

Association d'Entre-Aide des Dame-Mariens (AEADMA)

Hôpital de la Communauté Dame-Marienne
(HCDM)

Dame-Marie, Grand Anse, Haiti (W.I)



Report on the activities of St. Francis International Medical Mission
in Dame Marie.

By: Pierre M. Antoine
Director of HCDM

March 2012

1. Introduction

The week of february 12 to 16, 2012, was an exceptional moment for the Community Hospital of Dame-Marie (HCDM). Indeed, for the first time in its history, the institution was visited by a large american medical team. They had come to provide free specialized surgical services to the community of Dame-Marie. During this period, a great mobilization was observed in the hospital to respond effectively to the strong demand of services emanating from the population and in the residence of the members of the mission to assure them a pleasant stay in that town. One hundred patients had been seen from which twenty five were operated during a week of hard work.

2. Organization of the mission

The realization of this mission is the result of a partnership between, on one hand, HCDM that is a health care institution managed since 22 years by the community of Dame-Marie, through the "Association d'Entre-Aide des Dame-Mariens (AEADMA)", a community development organization, and, secondly, Saint Francis International Medical Mission, a humanitarian organization established in USA, Hartford, Connecticut, at St. Francis Hospital. IMM had, for 7 years, used to go to work in the Dominican Republic and elsewhere in Latin America and the Caribbean, but it was the first time a mission to Haiti was planned with all the fears about a new experience and the difficult situation facing the country. For this, it was absolutely necessary that the mission is well prepared and that each party knows the other's expectations. In this sense, three members of IMM, Dr. Michael Bourque and nurses Kathy Aries and Maggie Levasseur, had made an exploratory visit to Dame-Marie on September 21, 2011. They took the opportunity to get acquainted with the institution, assess their abilities and meet officials. The house to be served as the residence of the mission members was also visited. This visit permitted especially to plan the details of the future mission and to fix the responsibilities of the parties in connection with this action.

3. The preparation of the mission at the HCDM level

The challenge was important for HCDM. First, it's its mission to provide care to the population and expand as much as possible the range of services offered. The opportunity to reactivate in this moment the operating room after nearly three years of inactivity was more than welcome. Then, it had to demonstrate the viability of this model of management of a public service by community leaders.

A preparation program including the following items were then developed:

- a) Establishment of a list of cases that can be managed by the team
- b) Establishment of internal committees responsible for evaluating the needs of the HCDM to improve the service environment
- c) Public awareness of the activity via local radio stations, churches, through the streets of the city and in the rural areas.
- d) Registration of patients concerned by the program.
- e) Organization of medical visits for enrolled patients to evaluate them and prepare their documentations
- f) Search of medicines and supplies that were to be provided by HCDM
- g) Renovation of the operating room, hospital rooms, the guest house building and reinforcement of the technical services of the institution
- h) Constitution of a local technical staff (doctors, nurses, lab technicians) to work with the team of IMM
- i) Constitution of a team to enhance security at the hospital and the guesthouse
- j) Establishment of a team to steward at the guest house
- k) Identification of sponsors to support HCDM in this activity

Throughout the 4 ½ months between the first visit and the arrival of the mission, constant communication was maintained between HCDM and IMM officials to harmonize decision making.

4. The conduct of the mission

After two days of travel by air and land, the team with 13 people including two surgeons, three gynaecologists, an anaesthesiologist, six nurses and a technician, arrived at Dame-Marie on Sunday, February 12 at 1:00 pm. After a short stop at the residence, the team was taken to the hospital to install the hardware, finalize the preparation of the operating room and other rooms according to their standards of service work. The surgeons have, thereafter, read the patients' records previously selected by the staff of the HCDM. It then appeared that the cases of goitre could not be operated because of the impossibility to perform on-site or in another health institution in the region a thyroid stimulating hormone exam required before intervention. Arrangements will be made to overcome this deficiency before the arrival of the next mission. The evaluation of other patients began early monday morning and the team started operating at about 11:00 am the same day.



During four days of very intense work, more than 12 hours per day on average and with a professionalism and dedication that have won the admiration of all the hospital staff, patients, relatives of patients and general population, the team, in

addition to seeing in consultation with a hundred people, operated on 25 cases including 10 cases of hernia, 2 cases of fibroma, 4 cases of cystic masses, five cases of hydrocele and 4 cases of lipoma. All operated patients were discharged from hospital in good health before the end of the mission. It should be noted the good cooperation provided by the technical staff of the HCDM whose competence has been reported by many members of the mission. They think that with this level of collaboration, there will be

during a next visit possibility to have more specialists.

5. A success in the success

In the opinion of all members of the mission, technical and administrative staff of HCDM, direct beneficiaries and various sectors of the community, this program is very successful and the community has greatly benefited from it. However, it is important to note a special case which has just hit the headlines in the same hospital and in the community.

