

November 2018 Mission Trip to Haiti

IWISH mission: *to equip and train local medical professionals so that they can provide care and training in their own communities.*

Sites visited:

Orphanage/School/Clinic in Vignor, Port Au Prince Clinic (new), La Gonave Wesleyan Hospital

Saturday November 3, 2018

We descended on Port Au Prince International Airport at three different times from 5 different states across the US. Most had been at least once to Haiti except one of the pre-med students and of course our Solar guy! Two were from sister NGO's with whom we are coordinating in Haiti. This well-connected and experienced team allowed some amazing "sparks to fly!"

OUR TEAM:

- Natalie Fettinger, third-year medical student (IWISH)
- Niki Krupp (IWISH photojournalist) and her daughter Addy (a pre-med student)
- Gail McGee, nurse (IWISH Foundation board member)
- Dree Stryker, OBGYN (IWISH Founder)
- Amy McTeague (photojournalist and Development Director for Hope for Haiti) and her daughter Delaney (also a pre-med student)
- Robert Allen (President, Luma Solar Roofs)
- Tracy Stepka (Director of Hands of Friendship and Co-Founder of the Orphanage/School in Vignor)

Gail with Robert in the airport in Detroit.



All the luggage made it without delays but Emmanuel had to pay \$200 in bribes to get our luggage and medical supplies through immigration. Things in immigration have deteriorated again. I didn't have the energy to argue and was really caught off guard because we really hadn't been having these issues since before the earthquake.

We met at Emmanuel's guest house to organize supplies and get acquainted as a team.



Robert climbed up to take a look at the roof and started talking solar with Emmanuel. They talked well into the night, and Robert was pleasantly surprised by Emmanuel's baseline knowledge of the subject.



At dinner we introduced ourselves and each spoke of why we had journeyed to Haiti.



I'm not sure that any of us knew how amazing this group was until we talked that evening. Amy is Development Director for **Hope for Haiti**, an organization that builds villages with water and one solar light for each home. They have been building "villages" in rural Haiti since 2001. Each village has a community center and a mayor

and is visited by a social worker twice annually to make sure that the water and sewage are working and that the homes are being kept clean and safe.

We talked a lot about the possibility of putting solar roofs on the community center so that children and families in the community could charge computers and cell phones to help the kids succeed in school but also to optimize business networking. As we're talking, I'm thinking about how one of those new villages surrounding our orphanage/school/medical clinic might serve our project. The first step is to have a site visit so they can evaluate whether our project is worthy.

Amy also said that there is a place in Chicago that may be able to ship our medical equipment into PAP. We recently lost our previous "channel" for safe shipments to Haiti, so this is a huge plus!

I had a long "heart to heart" conversation about sustainability with Tracy, Director of the **Hands of Friendship** organization, who built the orphanage/school and also the attached clinic that IWISH services. Hands of Friendship's primary work is creating self-sustaining orphanages and schools for children, which they hope will inspire the next generation to peacefully effect change through caring, sharing and Faith. Tracy is



challenged by the cost of educating the older children as they learn beyond the level of this school. Sending them "outside the wall" costs a significant amount of money and they are having a hard time getting sponsors consistently. That is the reason for finding self-sustaining measures that work on this piece of land. We have to remember that one year ago this was a barren, desolate piece of land. For now, the trees and the chickens are dying more than living because we

are all on a learning curve for animal and plant husbandry with Haitian challenges on this property. Interestingly, the chickens that are nurtured by the children themselves are thriving. They aren't sure why, but the kids build their own little house for their chickens which may make them less susceptible to the island viruses to which the other chickens are succumbing.

We are all just trying so hard to figure out a way to make this sustainable as quickly as possible. One idea: rabbits evidently do well in Haiti. We are going to try to find out how to modify the chicken coop to make it work for rabbits.

Sunday November 4, 2018

We woke up bright and early Sunday, piled into the van with our supplies on the top, arriving at the orphanage in time to hear the beautiful sound of song and percussion followed by a young man preaching a sermon about repentance and purification.



The children have been creating their own services this year. From the tithing of visiting missionaries, they saved up enough money for a sound system, a keyboard and drums. They tell me that they turn the sound up loud enough so their service can be heard in the mountains.





We are mesmerized with their beauty and their talent, but as visitors we are still a spectacle to them, so while they sing and worship they can't help but stare at us.

