Haiti and the School of Nursing

Columbia University School of Nursing, under the auspices of its WHO Collaborating Center, is continuing its long history of coming to the aid of those in need. Just as the founder of the School, Anna Maxwell, recruited Columbia nurses in 1898 to assist in field hospitals during the Spanish-American War, the School is doing the same for those affected by the January 2010 earthquake in Haiti.

First to heed this call were five Columbia alumni nurses: Kara Ventura, DNP, PNP; Rachel Lyons, DNP, PNP; Fabienne Ulysse, FNP, DNP student; Thalia Brent, FNP, DNP student; and Professor Richard Garfield, DrPH, WHO Center Policy Director. They landed on February 8 via commercial airline, carrying medical supplies, a few required personal items (including mosquito nets and sleeping bags) and their strong personal commitment to begin the School’s outreach to Haiti. All are working with the International Medical Corps, a non-profit US agency with a continuing, long standing presence in Haiti.

Since February 8, the WHO Center has sent 11 more nurses and will continue to do so on a weekly basis — these alumni nurses have come from California, Oregon, Maine, Colorado and New York.

The outpouring of support from our faculty, students and alumni has been astounding, with over 200 contacts offering help and service. In addition to providing immediate medical care, the School is dedicated to helping rebuild the nursing infrastructure so desperately needed in Haiti and is working to finalize its long-term mission there.

Please continue to follow Haiti/CUSON volunteers on their blog at http://cusonwho.org

Personal Experience in Haiti

by Kara Ventura, PNP, DNP ’02, ’07

How does one define success in clinical practice? What we do as a medical community as a whole is measured — life expectancy in years, infant mortality rates, lengths of stay in a hospital, patient outcomes based on interventions large and small. We also measure ourselves qualitatively, quantitatively, scientifically and by the outcomes of our peers.

But what else defines success? Some may say that it is your clinical affiliations, your title, the number of publications you produce in a year or perfection in your practice. It is true that these are all measures of success and what I strive for when working in an academic setting. However, there is a whole other measure of success that must be accounted for.

I knew that my experience in Haiti would affect me. A representative we worked with from the International Medical Corps (IMC) said at a debriefing one night, “This experience will change you.” When I did some missionary work while in college, I was changed indeed. I internalized those experiences and they are now part of my daily life in some form. But I was also
a 22-year-old college graduate with a large amount of school loans. So I joined the ‘ride’ — continuing education, writing papers and conducting research, always wanting to improve myself — because I had a passion, not just because there were bills to be paid. I was trying to gain an infinite amount of knowledge in order to fulfill that passion, which was the care of pediatric patients. In finding ways to improve that ability, I set very high standards for myself and do not take it lightly when I am slow to meet them.

In Haiti, all that did not matter, or so I initially thought. Haiti was an emotional and physical challenge; professionally it was a true difficulty because the lack of resources made my ability to ‘practice with near perfection’ impossible. That passion for caring for children was so limited, no ‘perfect’ care here. I had to ration medications, choose which child to treat over another based on their likelihood of survival, and watch children die of things so preventable and easily fixed. If I only had more of that one drug or a place to send this child, even just some intravenous fluid or any surface rather than the dirt floor to lay a child on. How could I be successful this way? I can’t do this for these poor children. I realized that it’s all relative: I’m in Haiti, not in New York. This is what I have to work with.

While I did not have the ability to check serological studies, I did have excellent assessment skills and clinical judgment. There was no endoscopy available for a quarter stuck in an esophagus, but I did find a foley catheter with a balloon! My advanced clinical knowledge allowed me and my colleagues to run our own pediatric emergency room. My years of floor nursing experience were invaluable as I taped and safety pinned foleys into buckets for drainage, jury-rigged intravenous lines from “rope” made of tape, compounded pills into liquid using Tylenol syrup, treated the malaria and fever at once.

It broke my heart to see children dying from things so easily fixable. Did I strive to alter that end result? Yes, but sometimes control must be relinquished. Parents in Haiti want the same things as parents in the United States. They want happy, healthy children. Their available standards are set at different levels — it was a treat for many parents for their child to see a health care provider at all. Healthy newborn after newborn, toddler and child was brought to the ER or clinic with no real chief complaint. Parents wanted to hear they had a beautiful healthy child, that gas in a baby was normal, that seizures are not a result of the child having evil spirits. I could provide that information.

Every mother I met worried that since the earthquake, her child did not eat well and did not sleep and didn’t want to play. I couldn’t fix that, but I could explain that children experience trauma and anxiety, and in time, with their parents’ love and support, their child will hopefully start to get over those issues. The parents complained they felt the same way — I told them to just do their best and that there
were no real answers. In cases where I could provide medical intervention, I did that as well. Could I fix it all? No. Few parents expected to walk out of that hospital with their very sick child alive, and some didn’t; others, many others indeed, did.

Was my practice successful? By certain measures, it was not. There were high mortality rates and poor outcomes even with treatment. But was I successful in fulfilling a need? The answer is yes. Was I successful in making a child more comfortable, making a parent feel more reassured, did I use my assessment ability and clinical skill and judgment to treat ‘with perfection’ when I could with the resources I had? The answer is yes.

I would be remiss if I did not mention the select group of people I worked with, those who elected themselves to join such a mission because of who they were. They too were the perfect partners. Odd how the people I met days or hours before so easily developed trusting relationships and worked as a well coordinated machine — knowing each other’s moves and needs as if we had worked together for decades. We also reminded each other to care for ourselves as well as the patients — to take a two minute break, to drink water, to please try to eat something. Odd, yet so definable. We all had the same goal — to do our best for the Haitian people who are so in need.

I left with sadness for the Haitian people, yet I also left with gratitude. How lucky I was to be given the opportunity to be challenged in one more way which is perhaps the most important way to define success as a health care provider.

*Kara Ventura ’02, ’07 smiles with three Haitian children.*