MILOT, Haiti — The first lesson that 10 students from the University of San Diego’s Hahn School of Nursing learned on their weeklong immersion into community health care in Haiti was interior decorating with mosquito netting.

The exercise, which took place early this month, was no joke. The next lesson was about treating the myriad illnesses wrought by this tiny insect and its unclean water environment: cholera, filariasis, tuberculosis, hepatitis B, necrotizing fasciitis.

The students’ destination, Hôpital Sacré Couer, managed more than 1,000 victims in the aftermath of the earthquake that crippled this impoverished nation two years ago. It also served as the epicenter of care 10 months later, when Haiti suffered a cholera outbreak.

But on this trip, the San Diego team focused on the diseases and ailments that grip Haiti daily.

By working alongside the Haitian nursing staff, said Kathy Marsh, an assistant professor at USD, the Americans could teach advanced clinical assessment skills while learning how to provide care in an overseas setting and increase their cultural sensitivity.

“The reason that’s important is when they come back home they’ll be working in different hospitals around San Diego,” Marsh said. “They may be taking care of immigrants at Scripps Health, or UCSD, or Sharp …”
USD has for many years sent nursing students to the Dominican Republic, she said, and to Uganda for the past five.

Marsh and her husband, a cardiologist named David, were visiting Milot and became swept up in the international effort to combat the cholera infections. She decided the town of 25,000 in northern Haiti was perfect for a student learning experience.

Marsh enlisted seven students from the USD Master’s Entry Program in Nursing, two registered nurses about to graduate as nurse practitioners and one RN studying to become a clinical nurse specialist. She and Susie Hutchins, both clinical associate professors, represented the university’s faculty. Everyone paid their own airfare, plus $40 toward room and board.

They served as fill-ins with a skeletal medical crew at Sacré Couer so the majority of the hospital’s Haitian physicians and nurses could attend a Jan. 8-14 educational conference organized by the CRUDEM Foundation, a Massachusetts-based nonprofit that owns and supports the facility in Milot.

Some students had no clinical experience. Others had nearly three decades’ worth. But all worked outside of their comfort zone, whether they delivered healthy babies or cleaned gangrenes wounds.

Everyone left with hopes of one day returning to Milot, or with plans for their next overseas mission of service.

**Derrick Duarte, 25**

“Children aren’t really my thing,” confessed Derrick Duarte, one of the USD students on this Haitian trip with little nursing experience.

His eyes darted about the densely populated pediatric ward.

“But I’ll give it a shot,” he said.

By the fourth day, Duarte was listening for a heart rate in his young patients, failing miserably like every other student to keep up with the beats of their hardworking but still small organs.

On the final day, on his last foray into community health care in Milot, he was seen holding a baby while sitting on a well-worn mahogany pew, playing peek-a-boo with the delighted infant.

“Don’t tell my girlfriend,” he said.

Having studied in Korea, Duarte knew that he thrives in cross-cultural experiences. He tried a little of everything in Milot: pediatrics, wound care, managing medical charts, patient assessment and outreach.

He thought the health care system there lacked advocacy for patients.

“There were 24 patients in one area. Some have not been seen or talked to in four days. When the nurses passed out the medications, not a word was said, and she passed out medications to six different people,” Duarte said.

“It just shows me how important (interaction is). If I just said ‘bonjour’ to them, it made a difference.”
Duarte assisted Dr. Braima Sisse, the resident general surgeon, as he drained infections and took biopsy samples from cancer patients in Tent 2, one of six long army tents erected two years ago for the more than 1,000 victims of a devastating earthquake.

During that crisis, helicopters landed in the town’s fields and caravans of truck taxis called tap-taps filled its streets.

Today the tents serve as the clinic overflow area, an emergency room and the cholera ward.

Duarte also was the filmmaker for the University of San Diego group.

He pulled out a GoPro camera at seemingly random moments, including while off-roading in an ambulance through sugarcane fields to a village where 80 residents dressed in their finest awaited the medical staff, singing a welcome hymn.

“Today I got what I thought would be Haiti. A lot of trees, fruits, wells of water equally spaced apart, some sort of purification water system from the Red Cross,” Duarte said.

“I saw someone that was 102. Her blood pressure is better than mine. She had some cataracts, but she walked here on her own. I figure whatever she was doing, she was doing a great job.”

On his last day, Duarte bravely stepped up to a street vendor and purchased some fried plantains.

He had someone GoPro the purchase, the money exchange and a ceremonial “Tebow” bow to the vendor.

It’s still undetermined whether the plantains or the three coconuts he ate that afternoon sent him to the communal toilet at 3 a.m.

**Liz Cianci, 31**

As a naval officer, Liz Cianci traveled to resource-poor nations like Haiti. The intrigue of remote rural cultures stayed with her, as did the desire to help.

