IWISH Mission: To achieve Sustainable Healthcare for Women & Children in poverty-stricken countries (current focus in Haiti).

(Written by Dree, edited by Darcy.)

To sustain means to give support or relief to, to supply with sustenance, to keep up, to prolong. IWISH's mission uniquely focuses on long-term sustainability so that Haitian care providers are able to sustain a healthy population, independently. This means durable equipment, training of Haitian personnel in the use and care of that equipment, education of families, and more.

In May of this year (2017) we returned to Haiti with more equipment, supplies, and an ambitious schedule of both surgeries and teaching. We are currently focusing our efforts in Port Au Prince (PAP) at Hopital Les Messie and PAP General, as well as at the Wesleyan Hospital on the island of LaGonave. For this trip, our team was invited to stay with Emmanuel and his family - he is our translator/guide/facilitator extraordinaire! A need has been identified for a medical clinic in a community one hour outside of Port Au Prince where Emmanuel has established a sustainable orphanage with room for the medical clinic. Read on!

Below are highlights from our trip. For medical professionals, or others seeking "all the details" there are links to some of Dr. Stryker's formal classes to medical personnel. Our team this year was Dr. Dree Stryker, OBGYN; and Gail McGee, RN, Pediatrics. We have a great (and growing!) team of Haitian medical professionals with whom we work, even when we aren't physically in Haiti!

Trip Priorities:

- Dissemination of medical knowledge and technology – optimize the equipping and training of physicians and nurses in PAP and LaGonave.
- Assess and prioritize future needs
- Develop model for sustainable orphanages in Haiti via Emmanuel's orphanage

Days 1 and 2 (Saturday and Sunday)

Emmanuel met us at the airport and drove us to his home where we had been invited to stay. Many roads were already flooding (some with 6 feet of water) and the rainy season hasn't even officially started yet which is quite worrisome. We tried to reach Dr. Honore without success that first night so, the evening was spent finalizing the presentations for Tuesday's medical conference.

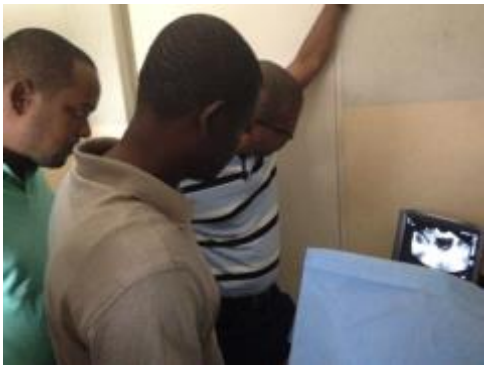
Sunday was the first full day in Haiti. There was a downpour in the morning, with closed roads until the afternoon. In the morning, we rested and sorted through the 8 suitcases of supplies and equipment we brought down according to what supplies went to which hospital facility. Sunday afternoon, we saw a break in the rain, so we were able to get to Hopital Les Messie to organize the surgical instruments and see our preoperative patients, most of whom turned out to be infertility patients with GYN problems. After orienting Dr. Batsch, Dr. Hosty and Dr. Honore to the new ultrasound machine with its Cine-loop and Color Flow Doppler capability, they then taught the

senior OBGYN residents to use the machine. Most importantly, we assessed the functionality of existing equipment provided in past trips, combined with those that we brought down with us.

Dr. Hosty (left, in his reusable, water resistant OR booties designed and produced by Sue Scott, housekeeper at McLaren Bay Region in Michigan) is our techy-savvy urologist/ qynecologist. He was very quick to show off the equipment that IWISH had previously provided, in the operating rooms at Les Messie and in the office that is shared by Dr. Honore and Dr. Hosty.

Since Dr Honore's office collapsed on him in the earthquake, the two doctors have shared a very small space for ultrasound, fetal monitoring, colposcopy and LEEP procedures (all technologies provided with training by IWISH).

Some of this equipment IWISH provided 10 years ago and it has been carefully guarded and maintained all these years. Unfortunately the 2 ultrasound machines that were donated in 2006, both died this spring, so the loaner portable ultrasound was all we had! It's impossible to provide women's healthcare without an ultrasound, so we sent out a plea for support to buy the loaner machine so we could leave it behind for our Haitian colleagues. Thanks to Sonosite and some generous donations, we were able to accomplish this. However, one ultrasound between two large hospitals is insufficient so we are hoping to acquire two more units.



Once we completed evaluation of the pre-op patients, we finished the evening with a vaginal hysterectomy with A/P repair.

(Day 3 was at the Orphanage – see separate report)

Days 4 and 5 (Tuesday – Wednesday) teaching, real time with patients or in lectures or operating

Teaching Conference

IWISH's Dr. Stryker gave four PowerPoint lectures at Port Au Prince General. The audience included nurses, medical students, residents and attending physicians from the teaching hospitals in the area. Topics were: hysteroscopy; history of laparoscopy; risks of laparoscopy; infertility. We discussed how VERY dangerous these technologies can be if used without a healthy understanding of the risks and the history of how the technology developed over the years. Technique was reviewed, addressing how to prevent complications.

