Dear Colleagues,

I have been working in Haiti as a volunteer urologist for the past 16 years, 1994-1997 at the Albert Schweitzer Hospital in Deschapelles in the Artibonite Valley of central Haiti, and 2002-2010 through the NGO Konbit Sante at the Justinien Hospital in Cap Haitien on the northern coast. I have come yearly and worked for 1-2 weeks at a time. I returned to Cap Haitien after the quake and led a 7-person surgical response team from Konbit Sante. As with so many things in Haiti, the delivery of urologic care, or lack thereof, is complicated. American urologists interested in helping raise the bar of urologic care delivery in Haiti need to check all comparisons to urology practiced in the US at the border. There are only 7 urologists in all of Haiti; they try to serve more than 8 million people. It is unknown (to me anyway) whether Port au Prince urologists have any capacity to practice urology in destroyed or unstable medical facilities after the earthquake. I do not even know whether all of the urologists in Port survived the quake. Prior to the quake, most urologic disease in Haiti was undertreated or not treated at all. All of the full time urologists are Haitians trained in Port au Prince. Dr. Jean Dube is the only urologist outside of Port au Prince, and the only urologist not directly affected by the earthquake. Although there have been occasional American urologists who have come to work for short rotations at smaller faith-based facilities in the north (e.g., Sacred Heart Hospital in Milot run by the Crudem Foundation 16 miles outside of Cap), Dr. Dube is in fact the only full time urologic provider in all of northern Haiti. The population base he serves is about 825,000 people. He has 2 urology
residents from Port au Prince who come for 4 years of training. There are 5-6 urology “interns” at any one time on the service, really 3rd or 4th year medical student level. There is a lot of observation and little doing as a student. Resident supervision is via Dr. Dube only. He was out of the country for about 3 weeks while I was in Cap. There is no established or nationally recognized urology curriculum nor methodology to assess resident competency as there is with American urology residencies. Because of the loss of medical schools and teaching hospitals in Port au Prince, it is not clear when or if the only other urology residency at the large government hospital in Port will resume its capacity to train residents. There are only these 2 training programs in the country.

Besides the Justinien Hospital in Cap Haitien and the Sacred Heart Hospital in Milot, there are a number of small faith-based facilities that serve their local populations. In the north These include the Hospital Bienfaisance in Pignon, 40 miles south of Cap, founded and run by Dr. Guy Theodore, an American trained Haitian general surgeon, who has been running for President of Haiti against Rene Preval. Graffiti I saw in Cap acknowledges his popularity in the north of the country. American urologists have on occasion spent time at Pignon, but there is only an intermittent urologic presence there. There is also a faith-based hospital in Limbe near Cap that has had American urologists rotate on occasion. Again there is no sustained presence in these smaller facilities; I am unaware of any invitations being extended to Dr. Dube to provide urologic services at any of these smaller hospitals. Small government run hospitals in Fort Liberte along the northeast coast near the DR border and the hospital in Port-de-Paix in the northwest do not have a urologic presence. Further south is the Partners in Health facility run by Dr. Paul Farmer in Hinche in the central plateau northeast of Port au Prince. American urologists have on occasion rotated at this facility but there is no full time urologist. The same can be said for the Hospital Albert Schweitzer (HAS) in Deschepelles in the Artibonite Valley north of Port. There are reasonable ORs at HAS and TURPs are possible there. There is no urologic presence in Gonaives on the main road from Port to Cap. The hospital was severely damaged in the floods of 2008, many patients and staff died when a wall of mud passed through the hospital campus. Doctors without Borders established a field hospital there to deal with general surgical injuries. No urologist serves the partially rebuilt government hospital there now. Given the decimation in Jacmel south of Port after the quake, no urologic services are available there. The hospital was severely damaged. The same can be said for medical facilities in Leogane. I am not
familiar with the medical facilities in Les Cayes on the southwestern peninsula.

