

RESPIRATORY THERAPY IN CAP-HAITIEN, HAITI

Rhonda Vosmus, RRT-NPS, AE-C

Chris Hirsch RRT, the Director of Respiratory Therapy at Maine Medical Center in Portland Maine, and myself, a nationally certified asthma educator working in the medical center's Ah! – Asthma Health Program, traveled recently, to the poorest country in the western hemisphere, Haiti. We went with a group called Konbit Sante.(Creole for "till the soil with your neighbors in health"). Chris organized and coordinated efforts with a team of men from the US to install 12 oxygen outlets at Justinian University Hospital (JUV) in Cap Haitien, the original reason for the trip.

The population in Cap-Haitien is 250,000, with the University Hospital servicing over 750,000 Haitians from the city and mountain villages. Electricity is available at the hospital but only for about 4 hours a day and not on a regular basis that can be depended upon. Most of the time there is no running water either something which often prevents one from flushing toilets and/or washing hands. As you can imagine, infections of all types run rampant.

Despite the lack of safe drinking and washing water, the number one reason for admission to the pediatric unit at least, is malnutrition. Infection is the second most common cause for admission with typhoid and malaria being the primary diseases.

There are no public waste or water systems, nor is there any public education. As far as health care, it's a crapshoot, as access is extremely limited and really only available to the few people who have a little money – a very small percentage of the population. For example, when a person requires care at Justinian Hospital, they have to be able to pay for such items as needles, IV solutions, bandages, tape and antibiotics. If one is actually admitted, family and friends have to provide the food, clothing, bedding and basic care that the patient will require during their stay. The doctors and nurses are often not paid by the Haitian Ministry of Health for months on end, so strikes are common and as you can imagine, the morale of healthcare workers is low.

Unemployment exceeds 70%, yet Haitians are hard working, creative people always trying to make something out of nothing. Oxygen installation and oxygen saturation monitoring is certainly a new technology at JUH, where 1 in 10 babies die at child birth, so, after Chris and his team drilled holes through cement walls, ran 50 psi tubing to 6 different pods and installed 12 flowmeters all running off one H cylinder, we were happy to see the 12 flowmeters delivering O₂ to babies. Before that the hospital was getting along with 3 ancient oxygen concentrators.

While there, I presented two lectures on asthma and RDS to the medical staff, nurses and nursing students, through interpreters. We also identified some barriers to asthma care at JUH. Foremost is the fact that they use only IM or IV corticosteroids and epinephrine instead of beta agonists in the acute management of asthma exacerbations. Meanwhile, we continue to work to figure out what the actual barriers are; whether there's a lack of knowledge about evidence based asthma care or perhaps the inability to access medications that are evidence based for asthma management.

Chris and I will continue to partner with Konbit Sante and we are going to attempt to iron out the nuances involved in initiating, titrating and discontinuing O₂ that exist as well. We will also continue to lessen the disparities of asthma care.

I, myself, am visiting again at the end of January to continue our work (I'll be back by the time FOCUS readers read this) and Konbit Sante will be sending a container of supplies this coming March.

FOCUS has graciously agreed to publish this short piece and allow me to use their national presence as a vehicle to ask our colleagues for any support they might be able to lend. Our wish list includes:

- Concentrators • Infant and pediatric nasal cannulas • Beta agonists-MDI • Nebulizers • AA batteries
- Low flow flowmeters • Manual Resuscitators

Chris or I would love to talk to anyone about this medical mission, as well. If you have any questions, suggestions or gifts to bear, please contact us at hirscc@mmc.org or vosmur@mmc.org. Thanks again to FOCUS and publisher Bob Miglino, for providing us with this forum.

Haitian Proverb

Woch nan dlo pa konnen doule woch nan soley.

Creole for:

The rock in the water does not know the pain of the rock in the sun.

In other words:

There is no way to fully comprehend another's pain.