



The CRUDEM Foundation, Inc.

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Contact:

Peter J. Kelly, M.D.— President

Denise Kelly— Executive Director

## HELPFUL HINTS MEDICAL VOLUNTEER SUPPLEMENT



Dear Friends,

Thank you for sharing the Crudem Foundation's mission of serving the sick and poor of northern Haiti. You will come to love and admire these remarkable people. I hope that you will find your trip rewarding in many ways. Please join our Yahoo Group "crudemvolunteers" or contact Peter Kelly or me if we can be of help to you.

Please take time to get to know the Haitian staff. A collegial manner will encourage fruitful interaction. They have a lot to offer us, including expertise in tropical diseases, local epidemiologic knowledge and insight into the social and economic conditions affecting the population. They are friendly and gracious when treated with the respect they deserve. If you have the opportunity, please take time to schedule lectures or grand rounds with the staff to provide continuing education. This can be arranged through the medical director's office before or during your visit. You can contact Dr. Harold Previl at [haroldprevil@yahoo.fr](mailto:haroldprevil@yahoo.fr).

Please consider using any of your team's excess baggage capacity to bring donated pharmaceutical samples. The pharmacy is grateful for donations. Insulin, statins and angiotensin-receptor blockers are particularly valuable.

William B. Guyol, Jr., M.D.

Medical Committee chair

### **JOIN THE GROUP!**

A volunteer site has been created on yahoo groups. The site provides a way for volunteers to share their experiences and ideas, ask questions, and get to know each other. The master calendar of visits can also be viewed. To access this group, visit [www.yahogroups.com](http://www.yahogroups.com), search for "crudemvolunteers" and join the group.

This booklet supplements the general Helpful Hints and will hopefully orient medical volunteers and assist in the planning and preparation of their visit.

## **GUIDING PRINCIPLES**

The same principles that guide the practice of quality medical care in the United States are to be followed while practicing medicine at Hôpital Sacré Coeur. The certification and credentialing for surgeons as well as the rules and regulations governing activity in the OR and hospital is the same as in the US. An active license to practice is needed for surgeons over the age of 70 and privileges are to be considered on an individual basis annually by the Medical Committee of the CRUDEM Board.

## **OVERVIEW**

Hôpital Sacré Coeur (HSC) is a 73 bed hospital in Milot, Haiti with two operating rooms, outpatient clinics, an on-site full laboratory, pharmacy, labor and delivery room, pediatric wing, and blood bank. The hospital offers full maternity services, a Filariasis Project, HIV/AIDS prevention and treatment program including the prevention of mother-to-child transmission, and a children's nutrition center for malnourished preschoolers. Outreach is done through the Community Health Services department. At the present, nine public health nurses and thirty three "health agents" serve the region and reach over 150,000 people in the

outlying area with vaccinations, pre-natal care, basic hygiene, nutrition training, and treatment of HIV/AIDS, tuberculosis, malaria and filariasis. The hospital is one of only 2 locations in Haiti treating entire families including children with antiretroviral drugs. These are provided at no cost to the patients through the AIDSRelief consortium. HSC has the great distinction of being named a Reference Hospital (an official referral site) by the Haitian Ministry of Health.

It is estimated that in Haiti 60% of the population, particularly in rural areas lack access to basic healthcare services. Statistics show that in Haiti there is one doctor to every 10,000 inhabitants. HSC serves a population of 225,000 people. In 2008, Hôpital Sacré Coeur treated over 56,000 people on an outpatient basis and performed over 1,000 surgeries. It had over 4,000 hospital admissions and 1,262 newborn deliveries. There is no other pharmacy or laboratory in the area, so last year the hospital filled 136,000 prescriptions and completed over 77,000 lab tests. In addition, the hospital served an average of 24 children per day in its Nutrition Center program and provided almost 2,000 patient visits through the Mobile Clinic project.