During the church service, Niki took an opportunity to video the adjacent classroom. In the back ground you can hear the influence of music in their lives. Below is the math lesson on the board.



After church, it was "all hands on deck" for the move into the new medical clinic. Pictured here, after church, are Gail McGee (left photo, IWISH) and Tracy Stepka (right photo, Hands of Friendship) with the kids. Dr. Johane Beauharnais (Haitian Pediatrician) and Emmanuel are in the background on the right. The clinic is magnificent, with floors that were spotless and polished!





We put up a board (see the pink arrow) to protect the patients from the sun exposure, but in the future, we will need to create some sort of lean-to protection for the patients, hopefully with access to a water supply. The new clinic grounds will also need some beautification, but that will come with time as well as completion of the wall that surrounds the clinic.

The desks and examination tables were moved from the school into the clinic with help from literally everyone! The pharmacy and "Pediatric suite" were set up quickly by Gail, Addy, Natalie, Tracey and Delaney.



We had to do some McGyvering in order to have some privacy for the GYN patients. I sutured the drapes to duct tape hanger loops. Niki and Robert hung the makeshift curtains with some rope and the help of our amazing translator, Marteen.

Within ten minutes, we had a GYN exam room set up Krupp/Haiti-style and we were ready to roll. Pictured here are the examination table provided by Drs. Hosty and Honore, a "glove dispensary", "garbage collection device", sheets for under the tush, ultrasound machine, container for the dirty speculums and a fan.



The new Clinic is open for business! All the orphanage children were seen, as well as families from the surrounding community.



The first challenge was a 22-year-old, debilitated woman with TB. Despite her young age, she seemed to have heart failure and a pericardial /pleural effusion - discovered through use of our handy ultra-sound! .



While Gail and I tried to figure out what meds she was taking and scanned her abdomen and chest, Natalie Fettingner, our third year medical student, donned a mask and jumped right in to examine her. Here Natalie is checking her hemoglobin in an effort to try to understand why she was so sick despite the fact that she had been taking the TB medications as prescribed for well over a month.

About the time we were running out of ideas for what we could do for this young woman, Dr. Batsch (from PAP) arrived and arranged to have Emmanuel take her to Gesco, a research facility for TB and HIV patients in Port Au Prince, where she could have TB and cardiology follow-up, which she needed but previously couldn't afford.

Another of our patients was a dear woman with total procidentia (uterine prolapse). With no "pessary", it was a great case for the students to see and discuss treatment alternatives and potential risks of the condition.

Local colleague Dr. Batsch really didn't feel the pessary option was the best thing for women in Haiti. He cited malnutrition, atrophy of the tissue and lack of follow-up as reasons to consider surgery. He offered to do a Lafort procedure free of charge, the following week. "But we have to be sure that she isn't having sexual intercourse" was the final caution he added.

These last two cases were excellent examples of why Haitians are best served by Haitian physicians. Management that is appropriate in the States, isn't always the best choice for women in Haiti.

Near the end of the first day of clinic, Addy and Delaney (our pre-med students and "second generation" daughters) were able to do their first surgeries on a young lady who had been injured by Rebar that had been impaled into her leg and her foot. She had developed one deep non-healing ulcer in her calf and another smaller one in her foot. Each of them was able to perform a debridement procedure as a means of desensitizing them to needles and surgery.



While we were finishing up patients, Niki and her team went exploring in the community with Emmanuel. He introduced them to the minister of a local church affiliated with a girl's school. The minister at that church is ecstatic about having medical care locally available for his parishioners, staff and students.



Monday November 5, 2018



Natalie had been scheming all night with plans of how to make the clinic work flow better. She and Gail started putting those ideas together. One obstacle was the lack of time with Cassandra, the Haitian nurse tasked with ultimately making the clinic self-sustaining. Natalie thought she could dedicate time to helping her to understand the process. Our IT consultant at our UCC church in Midland thinks he will be able to help us set up fingerprint identification for our patients and Natalie has friends who can help her use technology to inventory and label all the medications in the pharmacy. We love her optimism and passion!

On the way to the clinic, we picked up our translator, Lismo, and our wonderful Pediatrician, Dr. Johane Beauharnais (center photo below, shown working at the new physician's desk in the "Pediatric Suite").

As we approached the bridge to Les Bours, we noticed that traffic was turning around and racing away from the bridge. When we asked people on the roadside, we could hear the gunfire of automatic rifles. Demonstrators were blocking the bridge in preparation for a nationwide demonstration against government corruption and promises unkept. The police were using the guns to try to disperse the crowds. We had to take a three hour detour to the clinic, arriving to patients waiting in the hot sun.



