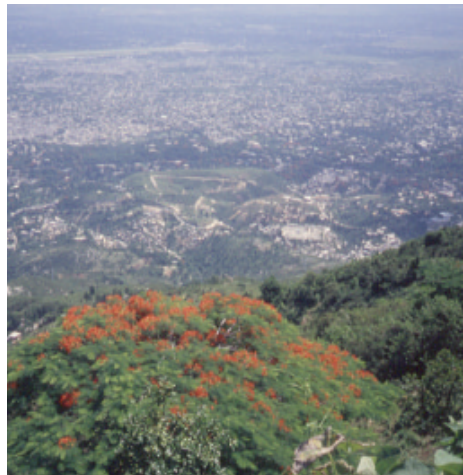


A HELPING HAND FOR HAITI

FAMILY HEALTH MINISTRIES

BY MIRIAM SAULS

A VOLUNTEER GROUP OF DUKE HEALTH-CARE PROFESSIONALS IS TEAMING UP WITH HAITIAN PLANNERS TO DEVELOP CULTURALLY SENSITIVE SOLUTIONS TO MEDICAL AND SOCIAL PROBLEMS IN ONE OF THE WORLD'S NEEDIEST NATIONS.



David Walmer is the first to admit he initially went to Haiti out of a sort of morbid curiosity, to see the poorest people in the Western Hemisphere. That was back in 1993. Now Walmer, a physician and assistant professor in Duke's department of obstetrics and gynecology, goes three to four times a year to the country that has captured his imagination—and his heart.

Walmer's original journey to Haiti was part of a church mission trip. He went to give of his knowledge and expertise. "I live in the most successful and the most powerful nation in the world and grew up believing that we are to be the caregivers and the teachers of the world," says Walmer. "But I learned a lesson on my first trip."

He and his group had hiked into the mountains to run a medical clinic. Two families moved out of their houses so they could set up an office and a pharmacy. "As a gynecologist, I quickly found that the medical students and I were in over our heads, as men, women, and children of all ages filled the village with a variety of diseases in advanced stages," he says. "I was not equipped with the training,

the supplies, or the self-confidence to do what I thought needed to be done. I was both frustrated and afraid. We did the best we could with what we had. But I felt pretty empty about what I had actually accomplished that day after traveling so far by plane, by truck, and by foot."

And then he met his teacher. "A gentleman in the village asked us to come to his house to eat," says Walmer. "He served us rice, beans, and goat meat. The portions were small. After we left, I learned that this man was among the poorest in the community. He had difficulty feeding his own family and he had served us his only animal in appreciation of our coming to help his neighbors. I hiked down the rest of the mountain humbled that someone I did not know was capable of such a powerful message. You want to know why people travel to the poorest nation in the Western Hemisphere? It is to be ministered to."

The notion of rich Americans going to Haiti to receive may seem like a novelty; Americans have a reputation for taking there. When they do give, it is often thought to be with ulterior motives. Take just one example: a dam planned by U.S. engineers and built with U.S. money in the 1950s. American farm owners and the wealthy elite in Haiti benefited, while peasants were driven from what had

Reaching out: Such colorful and scenic moments as a stop in a Port-au-Prince marketplace, left, and the hills overlooking the city, center, are one side of Haiti—but a closer look reveals people in need, like these children attending the school attached to the Cité Soleil clinic

been their land, without compensation, and forced to move into the hills where their resumption of farming caused devastating erosion. Variations on this theme can be heard over and over.

Ask a Haitian why the United States occupied his country from 1915 to 1934, or why it intervened in 1995 and kept troops there until earlier this year, and he might say because the Americans wanted to restore democracy and help build infrastructure. Or he might say America invaded Haiti in 1915 to ward off growing German interests in the country, or more recently to stem the tide of Haitian boat people headed to Miami.

Despite all this, Walmer found people willing to take a chance on a visiting American, people who were gracious and dignified in the face of debilitating poverty. They met him with gratitude, as patient to doctor, but they also met him human being to human being. And he was hooked. This strange country only 600 miles from American shores, the dis-

tance between New York and Detroit—this mysterious country that bombards the senses with roosters crowing and goats grazing in the middle of the city, with flame trees blooming in radiant red on hillsides, with “tap taps” (public transport Toyota trucks) proclaiming that *God is Good* and *Jesus Saves* in brightly painted colors, with luxury homes built beside humble hovels, with brilliant smiling faces on bodies draped in tattered rags—this country welcomed Walmer, and welcomes him again each time he takes the short flight over.