“She is 36 years old and has a strong desire to have a child. However, since 4 years now, without being pregnant, her belly began to swell and she felt severe pain during menstruation. The doctors she consulted diagnosed a fibroid and make her understand that they will be obliged to remove the uterus because of the importance of the mass. As she had a promise of marriage, she wanted to have a child before the operation that would take away any chance of giving birth later. The cost of the intervention was also a concern for her because of her scarce resources. So she went from hospital to hospital

looking for an economically reachable while enabling her to fulfill her dream of one day having a child. It was not a foregone conclusion and it was a bit desperate because her abdomen continued to swell. When her cousin who lives in Dame-Marie tells her about the arrival of american specialists in HCDM, she leaves Port-au-Prince and rushes to her hometown to be consulted. Drs Bourque, Shlansky and Brushwood operate her on the third day of



their presence in Dame-Marie. They remove a 5 pounds fibroid and save her uterus. Thanks to this partnership between Saint Francis and HCDM International Medical Mission, this operation will have cost her only 10 USD. Released from her fibroid while keeping her uterus, she has regained her smile and can continue to stroke her dream of having a child with more serenity.”

6. Lessons Learned

What worked:

- a) Good planning, teamwork and commitment at all times of all concerned persons were the pillars of the success of this program

- b) The American medical team worked with the technical staff of HCDM, which greatly facilitated contact with patients. Local nurses were rapidly trained in management of operating room and postoperative care. Their performance was positively received.

- c) The public has welcomed visitors who, in turn, have striven to provide quality services. The mission members have retained a pleasant memory of their stay in Dame-Marie and dream to come back soon. Mutual understanding was present.

- d) The team in charge of taking care of the visitors at the guest house, because of the quality of their work, contributed significantly to the mission's success. These individuals excelled themselves and have impressed their hosts who, in their own opinion, have had an unforgettable culinary experience.

What did not work/deficiencies

- a) The cases of goitre were not operated because it was not possible to realize a thyroid lab exam in the area for the patients. Even if arrangements will be made to address the problem during a future mission, it is important in the future to communicate on time to visiting physicians all important cases listed so they can before their arrival make recommendations as needed.

- b) During their stay, surgeons have looked to see if they could find blood at the blood bank of Jeremie. Unfortunately not. This situation if not corrected could hinder the realization of major surgical interventions in the area.

7. Perspectives

a) The arrival of the team of IMM has provided HCDM with an opportunity to engage important renovation works primarily in the operating room that was inactive for nearly three years. The anesthesiologist and the technician of the IMM have completed the technical preparation of this room. After such an effort and considering the strong demand for surgical care observed during the presence of the mission, plus many obstetric emergencies recorded throughout the year, it is important to ensure continuity of surgical services for the benefit of the community. So, HCDM officials are now engaged in an active search for funds to be able to recruit a surgeon, a gynecologist and a nurse anesthetist for the institution. Any support in this direction coming from haitian and / or foreign entities will be very much appreciated.

b) Moreover, because of the success of the surgical week that just took place in partnership with St. Francis International Medical Mission and the disposal of the Group to increase its support to the institution, the management of the HCDM intends to develop sustained links with this organization that may, in the future, provide technical assistance to the hospital in addition to organizing missions that would contemplate other high-demand services such as ophthalmology and dentistry without neglecting the imaging and laboratory. These new treatments will enhance the range of services already offered by the HCDM through its community component as health education, immunization, family planning, pre and post natal care, nutritional monitoring, the fight against tuberculosis, malaria, diarrhoea, HIV-AIDS etc.

8. Acknowledgements

The Directorate of HCDM wishes to thank the following entities and individuals, in Haiti, that gave their support to carry out this activity:

a) DINASA, which provided 500 gallons of diesel to run the generator and the vehicle of the hospital during the mission's presence in Dame-Marie

- b) Antoine Foundation that has provided a residence to welcome the members of the mission during their stay in the community
- c) Grand-Anse Construction which greatly helped the HCDM administration realize some renovation work for the arrival of the mission
- d) PROMESS that offered some essential drugs to the hospital
- e) Bette Gebrian Magloire, director of the Haitian Health Foundation in Jeremie, who has facilitated contacts between the two organizations
- f) Dr Jean-Claude Bénèche, former medical director of HCDM, who accompanied the members of IMM in their reconnaissance visit to Dame-Marie and who assisted us with advice and encouragement during the preparatory period for the coming of the mission
- g) Dr Hubert K. Morquette, a native of Dame-Marie, director of King's Hospital in Port-au-Prince, who directed and assisted us in the search for anesthetic drugs
- h) Mr Jean Dudly Forestal, another native of Dame-Marie, commercial director of DINASA, who supported us in the process of obtaining a grant from this company
- i) Dr Pierre Robert Azor and the managing staff of the HCDM in Dame-Marie who has done an exemplary job
- j) Ms. Géralda Clermont Pierre (Ada) and her team of cooks who have delighted visitors
- k) All personal and small providers who are not at all unworthy
- l) The tireless Sonny Livette, Bérald Michel, foremen Christian Dumoulin, Assé Petit Pierre and Gilbert Duclorin who were always at our side in support

10.The members of the mission



Bourque Michael, MD, OBGYN, chief of party
Aries Kathleen, RN, delivery room
Bohl Jaime, MD, colo / rectal surgery
Bolduc Denise, RN, anesthetist
Bourque Pamela, RN, post-operative surgical telemetry
Brushwood Rebecca, MD, OBGYN
Levasseur Margaret, RN, emergency department
McPherson Toby, RN, anesthetist
Messier Kenneth, operating room technician
O'Brien Clark, MD, anesthesiology
O'Neill Jean Marie, RN, post anesthesia recovery room
Opoku-Boateng Adwoa, MD, general surgery
Shlansky Lisabeth, MD, OBGYN