Each child was weighed and measured, the results recorded on the growth charts by the Pediatric team.



The children are very apprehensive, but well-behaved and supportive of each other. The little girl with the left eye condition, known as exophthalmos, is being scheduled with a pediatric eye specialist (ophthamologist, friend of Gail McGee) to determine whether she needs surgery. The concern is that she may have a malignant condition that needs more than just surgery. Fortunately, she isn't feeling any pain, but it is so heart-wrenching.



On the other side of the wall, transitioning to the “GYN and Surgical Suite” we saw this lovely woman for menopausal issues. She lowers her head when I tell her how truly beautiful she looks and sheds a tear when Marteen, our translator agrees with me.



I also was able to see this male construction worker who was having incisional discomfort after his inguinal hernia surgery.



Despite all the demonstrations going on, Emmanuel allowed us to push through to see all of the patients who had waited for us. Watching the sunset is beautiful but scary due to the unrest going on right now, particularly at night. Ignorance was bliss.

Tuesday November 6, 2018 Off to LaGonave

Despite Emmanuel’s efforts (for months) we were unable to get air transport to LaGonave. The only option that remained was to go by sea on the Wesleyana, more fondly referred to by my team as “the Jesus Boat”. Niki vowed she would NEVER sail again... something to do with the fact that she became significantly sea-sick AND the captain kept asking his co-captain to bail out the water from the bottom of the boat the last time we crossed in that boat. Dr. Batsch was scheduled to give lectures on LaGonave to the nursing students and residents but shared with us that he would not be able to go unless we flew. Emmanuel was also unwilling to go by sea. So it was just the IWISH team (including Niki, but minus Gail).

At the last minute, although she wasn’t sure why, Tracy decided to go with us to LaGonave. Gail came to see us off at the dock. Looking at the construction of the boat reaffirmed her deep desire to stay on terra firma.



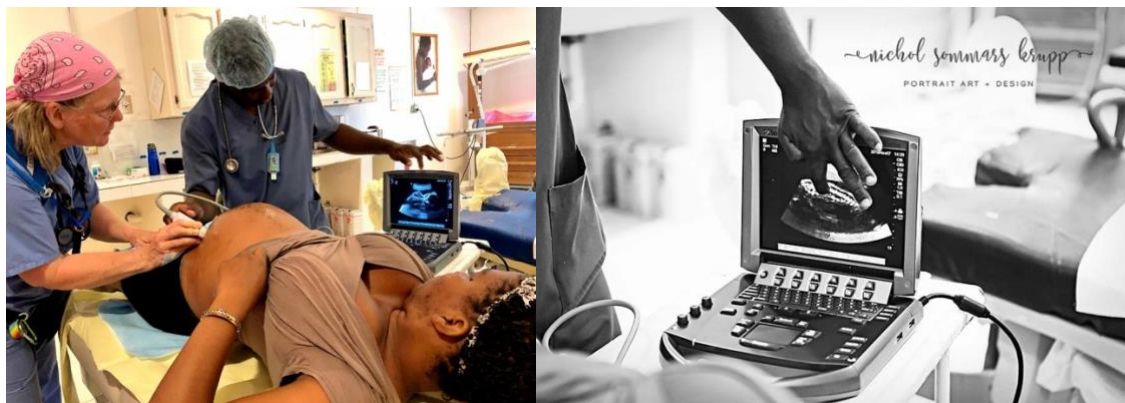
It's not difficult to see that the lone male on the boat thinks the rest of us are crazy. We had just met Dr. Deus (a chief resident from PAP) and he was quiet. Very Quiet. He just watched us the whole trip across the ocean. Niki was pre-medicated and only had 10 minutes of sea-sickness this ride and no bailing was necessary.



Our driver suggested that we take two separate tap taps to the guest house from the harbor. Not. We just all piled in and held onto the luggage.

We moved into the guest house and immediately walked to the hospital. Niki and Natalie hadn't seen it since the gorgeous renovation so it was so great to see their reaction to it! We started seeing patients as soon as we arrived.

Here I am helping our chief resident (Dr. Deus) find the spine/coccyx anatomy on this lovely pregnant woman.



The medical director of the hospital gently interrupted our evaluation to tell us that a woman had just arrived from across the island after delivering her first twin (a boy) and then waiting 7 hours for her second twin, which never delivered.