A general lack of urologic supplies, trained urologic manpower, hospital infrastructure (spotty electricity and marginal potable water supplies), and limited blood and lab supplies make all but very basic urologic surgeries impossible. For example, in Cap at the Justinian Hospital, there is no contrast dye for IVPs, limited capacity for flat plate Xrays only, no CT, no pathologist in all of the north, some renal and scrotal ultrasound capability but no TRUS capability, no Holmium laser, no EHL, no ultrasound lithotripsy. ESWL is a dream. There is no way to diagnose prostate cancer by prostate biopsy. No one could afford to buy the disposable needles anyway. There may have been some urologists performing TRUS in Port but I do not have personal contacts with any of them and can only guess that unless ultrasound machines survived the quake there is little capacity to perform TRUS in all of Port. I have kept Dr. Dube well stocked in all sizes of catheters. Stents have minimal value since no intraoperative fluoroscopy is available. I have delivered 20 percutaneous Bard suprapubic tube kits and 20 Bard Heyman urethral dilation kits to Dr. Dube. I received a donation of 125 of each type kit from Bard and these are being shipped to Cap via Royal Caribbean Cruise Lines into Labedee near the port of Cap. Royal Caribbean has delivered more than 2000 pallets of medical relief via their cruise ships since the earthquake. They have agreed to continue delivering medical supplies (including any we want to ship into northern Haiti) for free from their port in Miami.

In terms of capacity, Dr. Dube is able to perform TURPs and TUIPs, TUR small BTs, endoscopic urethral stricture surgery, ureteroscopy without fluoroscopy (the C-arm doesn’t work and hasn’t worked for months), some pediatric endoscopic procedures, nephrectomy for bleeding, suprapubic prostatectomy often without blood availability. Most patients with urologic disease present in advanced stages. PSA is not available (previously specimens were sent to Port, who knows after the quake, I can’t believe it is available) so most cases of prostate cancer present with locally advanced disease. There is no specific treatment for prostate cancer in Haiti either early or late stage. Orchiectomy is the only option for men with advanced disease as LHRH agonists are cost prohibitive. There is no capability for nuclear medicine imaging studies in all of the north. I have seen DES prescribed for prostate cancer in the recent past. I have brought some
surgical specimens (obviously well wrapped and padded in jars with formalin) back to Maine for my pathologists to read. They do this for free. It is the only way we can get a pathological diagnosis. And remember the Justinien Hospital is a poor government-run hospital with virtually no operating budget.

The residents and interns in Cap are in desperate need of urologic educational materials: recent AUA In-Service exams, urologic textbooks and urological surgery manuals, teaching aids. They have laptops and limited internet capabilities.

For all the above issues, you can see that the question of how best to support Haitian urology is quite complicated. It involves political as well as medical realities. The need is great, most urologic patients are not treated, or receive marginal care by practitioners who may have had little formal urologic training, particularly in outlying rural areas. Even in urban areas like Cap, the limitations of urologic supplies and lack of hospital infrastructure make even a modicum of urologic care delivery difficult. In the ideal situation, looking at long-term solutions, American urologists would need to partner with Haitian urologists in Port au Prince, similar to what I have done in Cap with Dr. Dube. Short-term missions by independent urologists spending a few days in a small Haitian hospital’s OR without connecting to local Haitian surgeons or urologists to serve relatively few patients should be discouraged. I also think that the urologic supply chain needs to be improved throughout the country. You can’t provide a service anywhere without having catheters, irrigation capability, Heyman dilators, X-ray capability, lab testing and a reasonable blood supply. Antibiotics are always in short supply. Severe urinary incontinence is sometimes managed with catheters; rarely medications; rarer still with surgery.

There is also the issue of language and cultural barriers. Patients speak Haitian Creole, most physicians are fluent in French, more are speaking some English, particularly residents and interns and medical students. It would help immensely for anyone going to Haiti to learn basic French and Creole words of communication. It helps a lot to break down barriers.

I would be glad to talk to anyone within the AUA or international urologic organizations about urology in northern Haiti. I believe there are few
American urologists who have had as much experience with trying to understand the urologic landscape there as I have over the past 16 years. I do not know what is going on in Port au Prince regarding urology. I have never worked there, and I do not have personal connections there.

I hope this helps. I remain extremely discouraged about how long the recovery in Haiti will take: years, many years. The history of Haiti is that well meaning foreigners (including doctors) come once or twice, throw up their hands and never return. It’s all very complicated. I haven’t figured it out after 16 years; I’m not a Haitian, but I still think about Haiti every day and what I can do to make a difference. I’m trying. Sometimes it’s easier for me to focus on the small things I know I can change. The big picture makes me lose my focus. Sometimes I just feel like crying.

Let me know if I can help further.

Sincerely,

Sam