

La Promisse

D.C. Packathon Breaks the Record!

D.C. Packathon Committee



October 15th, the love of God and neighbors shone brightly as more than 700 attendees at the D C Feeds Milot, Haiti event packed a record-breaking total of 154,320 meals for the desperately poor and hungry in Milot. Despite having already worked a full, busy week, participants persisted with that special joy that comes from putting love in action. **Donations from 18 states and 6 countries underwrote the event.**



Drs. Rob and Jamie Freishtat and their committee members Irene Thompson, Jennifer Tran, Peggy Suratt, Natalie Napolitano, Kerri Gallagher, and Joshua Heffren rallied an army of enthusiastic and compassionate people from the Washington, D. C. metropolitan area. **Inspiration and motivation for this landmark event came from Luke Freishtat who was orphaned during the 2010 Haiti earthquake. Dr. Rob Freishtat met Luke as a patient at Hôpital Sacré Coeur when he was a toddler. Clearly, it was love at first sight. Rob and Jamie adopted Luke and he began a new chapter of his life in Potomac, Maryland with his new parents and**



siblings — Nate and Max. Luke is an astonishing young man; an 11 year old with a heart of gold and a mission to help his homeland of Haiti.

Enthusiasm for the D. C. event continues and plans for a Spring 2023 repeat packathon have already begun. ■

► **CLICK HERE** to listen to the NBC4 feature about Luke’s journey and passion that inspired a record-breaking packathon.



Hôpital Sacré Coeur Clubfoot Clinic

By Robert Cady, MD, Orthopedic Surgeon and HSC Volunteer

Congenital Idiopathic Clubfoot is the most common serious musculoskeletal birth defect that occurs worldwide. In Haiti about one in 800 babies is born with a clubfoot. A clubfoot is twisted down and inward and fixed in that position. Left untreated the foot remains deformed and the child grows up unable to wear shoes or participate in normal childhood activities. As an adult, it is difficult for an individual with an uncorrected clubfoot to find employment or marry.

Fortunately, a treatment exists that can totally correct the deformity and allow the child to lead a normal life. The treatment is called the Ponseti Technique, named for Dr. Ignatio Ponseti

(1914 - 2009) who perfected his technique over many years while a Professor of Orthopedics at the University of Iowa. The technique consists of a series of casts changed weekly followed by a small surgical procedure done under local anesthesia in the clinic and then night time splinting until age 4-5.

During the casting phase the foot is gently stretched into a more normal position prior to each cast application. Typically, 5-7 casts, applied by cast technicians who have received specific Ponseti instruction, are required to straighten the foot and correct all the elements of the deformity except for a very tight Achilles tendon. The Achilles tendon tightness is corrected by a small surgical procedure (Achilles Tenotomy) done under local anesthesia in the clinic by an orthopedic surgeon and followed by a final cast for an additional three weeks. After removal of the final cast the child is required to wear a splint at night until age 4-5 years to prevent recurrence of the deformity.

Ponseti Treatment

- A NON-SURGICAL approach
- A specific method of manipulation and casting
- Tenotomy of the Achilles Tendon
- A specific method of bracing
- Long term follow up for recurrence




Dr. John Mazur an American pediatric orthopedic surgeon who had volunteered at Hôpital Sacré Coeur following the earthquake of 2010 suggested to Dr. Harold Previl, the current CEO of Sacré Coeur, that they start a clubfoot clinic. Subsequently cast technicians from Sacré Coeur were sent to Port au Prince to attend a Ponseti Instructional Course given by Dr. Robert Cady at Hopital Adventiste in 2011. **The clubfoot clinic at Sacré Coeur commenced shortly after and has now been in continuous operation for over 10 years. During that time over 100 babies have had their clubfoot deformity corrected and have been given an opportunity for a normal life.**

The clinic is currently managed by Haitian cast technicians Dantus Gilles and Maxi Muselaire. Dr Cady performed many of the tenotomies in the past and continues to visit to bring supplies and provide guidance for difficult cases. Haitian orthopedic surgeon, Dr. Brown Theodore, who is an exceptional orthopedic trauma surgeon now takes time out from his busy practice at Sacré Coeur to perform all the tenotomies. **A child currently born in northern Haiti with a clubfoot now has the opportunity of receiving superb treatment at Hôpital Sacré Coeur from Haitian healthcare providers who come from the same region and who can speak to their parents in their own language.**



Dr. Brown Theodore is a superb Haitian orthopedic surgeon at Hôpital Sacré Coeur who now does the tenotomies at the clubfoot clinic. Given the expertise of the staff, all clubfoot treatment can be provided at the hospital. **The clinic is therefore completely sustainable for the future. ■**

Meet the Hôpital Sacré Coeur Team

With a hospital staff of 426 that includes 335 full time, 35 contractual, 36 temporary and 20 medical interns, Hôpital Sacré Coeur has a tremendous pool of skilled and competent individuals to run every aspect of a large hospital. Exemplary staff abound. Every month, *La Promisse* will focus on key individuals.