You can see the path she took, marked from the left side of the sharpie to the right side of the sharpie, over very rugged terrain. The second twin was breech and there was concern that they couldn't see any cardiac activity when she arrived. Fetal demise of the second twin would have been expected given the length of time from delivery of the first twin, followed by the treacherous travel on a tap-tap to the hospital.

We found a very strong, but exhausted woman, still in the midst of her seventh labor. During our ultrasound evaluation, we found the baby to be back up with a good heart beat in BREECH position, with her cervix completely dilated with a bulging bag of water. She elected to have a cesarean section with sterilization. Below are five images from admission to delivery with Dr. Bob Vermiere (La Gonave Hospital director) providing the spinal and neonatal care, Dr. Deus, Natalie and Dr. Stryker for surgery.





Wednesday November 7, 2018 (still on La Gonave)

First thing in the morning, Dr. Deus (substituting for Dr. Batsch, sponsored by IWISH Foundation) gave the lecture on preeclampsia to the nursing students from Wesleyan nursing school and the family practice residents. After the lecture, we saw patients with large fibroids and adenocarcinoma-in-situ who had been seen the day before and presented for their hysterectomies.



The first case of the day was the patient with large fibroids, which was performed with Dr. Deus and Delaney (pre-med), who had been excellently prepared by Natalie.



I scrubbed out to see patients while Delaney closed the fascia and skin with Dr. Deus. The IWISH team as OR nurses: Tracy, Niki, Addy and Amy all provided moral support. (below)



While Delaney and Dr. Deus were closing skin on the fibroid patient, Addy was getting our 11 year old little girl with a hymenal condylomata psychologically prepared for her IV insertion and excision of the condylomata.



We were able to complete the condyloma surgery while they prepped a patient who decided to proceed with hysterectomy and removal of her ovaries rather than a LEEP procedure to better define the extent of her adenocarcinoma.

The last case was with Dr. Deus and Addy. Unfortunately, just as we were entering the peritoneal cavity, the patient started have a major reaction to the IV ketamine and decided she wanted to jump off the table, which accelerated the procedure until 30 mg of versed calmed her right down. Then the generator went off and we operated with head-lights and cell phone lights.



The lights went back on as we started closing the fascia, at which time Addy (pre-med student) and Dr. Deus completed our last case of the trip. (Addy is closing fascia here!)

I think Dr. Deus was very impressed with how well Addy performed. Our beloved Ms. Vero is in the background.

While we were in surgery, Marcia Vermiere took Tracy (Hands of Friendship) on a tour of gardens that raise protein-rich moringa and other fruits and vegetables that may be more easily sustained on our property. It was a very "fruitful" discussion/tour. I believe that was the reason why Tracy was drawn to LaGonave. Of course, she saw several interesting surgical cases as well.

THURSDAY November 8, 2018

4:30AM Tracy, Dr. Dree and Dr. Deus awoke to catch a ride on a "fly boat" back to the mainland. We got on the road by 5:30 am. Beautiful.



On land, a semi-truck was jack-knifed in the road and blocking traffic. Fortunately, our driver was expecting the imminent barrage of rocks from demonstrators that followed and made a quick 360-degree turn, taking us to the Wesleyan Mission Guest House about 5 miles down the road, where we waited for several hours. Finally, the demonstrators were cleared and we left for PAP.



Emmanuel knows members of the police department throughout the country and was able to update Tracy as demonstrations were being cleared. Once we were back on the road from the North heading back to PAP, several piles of rock were noted along the side of the road that had previously been used by the demonstrators to obstruct the flow of traffic. Emmanuel met us half way after he got through the PAP obstructions, heading North to pick us up.

Meanwhile, back on La Gonave...

While we were on our adventure to PAP, Niki, Addy, Natalie, Amy and Delaney stayed on La Gonave. Natalie made neonatal and post op rounds on the surgical patients. The entire team met with the little girl who had been the victim of sexual assault and her mother as well as visiting the Saline and Hope House.

Niki blessed the beautiful people of the Saline and Hope House with her magical images, printed and given as gifts.



And then there is "Niki the Haitian nurse", procuring a new prosthesis for her patient!



Despite the fact that the people on the Saline are living in muck mixed with sewage and ocean water, they are able to find joy in dance lessons and togetherness.

No matter where we travel, music and dance are a universal language. Our teams always feel reciprocal benefits of joy and inspiration.