Because we had seen so many infertility patients the day before, Dr. Stryker created a lecture utilizing ultrasound, hysterosalpingogram (HSG), and laparoscopic images from the days' patients, so the attendees could assimilate what they are feeling on pelvic exam with the patients' complaints, and the HSG and pelvic ultrasound findings with what they will see with laparoscopy and hysteroscopy.

The lectures started at 9 AM. Time flew by with questions and lively discussions, no one took a break: at 2PM they finally came to take Dr. Stryker to OR for the day's surgeries. These people are so hungry to learn!

(You may also view the four PowerPoints, each listed by title/topic.)

At the conference, Dr. Stryker challenged the young Haitian physicians to design reusable/recyclable technology that will allow us all to be better stewards of the world. At this time, almost everything that we are using endoscopically has been designed to be disposed of (translation: thrown into a landfill somewhere). This is NOT sustainable for any of us and needs to be addressed, particularly now that we have the knowledge to manufacture safe and effective instruments.

Following the lectures, we proceeded to the operating room to start surgery on the patients we had seen the day before. It was sooo frustrating, but fun, to start with absolute chaos in the OR at the beginning of the week and to see us pulling it all together for our last cases Wednesday night, after operating well into the night on Tuesday, then all day Wednesday. We learned so much from each other!

Example: their modus operandi was to get the patient anesthetized and then open the surgical equipment. That might have served them well previously but they immediately bought into the idea that if they get the equipment out and counted prior to anesthesia

induction we can make sure that all the instruments we need are open and ready to go. Otherwise, we ended up wasting time and precious anesthesia medications while we tracked down the instruments, washed them in cidex, and made sure they were compatible with the other endoscopic instruments.


After the first case, our amazing anesthesiologists (noticing that between the instrumentation issues and the fact that we were having the residents do as much of the cases as possible) decided to use Spinal/Epidurals in addition to general anesthesia so we didn't consume as much general anesthesia medication. Brilliant!

At the conference, Dr. Stryker introduced the idea of a "Time Out" to be sure that everyone in the OR is familiar with the patient and her operative procedure. After the lectures, Dr. Meteyer, who is the medical director at Hopital Les Messie, marched over to the OR, and educated the nurses and OR techs about the "Time Out". More like a military drill sergeant, he is very professional. He rarely smiles but, on occasion, we can break him down. One of the residents remembered to do the timeout during the last case. In so doing, we realized we hadn't prepared the dye for the tubal dye perfusion. It showed everyone in the room how valuable the practice can be. We shall see if it catches on.

Pictured here, Dr.Meteyer is with his lovely and brilliant daughter Elrika (a post-natural-disaster rebuilding architect).

We were easily able to perform the endoscopic surgeries during this trip with the senior residents! We realized that the actual operating accessories could be upgraded now so that we can actually treat even the complicated patients surgically. We have a shipment enroute to PAP. When it arrives, Dr. Stryker will go down for a long weekend to help organize and evaluate the equipment, put them in sets and (bring back and) pitch the nonfunctional pieces of equipment so there is less clutter. Until we actually performed the operations, we didn't really know which equipment was important and which was superfluous.

Currently, the general surgeons, the orthopedic surgeons, the urologists, and the gynecologists are using our endoscopy equipment at Les Messie. We didn't get over to the operating room at PAP General during this trip. Currently the general surgeons are doing laparoscopic surgery, but the Gynecologists aren't allowed to use the technology. Dr. Batsch shared with us that a philanthropic organization in France is supporting the construction of a replacement hospital in the middle of the current facility at Port Au Prince General. The current facility has multiple different buildings for each individual specialty so that the General Surgeon operates in one building, the Gynecologists in another building with the instruments sterilized in yet another building. The new facility is combined, similar to the U.S. model. The new administrator is a friend of Dr. Honore so I have high hopes that compassionate patient care will be a priority.

LaGonave Days 6 and 7 (Thursday – Friday)

Early Thursday morning we flew to La Gonave to assist in surgeries and see gynecologic patients. Dr. Stryker was accompanied by Dr. Batsch, resident Dr. LaLanne, and anesthesiologist Dr. Stephanie Hubert. Gail stayed back at the orphanage to work with Emmanuel. We brought suitcases of requested supplies and they were effusively grateful for the blessings it being a busy day in their emergency room.

Pictured are Dr. David LaLanne on the left, Dr. Batsch in the middle and Dr. Stryker on the right, loading up with Dr. Hubert in the way back seat of the MAF plane to LaGonave. (MAF= Mission Aviation Flights flies tiny planes to LaGonave, otherwise it's a scary, rough boat ride.)

