Project Hope: A 13-Year Mission of Love

Author: Diane Speranza, RN, CEN, CPEN, Clermont, FL
Section Editors: Nancy Mannion Bonalumi, DNP, RN, CEN, FAEN, and Pat Clutter, MEd, BSN, RN, CEN, FAEN

After a tsunami hit Indonesia in December 2004 and I saw the devastation, I felt compelled to help. After contacting all of my usual disaster sources to volunteer and hitting a dead end, I was about to give up when I received an E-mail message from ENA asking for volunteers to respond through an organization known as Project Hope (Health Opportunities for People Everywhere), which was founded by Dr William Walsh in 1958. I was one of 93 medical personnel to deploy on the USNS hospital ship Mercy to Banda Aceh (Figure 1). It was the first time in history civilians were allowed to work on a military ship other than the civilian mariners who function to maintain the ship.

The USNS Mercy is 894 feet in length and has the capacity to hold 1000 patients. It is equipped with 12 surgical suites, 50 emergency beds, dental and optometry services, computed tomography, radiology and laboratory services, a blood bank, pharmacy services, an O_2 producing plant, and a helicopter landing deck. I was assigned to "CasRec" (Casualty Receiving), the emergency department, and worked side by side with Navy nurses, corpsmen, and physicians. Once we started receiving patients we were kept very busy, working 12+ hour shifts.

When patients arrived into CasRec, we performed assessments and vital signs. A doctor completed the history and physical and wrote appropriate orders, and the patients were then taken to the operating room, one of the wards, or the ICU. After the last patient left CasRec our shift ended; however, we were on call 24 hours a day, 7 days a week. We not only cared for persons injured as a result of the tsunami but also treated medical patients and performed surgeries such as hernia repairs, removal of goiters and cancerous growths, and orthopedic procedures.

Because the ship was anchored several miles off shore, the only way to and from the ship was via helicopters or boat tenders (small transport boats). The CasRec staff rotated going on shore to work in the one hospital that was still somewhat functional or to accompany patients discharged from the ship and bring new patients to the ship. The Navy needed volunteers to supplement the Navy medical staff so that they would not deplete their staff working in the hospitals. It was a great experience working alongside the Navy personnel, who accepted us and treated us as if we were military. Of course, this meant we had a crash course in learning the Navy way of doing things, such as following chain of command, following orders, respecting their customs and procedures, and learning their lingo: "carry on," "at ease," "cover," "happy hour," "muster," "head," "bridge," and, yes, "swab the deck."

One very interesting and unusual case was a woman in her early 30s whom the locals called the "crawling woman" because she was too weak to walk and had to crawl wherever she went. Her complaint was vaginal bleeding. She said she had surgery and the doctor told her she had cancer. The doctors could not find proof that she indeed had this surgery except for a very faint small line on her abdomen, and when they actually did a hysterectomy, it confirmed to them that she had not had this surgery. Apparently, it was a known fact that a doctor would take money and "make believe" he did surgery by making a superficial incision. When she came into CasRec she was extremely pale with a hemoglobin level of 2.4 (Figure 2)! We immediately gave her a transfusion but the blood had to be administered very slowly because she had adjusted to such a low hemoglobin, and delivering it quickly caused edema to develop. The tsunami actually saved this women's life, because had it not happened, we would not have been there and she would not have received the surgical procedure she needed and eventually would have died. No cancer was found.

After returning from that mission, all staff were invited by President Bush to the White House, where we had our picture taken with him and attended a small ceremony in which he thanked everyone. After that first mission, which lasted almost 3 months, I was hooked on Project Hope because I had such an amazing experience and I believed strongly in what they stood for. I guess it

Diane Speranza is a volunteer with Project Hope.

Editor's note: *Diane Speranza, RN, CEN, CPEN, received a prestigious award in May 2018: she was a recipient of the Nurses with Global Impact award from the United Nations. Diane has worked with numerous groups and organizations over the years and has had a great impact on many people because of her love for this type of work. Project Hope, one of the groups she works with, is highlighted in this article.*

For correspondence, write: Diane Speranza, RN, CEN, CPEN, 10856 Masters Dr, Clermont, FL 34711; E-mail: RNBUG@msn.com.

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FIGURE 1

The author, Diane Speranza, RN, CEN, CPEN, during her work with the Pacific Partnership in 2016 in Indonesia and Malaysia.

was also meant to be as my last name, Speranza, means "hope" in Italian.

Project Hope is dedicated to helping people help themselves by providing medical training and education. Project Hope has programs in more than 35 countries. If it is a humanitarian mission, the volunteer generally pays all of his or her own expenses. In some cases, lodging or other expenses may be paid for by the organization. Each mission is different. Project Hope is now becoming more involved in disaster response and is striving to be one of the first agencies to have boots on the ground. In those cases, Project Hope utilizes available funds to cover expenses. They have to rely heavily on donors to be able to support these disaster responses. Once a volunteer has gone on a mission with them, he or she becomes an alumnus and is referred to as a "Hoppie." I served as a member at large on the alumni board for 8 years.

