



HÔPITAL ALBERT SCHWEITZER

HAITI

A YEAR IN REVIEW

BOARD LEADERSHIP, TEAMWORK STRENGTHEN HAS IN 2014

By Louis Martin



2014 was an exciting year at HAS, with progress on literally every front as we worked to save lives and improve public health in Haiti.

Strong Board leadership helped ensure our focus on doing the right things right. Per our Board-approved strategic plan, we tightened financial controls, adopted a new inventory management system, and, with a grant from the Hummingbird Foundation, deployed new technology to help improve communication among clinicians at our hospital and four community health centers.

With the help of donors who read here about our need for a new digital X-ray system, HAS was able to invest in such a system in 2014, bringing greater efficiency to diagnostic processes while greatly improving our ability to collaborate across departments and with colleagues elsewhere in the world.

A previously reported grant from the American Schools and Hospitals Abroad program of USAID enabled HAS to add new, light-filled space for patient care in 2014, transforming an area used previously for storage to an inviting, user-friendly pre- and post-operative suite.

HAS won significant accolades in 2014, including an endorsement by the Center for High Impact Philanthropy at the University of Pennsylvania (see p. 4 for details) and accreditation by the Better Business Bureau, which said HAS "meets all 20 standards for Charity Accountability."

We also won significant, new support from major foundations, such as the Ford Foundation and Flora Family Foundation (see p. 4), while business and civic leaders who recognize our impact helped introduce HAS to important new audiences (see p. 5).

HAS is poised for an equally exciting 2015. This year we aim to strengthen our ability to prevent premature death and illness in the region we serve with ambitious plans that address the realities we face (for example, more mothers who want to deliver their babies in a skilled birthing facility); and with continuous process improvements and associated technology improvements that will enable more efficient and more effective clinical decision making.

On behalf of all of us at HAS, thank you for helping make 2014 a stellar year. With your help, 2015 will be equally impactful.

Louis Martin is CEO of HAS.



The new HAS pre- and post-op unit is being used temporarily for obstetrics while the OB/GYN unit is being renovated.

EVENTS

WHITE *Hot* NIGHT 2015 SAVE THE DATE!

Mark your calendar! The second annual White Hot Night gala to benefit HAS will take place Thursday, April 2, 2015, at The Breakers in Palm Beach, FL.

For reservations and sponsorship opportunities, contact HAS Individual Giving Manager Samantha Daggett at samantha@hashaiti.org or at 412/361-5200.



2014 White Hot Night guest of honor Carolina Herrera, second from left, with event Co-Chairs Tom Quick, Louise Stephaich, and Anna Murdoch Mann.

BAY AREA BUSINESS, CIVIC LEADERS STEP UP TO SUPPORT HAS

HAS supporter Tom Perkins, founder of venture capital firm Kleiner Perkins Caufield & Byers, opened his stunning penthouse atop the Millennium Tower in San Francisco to introduce HAS to some 30 Bay Area business and civic leaders in September 2014.

Special guest Dr. Charles Morris, San Francisco cardiologist and HAS medical volunteer, and HAS Board Chairman John Walton shared their perspectives on HAS's many successes in improving public health in Haiti.

Among those in attendance: Nancy and Roger Boas, Carlyse and Art Ciocca, Ron Conway, Dr. Ralph Greco, Martin Koffel, Raymonde and Doug Kramlich, Dick Kramlich, Dr. Bill Meffert, and Steve Toben.

The event raised more than \$175,000 for HAS.



Kathy Daly, assistant to Tom Perkins, welcomes Flora Family Foundation President Steve Toben (left) and HAS Board Chair John Walton

NEW YORK RECEPTION DRAWS CURRENT, NEW HAS SUPPORTERS

HAS donors Joe Azrack and Abigail Congdon hosted a reception for HAS in October 2014 at their Greenwich Village townhome.

HAS CEO Louis Martin and HAS Board member Dr. Daniel Fitzgerald, spoke to the group about the challenges and opportunities in delivering healthcare in Haiti, and the progress HAS has made in its nearly 60-year effort to improve public health in collaboration with the communities we serve.

