

# Trip to Haiti Changes Lives of Patients *and* Volunteers

**BY ROCHELLE KELLY DEVARGAS; LISA DREW, RN; & JAMES SMITH, MD**

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In February of this year, a dozen volunteers from St. Mary-Corwin Medical Center, Pueblo, CO, along with a handful of others from the community, left family and modern comforts to bring healing to suffering people in Gonaives, Haiti, a port city of 200,000 some 110 kilometers north of Port Au Prince. The trip was coordinated in part by James Smith, MD, a surgeon at St. Mary-Corwin.

This was not Smith's first experience of Haiti. He had kept a diary during a 2005 visit.

**Smith:** *In Haiti for my second medical mission trip to a church and school that is affiliated with my own church in Pueblo. We, the Americans, feel hopelessness. The Haitians around us, on the other hand, seem to be over-*

*flowing with hopefulness. They put on their Sunday best clothes, ironed, perfect. They bring their children, their elderly, and themselves to us for help with their ailments.*

*We try to help with what medicines we have brought in our extra duffel bags. I do what I can surgically: lumps, bumps, debridement, and treatment of chronic (horrific) wounds. I occasionally perform life-saving interventions—drained a deep abscess in the arm of a pretty 17-year-old girl with fever and racing pulse; established central IV access for delivery of our few bags of IV fluids to a couple of men carried in by their families, barely conscious. Within hours they walk away smiling. We smiled, too.*

*I see large inguinal hernias, neck growths; a strapping 28-year-old man's infected knee, which has been chronically draining fluid for two years and needs an amputation. I later learn that the infection ultimately took his life.*

*We make lists of the patients who need surgery in a 'real' operating room. We tell these patients, through our translator, that perhaps . . . maybe . . . someday we can return with a surgical team.*

## RETURN TO GONAIVES

When Smith returned to Pueblo from that 2005 trip, he shared his story with Tom Anderson, CEO of St. Mary-Corwin. Not long after that meeting, Anderson began lining up support for another, even bigger medical-mission trip to Haiti. The biggest contribution to that project came in the form of a \$150,000 grant from Catholic Health Initiatives, Denver, parent of Centura Health, Englewood, CO, which is St. Mary-Corwin's parent. With this grant, the Pueblo hospital initiated a three-year "sister" relationship with l'Hopital de la Providence in Gonaives. The funds were provided to re-equip Gonaives' only hospital, which had been ravaged by a hurricane in 2004, and build a new free clinic at a nearby church and school.

When everything was finally in order—when all supplies had been packed and all volunteers had their travel documents in hand—the group set out on a trip that inevitably turns out to be shocking



Dr. Smith and patient.





for most first-time visitors to the Third World.

Lisa Drew, an emergency nurse, recalls some of that shock.

*Drew: This was my first mission trip to Haiti, and like all of the other first-timers on our team, I really had no idea what to expect. I soon found out that my actual experiences and what I thought I would experience were two very different things. When we landed on the airstrip in Gonaïves, some children came to meet us. They came riding horses, running, and walking, all of them interested in who we were and what we were doing there. The United Nations peace-keeping troops took us all by surprise: I was not expecting to see tanks with troops carrying automatic weapons or the UN helicopters hovering overhead.*

### **A DEPRESSING SIGHT**

From the airport, the team rode “tap-taps”—Haitian public transportation vehicles that are nothing more than pickup trucks with benches—over the mountainous, barren wasteland into Gonaïves. It was not a comfortable ride because the roads are unpaved and marred by potholes and washouts.

Full of hope and energy, the group quickly learned that its work would be more difficult than expected. A quick inspection of the hospital revealed a multitude of challenges for the visiting

group to overcome. The hospital had only one working generator. Of its three operating rooms, only two were usable. Although relatively clean, the operating rooms were quite rudimentary, with inadequate lighting, no working anesthesia machines, cautery, or monitoring devices. The hospital’s anesthetist had only a battery-operated pulse oximeter; and, because the batteries were weak, she had to turn it on intermittently to check the oxygen saturation of patients undergoing surgery. Consumable supplies such as gowns, drapes, sutures, Foley catheters, and IVs were present but limited.

The two postoperative wards, one for males and the other for females, were filled with beds but staffed only by a single nurse who sat at a desk in the middle of the room. Sheets, food, and water were provided to patients by their families. Bandages, medications, IV solutions, and other supplies must be purchased by the family at a private pharmacy and brought in for the nurses to use on the patient. Patients with no families receive none of these things.

The building’s concrete floors were dirty and its windows had no screens to keep out flies and bugs. Patients’ families cooked on little charcoal fires behind the ward, beside a stream of sewage. (Outhouses next to the stream were the only bathroom facilities available.)

*Drew: That first night in Gonaïves, three of*



*us slept on the rectory roof, while some hunkered down in the rectory on beds, cots, or sleeping pads on the floor. The night air was crisp and almost cool. For me, it was a way to really be a part of the culture and surrounding that I had come to be a part of, if only for a short time. We went to sleep with the sound of gunshots ringing in the distance.*

**“OUR EVER-HOPEFUL HOSTS”**

In preparation for the trip, the group had shipped to Haiti a 40-foot container with more than \$150,000 worth of supplies and equipment. Although the container had been sent weeks earlier, it now was trapped in political red tape at the port of Saint Mark. (And, indeed, the surgical supplies and equipment the visitors needed to perform surgery did not arrive in Gonaives until the last weekend of their 12-day mission.)

Lacking equipment or supplies, and finding themselves with deplorable hospital and living conditions, the visitors felt that the outlook for achieving the goals of their mission was bleak. Yet, even as they became discouraged amidst this geographic and economic wasteland, hope thrived. It thrived in the shining eyes of young boys and girls who were excited to see “blancs” (white-skinned people), American doctors and other volunteers who had traveled far to help

them and their families.