As you know, Haiti is the poorest country in the western hemisphere with approximately 80% of the population living in dire poverty. Hôpital Sacré

**Coeur has been a beacon of hope for the people of Northern Haiti for the past 23 years. The hospital currently serves approximately 65,000 patients onsite annually and reaches 150,000 with vaccinations, prenatal care and other community health services.**

**Extreme poverty spawns a challenging clinical climate. Life expectancy in Haiti is the lowest in the Western Hemisphere. For women, it is 54 years, for men 51 years. Infant mortality before age one is 76 deaths per 1,000. Malnutrition affects 35% of children under the age of five. 118 children out of 1,000 die before reaching the age of five. 1 out of every 14 children never reaches a first birthday. The incidence of diseases ranging from intestinal parasites to HIV-AIDS is extremely high. Only about 71 percent of the population has access to safe drinking water and only 34 percent has access to sanitary sewer systems. A high incidence of diabetes is also present.**

**Due to poverty, it is not unusual for patients not to comply with their prescribed medications. General nutrition and hygiene practices are challenging due to very nature of the environment. Many patients walk for hours to reach the hospital. Frequent trips for routine or follow-up care are not to be assumed. Often, patients present with advanced disease.**

**The value of medical care is not always wholeheartedly embraced. Voodoo is still practiced widely in Haiti. Be it by belief, tradition or a hedging their bets, it is not unusual to discover that patients not only consult the hospital for care but their local Shaman as well. They may be given a variety of herbal concoctions, all dubious, some deadly.**

## **LABORATORY**

**The laboratory offers a long list of diagnostic tests at an affordable cost, some of which are not available in other parts of Northern Haiti. The current list of tests offered is included in this booklet. The laboratory facilities at HSC are outstanding by any developing country standards but Haiti IS a developing country and costs and availability are always factors. PAP smears, pathology-reports, cultures and hemoglobin A1c's are not available. Please consult with the HSC Medical Director prior to requesting tests that are not on the current menu.**

## **BLOOD BANK**

**In the spring of 2005, the hospital began operating a blood bank, serving patients from area dispensaries and a smaller area hospital. The Red Cross provides the hospital with the necessary equipment, supplies,**

staff training and funds required to pay the salary of one technician.

## **STAFF & TRAINING**

Not only is the hospital providing much needed medical services to the people of the region, but it is also the region's largest employer, providing 247 jobs at present both medical and non-medical. We are paying a living wage in a country where more than two-thirds of the labor force does not have a formal job.

We are training Haitians to run their own hospital and care for their fellow Haitians. Dr. Bernes Chalumeau, a Haitian Physician, is the Executive Director of the hospital. This is the ideal situation for a country like Haiti, which desperately needs this generation and a next generation of proficient health care workers, administrators, managers, and professionals.

At present there are two full-time internists, two general practitioners, two family practitioners, two full-time and one part-time pediatricians, one part-time and three full-time obstetricians, one part-time ophthalmologist, two part-time surgeons, three anesthetist nurses, three pharmacists, dentist and three full-time residents. There are 90 people on the nursing staff, 78 of whom are full-time, including the nursing services director, 5 nursing service

managers, 44 staff nurses, 11 midwives, 9 Public Health nurses, 16 nurse auxiliaries, and 4 nurses' aides. In addition, the laboratory has a staff of 13 technicians.

## **BEFORE YOU TRAVEL**

Medical team leaders should contact Dr Peter Kelly to schedule their team visit. Once the date has been approved, preparations can begin. Please refer to our Helpful Hints booklet for information on booking flights, items to bring, details on accommodations and so on. Registration with CRUDEM is essential and the Catholic Medical Mission Board provides free insurance to all volunteers traveling to CRUDEM that are registered with them. Deb Payne-Motyl will provide all of the necessary information and forms, credentials and travel information should be sent to her. The medical team leader should also contact Islane Raymond, on-site at Hopital Sacre Coeur. She will be responsible for arranging airport pick-ups, organizing clinics, etc.

## **PATIENT SCREENING & SCHEDULING**

Once the hospital is aware of your travel dates and specialty they will begin scheduling patients for your visit. An interpreter for scheduling of surgical cases will assist you in the outpatient clinic. These patients

will then see an internist for a medical clearance prior to surgery. All patients need an evaluation by one of the resident medical staff prior to surgery. You will find this most helpful because of their expertise and our obvious language barrier. Each case will be considered on an individual basis in accordance with established protocol.

At the time of the surgical consultation, the surgeon, with the assistance of an interpreter, must take the time to listen to the history and explain to the patient all the risks and consequences of the procedures. S/he must assure that the patient fully understands the information and s/he is in accord and gives consent voluntarily.

The decision to operate on a patient with a tropical disease must be made in consultation with one of the staff, who has more experience in this area.

Patients should not go to the Surgical Suite without having been first screened by an internist and/or anesthesiologist.

If a surgical candidate has a co-existing condition that necessitates that the surgery be deferred, please inform the nurse in charge of the specialty clinics so that she may reschedule the procedure.