Among the 20 guests in attendance: David and Leslie Puth, Chaim Katzman, Dr. Stephen Nicholas, Anne Sidamon-Eristoff, Leila Shakkour and Mike Thorne, Nick and Nicholas Drexel, Hugh Locke, and Andrea Stephaich, as well as HAS Board members Jenifer Grant and Louise Stephaich.

The event helped raise more than \$26,000 for HAS.



From left, Louis Martin, Jenifer Grant, Dan and Jennifer Fitzgerald, and Leslie and David Puth

FIVE YEARS AFTER THE EARTHQUAKE

AN INTERVIEW WITH HAS MEDICAL DIRECTOR DR. HERRIOT SANNON

By Adriana LaMonte



Adriana LaMonte: This January 12 marks five years since the devastating 2010 earthquake that struck Haiti. How has HAS experienced the effects of the earthquake?

Dr. Herriot Sannon: We do not see many medical conditions that are secondary to the earthquake, like we saw in the immediate aftermath. However, we now have a much higher volume of patients – an increasing number of patients each year, in fact – largely because of post-earthquake population migration out of Port-au-Prince to the Artibonite region, where we work.

Additionally, there were many small non-governmental organizations that came into Haiti right after the earthquake that have already left. We may have absorbed some of their medical work.

Lastly, since the earthquake and in the past four years in particular, roads around Haiti have been improved. As these improvements happen, and as there are more cars and motorcycles on the road, the number of accidents increases. This has resulted in the need for HAS to treat an increasing number of traumatic injuries due to traffic accidents, which often require complicated surgical procedures and long lengths of stay for patients to recover.

AL: What do you think HAS has done particularly well in the aftermath of the earthquake?

HS: First, we did a very good job, despite very limited resources, to care for large volumes of patients in the weeks following the earthquake in 2010. Our staff gave and did all that they could at that time, which often meant working very long hours. We used every free space that we had, because many other hospitals were destroyed or damaged. We focused on emergency cases for the first few weeks, and then as soon as we could, we slowly re-introduced care for less acute cases. The fact that we continue to give exceptional care to this day despite growing patient volumes shows that we are a very important and effective healthcare facility.

AL: Are there any new services that HAS began providing as a result of the event?

HS: The prosthetics and orthotics (P&O) clinic was established very soon after the earthquake and was very important for the care of those who required an amputation because of injuries they suffered during the earthquake. We still operate this clinic today. While the patient load from the earthquake has diminished now that many already have a prosthetic device, we still see a significant number of those patients for follow-ups and adjustments. We now also provide these services for a more local population in need of prosthetics and orthotics. There is very close cooperation between the HAS P&O and physical therapy services, which helps ensure that patients recover and are able to lead independent lives.

AL: Can you talk about the impact of cholera on public health in Haiti and in the Lower Artibonite Valley region, which HAS serves?

HS: Unfortunately, cholera came to Haiti the same year as the earthquake. Since then, it has represented a very high cost for the country and for our region, which was the first area affected by the epidemic. With cholera, timing is critical; we must always have the right materials on hand and staff at the ready in case of an outbreak. Cholera can have an acute impact wherever it is present. All health facilities in Haiti, including HAS, must be prepared to bear the cost of treating cholera patients at any time. HAS still struggles to have enough staff dedicated to cholera treatment in case of an emergency, for example; if an outbreak strikes, nurses from another service will be called away to care for cholera patients. It is an economic strain, but a necessary one in order to contain and ultimately stop cholera one day.

AL: How would you say that HAS has performed in managing this public health problem since it first appeared in the country in 2010?

HS: The incidence of cholera has been decreasing in the past few years. While it is not only due to HAS, we have had some success. Among the cases that we have treated at HAS, we have seen very few fatalities due to cholera; those who died were in a compromised state (infants, elderly, or those already sick) and often

died from complications like hypokalemia (low blood potassium levels) or renal failure. HAS's network of community health workers helps to spread the word about cholera in the community to teach patients how to prevent it and what the symptoms are that should prompt them to seek treatment. Last year, we treated relatively few cases in the hospital, while our integrated community services division focused harder than ever on prevention.

AL: What lessons did HAS learn about disaster preparedness through its experiences following the earthquake? What changes has HAS made to ensure future preparedness?