Rodney Castan: A Tireless Worker

If today Hôpital Sacré Coeur is a premier hospital of sterling reputation, it is because there are always people of goodwill and foreign volunteers, as well as Haitians, who work diligently and sacrifice for the progress of the hospital. **Among these remarkable and devoted individuals is HSC staff member Rodney Castan.**

Born 1978, this native of Milot, studied Auto Mechanics at the Village Vocational School (SOS) of Cap-Haïtien from 2000 to 2003, after his secondary education graduation from National High School Warrior Philippe. Married with two children, Rodney was hired at Hôpital Sacré Coeur in April 2009 as a driver-mechanic. Highly focused during the performance of all his duties, Rodney has always shown expertise, flexibility, and a sense of responsibility, so much so that two years after his appointment, in November 2013, he was promoted to Chief Driver-Mechanic. Rodney sets the bar for his attitude, his wisdom, and his motivation. Due to the consistent excellence of his work and dedication to his job, Rodney received another promotion, in November 2013 to Assistant- Director of General Services. Soon after, Rodney was named Director of Operations.

A tireless worker, Rodney is among those employees who always has time to work whether on holidays, weekends or after normal business hours, if a situation at the hospital needs his attention. Rodney is someone who works with heart and conscience. All activities of General Services (maintenance, transport, electricity, construction, security, maintenance, etc.) are under his supervision. Rodney performs each task whole heartedly and without complaint. Often, he supports the work of other technicians and volunteers, including those workers from Holy Name.

Rodney is a man of good trade, good heart, and good conscience. Today he is widely regarded as an asset to Hôpital Sacré Coeur, a model employee upon which the institution can greatly rely to achieve its vision and fulfill its mission.



Sonel "Pipop" Charlot: A Man of Many Talents

At a time when many renovations and construction projects occur at Hôpital Sacré Coeur, General Services Department Foreman, Sonel Charlot, known as Pipop, has distinguished himself by his remarkable dedication and expertise. Despite a limited academic experience, Pipop excels in the technical aspects of construction. **Endowed with considerable talent, Pipop behaves like a leader in the way he leads his team and mobilizes them to achieve and accelerate the construction work at the hospital.**

Hardworking, intelligent, and motivated by the desire to do his job well, Pipop, a Milot native, oversees almost all building and renovation projects at the hospital.

Father of five children, this energetic man is a “key to everything”. Pipop has worked as a mason, carpenter, operator, scrap metal worker and in a host of other construction positions. His training occurred on the job during the various workshops and projects in which he participated. For example, he learned during his short stay in the Bahamas to operate critical construction equipment, such as, back loader cranes, loaders, and specialty trucks. Today, Pipop responsibly leads others, shares his obvious talents, and exemplifies himself as an employee the hospital can count on to achieve its various renovation and construction projects.

Your faithful support inspires and motivates Hôpital Sacré Coeur staff daily. ■

Thanks to a Generous \$50,000 Grant from The Russell Berrie Foundation, the Pediatrics Diabetes Program Continues to Give Children and Youth Hope... and More Normal Lives.

Nearly 3 million people a year die prematurely because of diabetes. The World Health Organization projects that diabetes will be the seventh leading cause of death worldwide in 2030. This disease progresses rapidly in low-income and developing countries, such as Haiti, which lack the basic technologies needed to treat and effectively manage the disease.

Regrettably, in Haiti, children and young adults are the most likely affected.

Preventing juvenile deaths and complications from diabetes requires early diagnosis; access to affordable healthcare services with equipment sufficient to diagnose and monitor diabetes; patient education to promote healthy diet, physical activity, and self-care; essential medicines for diabetes management, including life-saving insulin; regular screening for complications and early treatment when they are found; and a referral system across various levels of healthcare.

Type 1 diabetes is different from the more common Type 2 diabetes in that it primarily afflicts young people. It is caused by autoimmune destruction of the pancreatic beta cell which produces insulin. **Without multiple daily insulin injections, Type I diabetes mellitus is uniformly fatal.**

In response to the disparity of national resources and the gravity of these medical challenges, in 2013, Hôpital Sacré Coeur (HSC) initiated a Pediatric Diabetes Program, the only program in northern Haiti that provides comprehensive, free care to children and young adults with Type 1 diabetes until age 25.

The main objective of the diabetic program at HSC is to extend the children's and young adults' longevity, improve their quality of life, educate the pediatric patients and their families about proper disease management, and foster a supportive community.

Program Staff

The program is directed by HSC pediatrician, Dr. Marc-Mesadieu Exavier, and employs a fulltime nurse educator to work with the children and their primary caregivers to address the family dynamics and socio-economic challenges. An endocrinologist team from Connecticut Children's Hospital and a pediatric trauma team from Yale University Medical Center visit Hôpital Sacré Coeur several times a year to work with the staff and evaluate the diabetic pediatric patients. **In early 2023, the program plans to hire a pediatric social worker to work with patients and their caregivers.**

Program Goals

The goals of the program include:

- Provide adequate care for the patient.
- Reduce the flow of hospitalizations.
- Limit the number of annual deaths.
- Educate patients and their peers about diabetic management.
- Reduce complications of diabetes in patients.
- Raise awareness among diabetics about taking their medication regularly.
- Organize recreational activities for the well-being of patients.
- Treat complications that might affect patient stability.

