



2018 Annual Report

Fiscal Year 1/1/18 - 12-31-18



**PRIMARY CARE
HAITI**
www.primarycarehaiti.com

MEDICAL TRAINING PROGRAM IN HAITI

OUR GOAL IS TO CHANGE THE HEALTH PARADIGM IN HAITI ONE LIFE AT A TIME

We are an all volunteer, non faith-based, non-profit organization made up of doctors, ARNPs, PAs, nurses, paramedics, and community organizers. We are committed to changing the healthcare paradigm in Haiti toward a focus on primary care, emergency response training, and community education. We raise and distribute funds for educating Haitian healthcare professionals on preventative care and emergency training, providing Basic Life Support and Advanced Cardiac Life Support classes, and for distributing much needed medical equipment in rural Haiti.

IRS Status:

501(c)(3) Non-Profit

Date of Incorporation:

March 30, 2017

2018 Board Members:

Jennifer Goldman, DO, Co-President,
Co-Founder, Primary Care Haiti

Kissinger Goldman, DO.MBA, Co-President,
Co-Founder, Primary Care Haiti

Marie Evelyne Moise, MD, Vice President

Joanne Cancelmo, CPA, Treasurer

Simon Serrao, Secretary

“ WHOEVER SAVES A LIFE, IT IS CONSIDERED AS IF THEY SAVED AN ENTIRE WORLD. ”

Education

With your help, we can continue - and expand - our life-saving work.

Each year, Haitian medical students and nursing students travel long distances to learn with us. Their passion and excitement for learning not only fuels our mission, but ensures that the work we do will be integrated in the fabric of healthcare in Haiti. In fact, many of the medical and nursing students we trained are now teaching others and providing the day-to-day quality healthcare relied on by so many. With your support, we can reach even more people, provide more training, and bring more supplies.

Primary Care Haiti distributes donated medical equipment and educates Haitian doctors and nurses working in rural towns. We concentrate on preventative medicine, specifically physical exam skill, cervical cancer screening and the management of chronic diseases like high blood pressure. We also teach rapid-response skills needed for Haitian healthcare professionals to be ready for any emergency.



Support Our Work

Every donation helps change the healthcare trajectory of a Haitian family for generations. Every donation helps educate Haitian medical providers and provides critical medical equipment such as defibrillators, EKG machines, and technology to detect and treat a range of conditions. **Help us provide critical medical equipment and training to healthcare systems outside the capital of Haiti.**

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Our 2018 Accomplishments

2018 was a phenomenal year for Primary Care Haiti. We travelled in January and June 2018 to L'Hopital Bienfaisance, Pignon. Haiti's healthcare system is lacking in primary care and emergency medicine. Cervical cancer, which is preventable, is still the number one cause of cancer in Haitian women. There is no coordinated Haitian emergency medical system. Our organization is focused on educating Haitian physicians, nurses, and other medical professionals on the skills necessary to prevent disease and respond to emergencies around the country. Thanks to your donations, we accomplished the following:

January, 2018 Medical Training Trip to L'Hopital Bienfaisance, Pignon:

Training Session Summary:

- **Adult Emergency Courses:**
ACLS, BLS, IV access using ultrasound, Management of shock
- **Pediatric Emergency Courses:**
PALS, Foreign body removal, Management of shock
- **Neonatal Intensive Care Unit (NICU) Training:** Nursing Care in the NICU, Nursing documentation, NICU medical equipment utilization
- **OB/GYN:**
OB Ultrasound course, Mobile colposcopy training with acetic acid and lugol's solution to screen for cervical cancer, mobile thermocoagulation to treat CIN 1-3 (precancerous cervical cells)
- **Information Technology:**
IT staff training, IT infrastructure setup and update, internet optimization, new AV system setup, wireless network optimization

Patients Treated:

60 colposcopies
25 OB ultrasounds
10 thermocoagulation treatment of cervical pre-cancer

Attendees:

(From seven regions of Haiti)
50 nurses
20 doctors

Special thanks to our January, 2018 Training Trip Volunteers:

