Resource Guide

Generated November 21, 2026 · 2 open facilities · closed facilities are not listed · call before you go: details change quickly

Haiti

Dispensaire De Sainte – Suzanne, "Cholera Treatment Unit, CTU" St. Suzanne (supported by MERLIN/PLAN)

Medical Facility · Open

GPS from Resource Finder; 19.5833° N, 72.0890° W, St. Suzanne

Phone 00 P: 95021 H: 4320050
Service Temporary

1/1/12: Email from Fr. Medenel Angrand
I was transferred to Our Lady of Nativity parish in Malfety, near the city of Fort–Liberté since June. So I'm not at Sainte–Suzanne.

Per PAHO/MSPP list dated 12/22/10 this site is documented as a "PLANNED CTU (UTC)" to be supported by "Merlin/Plan". Bed capacity listed as "10". No contact information for the supporting organizations was provided.

However, MSPP dropped off supplies to set up a CTU on 12/13/10.

1/24/11: Email from CHHN Gregg
I visited the St. Suzanne area today to get a clearer picture of the situation because of variances in reports that we had been getting from the clinics themselves and those that have visited. There are 2 clinics in St. Suzanne. One is an MSPP supported public clinic. It is the one that serves as the CTC. As of today it had only 1 cholera patient (a young girl). I was told by the staff there that there are 5 nurses working there now. The doctor has not been coming for several months now. The number of cholera patients has decreased in the last week they said. The second clinic in St. Suzanne is the one operated through HBHH and overseen in part by Father Medenel. He accompanied me to both clinics and said that the two clinics are and have been working together to provide support and treatment for the cholera patients.

1/20/11: Notes from Lpar after talking with Dr. Conner abd Hillary
HBHH has reached out to MERLIN/PLAN and hope they can send more support for this clinic sooner than later. According to Dr. Conner's assessment, "lives are definitely at stake in St. Suzanne" due to inadequate resources, staff and poor hygiene practices. HBHH is more than willing to do what they can to help, but they too have limited resources and it will be up to MSPP/MERLIN/PLAN to address the issues of electricity and latrines. HBHH clinic's numbers have jumped from 800/month to 1500/month. All cholera pts. are sent to the CTU. Seriously ill pts are transported to Trou de Nord, but the roads are really bad. HBHH is hoping to provide a vehicle that will be used for transport in the near future.

1/19/11 Post from Dr. Will Conner on HEAS
I am now back from Haiti and have seen the shutting down of two MSF CTC'S in Cap Haitien. Also in Ste. Suzanne there is NO doctor in the CTC's and only "nurses" who have had 8 hours of training on cholera in Cap. They are not sure who they work for and have not been paid in 2 months. Dr Djeane is in the Catholic mission down the road but DOES not oversee any cholera treatment per the nurses. In fact, she was in the USA for a personal reason when we visited her clinic last Wednesday the 12th. There were 5 cholera patients when we were there. We slept in the priest's guest house and had a busy clinic. There are poor sterile procedures in the cholera treatment. I delivered the tent but then I was told they need electricity and a latrine. The tent as far as I know will not be raised. We went back to visit Saturday and the clinic/CTC had 5 new cholera patients. No docs. I was told by my MSF friend, the deputy director, that Ste. Suzanne should contact MERLIN for help. If there are any docs or nurses out there willing to go to the mountains outside of Cap Haitien, they need you. We gently persuaded the Haitian nurses to be more aggressive with the IVF rehydration effort.

Will Conner, M.D.
Family Medicine Physician
211 W. Matthews St Ste. 102
Matthews, N.C. 28105

1/19/10 The following are notes taken from Dispensaire Notre Dame de Lourdes; Paroisse St. Suzanne https://reliefdb.org/shelters/edit/5527. Up until today, I thought that the CTU was at this facility.

1/19/11: Phone and Email conversations with Dr. Will Conner and Hillary
It is now clear that the cholera pts are being seen at the Public Clinic not at the HBHH Clinic. The CTU has 2 nurses who are doing a good job under the circumstances

The HBHH clinic does have a doctor who reports that pt load has almost doubled (going from 850 to 1500 pts per month)

1/7/11 Email from Hillary Aubin
they were running at a 7% fatality rate as of last week and they said many patients are dying before they can get to the clinic.