Patient and Parent Consultations

Those children entering the Pediatric Diabetes Program are often in poor physical condition, having received no or inappropriate treatment. At Hôpital Sacré Coeur, patients receive care consistent with international guidelines.

As of April 2022, the Pediatric Diabetes Program saw 86 patients for follow-up, enrolled 2 new patients into the program, managed 3 hospitalizations, made 5 home visits, and 12 consultations.





Dr. Exavier examines a young patient.

The program remains on track to add 10-12 patients over the next year. **Current severe malnutrition and acute starvation present with over 50% of the Haitian population, forewarns of even more children and young adults becoming diabetic.**

The program initiated a WhatsApp group for the parents of diabetics to facilitate communication and provide an immediate response to inquiries. Phone calls to parents and caregivers are made weekly by program staff. Parents meetings are

arranged on a regular basis with the aim of strengthening education for proper diabetes management at home. Each patient and their family meet with the nurse educator monthly for more extensive individualized sessions to address their specific challenges. Research shows that it is this intensive, continual education and reinforcement that leads to improved, long-term outcomes.

Supplies and Support

The Pediatric Diabetes Program at Hôpital Sacré Coeur provides patients with the necessary supplies, including insulin, syringes, glucometers, test strips, glucose tablets and glucagon emergency kits, free of charge during regular visits, during which time each pediatric patient is evaluated and HbA1cs are checked when indicated.

Given the poverty level and the general lack of electricity in Haiti, each of the children and young adults is provided with a specially designed, handmade clay pot in which to store their insulin and maintain it at the necessary cool temperature. ■

How Donor Generosity Helped a Pediatric Diabetes Patient

Hôpital Sacré Coeur Pediatrician, Dr. Marc Exavier, offers an example of a patient whose life was saved because of the exceptional care provided by the collaborative work of Hôpital Sacré Coeur's Pediatrics Diabetes Program and the Emergency Department.

Jessica is a 13-year-old pediatric patient. She attends school and lives with her mother and two younger sisters in Cap Haïtien. Like so many Haitian women, Jessica's mother does not have a job. Jessica's father lives in Dominican Republic where he looks for work to take care of his family. Despite the geographic distance, Jessica's parents have been very attentive to their daughters, like parents everywhere they want the best of life for them. Jessica's mother says her daughter was never sick. She lived a normal life with no health problems. **Then it all changed.**

Her mother noticed her daughter started urinating frequently. Out of concern, she brought Jessica to a Cap Haïtien general physician for a consultation. The doctor prescribed liquid antibiotics for

the urinary tract infection he diagnosed. Jessica drank the medication, but her condition persisted and now included the passing of excessive amounts of urine. Her mother noted that even though Jessica ate proper amounts of food she had lost weight. **On July 2nd, two weeks after Jessica saw her local doctor, she became very weak, could not walk, and stayed in bed.**

Later that same evening, Jessica could not talk with her mother. "I had called her, but she could not answer," says Jessica's mother. **Jessica was now unconscious.** "I was very terrified and panicked when I saw the condition of my girl on the night of the 3rd." Jessica's father was in Dominican Republic and there was no money in the house. **"I saw that Jessica looked like a body without life," her mother said.** The next morning, she managed to take Jessica to a private clinic. **The physician there recommended Jessica be taken to Hôpital Sacré Coeur immediately.**

When Jessica has arrived at Hôpital Sacré Coeur she was unconscious with bad respiration. Orderlies carried her into the emergency room. "She looked like a dead person," her terrified mother recounted.

The doctors and nurses immediately examined her, stabilized her, ran tests, and drew blood. The diagnosis was quick. Jessica had type 1, insulin dependent diabetes. The doctors transferred her to the ICU Department where she spent 25 days, 14 of those days she remained unconscious.



Jessica, two weeks after discharge. At home with a supply of pediatric insulin.

"I was very sad and was worried very much because I thought that Jessica would be dead that day," said her mother. "I am very grateful to Hôpital Sacré Coeur and the medical staff because of the way the hospital had taken care of Jessica for me in order to give her life back." Jessica's mother says her daughter would not have survived without the excellent medical staff of Hôpital Sacré Coeur.

Invariably, Type 1 diabetes is a death sentence in Haiti. Pediatric insulin is hard to get, and most medical facilities are not equipped to handle long term supportive care. Medical costs are beyond the reach of most Haitians. **Thankfully, Hôpital Sacré Coeur has one of the few pediatric diabetes programs in the nation. This truly life-saving program covered all Jessica's medical expenses during this visit and will now support all Jessica's medical fees until she reaches age 25. In addition, Jessica and her family will get ongoing education and support to learn how to manage diabetes. Thanks to the expertise of the nurses and the physicians, the excellent medical facilities and a program of continuing care, Jessica is alive and has hope for a productive future. ■**

100% OF YOUR DONATION WILL SUPPORT PROGRAMS AND CARE AT HÔPITAL SACRÉ COEUR

PLEASE DONATE TODAY
THANK YOU FOR YOUR GENEROUS SUPPORT!

