

By Dr. Patrick Dupont

Surgical Support Program ■ Long Term Health Care Capacity Building

Background

In the aftermath of the January 12, 2010 earthquake, in addition to tackling some of the community's immediate relief needs, RMF moved forward with a comprehensive, sustainable long-term strategy to help rebuild Haiti's shattered public health system. Our work during the initial weeks was focused on the provision of medical staff, medicines, medical supplies, and strategic coordination to help meet the surging needs of the health crisis on the ground.

For all of 2010 and much of 2011, RMF provided free clinic services at Hôpital Lambert Santé Surgical Clinic in Pétion-Ville, a facility which since the January 2010 earthquake had never stopped providing much needed care to public patients. Pétion-Ville and the surrounding communes were home to more than 100,000 displaced persons living in tent communities. This free clinic continued to offer quality health care to patients in need of primary, secondary, and even tertiary care. We were able to provide for more than 1,800 consultations and 450 surgeries over this time frame.

Six years have passed since most of Haiti's infrastructure was devastated by the 2010 earthquake. Much progress has been made in rebuilding efforts, but there is still much work to be done. The country's social and healthcare statuses remain dire and are worsening because of the dwindling presence of NGO-run primary healthcare clinics in the areas most affected by the earthquake, especially in Port-au-Prince. While a very positive initiative, having given more people access to basic care, sadly most relief efforts in Haiti remained disorganized and unstructured and did not define a clear and continuous pathway for patients in search of diagnoses and treatment; secondary and tertiary care continues to be desperately lacking. Never losing sight of our main objective to increase overall access to quality secondary and tertiary care for the entire Haitian population, RMF has kept that vision alive through our partnership with two private Haitian healthcare institutions which share our philosophy, and by researching funding for larger partnerships.

Orthopedic Surgical Support Program

RMF continues our Surgical Support Program in Haiti, which we started in 2012, providing complex surgeries and longer term follow-up treatment for children and adults suffering from chronic or acquired orthopedic conditions. These conditions are often extremely severe, ranging from congenital deformities to posttraumatic impairments, in many cases caused by the January 2010 earthquake. Over the past four years, generously supported by Child Survival Fund, Real Medicine Foundation has been able to provide specialized orthopedic care and follow-up treatment for children and adults who were desperate for relief from their posttraumatic or congenital ailment, which had prevented them from thriving or taking care of responsibilities and their families' needs.

Most of our patients continue to originate from the St. Vincent's School for Children in Port-au-Prince, which cares for children with cerebral palsy, orthopedic, congenital, and trauma-related deformities. St Vincent's was once the only recourse for these children, providing schooling, an ambulatory clinic, and surgeries. However, the school was destroyed in the 2010 earthquake. RMF's surgical program started its first instalment with both adults and children, and then refocused its aim toward specialized care only for children and young adults. The patients selected for surgical treatment come from the metropolitan area of Haiti's capital, Port-au-Prince, but now some patients also come from very remote provincial towns located in the southern and northern departments of the country.

2015 Update:

Our dedicated surgical team of two orthopedic surgeons and one anesthesiologist performs these specialized orthopedic procedures at the Lambert Santé Surgical Clinic in Pétion-Ville, making it possible for these young patients to regain their ability to walk, to do so proudly, and, most of all, to become free from society's discrimination toward their visible and incapacitating conditions.

Third Edition of the Program, 1st Part (through late 2014)

The first part of the third edition of RMF's orthopedic surgical program was completed in December 2014, benefiting children, teenagers, and young adults who were incapable of enjoying a normal childhood or starting a meaningful young professional life. We were able to add 10 new children to our growing population of very satisfied patients, between October and December 2014, bringing our total patient tally to 50 patients who have received this specialized care and seen their lives completely changed by it. In view of the severe conditions encountered in our outpatient services, we concentrated our efforts on patients with major deformities, focusing on improving their functionality and subsequently their overall wellbeing. Our main desired outcome is to optimize each patient's chance to thrive as an active member of his or her community.

We treated three young patients with very severe forms of Blount's disease, a deformity of the lower limbs that is a common condition afflicting a specific ethnic group in Haiti, which also includes increased weight and specific morphologic features as well as moderate to severe progressive medial leg bowing and tibial bone changes: Samaelle Joseph, age 10, Nancy Samedi, age 6, and Edouard Julien, age 14; Edouard had returned for a second surgery to complete his treatment, which was started in 2013. Five other patients were treated for lower limb deviations resulting mostly from complications from incorrect fracture treatment at other facilities: Hormia Massenet, age 3, Anne-Christelle Guillaume, age 10, Junior Janvier, age 13, Cadeus Boileau, age 13, and Rosembert Stevenson, age 14.

This part of our surgical program also included follow-up surgeries for two children, who our team had operated on during previous program installments. Their overall course of treatment best symbolizes our philosophy of health care, incorporating quality and continuity of care.