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ALERT! Desparate need of additional staff (only has 1 nurse, no doc now)

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12/20/10 Email from Père Medenel Angrand via Patricia Eddy
The death toll mounts in Sainte–Suzanne. Only today, we received 11 cases of cholera. Monday 13 on December at this time, December 20, we received in total 50 cases of cholera, that is to say in eight days only. The help is urgently needed. The assessment of mortality is 3 cases. Note that these three people who died have not been lucky enough to arrive at the CTC because they lived far from Cotelette and there was no transportation to take them to St. Suzanne . There must be 4 to 5 hours of running time to leave this place to get to Sainte–Suzanne. The majority of cases come from Cotelette, Bois Blanc and Foulon. In this case, taking into account the position away from Cotelette to the CTC in Sainte–Suzanne, it is urgent that we have a CTC in Cotelette.

In addition, the CTU (St. Suzanne) is not equipped. There is not enough sleeper or sickbed. We have only for sickbed and We receive an average day 10 people. Today we get 11. Maybe tonight the number will rise. Then we need pole serum, intracat 18, intracat 20, intracat 24, intracat 16, more chlore, Aquatabs, oral serum. So far, there is no electricity in the CTC. I send you some pictures describing the condition of reception of patients in the center. The patients are lying on the floor because there are not enough beds. We beseech you, if you can do it, you can contact a few organizations like MEALEN, WHO, USAID and MEDECIN SAN FRONTIERE(Doctors Without Borders), so they can come to our aid. We can not rely only on the MSPP.

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Keeps around 4 pts. per night
6 deaths total
MSPP gave supplies 12/13/10 to set up CTU
Received some LRs and IV kits from CHHN early Dec.
WORKING BY CANDLELIGHT AT NIGHT – NEED BATTERIES FOR SOLAR POWER
Need Chorox and sprayers.
CNNH will get them chlorox Dec. 15th
STAFF: 1 doc, 1 nurse, 3 support staff
Needs medical volunteers
Guest house availabel for 4–5 people
Can get supplies from Cap Haitien

12/15/10 Email from Hannah
Dr Pierre informed us that the MSPP has made them an official CTU and gave them supplies on Monday, but no help with staff.

He said that they are working by candlenight at night because there is not enough solar power to cover them overnight. There is one doctor, one nurse and 3 support staff covering this now 24hour facility (keeping around 4 patients overnight).

12/15/10 Email from Father to Patricia
The CRO means Centre of Orale rehydration. The CTC(he mispoke–meant CTU)means Processing center of Cholera. We have already these two center installed by the MSPP. Only, they are not equipped. The CRO is placed at l' entered of the village under a small tent and the CTC is placed at the new room of the dispensary public which you have visited the chance of at the time of your last visit. This room n' d' does not have; electricity. There are solar panels, a inverter, but the battrie to make walk l' inverter

is defective. The evening one lights bourgies to light the rooms. I am present at with dimensions l' equip with MSPP for the activiver for a better service.

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Dr. Kaplan suggested HBHH focus on the transportation aspect of getting pts to Trou du Nord.

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4 new cases of cholera were reported

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9 total have come to the clinic, 6 in total deaths
Have referred to MERLIN working with MSPP in Nord Est but no contact accourding to clinic as of Nov. 24th. Team unable to reach for update today. Need Equipment for ORP, cots, tent, ORS, aquatabs, chlorine. Refers pts to Tru du Nord by NO transportation available. (see below).
1 doc, 1 nurse

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Transportation from St. Suzanne to Trou du Nord is a problem for 2 reasons;

1.the road up the mountain is terrible, (1 hour walk one way from the city of St. Suzanne to Trou du Nord, those villages that are farther away, the roads are even worst and can take another 1–2 hour walk one way TO St. Suzanne then another hour walk to Trou du Nord.

