



October 2008. Bedlam reigns in the open-air courtyard at Jude Anne Hospital in Port-au-Prince, Haiti. Nearly two dozen women in the crush of labour grip wooden benches, groaning and wailing while friends wipe away rivulets of sweat. One woman with a weary leathery face, stick limbs and a bulging belly leans forward in agony and hemorrhages.

Canadian Dr. Wendy Lai, 33, strides into the sweltering courtyard, stethoscope thrown over her right shoulder and dressed in a white T-shirt, grey cargo pants and grungy brown runners. She brakes at the sight of the bright crimson lake on the concrete floor. "That's not good," Wendy says with grim understatement, spinning on her heel back into the hospital to search for stretcher-bearers to carry the woman inside.

*

Ensuring thousands of at-risk mothers and their infants survive birth – a process 100 times more deadly for Haitian women than for their Canadian counterparts – was a responsibility weighing heavily upon Wendy and her team in Haiti. As medical director of Jude Anne, which the nongovernmental organization Médecins Sans Frontières (MSF) operated from 2006 to 2009, Wendy was >

Canadian doctor Wendy Lai (far left) spent months in Haiti running a maternity hospital. Later, she helped with earthquake relief.



a labour of love

In Haiti, Newfoundlander Wendy Lai delivered on her vision of a world where medical care is a human right – one baby at a time.

By: Roberta Staley Photography: Tallulah

A hospital reborn

In early 2009, near the end of Dr. Wendy Lai's first Médecins Sans Frontières (MSF) mission to Haiti, she choreographed an epic move of equipment and patients to the new, larger hospital, Maternité Solidarité, a five-minute drive from Jude Anne Hospital.

But in the 2010 earthquake, the new hospital was cracked and

broken. Although staff managed to evacuate patients and set up a trauma centre in the parking lot, the building which had held such promise was unstable beyond repair. It never reopened.

Haitian mothers-to-be, once again, had few places to seek specialized emergency obstetric

care – until spring 2011, when MSF opened a new, 135-bed hospital in Port-au-Prince called Centre de Référence en Urgences Obstétricales (CRUO).

MSF asked Wendy if she would return to Haiti to coordinate the opening of CRUO. After careful consideration, Wendy, who is now 36, turned

down the offer, feeling that she needed new experiences to diversify her skills as a frontline physician. But she is grateful that, thanks to MSF, the pregnant women of Port-au-Prince, so many of whom are still homeless after the earthquake, are assured at least one safe place to go.

a doctor, labour coach, bed manager, hospital administrator, blood-bank supervisor and general go-to person, taking on whatever needed doing. When the hospital closed in February 2009, she coordinated the move of the doctors, staff and meagre equipment to the new hospital, Maternité Solidarité, a five-minute drive away. Everything was on her slim shoulders. It was Wendy who ensured that this assembly line of birth rumbled on without a hitch.

But there's always a hitch. Almost a year later, and several months after Wendy had finished her stint in Haiti, just before 5 p.m. on a Tuesday, a fault in the Earth ruptured. Within minutes, the devastating shaking had reduced the city of Port-au-Prince to rubble – and opened wide cracks in the floors and walls of Maternité Solidarité. Staff managed to evacuate patients and babies into the parking lot, where they began treating an overwhelming influx of new injuries: broken bones, cuts and burns. They ran out of bandages, antiseptics and morphine. And still, there were babies being born.

Emergency obstetrics in Haiti was never easy. In its heyday in 2009, Jude Anne had crammed

more than 70 beds into wards meant for 35. Each day, more than 50 babies were delivered, pushing the total for each month up to nearly 1,600, something "that would be a challenge for a hospital in Canada," says Wendy. Two of Canada's largest maternity hospitals, B.C. Women's Hospital and Health Centre in Vancouver and Mount Sinai Hospital in Toronto, average about 580 and 550 babies a month respectively.

✱

Wendy, who is single, left a relatively comfortable life working as a doctor in Ontario and Nunavut to work in Haiti from September 2008 to April 2009. To her colleagues back home, tales of "people hemorrhaging in the courtyard are pretty shocking," says Wendy. Why she chose emergency obstetrics in Haiti – rather than staying in the high-tech environment of a Canadian hospital – is a journey that started when she was a teenager growing up in St. John's, N.L., one of two daughters born to philosophy professors who immigrated from Hong Kong. Thoughtful beyond her years, Wendy pondered questions such as why so many had so little when a few



Wooden benches gave scant comfort to women in labour at Jude Anne Hospital, where doctors delivered as many as 1,600 babies a month. Premature babies snuggled in softer quarters.

had so much. "It always struck me as manifestly unfair that, for some people, life is such a struggle. It's not because of anything they have done – or not done. It was the luck of the draw."

A keen academic, Wendy excelled in science and earned an undergraduate degree in biochemistry. But her concerns about the injustices in the world grew. What career would best let her help others? She considered human rights law, but dismissed the idea, wanting something more tangible. She looked into medicine. Here was a way to make an immediate and dramatic change by alleviating pain and disease, saving lives, and

giving hope to those who had none. Medicine was "a way for me to get at human rights issues," she says.