Manoach Loudort is a 6-and-a-half-year-old boy for whom we had done a corrective tibia osteotomy in 2013 for his post-traumatic left tibia injury. Upon noting recurrent bowing after the first procedure, clearly diagnosed at 6 months plus postoperatively at age 4, we decided to perform a temporary growth arrest on the medial side of his femoral growth cartilage during the second half of that same program installment to try and progressively correct the recurrent deviation. We finally had to perform another, more aggressive correction osteotomy this year, in view of lessened but still ongoing deformity 6 months later. Upon the last follow-up, 4 months after his last surgery, his recurring condition appears to have been finally stopped, and now Manoach's left leg will soon be allowed full weight-bearing, as we will continue to follow his progress.

Pédaline Louis, currently 13 years old, was first treated by RMF in 2013 for a severe bilateral bowed leg deformity from rickets. She was able to see her life drastically changed by the first surgery on her right leg that year and is now able to benefit from the same surgery to realign her left lower limb to finally match her new appearance and functionality.

Third Edition of the Program, 2nd Part (through late 2015)

Despite several setbacks and obstacles to this third edition's completion, with an interruption after the first 10 children received surgeries at the end of 2014, RMF's constant efforts to honor its engagement to the remaining patients finally paid off. In December of 2015, the last selected pediatric patients of this installment were able to be screened again and treated before Christmas, making Christmas more joyful for many of these families, as their loved ones got to see the children's impairing conditions addressed and corrected. These 10 new patients had various conditions, ranging from residual developmental lower limb deviations from the normal axis, to Blount's disease and severe dysplastic lower limb deformities. Treating these children was another occasion for us to be able to stay true to one of our key principles at RMF: providing continuity of care. We were able to continue treatment for children with illnesses in both lower limbs or with severe conditions requiring multiple surgeries.

Such was the case for **Richardson Edouard**, age 16, and **Stevancia Dejuste**, age 10; both have been part of this orthopedic surgical program since its beginning in 2012. Richardson suffered from Blount's disease, a developmental growth pathology very common in the Haitian population, and incurring moderate to severe bowing at the knee level to the point of limited walking capacity. Richardson underwent his first corrective procedure in 2012 as one of the first patients of RMF's pilot surgical program, which addressed one lower limb and required monitoring to evaluate and follow the progressive correction of his condition. The second limb surgery was finally done this past year, concluding his treatment.

Stevancia is also a perfect example of this principle, as in 2012, a severe bone growth afflicting her thigh and shin bones resulting in major leg discrepancy was able to be diagnosed as benign through a bone biopsy and pathological exams. This first procedure set in motion a plan to correct her severe condition and restore a more satisfactory level of ambulation and function to her lower limbs. She has been part of all three installments of the surgical program, and after another surgery in 2013-2014 to correct the severe lateral deviation of her knee and shin bone, a lengthening procedure was last done in 2015 to try and decrease the remaining leg discrepancy. The remaining 8 patients suffered from a variety of orthopedic conditions of congenital, developmental, and post-traumatic origins afflicting their knees and/or their overall lower limbs.

One of our young patients, **Medgine Olivier**, exemplifies such a case, with bilateral dysplasia of her skeleton resulting in a severe bowing deformity of both her lower limbs. A combination of nutritional and growth disturbance factors is probably to blame for her condition. Medgine, who has been in the care of a local NGO-supported orphanage and child support services for very low or no income families in the rural Port-au-Prince area, was brought to our attention after word of mouth information spread from the satisfied families from previous surgical program installments. Medgine will undergo her first corrective surgery in July 2016, and we anticipate very good postoperative results.

It is our utmost belief that this surgical program is significantly impacting young lives in Haiti, helping children and young adults improve their final outcomes in society by treating the severe and disabling conditions which make them both outcasts and depressed in their youthful years, a period in their lives where they should be fully embracing new experiences and discoveries. What we are able to provide through this program is, in one word, hope-- for these children and young adults to joyfully participate in all activities reserved for their age group and to be able to pursue their dreams and goals, but also hope for parents as their children become more functional and productive members of their community. We believe that this program can be made into an even more efficient one; with the appropriate resources and base of operations, preferably in a more socially conscious healthcare facility, we can offer hope and much needed treatment to many more disenfranchised children in Haiti with absolutely no such other organized and empathic recourse for treatment of their ailments.

Public Private Partnership: Centre Hospitalier du Sacré-Cœur, Hôpital CDTI

RMF's overall vision for our work in Haiti remains firmly in place: to promote and provide sustainable health care. This vision has been paramount in our efforts to implement a public/private partnership healthcare facility in Haiti available to all patients regardless of their ability to pay: RMF's CDTI Hospital project (Centre Hospitalier du Sacré-Cœur, Hôpital CDTI). This project has been developed to become a flagship hospital, offering greater access to quality and continuity of care in a facility dedicated first and foremost to serving patients through a sustainable model developed in a modern and integrated healthcare facility, capable of generating the required income for operational and expansion costs through both private and subsidized revenues. This flagship facility, as it is envisioned, has the potential to become a game changer in the Haitian healthcare system, improving

access to quality secondary and tertiary care for the Haitian population and its visitors in an ever developing climate.