2. The pastor has one car that is not dependable. may have one or two other cars at different times in the village.

12/3/10 Partial email from Dr. Maklin
About making St–Suzanne a CTC, it is a good idea. And it is a good place
for those surrounding areas. But Dr Jean Denis hasn't given us his words
yet. I agree that Trou–du–Nord is not too far from St–Suzanne. But the
transportation is a problem.(Lpar Note: Have bad road and only 1 vehicle (priest's) for village per CNNH) The mayor of St–Suzanne has a piece of land for that, in case we consider making St–Suzanne a CTC. We would only need tents,
etc. According to what I see, if St–Suzanne is a CTC, I think we will need
a permanent personnel including Doctors, nurses, Health agents. A medical
team can come to help also. And we will need funds to pay the personnels,
etc.
FR. Medenel let me know that there is another death at St–Suzanne today. If
the numbers continue increasing, we will oblige to consider making St–Suzanne a CTC.

12/2/10
Began treating cholera patients Nov. 25, 2010
From Nov. 25 – Dec 1, 2010 7 have died.
As of 12/2/10 2 patients are in clinic
No bed capacity
Refer patients to Trou du Nord
Normally treats an avg. of 900 patients per month.
There is no ambulance service. Some travel 1–2hrs by foot, motorcycle, car or donkey
STAFF: 1 Haitien Doc, 1 religious Sr. that is a nurse
Clinic does provide Mobile Med. Clinics to the community.
Community has rec'vd education on Cholera prevention
A Helicopter can be landed in a football field next to the clinic and school
Water source: 2 working wells
There is only 1 car in the village, but supply pick up might be possible.
Priority supplies: Serum oral Aquatabs, antibiotics, IV fluids, clothing and protection for doctor and infirmieres, face mask, gloves, etc.

11/29/10
Juline and Eugene went to St. Suzanne today where they delivered some supplies (soap, aquatabs, and maybe ORS). Dr. Maklin checking to make sure they were educated on proper sanitization for the remains of the dead due to cholera.

Re: St. Suzane Clinic Urgent Action required
Monday, November 29, 2010 5:33 AM

From: Maklin Eugene
To: Capbham@aol.com

I wanted to confirm for you that they buried the dead bodies in St–Suzanne last night.

Eugene Maklin MD

11/29/10 Email from Patricia Eddy
Please contact Fr. Medenel at: +509 (382) 58232 <pmedenelang@hotmail.com>
or our Doctor in the clinic : Dr. Djenane Pierre djenanepierre@hotmail.com>, 509–3825–2810

They need help getting the dead bodies transported from St. Suzanne. There is no transportation to to remove the dead bodies.

11/23/10 LTel: Americares has offered supplies – coordination of logistics getting there is currently happening.

Email from Hillary Aubin 11/19/10

We have been told to anticipate 600 infected patients since our clinic services 30,000 people.

Posted on HEAS by Hillary Aubin 11/18/10
Reported first death in St. Suzanne.

Note from Hilary at HBHH 11/18/10
so far St. Suzanne has not reported any cases but since it is in Trou du Nord it is just a matter of time. We are trying to get ahead of it and get supplies there ASAP. I am not sending medical teams until it is safer.

Services offered: Medical, Facility, Capacity, Hospital Beds; Medical, Facility, Cholera, Rehydration Center (CTU or UTC)
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; Merlin (Medical Emergency Relief International); MSPP (Haiti – Department of Public Health & Population; Plan
Updated Jan 1, 2012 · https://reliefdb.org/shelters/7564

Dispensaire Notre Dame de Lourdes; Paroisse St. Suzanne – (Supported by: Renew Haiti)

Medical Facility · Open

3816 W Morrison Ave, St. Suzanne

Phone	(813) 832–4244
Contact	Renew Haiti
Email	info@renew–haiti.org
Web	www.hbhh.org/medical_clinics.html
Hours	Monday–Saturday, emergency hours as needed
Serves	St. Suzanne and those from surrounding villages who can travel to clinic; mobile Caritas clinic travels to remote villages
Checks payable to	Renew Haiti, Inc.
Service	Permanent

4/28/11 HEAS post from Patricia Eddy
(We have had) an increase (in cholera pts). We have had NO cases for months. We had 8 new cases yesterday in St. Suzanne, in the Nord Est Region.

4/19/11 CHHN update from Hannah
Cholera: No cholera cases in last two months.
Water: (already gained data on this–well is far away, no access to purified water, use rain water)

2/1/11 CHHN – Hannah
Non–cholera supplies delivered recently including gen. meds, toothpaste, ivsets, soap and scrubbing brushes

1/19/11: Phone and Email conversations with Dr. Will Conner and Hillary
It is now clear that the cholera pts are being seen at the Public Clinic not at the HBHH Clinic. I (Lpar) will create another facility record for the CTU which is "supported" by Plan Haiti (this even needs to be confirmed).

