



Departure from St. Francis Hospital & Medical Center

Every mission, since our beginning eleven years ago, has left from the covered walkway in front of Saint Francis Hospital. Always in the dead of the night, these amazing people arrive in one's and two's from all over the Northeast. Some have taken the prior day off, yet some resilient hearts are just coming off their shifts. Quiet hugs are exchanged among the veterans, and our newest members share a nervous goodbye with their family members before boarding the bus to JFK.



An incredible number of hours have already gone into making each one of our trips a success. Our dedicated supply and packing volunteers have diligently recorded and packed every item that might be needed for our combined surgical, medical, pediatric and dental services. And we accept with gratitude the many who support us by donating infant clothing, baseball hats, toothbrushes, soccer balls, school supplies and other materials that are a luxury in Dame-Marie. I am sure God gives extra credit to those who bring their gifts in a little red wagon.



Dr. Marco & Mrs. Sara Morel bringing donations



We arrive just as JFK is opening and greet the remaining US medical staff who arrive from farther locations in the Southern and Southeastern US. Having to clear a few thousand pounds of supplies and personal luggage through Customs is time consuming, and there is just one daily AM flight to Port-au-Prince, Haiti, that we must be on. Once we get through the security gates, the American part of our team to Dame-Marie can relax and get to know each other better.



L-R: Erin Elderkin RN, Esther McMillan RN, Valerie Rossetti MD, Lisa Pepin RN, Gene Elderkin CRNA, Lynn Nochisaki APRN, Lynette Landers RN, Michael Brunell PA, Lis Shlansky MD, Kathy Aries RN, Michael Bourque MD, Barbara Bourque RN, Stu Lieblich DMD and Ken Messier

Upon arrival at the airport in Port-au-Prince, the capital of Haiti, we are greeted by a number of officials to start the process of getting our selves and our supplies through the Custom's gauntlet. As I have mentioned in previous mission tales, we are blessed to have some of Monsieur Antoine's family members who have positions in the Government on the lookout for us and assist in having passports and entry documents reviewed and signed off.



US team awaiting Customs approval at airport in Port-au-Prince



Forefront L-R: Kathy Aries RN coordinating documents with Miss Jocelyne Belizaire



<u>The Journey</u>

We are now about 11 hours into our journey and our Haitian colleagues have joined us at the airport for the start of the next leg to Dame-Marie – a 5-hour bus ride to Les Cayes. Our bus is our lifeline through the country. We place our lives and our faith in the vehicle and its driver. The messages written on each bus profess the owner's faith in God, and sometimes includes a personal statement about what they have to say about their life in Haiti.





It is dark again when we arrive at the Catholic Conference Center and have a quick supper before the team tiredly settles in for the night. A modest room with a bed, and, if electricity is available, a fan for the heat and bugs, is all that is needed after a day of nonstop travel.





Sunday morning finds us leaving Les Cayes and facing the last, but most arduous 5-hour leg of our travel through the 6 mountain ranges to Dame-Marie. This vista that sums up the "Mountains Beyond Mountains" moniker that some have applied to Haiti.



Finally after about 36 hours since leaving the doorsteps of St. Francis Hospital, we get to our special home in Dame-Marie. A great deal of credit has to be given to our missionaries, who are incredibly skilled, Type A Let's Get to Work personalities. They tolerate the penance of this difficult travel with an amazing focus on just one thing for the entire week – to help those who are waiting and hoping for miracles of better health.



Forefront L-R – Our Haitian contingent -- Djovensky Mathurin MD, Reggie Cadet MD, Benoucheca Pierre MD and Esther Antoine-Dardignac MD; Missing from photo Marie Yolaine Cherie MD



L-R: Stuart Lieblich DMD, Michael Brunell PA and Ken Messier letting off happy thanks to be back in Dame-Marie



<u>Arrival in Dame-Marie</u>

Before we head to the hospital to set up the OR, our cooks at the mission home have been working hard to put together our much appreciated and amazingly delicious lunch, a traditional pumpkin soup.



We are then off on our long-awaited walk to start our week of service in the hospital of Dame-Marie.



But the carpenter's shop outside the hospital entryway is a startling but grim reminder how harsh life is here, and that death is never far away from the good people who live here. The children's caskets are the most difficult to absorb, and I am glad there are none on display this trip.





The Work Begins

Dr. Stuart Lieblich is our first oral-maxillofacial surgeon to grace one of our teams. As you can see by the smiles, his skills were a welcomed blessing for Dr. Claude Lundi, who is the only dentist for the community of 40,000 and had a long list of patients needing Dr. Lieblich's specialized talents.



L-R – Stuart Lieblich DMD and Claude Lundi DMD





The dental setup, located in a back section of the ground floor, is bare bones, without suction, proper lighting, and no x-ray, but progress happens slowly and by small steps, and is being made one patient and one mission trip at a time.

We are grateful for everyone from the US and Haiti, who contributed over the past four years to bringing specialty dental services to Dame-Marie for the first time and are all truly making a difference in helping Dame-Marie become a center of excellence for health care in this Western region of the country.





On the medical side, Ken Messier, our indispensable Mr. Everything Helper/Fixer/EMT, got services off to a quick start with triaging patients on the ground floor, where (off-camera) hundreds of patients were awaiting their turn.



L-R – Ken Messier triages patient

Behind the green metal door in back of Ken, the primary care team of Michael Brunell PA and Lynn Nochisaki APRN set about examining and providing care to patients.