The current medical directors are Dr. Bob Vermiere (left, with a patient) and his wife Marcia. They are both wonderfully devoted, energetic and brilliant care providers. Dr. Bob was most excited about the fact that Dr. Batsch decided to accompany me to La Gonave, because he feels there needs to be more optimal networking with residency directors in order to provide a better education of their service physicians. In Haiti, after medical school, physicians are expected to serve the underserved for three years before going on to residency training. There are three "service physicians" who are assigned to LaGonave. If we bring them with us from Port Au Prince, ObGyn residents would certainly have something to offer from the perspective of service physician education, much like residents training medical students. As long as the residents that rotate out there with

us know that service physician education is part of their obligation when they are there, I think it could be a win-win situation.

The day we arrived, we saw OB and Gyn patients with Dr. Batsch, Dr. LaLanne, a fourth-year medical student from the Dominican Republic (DR) and one of the service physicians until 4PM. At 4, we performed a cesarean section with tubal ligation on the woman who had intermittent bleeding from a placenta previa, while Dr. Batsch left briefly to do a delivery with the fourth-year med student. Both mothers and babies did well! Dr. LaLanne and Dr Batsch were able to use the Bakri Balloon and Dr. LaLanne (left, removing the Bakri balloon) was able to perform a uterine artery ligation. He had read about it but had never actually done one. The patient wanted a sterilization procedure so we were able to share techniques with one another.

Above, Dr. Lalanne teaching the fourth year student how to do a pelvic exam on a laboring patient (note the birthing beds donated by IWISH). In the photo on the right, Dr.Batsch is teaching Dr. LaLanne ultrasound technique. The newer portable ultrasound had much better resolution, but we were happy to have a functional ultrasound!

A side note: These are VERY busy physicians (Dr. LaLanne, Dr. Hubert and Dr. Batsch) and yet they were bound and determined to come to La Gonave with me. I believe that they were there to go well beyond what Dr. Stryker and IWISH could do.... and ultimately so did they. We were all tired but SO enthusiastic about what we had accomplished and what we felt was in the future, really feeling like we were being guided together for a higher purpose. There is no question that IWISH (in this case, Dr Stryker) is the link between two VERY important collaboratives, the first is the education and development of LaGonave's medical team. Secondly, my Haitian colleagues will be needed to work collaboratively with HsCC (Haiti sans Cervical Cancer), the consortium of NGOs led by Dr. David Walmer of Duke Medical Center, who had, up to the time that I joined them, not linked up with Haitian OBGYN Society (of which Dr. Batsch is president and Dr. Anglade is secretary). More below re networking.

As an important adjunct to the LaGonave experience, the Wesleyan nursing school was opened at the same time the hospital was opened. This is VERY exciting, but we didn't have time to visit during this trip. Ultimately, the nursing students need our updated technology so they can go out into the country prepared to use the technology as needed.

Friday was more of the same: surgery and ultrasound patients. In the afternoon we flew back to Port Au Prince and more surgery with Dr. Honore, Dr. Batsch and Dr. Hosty.

History: The Wesleyan church built this gorgeous hospital with the help of a philanthropic organization in Scotland called Lemon Aid. Ms. Vero (R.N.) and Dr. Ferdinand, current administrative heads of LaGonave facility, are giving and hard working, passionate care providers, committed to the considerate care of their people.

The hospital is designed to be sustainable, using prevailing winds off the ocean for cooling and solar energy for electricity. It is magnificent!

The last time we were on LaGonave (2014), Dr. Fettinger and Dr. Stryker spent the day scrubbing the operating room floors while the painters painted the walls. We mowed the lawn in the beautiful courtyard that day. A cute little side note ... when we told Dr. Bob about the lawn mowing story, he shared that as soon as they moved into the new hospital, Dr. Ferdinand put a nix on using the lawn mower and has them using machetes about once a month instead because he doesn't like the dust and noise that the patients are exposed to when the lawn is mowed.

(See Media Gallery for a "walking tour" of the new LaGonave facility.)

Note on sustainability and "disposable" supplies:

As crucial, was that they have become very dependent on disposable drapes and gowns as their reusable ones have been lost to attrition. One priority will be see if there are Haitian seamstresses who can make reusable, washable gowns, drapes, booties and hats. I would love to have them made in the orphanage at some point. For that we will need a sewing machine or two☺. But this is a win-win-win as the "tailors" at the orphanage learn marketable skills, earn some income, and Haiti and the medical staff are both served as well.

Durable medical equipment needs are extremely high in these countries. These places simply do not have the funds to equip their own citizens at the level they need for specialized professions such as medicine. Therefore, doctors with their medical equipment, willing to share their knowledge, can be extremely helpful in these poverty-

stricken areas.

Our doctors and nurses team up with local medical professionals. We have provided them with technology such as ultrasound machines, defibrillators, intensive care heart monitors, surgical instruments, colposcopes, LEEP machines, sterilization equipment, nursing uniforms, birthing beds, infant warmers, office apparatus and IV infusion apparatus.

In addition to providing specialty medical equipment, training of their medical professionals both in Haiti and the United States has been a priority to sustain the quality care that we are hoping to provide to the women and children in these areas.

A very successful trip all around. Much progress and much to do!
Stay tuned!!