The surgical candidate must be clearly informed by the nurse in the clinic of the method of payment for the surgical intervention and describe exactly what

the fee does and does not include.

The nursing staff from the specialty clinic is responsible for helping the surgical candidates understand the physical and psychosocial consequences of the surgical procedure.

No surgeon will perform an operation if s/he cannot assure post-operative follow-up. Visiting medical staff must make arrangements with the staff physician who will assume the follow-up care of their cases. The more difficult cases or those anticipated to have complex post-op courses should be performed at the beginning of the volunteer's stay.

The number of cases that may be performed is a function of the number of beds available on the in-patient service. The number of cases should not exceed 30/week. In cases of emergency, the Medical Director can intervene, arbitrate and decide.

Patients are admitted to the hospital the evening prior to their surgery. Because bed space is limited, the preoperative stay should not exceed 24 hours under ordinary circumstances. Surgical review of the medical record by the surgeon and anesthesia with legibly written preoperative orders should be carried out the evening prior to surgery whenever possible. If there is a late admission, this may need to-be done the next morning.

## **PRE-OPERATIVE ADMISSION AND PREPARATION**

After pre-operative screening has been satisfactorily completed, and it has been determined that the patient is a suitable candidate for surgery, the patient is admitted to the in-patient department where the immediate pre-op and pre-anesthesia preparation is executed by the nursing staff. All surgical candidates must be prepared for surgery by the staff of the specialty clinics.

The nurse responsible for the care of the surgical candidate must assure that the pre-operative preparations have been completed prior to sending the patient to the Operating Room.

Upon admission all patients must sign a consent form and if possible, be witnessed by a closely related family member. All candidates for general anesthesia must have an open venous line with the appropriate IV solution started on the service to which the patient was admitted.

The evening before a laparotomy procedure, at the preference of the surgeon, a cleansing enema may be administered on the admitting unit.

The nursing staff of the admitting unit administers the pre-anesthesia medication.

Before the patient leaves for the Operating Room, the patient must, again, be formally informed by the nursing staff of the nature of the surgical procedure they are about to undergo. This is a supplementary precaution to assure that the patient has not changed his/her mind.

All pages of the patient's medical record must be clearly identified with name, dossier number and date. All sheets of the medical record (orders, notes, operative procedure and others) must be clearly and legibly filled out and be understandable to the staff providing care. The medical record must accompany the patient to the OR and include all laboratory results.

Surgery begins at 8 am and concludes before 4 pm to give staff a chance to catch the bus back home. A limited night shift is available to help after 4 pm.

It is not uncommon for a patient to fail to show up for surgery. You need to keep this in mind in the scheduling process.

One operating room needs to be kept available for emergencies. Both operating rooms can be used, but one case must be finishing before starting another case in the second operating room.

Larger, more complicated cases should be done as soon as possible, leaving your last few days for more minor surgeries.

If you see a patient whose surgical procedure should be performed in the US and you are willing to make those arrangements, the patient and family will be responsible for obtaining passports. The clinic staff can give them guidance and see that the patient has a return appointment for follow up. Once the passports are obtained, plans can be completed for coming to the US.

The OR staff request that the surgeon provide a list of instruments and medical supplies prior to surgery to the operating room staff. This will help the operating crew function more efficiently.

It is important that the surgeon complete all paper work (history and physical, op notes, pre- and post-op orders) at the appropriate time. The OR nurse will help provide the proper forms to the surgeon at the time of surgery. Please write notes that are legible in the correct section of the chart.

## **OPERATING ROOM PROTOCOLS -** **SURGEON**

**The surgeon is responsible for verifying the correct surgical site on the patient immediately prior to surgery.** Only a surgeon who is qualified in a particular specialty (credentialed-license specialty training) can participate in an operative case.

No surgeon is to perform an experimental procedure or a procedure for which s/he is not credentialed.

The surgeon has responsibility to uphold all the generally accepted principals and standards of care for protection of the patient.

Any additional procedures must be discussed with the patient prior to the intervention and noted in the chart.

There must be sufficient time between cases to allow the staff of the OR to turn the room around.

In the rare event that evacuation of the patient is necessary; the Medical Director and hospital staff will make all the arrangements. The cooperation of the attending surgeon is, of course, assumed.

As in the US, the primary responsibility for visitors in the OR is left up to the discretion of the attending surgeon. Preferably the visitors will be medical, in limited number and dressed appropriately in scrubs. Only the qualified observers, like Residents and Attending Surgeons, can actively participate in the

surgeries. The patient should be asked to sign a form allowing observers and the taking of photographs for educational purposes in the OR.