*Smith: Our meeting with the region’s minister of health, Dr. Carl Murat Contave, goes well. He is ecstatic. He tells us: “Many have come here and made promises, but you have returned.” He tells us to consider the city our home. We are inspired beyond words. We thus begin our week’s work providing primary care and surgery for our ever-hopeful hosts.*

**CONDUCTING CLINICS**

The group methodically assessed the less-than-ideal situation and split itself into three teams: medical, surgical, and support. The medical team conducted a walk-in clinic for two days at St. Basil’s Church in Gonaives and another for two days in Bayonaise, a lush farming village about one hour from Gonaives. Illnesses such as pinworms, breast cancer, dehydration, and gastroesophageal reflux disease were diagnosed. In just four days, the medical team saw nearly 350 people, three of whom were referred to the surgery team. In rural Bayonaise, some patients walked as long as three hours to get to the clinic.

*Drew: We were setting up for the clinic inside the church in Bayonaise and started hearing singing. When we looked outside, dozens of children and adults, who had lined up in front of the church hours before the clinic opened, were*





singing. They told us it was a prayer of thanks for the Americans and their clinic.

Their gratitude really touched our hearts. All the smiles, hugs, kisses, and "thank you"s were indeed more rewarding than any paycheck I have ever received in my 15 years of nursing. We saw patient after patient in the Haitian heat and high humidity, providing medical care and hope to those we cared for, loving every minute of it. We on the medical team enjoyed each other's company and quickly learned to appreciate one another's contributions to our team's efforts.

### "MR. FIX-IT" GOES TO WORK

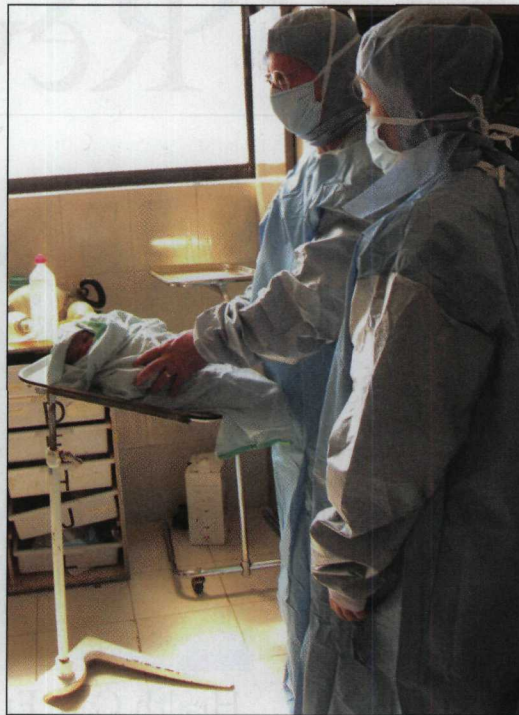
The visitors still did not have access to their container of supplies and equipment. Fortunately, medical team members had brought with them on the airplane 19 duffel bags of medicines and small supplies, along with 1,000 T-shirts to distribute to the children. After only four days of clinic operations, however, the team had exhausted all available medical supplies. Although the need remained great, the visitors could no longer see patients.

While the medical team faced a critical shortage of supplies, the surgery team dealt with other challenges. Ben Massey, MD, traveled four hours to Port au Prince in search of an oxygen regulator that would enable the Gonaives hospital's anesthesia machines to run with oxygen bottles. He also had to find the necessary anesthetic and narcotic needed for general anesthesia and surgery. Because the two drugs are controlled substances, the group hadn't been able to bring the drugs with them on the airplane. Massey spent two days in Port au Prince before convincing Haitian officials to let him purchase what he needed.

**Smith:** *I'm amazed by all the little miracles going on here. Ben moved heaven and earth in procuring anesthesia agents and parts for the anesthesia machines. He literally did the impossible. But all his efforts would have been wasted were it not for Chuck Demarche, a former St. Mary-Corwin staff member. He attacked that mountain of inoperable, old equipment, some of which had not been used in years, because there was no one on the island who could repair it. "Mr. Fix-It" ensured that we had equipment to use once we were able to begin surgery. The repairs also ensured that when we left, the hospital would have functioning equipment for future use.*

### A LIFE-CHANGING EXPERIENCE

On Valentine's Day, Massey finally returned with the critical supplies and general anesthesia. The supply and equipment container also had arrived by this time. However, surgery could not begin



until noon that day because the team had to wait for diesel fuel to run the generator. Once the surgery team began its work, surgery didn't end until 11 pm. Surgeries performed over the next two days included mastectomies, gall bladder surgery, testicular cancer removal, and life-saving amputations.

While the surgery and medical teams treated patients, the support team provided oversight, looked out for the visiting group's safety, helped plan future clinic construction, and documented the mission.

Despite their difficulties, the visitors left that little part of Haiti in better shape than when they first arrived. For the first time in years, the hospital now has the ability to administer general anesthesia. And the local providers were left with the resources to build a clinic at St. Basil's that will serve as a training hospital. They anticipate serving 3,000 children and adults annually once the clinic opens. Patients from these clinics who are referred for surgery will no longer have to pay for their care. The long-term vision for the clinic is to construct a second floor to be used as a dormitory for visiting doctors.

**Drew:** *This first mission trip to Haiti was indeed life changing. I am committed to returning to Haiti, each and every chance I get. I want to share the nursing skills that God has provided me with those who have so little but give so much—all while keeping those ear-to-ear smiles shining on their faces.* ■

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