

Report on Haiti Visit (DRAFT)  
**February 2005**

Participants: From St. Joseph's Health System (SJHS)  
Dr. Alez Dauphin, Program Coordinator  
Chris Chovaz, Biomedical Engineer  
Brian Guest, Executive Director

From Haiti:

Dr. Henri-Claude Jean, (anesthetist), President, Haiti Board  
Dr. Pierre-Augustin Bernard (orthopedic surgeon), Haiti Board  
Dr. Vladimir Larsen (obstetrician), Haiti Board  
Dr. Regine Roche (anesthetist), Haiti Board  
Dr. Camille Archange (general surgeon), Medical Director, University Hospital, Port-au-Prince (HUEH)  
Dr. Jean Connelly (obstetrician), Chief Obn/Gyn, HUEH  
Dr. Bernard Leveque, Chief, Surgery, HUEH  
Ms. Anne Tremblay, Canadian Embassy

## **Overview**

### **General Conditions:**

While Haiti has had significant economic and political challenges over the last several years, the current situation is reflected in a feeling of despair by our long-standing partners. Violence is a concern for all socio-economic classes and many Haitians appear to be armed. Hospital officials confirm a high number of emergency admissions by gunshot wounds resulting from political, drug or burglary interactions. Many prominent families have sent children/spouses to the U.S. or Canada for safety.

As examples, two members of our team in Haiti have had experience with extreme violent acts, either personally or by close friends. Also, our normal route from the airport to the hotel was deemed much too dangerous and an alternate route was taken. Our hotel, one of the few catering to visitors in this country, was almost empty for most of the week even with the annual Carnival pending. Normally it would be the busiest time of the year. Having said this, attacks against foreign aid workers remain extremely rare and there is a general sense that visible minorities, i.e., Caucasians, are relatively safe.

An additional problem for the Government is the lack of revenue even through an income tax system to support public services. Aside from security concerns, the upper class lives and does not seem to be heavily taxed.

On a positive note, sanitation is much better in both the city and the University Hospital. The United Nations has a large contingent of troops and workers here but their primary role appears to be peacekeeping and not the rebuilding of infrastructure. The interim government, which was appointed following the defection/removal of former President Aristide, remains in power. There is a general election planned for November 2005 and

the newly elected government will take power in February 2006. There remains some level of skepticism that this will take place as scheduled. There are widespread allegations that officials from the previous government have embezzled resources prior to leaving office.

One of the troubling outcomes of the installation of the interim government is the purging of bureaucrats who held key positions in the Aristide government. This has resulted in a general paralysis of process, at least from the health care perspective. Our efforts to ship much needed medical equipment and supplies have been impacted and remains bogged down in the customs process (e.g., one container of much needed equipment/supplies arrived in May 2004 and has yet to be released). In addition, a special shipment of equipment to the Obstetrics Department by air is also delayed in customs. We were also disheartened by not meeting the interim Minister of Health on this visit, breaking a long standing tradition for our program.

Shipping of goods to Haiti has changed dramatically. Customs is tightening up on imports and want to have better control of the flow of imported materials. Some difficulties were encountered this time, even in clearing pharmaceutical goods that were brought by Alez; and this, despite having had the presence of the Medical Director of the University Hospital at customs on arrival. The proposed way to avoid difficulties consists of giving a longer time of notice and delay (15 days minimum) to facilitate communication for materials to be carried on. Also the following 3 documents: 1) a letter of donation, 2) the bill of lading, and 3) a list of contents with their prices attached must be sent now with the shipment. If the latter is not available, "of no commercial value" can be substituted.

A key question in our strategic planning is whether we delay major initiatives until after the installation of the new government in February 2006. When/if our recent shipments are released will have an impact on this decision

### **University Hospital of Port-au-Prince (HUEH)**

HUEH is the primary public tertiary hospital for the entire country. In addition to providing hospital care for the 2 million citizens of the city, it is also the only referral teaching hospital for the country as a whole. While hospitalization at HUEH is accessibly "free" to patients, there are a number of private hospitals and clinics available to those who can afford them even though at times at the cost of their life survival resources.

The involvement of SJHS/McMaster with HUEH/Faculty of Medicine/Ministry of Health for the last 13 years has brought variable results.