“After the Navy, I missed helping people and knowing at the end of the day, I may have changed someone’s life for the better,” she said.

Her mother, a nurse, helped steer her toward becoming a psychiatric nurse. While in Haiti this month as part of the University of San Diego team, she was outside her comfort zone working in pediatrics and infectious diseases even though she spoke French. But that was what she came for.

“Haitian medicine is not what we’re used to,” Cianci said. “Because the culture is different, they treat diseases differently. But they have to, because they don’t have the resources to do the things we do in the states.”

Her favorite experience was doing blood-pressure assessments in a village. She and her partner introduced themselves to their patients, asked about their health and then made suggestions for improvement.

“In our program we’re taught patient, patient, patient, and we’re very focused on how they’re doing, if they need anything while I’m there, making sure they understand what the meds are and why they’re
taking them,” Cianci said. “I don’t see a lot of communication between the care providers and patients here.”

She does see hope in the two mobile medical units being outfitted in the U.S. to be shipped to Milot, specifically for preventive-care outreach.

“I’m an optimist,” she said. “I really hope they can keep up the good work, but it’s going to take reinforcement to get them to where they are working at what the international community uses as a standard of care.”

**Stacey Price, 40**

Nursing is Stacey Price’s third profession.

With a bachelor’s degree in criminal justice, she was headed toward police work. Then she switched to a career in emergency medical services.

Now, after eight years as a registered nurse, Price has decided to work toward a clinical nurse specialist degree. It will take awhile. She works full time at Loma Linda Medical Center and lives in San Bernardino, where she doubles as a flight nurse for the San Bernardino Sheriff’s Search and Rescue Team.

So she attends the University of San Diego part time, driving down on Sunday evenings and staying with a brother to attend classes from 8 a.m. to 9 p.m. on Mondays.

“I like to stay busy,” Price said.

The trip to Haiti is her third medical mission. The first was a monthlong stay in Nigeria to teach emergency skills. The second was to the Czech Republic to judge and coach an “EMS Olympics” among eastern European countries.

Despite her background in trauma care, Price’s bugaboo was the “yuck factor,” and it loomed large at Hôpital Sacré Couer.

In the congested ER tent, while trying to find a vein in a severely dehydrated girl, Price had to work around a woman in a wheelchair whose leg was swollen with filariasis. Fluid from open sores dripped onto the floor. Patients’ relatives buzzed about the tent, carrying bed pans outside to empty over the waist-high wire fence.

“Of all the things nurses encounter, phlegm and pus are what I like the least. And what did I encounter doing wound care? … Just that,” Price said.

Gloved hands in the air, she swiped away the hanging intravenous tubes with her elbow as she navigated the minefield of plastic buckets of body fluids dotting the ward room floor. Price’s eyes never left those of her patients as she smiled and reached for the next wound to be changed. She was conquering the yuck factor.

Price and Jan Kass, a wound-care specialist from Coronado, peeled bandages off necrotic skin and bathed them in a solution. The process was excruciating for patients, who endured the pain without so much as Tylenol. When the nurses finished their work, she said, patients smiled and thanked them.

“These people are amazing,” Price said.
MaryCarol Reeder, 50

MaryCarol Reeder’s eyes betrayed her. They lit up like stadium lights as she entered the maternity ward at Hôpital Sacré Couer and saw 3-day-old twins. They flashed with concern as she watched an exhausted mother ignoring her wailing infant on the bed behind her.

She is a mother, after all.

Despite her 28 years as a nurse, Reeder, operations supervisor at Scripps Encinitas and head of a rapid-response team, had limited experience in infant care.

Reeder and fellow student Brooke Sullivan watched University of San Diego instructor Susie Hutchins deftly swaddle each of the twins and coach the new mother in breast feeding.

They followed Hutchins’ example at the next bed, the one with the wailing infant. The mother had thought she was not producing milk, which is why she gave up trying to feed the child. Once it was established that everything was as it should be, and the mother was helped with positioning, the baby couldn’t get enough.

The youngest two of Reeder’s four children will soon be old enough to live on their own, she said. So she is studying to become a nurse practitioner, to prepare for several medical missions a year.

Dr. Harold Previl gave Reeder much to think about. CRUDEM, the organization that owns the hospital, is a Catholic institution, so no birth control is prescribed. But pregnancy is often a “pathway to death,” Previl said, quoting the World Health Organization. The agency has shown that in poor countries, after the mother finishes breast feeding, she can’t always afford to feed her child. That child soon ends up back at the hospital malnourished and lacking in vitamin D, which is critical for bone development.

“Please open your eyes while witnessing the climate of global medicine here in Haiti. We are becoming one village around this issue of health care,” Previl said.

Reeder missed her daughter’s 16th birthday and a son being awarded MVP honors at his high school football banquet. But she would gladly return to Milot to teach at the nursing school being organized there.

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