HS: Before January 12, 2010, we did not have a fixed emergency plan in place. Since then, however, we have established one. It includes a system for appropriately documenting observations and treatment; a system

of color-coded wrist bands for patients to help staff prioritize patient care according to acuity; and a system for reaching our physicians and nurses as efficiently as possible, even when they are not on call, to ensure appropriate staffing levels.

AL: What is the biggest challenge you face at HAS today?

HS: Without a doubt, our biggest challenge is having enough qualified staff to meet the ever-growing demands on our hospital. We have a rather limited number of doctors – only 14 full-time – and nurses, all of whom work very hard for our patients. Our clinicians have very heavy workloads. Alleviating this problem would help to improve our overall quality of care, while ensuring that we are appropriately prepared in the event of another disaster.

Adriana LaMonte is Manager of Strategic Programs and Global Affairs at HAS.

HAS CONTINUES TO INSPIRE IN POST-EARTHQUAKE HAITI

By John Walton

Hôpital Albert Schweitzer Haiti (HAS) has served the people of Haiti since 1956, a long-term commitment that proved to be crucial five years ago when an earthquake virtually decimated the healthcare system in the country's capital city.

In the aftermath of the 2010 earthquake, HAS was one of the very few healthcare institutions in Haiti that had the ability to remain in continuous operation. The hospital provided lifesaving surgical care for many earthquake victims 24 hours a day, 7 days a week, and quickly established a much needed prosthetics clinic to help thousands who lost limbs in the disaster.

The 24/7 response to the earthquake by our Haitian medical team, strengthened by international specialists, was truly inspiring. Clearly, over the decades, HAS had acquired the experience and strong on-the-ground relationships needed to serve as a resource for all of Haiti in a time of crisis.

Equally inspiring today is our team's adaptability to the challenges of post-earthquake Haiti, where the need for our services has not diminished – in fact, just the opposite. Since 2010, the region served by HAS has absorbed more than 50,000 new residents who migrated from Port-au-Prince and elsewhere. This significant population growth (a jump of nearly 20 percent),

combined with new public health dangers, such as the emergence of cholera and the increasing incidence of road traffic accidents, has presented ongoing, daily challenges for the past five years. With resources stretched to capacity, the team at HAS nonetheless continues effectively, with greater dedication than ever.

As we look to the future, the Board of HAS is committed to ensuring that our hospital and community health services will remain, grow stronger, and rise to any and all future challenges. With the help of supporters and partners like you, and in collaboration with the communities we serve, HAS will continue to serve as a resource in times of crisis, and will continue efforts to improve public health and the quality of life for those living in the Artibonite Valley. With your help, HAS will be there to provide that critical safety net of services that, in many cases, means the difference between life and death.

Happy new year, and thank you for your generous support.

John Walton is Chairman of the Board of HAS.



HAS WINS MAJOR FOUNDATION GRANTS

HAS won major grants from the Ford Foundation, the Flora Family Foundation, and the Hummingbird Foundation in the fourth quarter of 2014.

A \$200,000 Ford Foundation grant supports efforts to expand the reach of reproductive health services and education to adolescent girls in Haiti. A two-year \$90,000 grant from the Flora Family Foundation provides general operating support, and a \$125,750 grant from the Hummingbird Foundation supports water and sanitation projects, as well as HAS community health efforts to help prevent illness and premature death.



ACCOLADES FOR ADDRESSING ROOT CAUSES OF ILLNESS, POVERTY

The University of Pennsylvania's Center for High Impact Philanthropy recently cited HAS as one of the high-impact organizations to support for donors who aim to address root causes of ill health and poverty.

On its website, <http://www.impact.upenn.edu/>, the Center encourages donors to "support community-based primary health systems — a proven, cost-effective way of bringing health services to even the poorest

communities." Published during the fourth quarter of 2014, the Center's report aims to guide donors during the year-end giving season.

"Around the world, the end of the year marks a time of reflection, celebration, and giving," said Carol McLaughlin MD, MPH, MSc, and Research Director – Global Public Health at the Center for High Impact Philanthropy. "Our hope is that by doing some of the legwork for donors, we help make this surge of year-end giving the start of year-round impact."



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