Walmer’s projects in Haiti have grown since that trip into the hills in 1993, to the point that he and others in the area have set up an organization to help run the show: Family Health Ministries recently incorporated and will be attaining nonprofit status soon. As he has taken on new projects over the years, he has done so without knowing exactly how they would be financed or who would bring what gifts to the work. “It has been amazing,” he says. “In every case, someone has stepped forward to fill each need.”

Someone like Jeff Carter, fellow church member and pharmacist at Duke Medical Center, stepped forward to meet a big need. From his position inside the pharmacy, Carter agreed to seek donations from pharmaceutical companies so medical workers would have basic supplies to take with them on mission trips.

“The response from drug reps was overwhelming,” says Carter. “We got truckloads of samples. It was a lot of work to break down all those sample boxes and see what we had, but it was worth it.” Carter later joined a trip to manage the mission pharmacy and found the work rewarding. “I wouldn’t call it fun, but it felt good to help the few people we could. It’s hard not to get discouraged that you can’t do more.”

But Walmer is patient, understanding that people are helped and needs are met one at a time. Carter and Steve Dedrick, director of pharmacy services in Duke’s pharmacy department, have helped Walmer make new connections with pharmaceutical companies so the clinic can get exactly what it needs. “As we learn more about the medical needs in Haiti,” says Carter, “we can choose rational treatments for the diseases that are down there. Things have really fallen into place. David has a magnetic force. He has a way of attracting people who want to get involved.”

A trademark of Walmer’s work is his insistence on developing partnerships with Haitians. Walmer understood from the start that no project would be successful if he did not follow the lead of the people. “When I first visited Haiti, I noticed that many well-meaning organizations were not focusing on problems that Haitians considered to be their primary

concerns. And their efforts frequently failed.”

So all projects start with a simple question: “What do you need?” “Furthermore,” says Walmer, “the Haitians participate in planning the solutions to make sure that they are not only feasible, but in sync with cultural norms.”

A week he spent in 1994 observing at Hospital St. Croix in Léogâne, about an hour west of Port-au-Prince, resulted in a core project for Family Health Ministries. He worked with Haitian obstetrician and gynecologist Jean-Claude Fertillien (“a great name for an ob/gyn,” notes Walmer), and they quickly recognized the correlation between the high incidence of cervical cancer and the lack of functioning equipment and clinic availability in Haiti. He and Fertillien set out to find a way to make things better.

Fertillien came to Duke to train later that year, and they have since formed a strategy to treat Haitian women. Given the realities of the situations there—that women might walk twelve hours to get to a clinic—a follow-up visit to get pap-smear results is not feasible, and so the treatment bypasses standard American protocol. Walmer and Fertillien modeled their strategy on one used in rural Mexico, where conditions are comparable to Haiti’s. Doctors there now skip the pap smear and screen women initially with the colposcope—a gynecological tool that allows the doctor to examine the cervix for pre-cancerous conditions. If there is any evidence, the cervix is treated at the initial visit. While more women may receive treatment than actually need it, this practice significantly decreases a woman’s chances of dying from cervical cancer.

The treatment is being used at the Hospital St. Croix already, and it is hoped it can be expanded to the mountainous rural countryside. But that calls for portable equipment. Enter Gus Rodriguez. A Duke gynecologist-oncologist, Rodriguez is collaborating with Walmer to build a portable and economical colposcope. They have a model currently being tested at Duke, a tool constructed from surgical loupes (magnified eyeglasses), a halogen bicycle headlamp, and a green camera filter. If it proves to be successful, health-care workers will be armed with a new weapon to fight cervical cancer, and women in rural Haitian communities will have a brighter future.

Another spin-off of Walmer’s work is a class offered jointly by Duke’s medical and divinity schools, “Issues of Healing in Developing Countries.” Medical and divinity students take the course together, which is taught by Walmer and his counterpart, Keith Meador, professor of pastoral theology and medicine. It culminates in a one-week trip to Haiti. Some valuable volunteers have emerged from the class, including a key player in another Family Health Ministries project in the rugged hills of Fondwa, a mountain village in Haiti.

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Matthew Baugh is a senior at Duke, but he slipped into Walmer's graduate course because it so perfectly suited his self-designed major of "International Development and Health." Baugh was the obvious choice to fill a need Walmer had been made aware of before the class trip in January 2000—a public-health campaign to teach villagers the basics about health and hygiene.

So Baugh and his American nurse collaborator, who has been in Fondwa for three years, took to the airwaves with public-service radio jingles. "I knew public health and she knew the cultural side of things and the current level of health care, so we were a good team," says Baugh, an A.B. Duke Scholar. "For example, she suggested we compose a song to counteract the local myth that eggs are bad for kids because it rots their teeth, when in fact they have a terrible problem with lack of protein in their diets. And she had observed that the people there put toothpaste on burns, which is anything but healing, so we did a song to discourage that practice.