The general conditions, availability of equipment/supplies, and morale at HUEH have deteriorated markedly in the last year.

The Medical Director of the HUEH is appointed by the Minister of Health and is effectively the CEO. There appears to be little administrative support available/used by the Medical Director who has an impossible span of control. In our experience the incumbent in this key position (always a physician) resigns/is replaced on average annually resulting in lack of continuity and real progress. There is no Board of Directors for HUEH.

Medical Staff

All medical staff at HUEH work in both the public and private sector. While there remains a number of dedicated physicians committed to quality health care for the poor, many others appears to provide marginal service to the Hospital. There is suspicion that some consciously attempt to keep care at HUEH at a low level in order to encourage patients with any resources to seek health care privately.

Strikes and work to rule is common, particularly at the medical resident level.

#### Building Maintenance/Biomedical Engineering

The level, expertise and commitment of building maintenance and biomedical engineering is and has been generally poor. Key components of infrastructure (e.g., sinks, washrooms) are in poor repair with long waits (months) for service. This results in many problems including acceptable infection control. As well, reliable biomedical engineering support, even at a basic level is not apparent. Both areas are the source of consistent frustration for medical and professional staff. Many models (e.g., contracting with private sector) have been attempted but no satisfactory solution has been found for this long-standing problem. For example, when extensive training is sponsored by HUEH, there usually follows a period of discontent with wages and working conditions resulting in strikes and work to rule.

Simply put, general maintenance and biomedical support for HUEH has not improved substantively over the 14 years of our involvement in Haiti despite many attempts/models to do so.

#### Theft

Leaders at all levels of HUEH recognize the problem with ongoing theft of equipment and supplies, likely for usage in private clinics/hospitals or for resale. Many of our previous donations have “disappeared” and there is an expectation that this will continue to occur in the future. In general this problem has become much worse over the last few years. Any future initiatives must include the provision/installation of locked cabinets and the marking of any valuable donated equipment with a marking system similar to:

“Stolen from the Sisters of  
St. Joseph of Hamilton”

#### Pharmaceuticals

Pharmaceuticals are distributed through a centralized system to the various departments. It appears that supplies of many drugs are unpredictable which makes for considerable frustration at the departmental level. HUEH administration is reluctant to establish a departmental drug storage cupboard, even for commonly used items.

The key question that arises for our proposed focused program in obstetrics is the degree that donated drugs will be allocated throughout the hospital or if they can be retained in the department.

#### **Obstetrical Program**

Our plan, formulated prior to the visit includes a focused program for obstetrics and a joint venture agreement to improve infrastructure, education and maintenance. Our primary goals include:

an operating room with an optimal teaching and working environment.  
improved anesthesia care delivery.  
improved infrastructure to support infection control.  
future direction on collaboration

We feel that an SJHS program focused on Obstetrics will have some distinct advantages including, but not limited to:

Consistency with the Mission of the Sisters of St. Joseph/SJHS in caring for those most in need.

Strong leadership in both Haiti and Hamilton. In Haiti, Dr. Jean Connelly is a well-respected obstetrician with a long-standing tradition of caring for those most in need. He will be supported by Dr. Vladimir Larsen and Dr. Regine Roche, who have both participated in our medical resident exchange program and have demonstrated commitment to our Mission.

In Hamilton, leadership will be provided by Dr. Bob Hutchison, Chief of Obstetrics and Gynecology, Hamilton Health Sciences. Dr. Hutchison has been a key participant in the Haiti program for several years.

By focusing on a single department we can hopefully avoid some of the frustration of dealing with a large hospital network, controlled directly by the Minister of Health through the Medical Director position. Priorities change regularly, as well as those in leadership positions making medium/long range planning close to impossible.

The needs of obstetrics at HUEH are many including basic infrastructure (sinks, wall tiles, locked cupboards, etc.) to medical equipment to regular supply of pharmaceuticals to education and training. As a point of reference the average number of deliveries is 10-12,000 per year.