Kissinger Goldman, DO.MBA - ER Physician
Jessica Berg, MD - OB/GYN Physician
Micheyle Goldman, DO - Pediatric ER Physician
Terry Ann, MD - Pediatric ER Physician
Adriana Herrera, MD, MPH- Internal Medicine and Pediatrics Physician
Francesca Onyejuruwa, Mother/Baby Nurse, RN
Margalie Mathurin, Mother/Baby Nurse, RN
Greg Jean Charles, ER Nurse, RN
Mike Rodriguez, Paramedic
Rich Weaver, IT specialist
Joshua Prezant, Photographer
Hannah Goldman-Daleo (high school student)
Max Rabil (high school student)
Jennifer Goldman, DO Family Physician- (coordinator at large)



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June 2018 Medical Training Trip to L'Hopital Bienfaisance, Pignon:

Training Session Summary:

- **Emergency Courses:**
Triage, ACLS, BLS, Pediatric Advance Life Support, Mass Casualty Management
- **Ultrasound Courses:**
Obstetrics & Gynecology, Echocardiography, Thyroid, Abdomen (Gallbladder, Pancreas, Liver, Kidneys, Aorta, Spleen), Upper & Lower Extremity Venous and Arterial
- **Cervical Cancer Diagnosis & Treatment:**
Mobile Colposcope use and training, Thermocoagulation training. Over 500 women screened for cervical cancer
- **Pharmacy:**
Common side effects from commonly used antibiotics in Haiti, Importance of dispensing and timing of medications, Medications used in the management of diabetes & hypertension
- **Information Technology:**
IT staff training, IT infrastructure setup and update, Installed hard wired networked routers in the conference room and dorm, Installed network switches and designated zones throughout the campus, Installed network cable in the new Church building, Set up workstations in the library and connected to fiber optic internet and shared internal network, Connected all printers throughout the campus to a central network share

Patients Treated:

More than 500 patients screened for cervical cancer.
20 diagnostic ultrasounds performed.
Thermocoagulation performed on patients who screened positive for cervical cancer.

Attendees:

More than 60 healthcare providers from various regions of Haiti.
Nurses, Doctors and Ancillary staff.
Extra training provided to representative from HAS who would be in charge of training other healthcare providers who were not present at our training sessions.

Special thanks to our June, 2018 Training Trip Volunteers:

Camille Phaire Morton, RN, ACLS, BLS, PALS Certified Trainer, EMS course director
Jennifer Goldman, DO, Family Physician, Cervical Cancer Screening Course Director
Catherine Voltaire, Ultrasound Technologist, Ultrasound course director
Georandy Bernard, Pharmacist, Pharmacy Course Director
Kissinger Goldman, DO Emergency Physician
John Voltaire, CT Technician, Translator
Richard Weaver, IT Specialist, IT Course Director
Gregory Jean-Charles, ER nurse
Woodley Bernard, ER Nurse
Brittany Bernard, College Student Volunteer
Shaina Jerome, PA Student, Translator
Tahani Hayles, College Student Volunteer



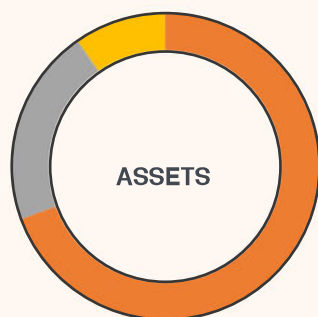
Financial Summary

January - December 2018

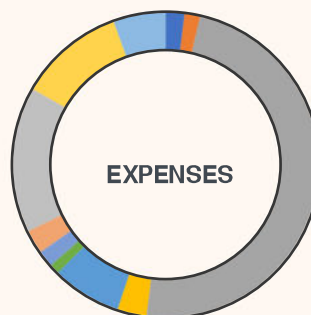


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	TOTAL
ASSETS	
Donations	21,489.07
In-Kind Donations: Medical Equipment	6,476.00
In-Kind Donations: Shipping	3,000.00
Total Income	\$30,965.07
Gross Income	\$30,965.07
EXPENSES	
Bank Charges & Fees	635.00
Fees for non-profit papers in Haiti	520.00
Medical Supplies and Materials Purchased for Training Missions	15,357.87
Meeting Expenses	981.69
Office Expenses	2,338.69
PayPal Fees	337.63
Program Service Activities	556.48
Repairs & Maintenance	800.00
Room and Board in Haiti - Paid by PCH Volunteers	4,900.00
Shipping expense	3,565.04
Website maintenance and hosting fees	1,764.91
Total Expenses	\$31,757.31
Net Operating Income	-\$ 792.24
Net Income	-\$ 792.24



