

Haiti hospital woes show challenges of recovery

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A patient stands as he adjusts his intravenous line at the State University of Haiti Hospital in Port-au-Prince, Friday, July 9, 2010. Haiti's most important general care facility, the State University of Haiti Hospital is struggling to care for patients six months after the earthquake. The American Red Cross has pledged to help pay salaries of long-underpaid doctors.(AP Photo/Ramon Espinosa)

(AP) -- It was a simple problem with a novel solution.

Doctors, nurses and technicians at Haiti's most important hospital had not been paid since before the earthquake - causing strikes and staffing shortages, and turning the facility into a dangerously inefficient, rat-infested mess. So in March, the American Red Cross volunteered to donate a small part of the \$468 million it raised for quake relief toward supporting their salaries.

But the \$3.8 million promised to the hospital is only now being delivered after four months of negotiations and red tape. While billions were spent on short-term projects, including medical assistance, doctors' strikes continued and neglected patients at the capital's main medical facility were left to suffer and die.

The breakdown at State University Hospital is a prime example of the difficulty in grinding out a successful recovery. Six months after the magnitude-7 quake leveled much of the city and turned the hospital's courtyard into a grisly open-air morgue, promises to help [Haiti](#) become more self-sufficient have produced often frustrating results.

"The intent is there. The money is there. It's just that these are complicated issues," said Louise Ivers of Boston-based Partners in Health, which acted as an intermediary between the Red Cross and the hospital.

Sources involved with the project say the problem came down to clashing styles, needs and timetables. Haitian hospital administrators were trying to please [government officials](#) and satisfy angry employees while maintaining control of their institution.

The Red Cross, meanwhile, was trying something new: Disaster relief funds rarely go to fix up local institutions, especially ones run by the government. Doing so required heavy auditing and learning a new set of rules for operating.

The organization is proud of the project. Nan Buzard, the American Red Cross' senior director for international response and programs, said the infusion of money is an essential stopgap measure for Haiti's medical system.

"We really think this is one of the best things we can do," she said,

adding that she understands doctors' frustrations given how long it had been since they were paid.

Former U.S. President Bill Clinton, who is helping oversee reconstruction, said in a Saturday interview that his staff worked hard to see the agreement through - in large part because it might encourage other donors to support existing but foundering Haitian institutions.

"It took a while for it to get together, but we were working very intently on this," Clinton told The Associated Press by phone. "This is a little bit of a departure from what the Red Cross or other NGOs have done in the past. When you're trying to change all these cultures, it's really something."

But at the hospital, frustrations are running high. Unpaid staff have little incentive to work - passion for helping those in need can only take them so far. Cleanliness, thoroughness and efficiency fall by the wayside.

For a hospital in rundown Port-au-Prince, where public sanitation is nonexistent, that means horror show conditions. The operating rooms are not sterile, and doctors say vermin sometimes run through during surgery. With much of the building damaged from the quake, patients endure long waits for overworked doctors in hot, flimsy tents that offer little protection from the elements.

"We are back to running this hospital as before the quake," said its executive director, Dr. Alix Lassegue. That does not mean, he quickly added, that there is an acceptable standard of care.

Until the Health Ministry prepares and presents a master plan for improving conditions to the interim reconstruction commission led by Clinton and Prime Minister Jean-Max Bellerive, that is unlikely to change, Lassegue said.

Yet it is one of the ironies of Haiti's reconstruction that medical care on the whole is better in the impoverished country now than before the quake, thanks to a flood of volunteer doctors, nurses and equipment.

But the promised leap from emergency aid to long-term viability for the medical system has not happened. Aid groups, once massed at the hospital in central Port-au-Prince, have left. The last group abandoned rooms of equipment and a filled-out white board.

Reginald Cadet, a 26-year-old first year medical resident, said that until paychecks show up regularly, he and his colleagues will be forced to continue intermittent strikes. He started working at the facility in May and has not once received his \$150-a-month salary.

Still, he does not want to work anywhere else. "I'm a doctor. I always had a dream to be here," Cadet said.

The cost of the chaos is measured in lives.

Recently a 28-year-old woman was brought in with vague symptoms including fatigue, recalled Dr. Megan Coffee, an infectious disease specialist volunteering from San Francisco. The doctor ordered tests, which lab technicians took three days to produce.

The woman, whose name was not disclosed for confidentiality reasons, had failing kidneys. Emergency dialysis would save her life. Without it, she would die.

But there were too many patients who needed dialysis and not enough equipment or doctors. The woman's body began to fail. Realizing help would not come, the family took her home. They called within hours to say she had died.

If support like that of the [Red Cross](#) would come, such tragedies could be avoided, Coffee said: The [hospital](#) has the expertise, and her Haitian nurses have the dedication.

"They just need to know that their job will support them," Coffee said.

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