenatal clinics which is accessible only by land rovers.



This side mission is just as important as the surgical one. On the right is the status board at the Center of Hope where high risk moms can come to stay for the last four weeks of pregnancy. However there is still no good local L and D care. Most have to walk 4 to 12 hours over those same treacherous roads while in labor to reach help. Thus the vast majority still deliver at home by community birth attendants. There is one OB/GYN for 400,000 people here at the general hospital and because of local politics he will not have anything to do with the work that is being done here. Very sad.



Here is Dr Bordeaux, the medical director of the Center of Hope asking for help and guidance with their pap smear and dysplasia problems in their population. The colposcope works I determined. They have one very old cryo unit to treat, but it is not being used as there is no GYN expertise there.



We have identified that only fourteen can work effectively in the location we have chosen in Dame Marie. Twelve would probably be just right, but I am building some redundancy into our team. As you can see from the email list there are a lot more than 14 to 16 names of our true blue team members. I am including some of you to keep you informed of our latest direction. These will be difficult choices to pick the team.

All three of us as the eyes on the ground for our team feel strongly that this effort is the beginning of something very special. You will all be changed by this experience. The degree of difficulty in getting there evaporates when you see the need and the specialness of this setting. I expect that this could in fact be where we "settle down". There are possibilities for our state wide OB/GYN network as well as for Saint Francis to expand its mission program in a more formal program here. Dr. Lahiri and Dr. Grise have traveled to Jeremie for years as well. Dr. Roy Kellerman goes to the city of Caberet where we ran a medical mission today.

Now as for Dame Marie: This is a fishing village of 9000 people, with a surrounding rural population of 40,000. They earn the equivalent I am told of about one dollar a day when they have work. This goes to clothing, shelter, food, and school costs for those who have children.

They eat usually only one meal per day, and most of them understandably are hungry. The photos that are attached will give you some sense of this area and the community. Outside of the poverty and remoteness, it is beautiful and unspoiled. This is the view of the ocean just a few blocks away from the hospital.



We have our next upcoming mission trip to the DR 11/5/2011. When we return home from Haiti tomorrow, our efforts will turn to making that trip successful. For those that are coming on this trip and also to the Dominican Republic, please do not discuss this trip to Haiti while we are in that country.



After the team has been chosen, there will be deadlines posted for submitting your documentation and monies required for this trip to Dame Marie. There is no MMI this time to take this burden away from the three of us organizing this mission. The deadlines are firm and I will replace you if you cannot comply. I will not deal again with the extra work required by me due to those who did not submit on time. There will be a release form that will have to be notarized that we are working on. We are working to make our program, and more specifically our Blue team, without comparison in standards for every single thing that we do. The costs will probably be in the range of 1700\$ to 1800\$ for every mission goer. This is several hundred dollars higher than the usual fare for an MMI trip to the Dominican. That is because of the extra cost of the second airplane to get to our destination.



I must restrict this trip to those without cardiac histories and other potential complicated medical problems. If you have stable conditions as we all have, then that is ok. The weather is extremely hot and humid. I will have Denise Bolduc collect your medical histories on the form we have ahead of time. IF we have a successful mission and decide to return to this location, then we may be more lenient on the health required to work in Dame Marie. The two people working in Jeremie do not have this restriction.

That is all I can think of to give you an adequate background of information to make your decisions. Kathy, Maggie, and I have worked hard to provide our team with new opportunities to learn, and grow, and supply a need that is overwhelming. Visit our website at [www.saintfrancisimm.org](http://www.saintfrancisimm.org), and go to the Facebook link. In the next several days upon returning home, I will be documenting there our daily struggles/adventures on your behalf.

God Bless, Mike, Kathy, and Maggie

PS. Chartering/reserving an airplane to carry this special team in February was a new experience for all of us here. Yikes but amazing at the same time.

PPS: Here is there brand new anesthesia machine that we had to unwrap that has sat unused for two years at Dame Marie. I hope this makes you happy Denise!