- Donations
- In-Kind Donations: Medical Equipment
- In-Kind Donations: Shipping



- Bank Charges & Fees
- Fees for non-profit papers in Haiti
- Medical Supplies and Materials Purchased for Training Mission
- Meeting Expenses
- Office Expenses
- Paypal Fees
- Program Service Activities
- Repairs & Maintenance
- Room & Board in Haiti - Paid by PCH Volunteers
- Shipping expense
- Website maintenance and hosting fees



Financials

Every single donation helps change the health-care trajectory of a Haitian family for generations. Every donation helps educate Haitian medical providers and provides critical medical equipment such as defibrillators, EKG machines, and technology to detect and treat cervical cancer

Each year, Haitian medical students and nursing students travel long distances to enhance their medical training in the Haitian countryside. Their passion and excitement for learning not only fuels our mission, but ensures that the work we do will be integrated in the fabric of healthcare in Haiti.

In fact, many of the students we trained are now the ones teaching and training the next generation and providing the day-to-day quality healthcare that so many rely on. Our work saves lives, and thanks to your support, we can reach more people, provide more training, and bring more supplies.



“ I was part of the January 2018 team. The trip was gratifying , we gave as much as we received from the people in Pignon. This organization shares medical knowledge with the Haitian healthcare providers which makes it possible to empower them to help themselves by sharing this newly acquired knowledge with their peers. Its the old saying of "teaching a man to fish rather than to continue proving the fish" One of my biggest takeaway from this organization is the sense of accountability. Every item donated was accounted for and used to meet the community needs. I plan to go back.

-Francesca Onyejuruwa

“ In Kind” Gifts:

A special thanks to our in kind donors:

- DHL,
- Memorial Healthcare System,
- Jessica Berg, MD, DHL,
- The City of Miramar,
- Probo Medical

Thank you to all of our 2018 donors.

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Summary of 2019 Pignon Trainings

Since Primary Care Haiti (PCH) began our training trips in 2016, we ask all of our hospital partners in Haiti to provide us with a summary every 6 months on the ongoing trainings and medical tests being performed as a result of our train-the-trainer model and equipment donations. L'Hopital Bienfaisance in Pignon (HBP) is a prime example of this partnership. HBP physicians and nurses have established a schedule of regular refresher courses on emergency response (BLS, ACLS, PALS), Pharmacy, Information Technology, Sonography, and Cervical Cancer Screening. At the end of 2018, HBP physicians and nurses had organized over 8 refresher courses in emergency medicine, led by the medical professionals who were trained only months earlier by PCH volunteers. In addition, HBP physicians and midwives have performed over 286 colposcopies since the initial colposcope was donated by Primary Care Haiti in 2017, and have performed over 5000 pap smears! Finally, HBP physicians and midwives performed 870 ultrasounds in 2018 and 601 ultrasounds from January to June 2019, using the ultrasound machine donated by Primary Care Haiti (prior to receiving the ultrasound machines donated by PCH, HBP physicians had only performed a total of 68 ultrasounds in 2016).

A tremendous thank you to Dr Marie Evelyn Moise, Dr Guy Theodore, and the entire leadership team at L'Hopital Bienfaisance Pignon, for ensuring that the trainings continue, that the medical equipment donated is well cared for and regularly utilized, that diligent record keeping is performed, and that reports are sent in every 6 months!

Your generous donations have made all of this possible and have resulted in countless lives saved. Thank you!

For BLS, ACLS, PALS, PAP tests the 2 years reports of training and use are complete: Besides the dates given below, there are mock organized on a monthly basis.

In Summary:

BLS (June 2016-June2018) 2 YEARS REPORT COMPLETE (June2018)

By PCH : June 2016-June 2017-January 2018-June 2018)

By HBP : November 2016- November 2016 -February 2017 -August 2017-November 2017 (mock)-March 2018-July 2018-September 2018

1. ACLS and PALS (June 2017-Jan 2019) 2 YEARS REPORT COMPLETE (January 2019)

By PCH: June 2017-January 2018-June 2018

By HBP: November 2016 (ACLS)-March 2017 (ACLS) Then ACLS and PALS: September 2017-March 2018-July 2018-September 2018-December 2018 (HBP) Dr Monestime.