The HBHH clinic does have a doctor who reports that pt load has almost doubled (going from 850 to 1500 pts per month)

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BREAKING NEWS –
http://www.hbhh.org/index.html

HBHH team returns from trip to Haiti. Donations for Cholera outbreak needed. Chairman Patricia Eddy, Vice Chairman John Laurent, and new Executive Director Sr. Christa Rowe recently took a trip to Haiti October 22–24, visiting Fort Liberte, St. Suzanne, Cotelette, and Port–au–Prince. In response to the curent outbreak of cholera in the Artibonite region, HBHH has been offered free air transport for any medicines and supplies to help with this outbreak. We are accepting donations of IV fluids, Cipero, Tetracycline and Doxycycline, or funds to help us purchase these supplies. Contact us at 813.832.HBHH(4244) or at HBHH123 @gmail.com for more information

Dr. also travels with Caritas mobile clinic to remote areas. Surgery/dentistry when medical mission teams are there

Sponsored by Help Brings Hope to Haiti – See the CAT Facility Record for donation collection sites and needs at:

FROM THE SITE:

For the people of St. Suzanne, a medical clinic is the closet thing they will see to a hospital. The clinic is where they can find people with some level of medical training and some level of medical supplies. Unfortunately, the treatment experience can vary widely. Staffing is usually thin, with only 1 doctor and 1 nurse. If the doctor or nurse must go to a critically ill person away from the clinic, that leaves one person to help new arrivals.

Medicine is available, but again the treatment coverage of a clinic's medical inventory is usually quite limited. To a certain extent this limitation is due to budget but to another it is due to the fact that there usually no ability to store medicines under controlled temperature conditions.

Existing Services

Currently, the medical clinic at St. Suzanne offers the services of three examining rooms, one doctor, one nurse and a small storage room for its inventory of medicine. Villagers are expected to pay some fee for treatment if they are able, however, no one is turned away if even a small payment is not possible.

Challenges

Although a doctor has been hired for the clinic, there still is no one at the clinic with dental skills, nor is there any one with optical skills so that eye glass prescriptions could be made and matched against donated eyeware. In addition, there is no one available with lab technician skills who could run diagnostic tests on clinic patients.

Goals

HBHH has two main goals for the medical clinic at St. Suzanne: one is to increase the treatment capabilities available at the clinic and the other is to be able to bring medical services to people in remote villages that otherwise could not get to the medical care.

Because the nearest hospital is so far away, roads are so bad and vehicles so scarce, it would make a huge difference to the level of medical care at the clinic if it had a lab that could run tests for the doctor and the nurse. In order to make that possible, the clinic will need to: establish a reliable source of power to run laboratory equiment; locate, acquire and ship the necessary equipment; find and sponsor a qualified laboratory technician and purchase the needed supplies so that tests can be conducted. Another upgrade in medical care would be to equip a room with dental equipment so that a Haitian dentist could be hired to make monthly visits to the clinic, where that room could be used as his treatment center.
a clinic in haiti

Although the mountain roads around the village of St. Suzanne are quite bad, another HBHH goal is to equip a vehicle as a mobile medical clinic so that the services of the doctor and the nurse can be brought to the sick. A mobile clinic would help to minimize the situation of sick people being beyond the reach of heathcare. HBHH currently partners with Caritas by providing our doctor one day a week for their mobile clinic.

Services offered: Dental, Dental Missionary Teams, Volunteer; Medical, Facility, Clinic, Outpatient Clinic; Medical, Facility, Urgent Care (Non Trauma); Medical, Services, Cholera Treatment; Medical, Services, Mobile Medical Unit/Clinic; Medical,

Services, Obstetrics; Medical, Services, Pediatrics; Medical, Services, Pharmacy; Medical, Services, Surgery; Medication, Rx, Antibiotic, Keflex (Cefalelxin generic)
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; Cap Haitien Health Network (CHHN); Caritas International
Updated Jun 24, 2015 · https://reliefdb.org/shelters/5527