## **POST-OPERATIVE PROTOCOLS**

Be sure to fill out the procedure performed on the printed surgical format sheet to help with the billing process.

The Medical Director is responsible for assigning someone to perform follow-up of your cases two days prior to your departure.

When making daily rounds, the supervising nurse on the ward will see that your charts are gathered and placed at the bed of your patients and s/he will make rounds with you. It may be advantageous to have an interpreter with you on rounds. It is most important to write clearly and legibly when making notes and orders so that the nursing and resident staff knows how to care for the patient. This is particularly important before you leave and when follow-up appointments are necessary.

## **ADDITIONAL OR NOTES**

Sterile technique is attempted at all times. There are challenging issues to be aware of during your trip. Scrubs are readily available and laundered on

the premise but shoe covers are limited. The OR lacks screens and there are no light handles. The OR sink serves both operating rooms. If you need to go from one OR to the other, you must walk through a hallway and use a handled door. It is advisable to have someone with you to open the door. The sinks need to be manually shut off; there is no knee push. There is a recovery room, which closes after the daytime cases are finished. No separate ICU is available.

Cautery is often used. Retractors are available on request. Saddle anesthesia is not uncommon. If planned ahead, an extra anesthesia person can be brought in. There is air conditioning in the OR.

If you would like to talk with other physicians in your specialty, who have worked as medical volunteers at HSC in the past, the CRUDEM Medical Volunteer Coordinator can arrange contact.

Prayers are always appropriate before surgery, either silent or vocal. 6:30 morning Mass is a pleasant mile walk into the village of Milot. If you leave at 6 AM, you can be back for breakfast by 7 AM.

You will find that patience and a kind word take you far. This is particularly true in working a developing world hospital.

## **TEACHING**

Teaching and instructing is a part of what we do at all levels of surgical care in the OR, recovery or on the wards. It is sometimes a slow process, but needed and appreciated. You will find the Haitian medical staff to be an eager, bright and responsive audience. These nurses and doctors are in turn training local people from the community as "health agents", capable of identifying basic illnesses and encouraging people to come to the hospital when they are sick to receive care. If you have particular topics you would like to present to the staff, please contact the HSC Medical Director to arrange scheduled teaching sessions. His email address is [haroldprevil@yahoo.fr](mailto:haroldprevil@yahoo.fr).

## **MEDICAL SUPPLIES**

### **WHAT TO BRING**

**Before bringing any supplies to the hospital, it is essential that you check with the hospital to see what is needed.**

When particular medical supplies are urgently needed, the Medical Volunteer Coordinator will send out an email alert to team leaders.

We have a "green movement" in the United States, but it is even more imperative for Haiti. That means bringing the least possible plastic and disposable items, and taking all your own things back with you. Heaven knows Haiti has more than enough junk of its own and no place to put it. Items like shampoo, sun block, etc., in those big plastic bottles, spray cans, paperbacks, worn out shoes, leftover medical supplies, personal medications, all become disposal problems for someone else to take care of when left behind.

**ANY medical or non-medical supplies other than your own must be approved for shipment by both the hospital and the CRUDEM Foundation office.**

Please send a description of the items you would like to send and their proposed use to Dr. Joni Paterson (email on contact list) to initiate the approval process.

**ANY ITEMS SENT TO SHIPPERS WITHOUT APPROVAL WILL BE DISCARDED!!!**

Too many things are sent which have no relevance and thus become a problem of disposal and storage. In the laboratory for example the following events have occurred:

Glucometers given by vendors were of no value because they must have a large supply of long dated reagent sticks. Even then when they run out, that brand may not be available or may be too expensive for Haitians. At the hospital we use only one brand

in the hospital, clinics, and lab so that the laboratory can uniformly monitor their precision and accuracy.

Outdated equipment and supplies—e.g., no power cord, no longer supported for reagent supply, etc., become nuisance items. Our lab now requires specific reagents for sophisticated equipment; so monetary donations, which can be used to purchase correct ones are best.

When deciding what to send, be sure it has more or at least the same value as the shipping costs. Some things are so heavy or bulky that cargo expenses exceed their value.

In so far as possible try to purchase via Haitian sources or purchase items online and have delivered directly to CASCO Express for shipment or have CASCO Express do the purchasing to save ground transportation costs. (Many companies deliver free of charge.)