Since that first mission in 2004, I have volunteered on 10 other trips with Project Hope, lasting anywhere from a few weeks to 2 months. My second mission came the following year when Banda Aceh invited the Navy back to see the progress they had made in their infrastructure and to dedicate a memorial where a hospital had once stood. We saw 2 patients we had taken care of the year before along with many new patients. One prior patient was a 9-year-old boy for whom we had performed back surgery. When his father heard the ship was coming back he did everything he could to make sure his son was able to visit the ship again. Most of the crew and volunteers on board were new, but I, along with another nurse, Michele Bobosky, a plastic surgeon, and 2 corpsmen, were back from the year before. When the patient and his father came on board and entered CasRec, the father ran over to us with a big smile on his face and gave everyone a huge hug. We all had tears of joy. He showed us the pictures he had of himself and his son taken from the year before that he kept in a folder. He took out of his pocket a challenge coin the captain of the ship had given him from the prior year. (A challenge coin is a coin or medallion that bears an insignia or emblem. Each ship captain creates his own and gives them as rewards. Both patients and crew members are recipients of these coins.) He told us that he carries it in his pocket all the time and proudly shows everyone. We made sure he received another one because the first one was worn from constant use. We also made sure these guests were treated like VIPs; they were given a tour of the ship and taken to the bridge (the wheelhouse—the area where the ship is navigated from) to meet the new medical captain of the ship. The child was given a clean bill of health and needed no further surgery.

A second young man was the last patient to leave the ship the year before. Michele and I made sure he had all his medications and that he and his mother understood proper administration and were able to perform his treatments. He had left on a stretcher after having surgery on his femur, and this time he returned to CasRec walking on his own with only a slight limp. He had brought Michele and me each a plaque from his country as a thank you.

On this trip we did many elective surgeries such as cleft lips, cataracts, scar revisions, and hernia repairs, and we treated a few trauma patients from moped crashes (Figures 3 and 4). After leaving Banda Aceh we stopped in the Philippines where we set up clinics, worked in the hospital, and brought patients

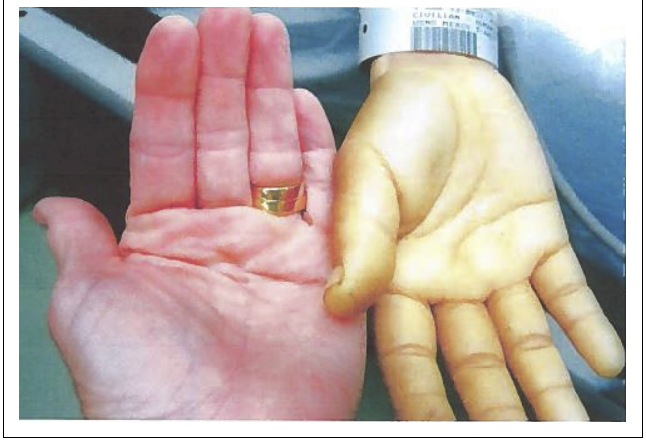

FIGURE 2

The author's hand next to the hand of the "crawling woman" who had a hemoglobin level of 2.4.

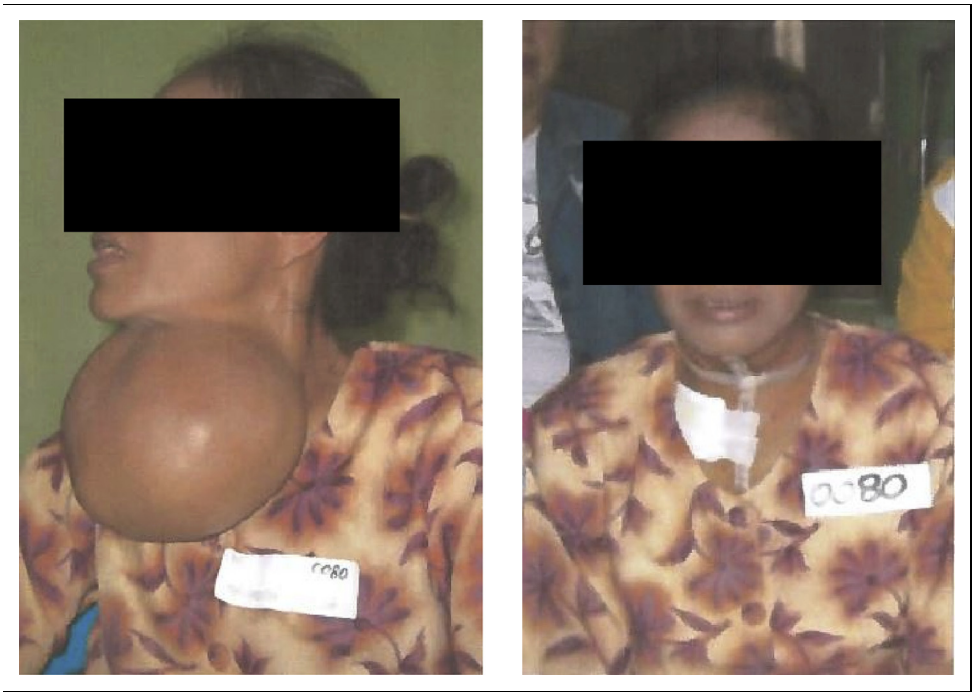

FIGURE 3

A patient in Indonesia in 2005 before and after goiter surgical repair.

on board for surgeries and medical care. The clinics we set up with the Navy are called MedDenCaps (Medical Dental Civil Action Project), and patients can seek immunizations and dental, eye, and other medical care, as well as evaluations for surgical procedures. Teaching is also provided for medical personnel, patients, and the general public.