Wendy considered MSF, the Nobel Peace Prize-winning organization that dispatches health-care workers to some of the world's most destitute and dangerous places. It was, Wendy realized, the perfect vehicle to allow her to help others. After she had completed one year of medical practice in Canada, Wendy volunteered for a stint in Shabunda, Democratic Republic of Congo, a small town swollen with people who had suffered a protracted war.

One of six physicians at a 180-bed general hospital, Wendy performed a full spectrum of clinical treatments – but without the aid of oxygen, X-ray machines or specialists. "It's the most difficult thing, watching a child die," she says quietly.

Yet despite her deep frustration at the lack of resources, Wendy also saw she could help people. If it were not for her efforts and MSF, these victims of war would have had nothing. After her tour, and after spending some more time working in Canada, she volunteered for a second time. >



Buildings crowd Port-au-Prince before the 2010 earthquake. Many, including the hospital *Maternité Solidarité*, were damaged beyond repair. A new hospital opened in 2011.

✱

In Haiti, death is omnipresent. Preeclampsia (abdominal pain, dizziness and headaches caused by soaring blood pressure) and eclampsia (seizures) are spectacularly common among pregnant Haitian women, possibly due to factors such as genetics, chronic stress and malnourishment. Eclampsia can progress to organ failure, brain hemorrhages and death. Intravenously administered magnesium sulphate controls the seizures, but the only cure is getting the baby out. Until that happened, Wendy had to help bind women who were in the throes of seizures to the iron rungs of their hospital beds using white medical gauze. This measure prevents injuries, but it is an indignity to patients, Wendy admits, that international staff must get used to – like so many other things in Haiti.

Haiti has one of the highest rates of maternal mortality in the world: 630 deaths per 100,000 births, due in large part to eclampsia, according to MSF. (The Public Health Agency of Canada reports that there are 5.5 maternal deaths per 100,000 births in this country.) The ignominious statistic has deep roots. On average, Haiti's 9.7 million people survive on

about \$2 a day. Foreign occupation in the early 20th century, followed by dictatorships later on, set a disturbing pattern of corruption and police brutality that has been exacerbated by coups in 1991 and 2004. Lawlessness and gang violence, combined with a lack of economic development, prevented the creation of a health-care system accessible to the poor. And then there was the earthquake.

Three weeks after the disaster, Wendy went back to Port-au-Prince for six weeks. She oversaw the care of 100 patients with complex bone fractures, nerve damage in limbs and infected, open wounds at a makeshift MSF hospital set up in a school in Carrefour outside the capital. The two-storey facility housed an operating room, a pharmacy, a sterilization room and offices. Many patients, however, convalesced in canvas tents, having told the staff they were too traumatized by the earthquake and continuing aftershocks to stay indoors.

Though MSF doctors did their best, and billions in international aid poured into the stricken country, "we can't become the de facto health ministry," MSF said. "We're very narrow in what we do – we are an emergency response organization...we are not a long-term development organization."

✱

October 2008. A young man staggers through the courtyard, an unconscious pregnant teenager in his arms. Strength of will more than muscle keeps him from dropping his burden. Hemorrhage or eclampsia? With few telephones and hardly any ambulances, some Haitian mothers whose home deliveries go awry are beyond hope by the time they are brought to the hospital.

Wendy handles death the only way that a physician can, with pragmatic acceptance. "You can't let your emotions get in the way," she sighs. "I'm not inured to death, but you can't be a doctor if you can't handle it." Satisfaction, she adds, comes from knowing that she has helped save thousands of mothers from an excruciating, prolonged demise.

On this day, as Wendy sprints up the stairs to help staff with a raft of preeclampsia patients, an orderly helps a pregnant woman >

walk from the courtyard into the first-floor triage room. The woman stops, groans and squats. A midwife who has just finished a delivery and is standing in splashes of blood leaps for a pair of fresh latex gloves and snaps them on, bending down to catch the woman's slippery newborn before the baby hits the floor.

Later, long after lunch, Wendy, famished, finally sits down to a meal of chicken and rice. Just the other day, she recalls, a man came to Jude Anne's front gate seeking help. All of the doctors and nurses were busy with patients, so Wendy grabbed gloves and a delivery kit. Accompanied by two orderlies bearing a stretcher, she trotted after the man to a car that was stopped in traffic. In the backseat lay a woman with a healthy newborn girl. Wendy clamped the cord, bundled the baby and directed the orderlies to get the woman to Jude Anne. Once there, Wendy delivered the woman's placenta on a triage table.



Wendy Lai is currently working as an emergency physician at Humber River Regional Hospital in Toronto and Toronto East General Hospital.

That was one birth with a happy ending, and Wendy is content with the small part she played in it; such events confirm the career path she chose – however rough the going. The women of Haiti desperately need people like Wendy and, she says, “I like to be needed.” **hm**