#### **EXPIRATION DATES**

Haitian customs will not grant entry to any medications that are less than 6 months from their expiration date.

#### **CONTROLLED SUBSTANCES**

The Haitian Ministry of Health has authorized the hospital to import and use controlled substances. If you plan to bring any level of controlled substances

with you for use at the hospital, you will still need to get the permission of the USDEA to export these medications. Please consult USDEA website for instructions.

### **SHIPPING PROTOCOLS**

If your items have been approved for shipping please follow the following protocols:

1. Package the items to avoid breakage but do not go overboard with packing supplies and add unnecessary bulk and weight.
2. Tape to the outside of each carton an envelope containing a detailed packing list of the contents and a donation letter. The packing list must include note of every item in the carton, the weight of each item and the RETAIL value of the item. (We need the true value for insurance and audit purposes. Our shipping arrangements allow us to have customs charges reimbursed so any well-intended but inaccurate valuing of materials is NOT helpful or honest.) The list must be written in FRENCH and English. It would be most helpful if you could prepare this list as an Excel sheet and email it to the Ludlow office, in addition to taping a hard copy on the

package. The donation letter must be written on somebody's letterhead and state that 100% of the items are donated for the exclusive use of Hôpital Sacré Coeur. This letter may be written in English only.

3. Fill out the Caribbean American Shipping Express Corp. (CASCO Express) cargo advisory form that will be sent to you. Fax a copy of the form to both CASCO Express and CRUDEM Ludlow office.
4. Ship the items to CASCO Express. Except in unusual cases and with prior approval, any shipping to CASCO Express is done at the donor's expense.
5. Upon receipt, CASCO Express will generate a shipping invoice noting the items, a shipping tracking number, and the cost of shipping. A copy of that invoice will be sent to the sender of the items. CRUDEM would greatly appreciate any assistance you can offer in defraying the cost of the shipments.

#### **IS IT THERE YET?**

CASCO Express, CRUDEM and HSC keep close track of shipping and arrival dates. In the perfect

scenario, items shipped by ocean freight arrive in Haiti within two weeks of leaving port and clear customs within 1-2 weeks. Perfect scenarios however are not always frequent visitors to Haiti! Weather, customs delays, political and labor issues often delay shipments. So....

#### **PLAN AHEAD!!!**

Ship items **TWO MONTHS** prior to when you need them in Haiti.

#### **DO I GET CREDIT FOR THAT?**

The donor of any supplies or shipping costs will receive not only a hearty 'Thank you!' but also a receipt that can be used for IRS filings.

#### **ALMOST FREE STUFF!**

Various service providers make available medical supply packs for medical volunteers. The quantities and contents depend upon individual needs and availabilities. Many of our medical volunteers have made use of these packs and are enthusiastic about the results. We encourage all medical volunteers to contact these organizations and apply for the packs.

## **IMA World Health**

**IMA World Health maintains inventories of donated medicines and supplies that are available to medical mission teams and health professionals. Products are offered based upon availability. Administrative, packing, and shipping fees are calculated based on the order. To request more information contact Patty Pickett at 410-635-8720 or [pattypickett@imaworldhealth.org](mailto:pattypickett@imaworldhealth.org).**

## **IMA Medicine Box®**

**This package of medication and supplies, designed to treat the common illnesses of approximately 1,000 people in rural communities for 2-3 months, has become a symbol of our organization throughout the world. It was developed in strict adherence to World Health Organization guidelines for essential drugs, and contains products that are not scheduled to expire for at least 12 months. More than 11 million people in 52 countries have been treated through this program since its inception in 1992.**

**Medicine Boxes are frequently sent overseas, to church-based hospitals associated with IMA's**

**Member Agencies. IMA Medicine Boxes are also available for medical mission teams to hand carry to their destinations.**

**Products provided in the IMA Medicine Box may include:**

- **Pain relief medications, i.e. aspirin, ibuprofen, acetaminophen**
- **Nutritional supplements, i.e. vitamins, iron supplements**
- **Antibiotics, i.e. amoxicillin, cephalosporin**
- **Wound care items, i.e. gauze, first aid tape, antibacterial ointment**

## **MAP International Travel Pack**

**Physicians familiar with short term medical missions helped design these packs of pre-packaged medicines and supplies. Easy to transport, the pack consists of two boxes that can be strapped together and checked as one piece of luggage. Each box contains an assortment of medicines critically needed in developing countries. To apply for a pack, please visit their web site: [www.map.org](http://www.map.org) and/or contact Ms. Jodi Allison at 912-280-6653.**

