

Blog

Medical Missions Provide Relief to Developing Nations

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By Mark A. Merlin, M.D., FACEP

When Hurricane Matthew wound its path through the Caribbean Sea in October, it dealt another blow to Haiti, a country already suffering. It caused \$1.89 billion worth of damage and an estimated 1,600 deaths.

There's no infrastructure in the western end of Haiti, no hospitals, no pharmacies. The residents use the same water they drink and cook with to bathe in, wash their dishes and relieve themselves. To help deliver healthcare to the struggling nation, I partnered with Stuart Hirsch from Operation Endeavor M99, a non-profit philanthropic organization, to organize a short medical mission. A partnership occurred between Jet911, a private air ambulance service; RWJBarnabas Health, a N.J.-based health system that treats 700,000 emergency department patients annually; St. Mary's Hospital/Trinity Health New England in Waterbury, Conn., MONOC, a non-profit company comprised of 15 acute-care hospitals throughout New Jersey; and CentraState Medical Center, Freehold, N.J.

Joining me Oct. 26-27 on the 12-person team of EMS/disaster medicine physicians and paramedics and Eli Rowe, CEO of Jet911 on this special mission were EmCare-affiliated physicians Matthew Harris, M.D., Ije Akunyili, M.D., James Tanis, M.D., Navin Ariyaprakai, M.D., and Ernani Sadural, director of RWJBarnabas Global Health. We flew to Port Au Prince, the capital of Haiti, then helped move 4,000 pounds of lifesaving medications and equipment to Les Cayes. We then took a boat to the remote island of Ile A Vache, where we conducted clinic operations in the villages of Caille Coq and Madame Bernard.

We set up a mobile ED with EKG, ultrasound and blood-drawing capabilities. Our focus was on delivering primary care, which is a bit different from other medical missions, which typically seek to provide a specialty service, like dental care or vaccinations.

Within minutes of our arrival, hundreds of people gathered. Unfortunately we couldn't help everyone, but we made a significant impact in these remote villages, where no medical care is available. These are places that many have forgotten about. Residents live in such extreme poverty that it's difficult to describe. Many have no clothes, no bathroom, no medical care, no hospitals. Infant mortality is extremely high. We treated 600 patients, the majority of whom were children with pneumonia and low oxygen levels. Without the medications



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given to these children, about 25 percent would have died from infection. We also saw patients with fevers, coughs, acute phlegm, chest pain and shortness of breath. In our last stop during the mission outside of an orphanage, people were gathering and almost begging us for more care before we had to leave.

This was my first mission, and my first trip to a developing nation. It left a lasting impression on me, to say the least. I will always remember the 8-year-old girl who had stepped on a tack and had developed an infection that spread to her bone. We gave her antibiotics to treat it, although she really needed surgery, which just wasn't possible. I'll remember the baby with pneumonia who was struggling to breathe. I hope the antibiotics worked and that we prevented his respiratory failure. Most of all though, I'll remember the kindness of the people that we met. Even under such a dire, bleak situation, they had smiles on their faces. A few even scaled towering palm trees to pick coconuts to give us as gifts.

Medical missions bring together people with different skills sets and experience, but with a common goal. It wasn't an easy trip, because there's no easy answer to truly changing access to healthcare in developing countries like Haiti. There's only so much that we can do. We're planning another mission in February, and I'm looking forward to continuing our progress in the region.

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EmCare supports providers who participate in international medical missions. The company has partnered with Operation Endeavor M99 and Global First Responder to coordinate non-denominational medical-relief missions.

Licensed EmCare-affiliated providers interested in participating in medical missions with an approved partner organization are eligible to receive 10 hours of credit each day of providing services in the designated country of the medical mission, up to 5 days per year toward meeting full-time hours.

For more information about EmCare's medical mission benefit, contact Jim McMillin, National Director of Recruiting, at James.McMillin@emcare.com.

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