Guesly Delva International Health Elective HIV/AIDS Prevention and Treatment Program in Mirebalais, Haiti December 2004

"My experience in Mirebalais, Haiti"

I had various reasons for wanting to do an international health elective in Haiti. I wanted to experience, first of all, the delivery of healthcare in a resource poor setting. Second, I wanted to participate in HIV/AIDS prevention and treatment activities in a third world country. The program I was considering adopted the system of direct observed therapy (DOT) of Highly Active Anti-Retroviral Therapy (HAART), a system similar to one that had been very successful in the treatment of tuberculosis in Haiti. Thirdly, I wished to further explore the setting in which I eventually would like to practice medicine. My careers goals are to get a solid training in internal medicine and pediatrics and further training in infectious disease and tropical medicine. I had some limited experience in delivering medical care, public health education to Haitians and Dominicans in the Dominican Republic. However, although I have experienced the health care system in Haiti from a patient point of view, I had never had the privilege of actually being in the shoes of a healthcare provider in Haiti. Therefore I believed this elective would help me put my aspirations in a realistic context.

In the process of setting up the elective with Dr Ruth Berggren of Tulane University Infectious Disease Department, I was also given the opportunity to consider additional miniprojects to complement my experience. I thought it would be a good idea to do presentations about HIV/AIDS to youngsters in the area. To address the issues of prevention, I thought of adapting the protocol of STATS (Student Teaching AIDS To Students), an HIV/AIDS teaching tool very popular in the United States' medical schools. Dr Tony Augustin of MARCH-Tulane, the organization that was going to sponsor my endeavors in Haiti, as well as Dr Berggren received those ideas very well. My presentations were to include talking to teens and young adults about the attitudes and behaviors of American teens and young adults and contrasting that with that of Haitians. I also was to raise awareness about the state of the epidemic, its impact on young men and women, especially in developing countries.

When I got to the Community Hospital of Mirebalais, my experience started out being very intense. From day one I found myself participating in the care of a 57 year-old man who was attacked with a machete two days earlier. He had two very deep

cuts, one in his skull that was so deep his meninges could be seen pulsating, and another less deep cut on his back. Surprisingly however, although I was amazed that this man was fully lucid and neurologically intact I could not comprehend why he had taken two days to come to the hospital and how he survived. Another aspect of this situation that took me beyond my comfort level was cleaning this man's wound with just barely enough local anesthesia while knowing that the proper and ideal situation would be to have a surgeon or better yet a neurosurgeon take over his care. The resident who was responsible for his care and I discussed this possibility, but unfortunately there was no neurosurgeon in the area and the patient himself would not want to travel to another distant hospital both because he didn't have the means and because it was not guaranteed he was even going to be seen. So we set out to periodically clean his wounds over a few days while prophylactically treating him with antibiotics until it was clear that his wounds were not infected and granulation tissue would allow for adequate healing. Luckily, his course in the hospital was uneventful and he was discharged free of infection and with good signs that wound closure started taking place.

The scope of the clinical situations I experience did not stop there. From seeing patients in the very late stages of breast cancer to seeing multiple patients in one day with malaria and sickle cell disease, the diversity of cases were wide-ranging. Although I'm not necessarily interested in obstetrics, a great many of patients I saw were pregnant women because the main the purpose of the HIV/AIDS prevention and treatment program that was operating in the hospital was to decrease the rate of vertical HIV transmission. Their main method of doing that, besides promoting contraception, abstinence and monogamy, was administering prenatal, perinatal and postnatal antiretroviral treatment to HIV infected pregnant women. A very good system of voluntary counseling and testing (VCT) is in place to screen pregnant women for HIV during their prenatal visits and to counsel and treat them if they are found to be HIV positive. I got to witness and participate in many VCT's as well as post-test counseling of HIV negative women. I was also able to witness the process of delivering the news, counseling and enrolling the HIV positive women in the Prevention of Mother-To-Child Transmission (PMCT) program. Although I wished to take part in the treatment of HIV infected infants and children, I was not able to because the only two unfortunate infants who tested positive since the program started in June of 2003 have not had problems requiring hospital admission.