Additional challenges which face Obstetrics as well as all Departments at HUEH include, but are not limited to:

Electricity: Hydro is deficient in the department. This is due to the blow-up of the transformer dedicated to that service. Causes of this malfunction seem to be related to clandestine tapping of hydropower in the nearby zones; a sensitive issue to be dealt with by the Hydro Company in Port-au-Prince. It is reported that the Hospital has 5 generators in total which could have been an alternative source of much needed electrical power. They are not functioning for a variety of reasons. While the administration of the Hospital is looking into this matter, the most practical solution to the Hydro need in the interim is the repair of the dedicated OBGYN transformer.

Asepsis: This is a much needed service to the whole building beginning with the sewage purifying system nearby to the cleaning of the floors not forgetting the sterilization of surgical equipment, etc... A tighter control and a reduction in the flow of traffic of visitors and relatives within the place will improve cleanliness.

**Anesthesia coverage:** There is a shortage in anesthesia service at the hospital. The postgraduate teaching program has received no applicants for this year; which means that the staff anesthetists will be fully responsible for anesthetic care in the hospital. There are many discussions as to how these needs are to be met. On call arrangements with immediate availability seem to be a sensitive issue. While this is in process, it is to be understood that the staff OBGYN should be also readily available to provide obstetrical and gynecological care which many a times is left to the residents who are still physicians in training.

**Nursing Care:** SJHS has sponsored in the past a nursing program in the Hospital with the intent to control infection and upgrade asepsis. The outcome did not match the input due to a lack of leadership collaboration on the part of Haiti. There is however a vivid desire to rekindle this program in this more controlled environment that is the OBGYN Department. Meetings with the nursing leadership anticipate full collaboration. Areas of interest extend beyond asepsis and infection control to include nursing attitude to proper patient care. Mrs. Gisele Nielsen will be contacted for such a renewal; and a possible visit by members of the leadership team in Haiti would be very profitable prior to the next step.

**Drugs and supplies:** The limited availability of supplies threatens at times the delivery of proper and safe care, particularly in the emergency situations. Even supplies to provide floor asepsis may at times be lacking due to a highly centralized management of the hospital with such items not making the daily priority list. A valid option to meet these 2 extreme needs is the creation of a petit cash (petite caisse) system that would provide some funds to cover some basic needs. The “petite caisse” is to be used for the purpose of daily routine care (asepsis) and for the building of an emergency (urgent) kit that will be available to the rescue of imminent surgical and medical emergency cases. Such goods in reserve, when used, are to be replaced as soon as possible with returned drugs that will have been prescribed to the patients. Funds for that petite caisse will be channeled through the existing account of the Oxygen Commission in Haiti and delivered by cheque to the management committee of the OBGYN Department.

There are many other needs that could be addressed on a larger scale. The continued supply of pharmaceuticals such as magnesium sulfate (MgSO<sub>4</sub>), anti-hypertensives, and antibiotics would be life saving for many patients. The making of IV solutions on site (Ringers’ lactate, normal saline, dextrose) could be considered on a micro or macro project for the HUEH. Therefore input from a pharmacy Department is timely.

**Surgical Materials and Equipment:**

The high number of delivery is naturally accompanied with a high number of deliveries by Cesarean sections. To that end, surgical packages are lacking at times.

## **Oxygen Equipment**

The supply of oxygen is deficient at the hospital. This lack of oxygen supply is multi-factorial. The Oxygen Concentrator which was donated by the Sisters/SJHS to HUEH in 1996 has not fully met the demand in oxygen of that institution due to irregularity in its production, and the increase in oxygen consumption. Furthermore there has been some mismanagement of that resource by the “powers that be”. Many of the oxygen cylinders have walked out of the hospital to never return. A thorough review by our Biomed. Engineer (Chris Chovaz) did solve some of the problems of the Oxygen concentrator, but there are still other outstanding issues that reduce

its production capacity and put into question the purity of the oxygen produced. A final decision is needed as to the outcome of the concentrator.

The objective in this present endeavour is that there should be no lack of oxygen in this department. It has been estimated that 20 H-type oxygen cylinders are sufficient to meet the need of the Obstetrics/Gynecology service in oxygen on a continuous basis. This estimate will need to be verified. These cylinders can be purchased in Haiti, filled up in Haiti by on site oxygen manufacturers, and managed by the "Oxygen Delivery System of the Hospital" to meet specifically the need of the OBGYN service. These cylinders will also remain the exclusive property of OBGYN service. The current Medical Director has consented to that working model. A cost/benefit analysis will be completed for presentation to the Sisters of St. Joseph.