Each year the Navy sends the USNS Comfort stationed in Norfolk, Virginia, or the USNS Mercy stationed in San Diego, California. These 2 hospital ships are identical in setup and provide humanitarian missions all over the world. Each year Project Hope is asked to participate. I have been fortunate enough to work with Project Hope in Vietnam, Cambodia, Guatemala, Malaysia, East Timor, Peru, Ecuador, and Bangladesh, just to name a few sites, and I actually had the opportunity to travel completely around the world. Land-based projects took me to Haiti and Puerto Rico. Haiti involved a cholera outbreak after the earthquake in 2010. I was assigned to work at the Albert Schweitzer Hospital. On the cholera ward I started IV lines, administered IV fluids, and cleaned up patients who were so weak they could not walk to the bathroom, soiling themselves as they lay on a cot. They needed massive amounts of fluids because of the severity of the vomiting and diarrhea. As soon as I made it to the last bed it was time to start all over again.

Once the cholera numbers were down I was assigned to the pediatric ICU. I must admit I was petrified at first because I had never worked in this area of nursing before, but I had nothing to worry about. The ICU consisted of a few isolettes, one bili-light, and no resuscitation equipment. Basically, the mothers were caring for their babies.

FIGURE 4

The author, Diane Speranza, RN, CEN, CPEN, with a patient who had cleft lip surgical repair in 2008 and her father.

Most were preemies. One had an omphalocele, one an imperforate anus, and still another a diaphragmatic hernia. It was heartbreaking to watch these babies suffer and slowly die because surgery for these defects was not available. Perhaps if they had been born in the US they would have had a chance of survival.

My second and most recent land-based mission with Project Hope was to respond to Puerto Rico after Hurricane Maria in 2017. Project Hope was one of the first organizations to arrive after the storm. What made that disaster so difficult was the fact that the whole island was affected and we encountered the same problems as the residents. There was no power and no water, and debris covered the roads, making some places impossible to visit. Of course, there were no communications. We brought food, water, and all the medical supplies and medications we could carry. We found shelter in a Jewish synagogue in San Juan that had a generator, but they could only run it for a few hours at night because it was difficult to find fuel. By word of mouth we found areas that needed our help, and clinics were created. We found that the best way (and quite frankly the only way) to get the word out that we were going to have a clinic in a certain area was to tell a local resident or church pastor who got the word out to his congregation and the people in the general area. On a couple of occasions someone who had a hand-held bull horn would walk around or drive, if a vehicle was available, making announcements.

Fortunately, we did not see a lot of injuries due to the hurricane. We cared for many people with chronic medical problems such as diabetes, asthma, and hypertension. Many needed medication, but the pharmacies were not open and even if they were they had no way to get to them. We were fortunate that at one point a Project Hope donor hired a private plane to bring him, a few more volunteers, and supplies to us. As time went on and the clean-up was not progressing and thus life was not returning to normal, more people were increasingly stressed. They had difficulty sleeping, eating, and concentrating and were showing signs of depression. Despite what everyone was going through, we did not see a lot of anger or aggression.

One of the hardest aspects to deal with when doing any mission is not being able to speak their language. Although translators are used, there never seem to be enough. It is difficult to know if the translator is actually saying what you want them to say, and it is frustrating not to be able to carry on a conversation with the patient. However, a smile, a gentle touch, and a hug is a universal language everyone seems to understand.

If you want to have a positive mission work experience, you must be flexible, work long hours, and do without all the comforts of home. Expect the worse and be pleasantly surprised when it is not. Each time I go on a mission I learn and see something I have never seen before. When doing any teaching in these countries, it is important to know what is available to them, as well as their culture and traditions. It is easy to say you need to eat a better diet with lots of fruits and vegetables, but if they have no money to buy these or they are just not available to them, it most likely will not change things. The same goes for teaching cardiopulmonary resuscitation or trauma care. If they don't have Ambu-bags, cervical collars, or backboards, you have to find a way to teach them with what they have available.

Thanks to Project Hope I have made many long-lasting friendships with fellow "hoppies" and am looking forward to my next mission with them. For more information on Project Hope, see www.projecthope.org.

Submissions to this column are encouraged and may be sent to
Nancy Mannion Bonalumi, DNP, RN, CEN, FAEN
nbonalumi@comcast.net
or
Pat Clutter, MEd, BSN, RN, CEN, FAEN
prclutter@gmail.com