Forefront – Michael Brunell PA (right) examining patient with help of translator Bobby Cenatus (left)



L-R: Lynn Nochisaki APRN administering albuterol to a young patient accompanied by his mother



Other team members unpacked supplies and prepared the Pre-Op, Operating and Post-Op rooms on the second floor for the week of surgeries. A collage of photos is put up on a wall at the top of the stairs so the translators, local Haitian staff and patients can identify our latest team members. In addition, emergency drugs are taped to walls in surgical areas for quick access and are evidence of the deadly seriousness of the services being provided during the week.





There are no back up safety systems here, just our skills and our hands that try to do everything errorfree every time.

Surgical Moments

One of the youngest patients got special attention from the whole OR staff as if she was one of our family members. Fortunately, her surgical need was minor – removal of an extra finger she has had since birth.



Esther Antoine-Dardignac MD



Lisa Pepin RN



Esther McMillan RN



Polydactyl



In Pre-Op, patients are seen and admitted for other surgical needs, ranging from hernias to hydroceles to abdominal tumors to lipomas.



Barbara Bourque RN taking blood pressure on young boy who's surgery had to be postponed until February due to a head cold



L-R: Esther Antoine MD and Lis Shlansky MD examining patient for surgery

Sometimes, however, what we find is beyond our imagination. A young woman, whose family members thought she was pregnant and who kept getting bigger without having a baby, was diagnosed as suffering with a large abdominal tumor using the ultrasound unit and admitted for surgery. Major surgery, such as removal of a 13-pound abdominal tumor, can sometimes have complications and, when one of our astute recovery room nurses noted a complication developing, we found ourselves re-operating on the patient several hours later.



Erin Elderkin RN (right), one our dedicated recovery room team, lovingly caring for one of our Post-Op patients



Surgical team removing 13-pound abdominal tumor (shaded out)



All hands were called to help and when the patient was finally stable, three of the senior staff sat and slept by her side in the OR for the duration of the night. *We do not leave a patient's side unless we are sure all is well.*





Post-Op mattresses made beds in the OR for the members called upon to keep our patient safe during the night

Everyone's aid is enlisted and, of course, our biggest benefactor is the Almighty. We were also very grateful to have a strong Anesthesia team presence on this trip.



L-R: Reggie Cadet MD leading the surgical team of Esther McMillan RN and Djovensky Mathurin MD in prayer at the start of an operation.



L-R: Anesthesia team of Gene Elderkin CRNS, Benoucheca Pierre MD, Marie Yolaine Chery MD, Archange Convington Duvergé MD, Valerie Rossetti MD and Esther Antoine-Dardignac MD



Yet sometimes, even prayers cannot change the outcome when you practice in a place with few critical resources. Midweek we were called upon to do an emergency Cesarean section of a young woman whose baby would not come out – a condition called dystocia. She was four weeks early and we were hopeful the baby would be strong enough to survive. Soon, however, the little boy got tired from the effort of breathing with lungs that were not fully developed. Everyone involved in the delivery took turns helping him breathe.



In the US, a baby at four-and-a-half pounds is able to survive, but the nearest newborn intensive care unit to Dame-Marie is five hours away over the rough roads we had already traveled. We made the arrangements and put him in the back of a truck with his father, a Haitian nurse and his family, but with sadness knew he had no chance. Indeed, it was only ten minutes into the ride when we got the call that the baby had expired. It was a tough loss for the entire OB team, who had done their best with the available equipment.

It is extremely difficult emotionally, however, to measure our progress when a loss is encountered. But we saved the young mother's life, and not too long ago, before our service in Dame-Marie, the mother would have died as well.



<u>Epiloque</u>

As I reflect on this situation of another newborn returned to being an angel well before his appointed time, I think of the crate that has been in the lobby of our hospital in Dame-Marie for 4 years that I walk by on every trip.

Inside is a newborn incubator donated by one of the international relief agencies. The incubator requires a specialized oxygen tank, connections and electricity and, of course, trained personnel to run it. None of which we have as yet. And I sadly picture the carpenter outside the hospital



making a small wooden coffin for this infant we couldn't save. I would like to ask him for a claw hammer that I could use to break open this gift for Dame-Marie, but it is not yet time. There are greater needs that we must place our focus in order to benefit the greater number. But I do dream of the day when I can open this box of life.

Finally, it is now Christmas Eve as I finish these final computer strokes. Soon I will enjoy the blessings God has given my family of laughter and good times shared together. And it is a time for people everywhere across the world to enjoy the blessings each have been given. I am so appreciative for all our donors who have contributed so much already to making life healthier and safer for our Sisters and Brothers in Dame-Marie. *This hospital belongs to all of us*. You are helping to create a center of excellence for this part of Haiti that wouldn't exist without your support.

I can speak for all of us at MATH, that without your continued help, not just for Dame-Marie but also for our Port-au-Prince project and GoFundMe effort, we would not have been able to accomplish as much as we have. The lives we have changed that used to be measured in hundreds are now counted in thousands. We ask God's continued blessing on our projects in the year ahead.

Thank you for reading, and special thanks to all who help us serve those with few blessings. Whether it be in the field, back at home with the myriad support tasks, or helping recruit or raise dollars, you are doing the MATH and making a difference that could not have been imagined just over five plus years ago now.

God Bless,

Michael R Bounque MD

Medical Director for MATH Dame-Marie