### **Other Considerations**

To date, we have not enjoyed a meaningful relationship with our Canadian Embassy in Port-au-Prince, with the exception of processing visas for visiting residents. Unfortunately our scheduled meeting with Ambassador Boucher was cancelled by his office at the last moment, while we were already on the embassy premise.

We were able to meet with Ms. Anne Tremblay from the embassy staff, who will hopefully advise us of alternate funding sources for our program. To date most aid to Haiti has been directed to public health initiatives such as HIV prevention.

As an aside, our delegation was embarrassed and dismayed by the opulence of our newly built embassy in Port-au-Prince complete with a swimming pool, tennis courts, and indoor waterfall. It is clearly in conflict with the overwhelming poverty within a few feet of its doors.

### **Recommendations**

While our Haiti program has many challenges, we feel that it should continue as the needs remain great and our partners committed.

All of the following recommendations are made within the context of significant concerns with the leadership and commitment of the current Government and Minister of Health to our program. Up to now we have always enjoyed a positive and functional relationship with the Minister of the day.

#### **5.1 Focus on Obstetrical Program at HUEH**

For reasons cited earlier, a focused program in Obstetrics likely offers the highest probability of success. This program offers strong and stable leadership and consistency with Mission.

Future initiatives could include but not be limited to:

Infrastructure support. A proposal to send a group of maintenance staff from SJHS was discussed providing appropriate materials were available.

Ongoing provision of medical equipment, supplies and pharmaceuticals

Monthly report on ad hoc needs (e.g., bulbs for scopes) which can be replaced in an appropriate time frame. Otherwise, equipment will be non-functional for extended periods.

Consideration of providing an Obstetrics fund to deal with short-term shortages in oxygen and pharmaceuticals. This fund would need to meet all Revenue Canada guidelines and is dependent on available funds from the International Outreach budget.

We recommend that we use the period from now to February 2006 to plan and gather key materials for a focused program rather than risk investments into a health care system that does not function at an acceptable level. At the same time, we will endeavour to establish interim measures to assist the department and alleviate suffering. Dr. Connelly, Chief of Obstetrics, HUEH, appears to support, with reluctance, this approach.

Explore alternate sources of funding

When information is received from Anne Tremblay at the Canadian Embassy, potential sources of alternate funding will be explored with SJHS/HUEH partners.

Review plans with AMHE

The Association of Haitian Physicians Abroad (AMHE) is a group of Haitian physicians working in the U.S. and Canada. Initial discussions have been promising and an ongoing partnership focused on obstetrics should be explored.

Improve Communication

Communication with our Haitian partners/Oxygen Board should be enhanced. In addition to monthly biomedical reports previously noted, the cost/benefit of quarterly conference calls will be explored.

Support other HUEH Departments

Support for other HUEH departments such as Surgery under the leadership of Dr. Leveque should be supported through ongoing container shipments as equipment/supplies are available.

Medical Education

The training of medical residents from HUEH as SJHS/HHS/McMaster should continue and is not directly dependent on support from the Minister of Health at this time.

Further Shipments

Further shipments of containers or expensive items by air cargo should be suspended until such time as current bureaucratic barriers are removed.

## **Acknowledgements**

The tireless work of Dr. Alez Dauphin, Program Coordinator for Haiti, together with Kathy Prascovics at SJHH Pharmacy, Chris Chovaz, and the Biomedical Engineering staff at SJHH, the Post-Graduate Department, Faculty of Health Sciences, McMaster University, Jay Ayres, SJHS Purchasing Group, Trish McDonald, Corporate office, together with our many Haitian partners noted previously, is acknowledged with sincere gratitude by the Sisters of St. Joseph of Hamilton and the Board of Directors of SJHS.

Alez Dauphin  
Program Coordinator, Haiti

Brian Guest  
Executive Director  
St. Joseph's Health System

H:\IOP\Haiti\TripReport-Feb.2005