We are perpetually reminded of the Lilla Watson quote:
"If you have come to help me, you are wasting your time. But if you have come because your liberation is tied up with mine, then let us work together." AMEN!

Friday, November 9, 2018

Tracy (Hands of Friendship director) and I met Dr. Batsch and Dr. Deus with their GYN residents at the new HIV clinic in PAP for their colposcopy clinic. This is actually a new-ish collaboration with a non-governmental/private facility run by Dr. Pean, a dermatologist, who has been the director of the preeminent HIV/leprosy/TB/ophthalmology referral hospital. She has been influenced by the visionary passion of Dr. Batsch who sees an OBGYN/Neonatal/Pediatric facility in their future. At this point, we just need to get a GYN exam table to facilitate more optimal positioning for the current GYN patients. The role of IWISH was clarified as a source of equipment and



education once the infrastructure has been established, but I did take a lot of pictures of the Southward facing roof. Due to my time spent with Robert Allen, I am now doomed to judge buildings by their roofs and their potential as an energy source in addition to their potential as protectorates of the mothers of the future generation of Haiti.



Pictured here are Dr. Pean, family practitioner, Dr. Bastien (a long-time IWISH Haitian colleague) and their administrative team.



Behind the dumpster and the SUV is the office in which we saw the colposcopy patients. The cement building is the food supply for the HIV and TB patients. That piece of land is the future location of the OB/Neonatal ward.



This HIV patient requested an implantable contraceptive. In Haiti, they use a reusable apparatus for insertion of TWO progestin rods with five years of efficacy, similar to the single, disposable Nexplanon with 3 years of efficacy used in the States, but exponentially less expensive. In the right hand image, Dr. Deus teaches his junior residents to place the implanon.

Although we were there to teach/learn colposcopy, I suggested that these patients are often overwhelmed with their medical concerns and that we, as medical care providers, should consider doing whatever we can to show them that we are here to help simplify their lives so they can concentrate on healing.



Tracy is now “officially” a Haitian nurse, as you can see, where she has perfected the role of nursing assistant.

Saturday, November 10, 2018

After our last breakfast, which included Haitian mamba and wonderful mangos, we gathered together on the front porch to de-brief. There are always concerns about how members of the team see the mission once they are home. The debriefing is designed to talk about “the Good, the Bad and the Ugly” so that the prior ultimately outweighs the latter two. None of us would be able to share the light if we felt that the Bad and the Ugly outweighed the Good. Because of the intermittent sense of chaos that we experienced pulling this team together and then seeing the beauty of the outcomes, I could see the bigger picture of why each member of the team was “called” to come. We talked right up until the time we left for the airport and tried to help each person see what a blessing they will be to the greater good, once they follow the path on which

they have been placed during this trip. And of course we made notes about ideas to further improve our efforts next trip!

If I'm honest, I always feel a sense that more should have/could have been done. As we left, I had formed a list of several high-priority to-do's and needs as next steps in our Haiti Mission:

1. We desperately need to replace the ultrasound machines that died last year. Trying to run residency training programs (nearly a days travels from each other!) and two private offices with only one ultrasound is ridiculous. The residents need to get time using this technology. Being adept at ultrasound is essential to quality care of pregnant and gynecologic patients.
2. As soon as Natalie (third year med student) has completed her qualifying examinations, she is going to prioritize the organization of the pharmacy and medical clinic. Another project is working in conjunction with our IT specialist at United Church of Christ in Midland for fingerprint identification of our patients (since they often don't have papers and we need to keep medical records organized). Natalie also knows someone who can help us inventory and label all the medications in the pharmacy so that we can try to purchase as many meds as possible in Haiti, but will be able to bring them down with us as necessary.
3. Getting the technology for cervical cancer surveillance and treatment remains a priority. The Luviva technology still makes the most sense to me diagnostically. We need funding for the equipment.
4. We need to get the new hospital equipped once it is built.

And our networking with other NGO's in Haiti continues to be important in supporting the clinic's "host" – ie the orphanage/school in Vignor.

1. Getting the roof of the clinic or orphanage prepared for the solar energy needs - collaboration of Amy's organization (Hope for Haiti) with Luma Solar is exciting if they can get the equipment procured. Teaching the older students about Solar technology could give them an important trade for the future.
2. Following up with Blue Ridge Haiti for clean water is still an imperative for the trees and animals as well as the children.