2. COLPOSCOPY

By PCH: June 2017 (Dr J. Goldman)-January 2018 (Dr Berg)-June 2018 (Dr J.Goldman)

By HBP: June 2018 (Dr Cuvier, Miss Romelus)

For colposcopy, there is an ongoing process with tests being done on a regular basis for patients so the staff increase performance and train staff members residents and students in rotation atHBP.

By HBP: June2018-Jan 2019 (Dr Cuvier-Dr Etienne, Miss M. Romelus) : Ongoing Process for tests and education. Nb of tests to date : 286



3. WOMEN HEALTH PAP TEST : 2 YEARS REPORT COMPLETE (June 2017). Screening and management of cervical cancer programs in place at HBP since 2013

By PCH: May 2015 (Dr J. Goldman and PCH team)-June 2016 (Dr J. Goldman and PCH team) June 2017 ((Dr J. Goldman and PCH team)-June 2018 ((Dr J. Goldman and PCH team)

By HBP: Since 2013: Screening and management of cervical cancer programs: there is an ongoing process with tests being done almost every day for the patients, so the staff increase performance and train other staff members and students in rotation at HBP. (see detailed report). We performed more than 5000 PAPs over the last 6 years.

4. SONOGRAPHY

By PCH: January 2018 (Dr Berg)-June 2018(C. Voltaire)

By HBP: November 2016 (Dr Woods) – Emergency Ultrasound .February 2018 (Dr A.Polson) - January 2019 - (Dr Michael Mickman)

Nb of Sonographies done January 2018-December 2018 : 870

Jan to June 2019 : 601

For sonography there is an ongoing process with tests being done almost every day for the patients so the staff increases and train other staff members and students in rotation at HBP.

5. I.T

By PCP: We have been very blessed with the training done by Rich Weaver of PCH. January 2018-June 2018

By HBP: The IT tech trained are using and improving the acquired skills on a regular/daily basis. They assist colleagues and staff members who need help in I.T. This is an ongoing process.

June2018-June 2019: Ongoing process.

6. PHARMACY

By PCH: June 2018

By HBP: Pharmacists trained are using and improving the acquired skills on a regular/ daily basis. They share knowledge with staff and students in rotation

June2018-June 2019: Ongoing process

Summary Report

PAP TEST	2YEARS REPORT- COMPLETED	June 2016-June 2018
BLS	2YEARS REPORT- COMPLETED	June 2016-June 2018
ACLS and PALS	2YEARS REPORT- COMPLETED	Nov 2016-January 2019
COLPOSCOPY	COMPLETED	June 2017- June 2019
SONOGRAPHY	TO BE COMPLETED	Jan 2018-Jan 2020
I.T	TO BE COMPLETED	Jan 2018-Jan 2020

Medical Mission to Pignon, Haiti (Participatory Letter)

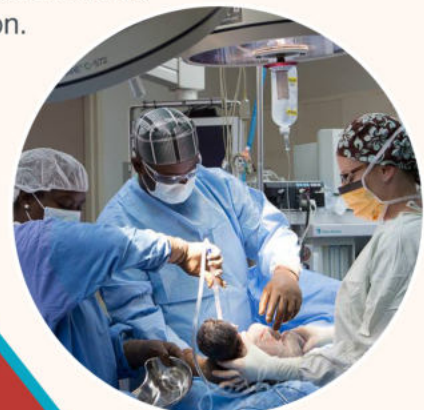
By: Hannah Goldman

In January 2018 I participated in a mission trip to Pignon, Haiti with Primary Care Haiti. Dr. Kissinger Goldman, who was born and raised in Haiti, and his wife Dr. Jennifer Goldman, founded this organization to bring training and medical equipment to healthcare providers in the rural towns of Haiti. The organization focuses on preventative and emergency care in areas such as physical exam skills, cervical cancer screening, and managing chronic diseases. The mission team consisted of experts in emergency medicine and trauma, pediatric emergency medicine, pediatric internal medicine, neonatal intensive care, obstetrics and gynecology, and information technology. The group traveled to Hopital Bienfaisance to provide courses in gynecologic screening and ultrasound use, as well as PALS, BLS, ACLS, and NRP. As a participant on the trip I assisted in delivering these courses as well as observing and participating in patient care in the hospital and in a mobile clinic, which was held in a school about 30 minutes by car from the hospital. One of my responsibilities was collecting, organizing, and carrying medical supplies to the location in my luggage and helping set up the training stations. While attending these classes I was able to practice my intubation skills as well as learn how to place intravenous and intraosseous lines.