I participated in many caesarean deliveries, a good portion of them to deliver babies from HIV positive mothers. Some were scheduled caesarian sections some were emergency sections because of preeclampsia. A number of those sections were done in the most basic manners, sometimes using only the local anesthesia ketamine because of the unavailability of an anesthesiologist. Other times, patients in late stages of labor would have to be referred to nearby Hospital Albert Schweitzer because of obstetrician unavailability. I participated in other surgical procedures as well. From the removal of a 4 lbs goiter to the extraction of a 3 lbs fibroid, my surgical exposure(as luck would have it) was rich and interesting.

I was, in a way, fortunate that I did not participate in the care of the many patients who died while in the hospital. However, I did participate in the care of one patient who passed away in the hospital and whose death affected me deeply. He was about my age and I knew deep in my heart that if he had been in the United States, or any other developed country for that matter, the outcome could have been very different. He was a 27 year-old man who presented with moderate difficulty breathing. He was admitted and was started on empiric antibiotics. However, the next morning the patient's family decided to take him out of the hospital against medical advice to take him to a voodoo priest because they were convinced that his symptoms were due to other causes. By the time his blood test came back to demonstrate that he was not HIV positive but had a significantly increased white blood cell count, three day had passed. Feeling that he had enough material to convince the family that something could and should be done medically for the patient, the resident leading our team sent for the patient. The patient was brought back to the hospital worse than he was when he left. He had severe tachypnea, high fever and chills and looked much sicker. He was put on oxygen and two different intravenous antibiotics. However, 8 hours later his tachypnea had not improved despite the intensive oxygen treatment and soon after, abruptly changed to what amounted to agonal breathing. By the time we were able to locate pressors to try and revive him, he died…His death was devastating to us, but particularly to me because it was hard for me to accept our inability to help him. The code carts that I'm used to were not there, as this patient expired. We agonized over the care this patient had received. The closest hospital that could have dealt more appropriately with his sepsis, was Albert Schweitzer Hospital and that was at least an hour's drive. In addition, our ambulances were not equipped with

> oxygen, and the patient was so dyspneic that putting him on an ambulance not equipped with oxygen was just as risky as taking care of him right there in the hospital. There were so many other questions… To add insult to injury, the resident started being very afraid for his life because he felt that the patient's family could react negatively and violently to the death of their own. There have been instances in Haiti where doctors were beaten and killed because the patients' family thought their loved ones died because they did not receive the proper care. The resident believed a similar situation could unfold. It wasn't until the next morning, when the medical director briefed us that we found out that the violent reactions we feared were far from the intentions of the patient's family.

While I experienced a wide variety of clinical situations, there were a few projects I set out to do that did not materialize. To begin with, because of an atmosphere of insecurity in the country, attendance at the regular meetings of a youth group called "association des jeunes femmes haitiennes" (AJFH [Young Haitians Women Association]) was crippled. That situation prevented me from giving many of my scheduled presentations, even though the ones I did give received very good feedback. On the other hand, logistical problems and missteps in planning and communication did not permit the realization of my STATS adaptation project, which included many workshops. I also did not get to participate in the mobile clinics that the hospital sponsors for the same reasons. In conclusion, my experience in Haiti was tremendously rewarding, as well as challenging and at times overwhelming. I really enjoy being in rural Haiti to try and understand the context in which care was provided. I came across many situations that challenged me to better equip myself with knowledge, open-mindedness, creativity and most importantly compassion. The amount of work to be done to improve the quality of life and the delivery of care in Haiti, although overwhelming, is achievable. The work already being done is promising. That is why I feel so humble and at the same time inspired to continue working toward putting myself in a good position to better contribute to fighting disease and suffering. I would recommend this experience to everybody and would gladly do this elective again if given the opportunity.