"We also did a jingle about how to treat diarrhea because it is the leading killer of children in Haiti, and one on nutrition, because 80 percent of children in the country are malnourished." And then there were the more standard messages about things like breastfeeding and dental hygiene and covering feet to prevent contracting hookworms.

"Half the fun was making things rhyme in Creole," says Baugh. "I have been able to pick up Haitian Creole fairly quickly because I speak French, but it's still a challenge to find the rhymes." One of the community favorites is a song for children, "Bye-Bye, Mikwob" (Bye-Bye, Bacteria), in which the listeners are instructed to wash their hands before they eat. Another is the hypertension song "Si ou gen tansyon pinga ou fimen" (If you have hypertension, you should not smoke). Young people from the Fondwa orphanage and a local youth group recorded the songs. "They let me sing small parts, but I counted on them to give the songs the proper Haitian rhythm," he says.

Baugh went back to Fondwa in June, to write more songs and to carry out a survey to determine the number of households in the area with radios, whether they were battery-powered or electric, and whether they were effective in delivering the public-health message. He is planning to turn the survey into his senior thesis.

Other projects in Fondwa include a chil-

dren's nutrition program. Walmer's wife, Kathy, decided to go back to school so she could play a bigger role; in May, she completed a master's degree in nursing with a specialization in pediatrics. The two of them recently committed Family Health Ministries to providing iron, vitamins, and worm medication for 600 children in the Fondwa area, and a new project is on the drawing board to find sponsors for the children so they can attend school. There is no free national public school system, so most children in the area have no hope of

sewers are surrounded by heaps of trash, with row after row of shanties mixed in. Many of the residents have to sleep in shifts because of the lack of dirt-floor-space per capita, and attaining running water—never mind clean water—is a day's work. Life expectancy in Haiti is fifty-one years, and it is even lower in Cité Soleil.

The new clinic, a modest block building, is a welcome addition to a compound that already offers a church and school. A month before a team of doctors is expected, tickets

are handed out to people who have chronic ailments. On an average day, each doctor sees thirty-five to forty patients, and the clinic has room for three or four doctors to work. Patients line up at dawn and often wait many hours for their appointments, dressed in their Sunday best.

Working triage in the clinic can be a challenge. Baugh did patient interviews for a day in June and found that some Haitians didn't have a firm sense of anatomy. "They would say they had a hurting heart and then point to their appendix," says Baugh. "And occasionally we would hear a complaint like, 'My brother put a curse on

me.'" Visiting doctors have to be sensitive to the cultural belief in voodoo spells, even as they look for familiar symptoms from the Western paradigm. Common complaints include head pain, chest pain, nausea, worms, and stomach acid.

Ironically, one of Walmer's greatest challenges is finding a way to transport the enormous amount of donated materiel that is pouring in for his projects. Bill Dennis, head of sterile processing at Duke Medical Center, has had students recycling, resterilizing, and repackaging medical supplies to share with Haiti, and there are boxes and boxes ready to go. Eighteen thousand bottles of medicine have been donated. But there's no mechanism for getting the desperately needed supplies to Haiti. Every person on every mission trip to Haiti from the Triangle already uses his or her allotted 120-pound maximum to transport donations. Because Haiti is off the beaten path of commercial trade, shipping is exorbitant.

"But we'll find a way," says Walmer. "We always do. I didn't plan any of this. But I can tell you that since traveling to Haiti, my marriage is better, my family life is better, my professional life is better. I didn't know that this was possible." ■

Sauls is a North Carolina freelance writer.

Personal contact: Matt Baugh '01 comforts a baby girl abandoned at the Fondwa orphanage, where he worked in the clinic



ANOTHER SPIN-OFF OF THE HAITI WORK IS A CLASS OFFERED BY THE MEDICAL AND DIVINITY SCHOOLS, "ISSUES OF HEALING IN DEVELOPING COUNTRIES."

getting an education without outside help.

At the same time sponsors are being sought, so are strategies that can help families improve their economic conditions and eventually be able to finance the children's education themselves. "One pig can finance a child's elementary education," says Father Joseph Philippe, Walmer's local partner in the Fondwa projects. "So we are helping the villagers to start raising pigs. And we are teaching agronomy to improve farming practices—and, hopefully, income."

Back in Port-au-Prince, Family Health Ministries participated in a recently completed clinic-building project in Cité Soleil, the worst slum in the poorest country in the Western hemisphere. Covering four square miles on the northern edge of the city, Cité Soleil is home to 400,000 people living in conditions that defy the imagination. Open