Dr. Painson, the hospital's general surgeon was kind enough to let me shadow him for a day, during which I was involved with the clinical management of a trauma patient with tetanus after a motorcycle accident. We also rounded on several of his patients, one of which required a thoracentesis to treat her pleural effusion that I was able to assist Dr. Painson in performing.

Dr. Jessica Berg, our OBGYN taught the local Dr. Joseph and his nursing team how to use the colposcope and thermocoagulator Primary Care Haiti donated to identify and treat cervical lesions and cervical cancer. While rotating with Dr. Berg I observed approximately 60 colposcopies over the duration of the trip on women of all ages. About 15% of these patients required intervention in the form of the thermocoagulator, which stops the progression of the cancerous lesions by burning the surface of the cervix. Primary Care Haiti also donated an ultrasound machine that Dr. Berg taught the staff how to use to perform prenatal exams. Women lined up out the door for this, as well as the colposcopies. All of the patients had never had an ultrasound before and we had the pleasure of informing them of the sex of their baby as well as their due date. We ended up inducing one of the mothers as her baby measured over 41 weeks; the computer did not even register the head measurements! After her labor did not progress Dr. Joseph and Dr. Berg decided a C-section was the best course of action.

During the cesarean section I was able to observe from beside Dr. Berg from start to finish and visualize all of the internal anatomy. Unfortunately after the baby was delivered we discovered that he likely had dwarfism and/or a trisomy condition. It was at this time that I witnessed my first resuscitation. After the nurses failed to get the baby to cry and he became hypoxic, the mission's pediatric team rushed to help. We discovered that the post op crash cart was severely lacking in supplies; not only pediatric supplies, but also adult.



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From there I rushed around the hospital to procure our translator, epinephrine from the ER, and endotracheal tubes and suction from the pediatric training seminar, earning a few strange glances as I sprinted still in my gown, cap, and mask. While the team worked hard on our patient I kept time and after several rounds of epinephrine, compressions, and intubation, we exhausted all our options and we were forced to call time of death.

Fortunately, the next two deliveries I observed, one vaginal and one cesarean, both resulted in healthy babies. During these subsequent deliveries I witnessed practices different than those in the US. For example the nurse, not the doctor who was only there to monitor the baby's heart rate using a fetoscope or a fetal stethoscope, which is not often seen in the US, performed the vaginal delivery. Another procedure witnessed was a midline incision following a previous incision line from a C-section done in the Dominican Republic. In the United States cesarean sections are performed using a pubic incision, which runs horizontally along the lowest region of the abdomen.

While we were there 3 premature infants were born at 28, 32, and 33 weeks. The youngest was not even born in the hospital; her grandmother by way of motorcycle brought her in. We learned that the hospital has quite a few preemies every month, and yet they only have one incubator and the "pediatric wing" is only a small room with two open external doors. This incubator, which had no functioning lamp and doors that had to be taped shut, was allocated to the youngest. The other two were placed in beds wrapped in towels because they had no baby blankets. One of them did not even have a heat lamp because there were only two. They also did not have infant nasal canulas and were using adult sizes, which we were able to replace with pediatric ones we brought. Due to a lack of supplies we lost the baby born at 32 weeks while we were there.

This mission trip not only solidified my desire to go into medicine based on how much I enjoyed the patient care, but also created an aspiration to bring medical care to those who are not as fortunate as us here in the United States. While performing colposcopies we diagnosed a patient with invasive cervical cancer, which cannot be treated with thermocoagulation, only radiation, which is not offered in Haiti. The patient's only hope for survival would be traveling to the Dominican Republic for treatment, a trip and treatment that she likely couldn't afford. Seeing this patient, as well as losing the two infants due to lack of supplies, equipment, and knowledge, opened my eyes to the dire situation in many countries.

Upon our return home we all started gathering more supplies to bring and I have even joined the Primary Care Haiti committee in the volunteer organization division. Though I knew before the trip that people around the world faced a life without basic healthcare, it is hard to truly comprehend the extent until you witness it first hand. I look forward to going back next year to continue volunteering and assisting in any way I can and hopefully participating in many more medical missions around the world as I move through and complete my medical education.



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