## **AmeriCares**

**A donation of \$200 allows you to select cases of available medications, usually worth thousands of dollars. Samples are shipped directly to Hôpital Sacré Coeur in advance of your trip. If you are not sure which medicines might be useful, please email me with the list at [billguyol@me.com](mailto:billguyol@me.com). Visit [www.americares.org](http://www.americares.org) or call Cia Marion at 203-658-9528 for information.**

## **ONE LAST THING. . .**

**Delnatus Raymond and Islane Raymond are on-site to answer any questions that you may have. If any problems or concerns arise regarding the hospital while you are on-site, please bring them to the attention of the Executive Director, Dr. Bernes Chalumeau, who will assist you in this area.**

**If you have any issues or concerns, please communicate them to Dr Peter Kelly, President of the CRUDEM Foundation. Our goal is to constantly improve the efficiency and quality of care. You play an important role in this endeavor.**

## Hopital Sacre Coeur Laboratory Test Panel 2009

<b>French</b>	<b>English</b>	<b>Comment</b>		
Examens			Chol	Cholesterol
Malaria	Malaria smear		Na	Sodium
TB	Acid-fast smear	(Ziehl-Neelson)	K	Potassium
Gravindex	HCG		Cl	Chloride
Hemogramme	CBC	(12 or 18 parameters - a wbc or Hgb can be ordered singly)	CO2	CO2
RPR	RPR	No longer offered	A -Urique	Uric acid
Widal	Typhoid agglutinin		AST	AST (Old SGOT)
Selles	Stool for ova and parasites and/or occult blood		ALT	ALT (Old SGPT)
Sickling-test	Peripheral blood smear for sickle cell anemia		ALKP	Alk Phosphatase
CRP	C- reactive protein	Not quantitative.	Trigl	Triglycerides
Filaire	Serology for filariasis		T-Bil	Total bilirubin
Urines	Urinalysis		Fe	Iron
Hepatitis B	Hepatitis B surface antigen		TP	Total protein
Strep A	Rapid strep A	Not always available—Hard to keep in date	ALB	Albumin
Mantoux test	PPD		Globuline	Globulin
Frottis Vag et Ur	Vaginal smear		CKMB	CK-MB
ASO	ASO titer		Mg	Magnesium
VS (vitesse sedimentation)	Sedimentation Rate		Ca	Calcium
Groupe sanguin	Blood type		PT and INR	Prothrombin time and INR
Reticulocytes	Reticulocyte count		Amylase	Amylase
CD4	CD4 count	Done manually until reagents are available for semi-automated inst	Lipase	Lipase
B. Syphilis	Serology for syphilis	Replaces RPR	LDH	LDH
Glu	Serum glucose		HDLC	HDL cholesterol
BUN	BUN		LDL	LDL cholesterol
Urée	Uric acid		VLDL	VLDL
CRSC	Creatinine		CK	CK
			T3	T3RIA
			T4	T4RIA
			TSH	TSH
			PSA	PSA
			N-Bil	neo-natal bilirubin
			Gram Stain	Gram stain
			Liquide	body fluid analysis (spinal, paracentesis)

## **CONTACT LIST**

**For questions about medical groups, medical facilities and protocols, and to schedule a visit, please contact: Peter J. Kelly, M.D., President  
lppjs@aol.com**

**For questions regarding on-site hospital issues, please contact: Dr. Bernes Chalumeau, Executive Director, Hôpital Sacré Coeur  
bernesc@yahoo.fr**

**For information about long term volunteer opportunities, donations, fundraising and special projects, please contact:**

**Denise Kelly, Executive Director, The CRUDEM Foundation, Inc.  
crudendenise@gmail.com**

**For questions about forms, credentials, travel logistics and the nitty-gritty on day to day living for medical volunteers, please contact:**

**Deb Paine-Motyl, R.N., Medical Volunteer Coordinator  
dmotyl@radiusmanagement.com**

**For questions about shipping, shipping approvals, in-kind and other donations, educational materials and fundraising please contact:**

**Joni M. Paterson, Ph.D., Administration  
crudemjoni@peterjkellymd.com**

**For questions on clinics, arrival times and special needs, please contact Islane Raymond at Hôpital Sacré Coeur  
rislane3@yahoo.fr.**

**For questions regarding teaching topics please contact Dr Harold Previl, Medical Director, Hôpital Sacré Coeur  
haroldprevil@yahoo.fr**