

March, 2007

## Greetings from Gatineau, Haiti!

A young Haitian man from a village near Gatineau was cut with a machete while working in his fields a few weeks ago. The next day he began having spasms in his muscles and by the following day he was dead. The cause of death was known to all the local villagers: tetanus. Had there been a clinic nearby with anti-tetanus toxoid and vaccine, he would not have died. In a village not far from this young man's was a 23 year old woman, pregnant with her second child. She had had no problems during the entire 9 months of her pregnancy and she and her husband were only waiting for her to go into labor. Around midnight on a night in December, she began bleeding. Her husband gathered his neighbors and they took her to the nearby clinic, waking up the nurse who was there. She started an IV, but there was nothing she could do to stop the bleeding. It took until noon for them to get her down to the hospital in Jeremie and just after getting there, she and her unborn infant died. Was the cause of death placenta previa or lack of access to emergency obstetric care?

## COMMUNITY NEEDS AND RESOURCE ASSESSMENT

Tetanus in adults and newborns and deaths during pregnancy and delivery are only two of the many medical concerns expressed by people in the communities around Gatineau. Since early February, Cherlie Severe and I have been walking around the communities near our future clinic site in Gatineau, talking with leaders in the communities as well as general community members about the health resources available in their area and the health problems they face. It is part of a community needs and resource assessment that I am conducting in association with Johns Hopkins School of Public Health, and as part of the requirements for my Master in Public Health degree. We have identified 17 communities that are within a 2 hour walk of the clinic site, and are conducting interviews in the homes of the community leaders (pastors, professors, government officials, witch doctors, traditional healers, health workers, large landowners and women involved in commerce.) in each of the 17 communities. These interviews, as well as large community meetings, allow us to engage the community members in a general discussion about the health re-



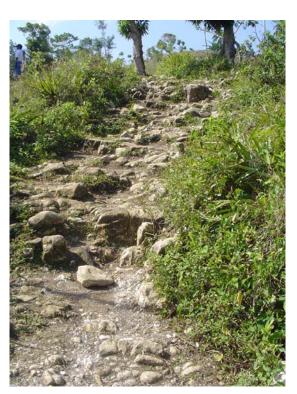
Conducting an interview with a traditional healer and a female community leader

sources available in their communities, health problems they see in their area and changes they would like to see to help the people in the community live better lives. The response to our visits has been overwhelmingly positive. Most of the people are amazed that we are coming to them to get information. And actually walking to get there! As one middle-aged farmer said, "To have a doctor come to our houses and talk with us about our concerns is a miracle from God. I am going to pray for your health and safety as you do this." The number one priority for their communities is health care. We hear them say over and over, "health is life". So, we want to work with them to improve their access to good health.

Page 2 Newsletter March, 2007

#### PROJECT UPDATE

I spent some time in Port-au-Prince in December and was able to meet with the Haitian Minister of Health. He was very enthusiastic about our project and the potential to significantly improve health care for the thousands of people living in the area around Gatineau. He has given us written approval of the project, which allows us to begin construction of our facilities. We are now working with the members of the local Haitian NGO, Mozal, to finalize legal paperwork putting the land in our (FHH's) name. This will help avoid any future problems with land ownership. We are working on making some revisions to our initial building plans, in an effort to be as economical as possible, but still provide the services that will be necessary to help this population with their most immediate needs, such as obstetrics. We are also looking for another engineer to supervise our construction, since Steve and Joline Moore have decided to leave Friends for Health in Haiti and work with another organization.



Rocky mountain path, typical of the terrain in the area.



Cherlie and one of our community workers climbing a rocky hill.

#### **PUBLIC HEALTH CORNER**

One of the things that is very important to us in terms of the sustainability of our work here in Haiti has to do with community participation. When the local community participates in the development of a project, both in terms of planning and implementation, the project is more likely to succeed over the long term, because they are motivated to see results from their own efforts continue far into the future. They take ownership of the project and treat it as if it's theirs. This is known as community sustainability, and is based on community participation, which has to be cultivated from the start of a project. This is opposed to the "hand-out" mentality, where those responsible for a project come into a community and announce that they are there to do a project. In this situation, the community plays no active role in the process, and dependency is created, rather than empowerment.

The community needs and resource assessment we are presently conducting helps us to have a better understanding of the issues related to health care availability, barriers to access of care, and overall health needs in the communities. Once this information is summarized, it will help us as we develop our programs and decide our priorities of service. But, it also helps to begin the process of community participation and, hopefully, long-term community sustainability.

Page 3 Newsletter March, 2007

#### MOVING FORWARD

We appreciate your prayers and support as we move forward with this challenging project. As Cherlie and I go into the local communities, we are more and more convinced of the need for health care in this area. Our hearts have been touched by the struggles of the people in the communities we have visited thus far. They have very few health care resources available to them and the nearest clinics are far from them and often lacking in materials and medications. When there are emergencies, such as difficulty in labor or a serious illness, they need to go to the general hospital in Jeremie. Since there is no regular transportation in this area, and most of the roads into the mountain villages are inaccessible by vehicles, the ill person often needs to be carried to Jeremie. This involves putting them on a "branka", which basically means strapping them onto a chair, hoisting it up on the shoulders of two men, and carrying them down the mountain to Jeremie, over rough, rocky roads, up hills and down, a trip that takes



Small house on FFH land to be used as a temporary clinic during construction.

many hours by foot. In these cases, the whole community is mobilized to give assistance with the transport. But, due to the length of time it takes to get organized and get to the hospital, the ill person or pregnant woman often dies before they can get there. These people are the ones we will help the most with our clinic up in the mountains. And, once we are able to provide maternity care and C-sections, we will be able to save the lives of women who are now being lost. Women like the 23-year old wife and mother with placenta previa. We agree whole-heartedly with one village leader who stated, "our women should not die trying to give life".

The communities are anxious to see this project succeed and are motivated to participate with us. As they say, "we don't have money, but we can work with our hands. And, with many hands the load is light" (Haitian proverb). We are anxious to begin to help them, but are still lacking the financial resources to begin construction. For this, we need your prayers and support. We expect to have approval of our 501c3 non-profit status within the next month or two, and this should enable us to broaden our fund-raising efforts. If you are interested in hosting a fund-raising event or get-together, please let Tracy, our administrative assistant, know. The more we enlarge our circle of helpful volunteers, the greater impact we can have on the needs of the Haitian people.

Due to the severity of the medical needs we have seen as we walk from one mountain community to another, we have decided we will start to do patient consultations beginning in August, even while construction of our buildings is going on. There is a little tin-roofed house on the clinic property that we can use as a temporary clinic (see photo). With some basic medications and supplies (see page 4), we can begin to see patients several days each week, providing ongoing care to those in the area and establishing a presence in the community. This will be very encouraging to them, and will let them know that we are serious about partnering with them in improving health in their communities.

So, please pray with us that the Lord will give us wisdom and strength, and join with us, so that we can prevent needless deaths from problems like tetanus and complications of pregnancy. The needs are great, but so is the potential for significant impact in improving the health and changing the lives of God's people.

Sincerely,
Catherine Wolf, MD
Executive Director

Page 4 Newsletter March, 2007

#### Medications needed (expiration dates from 9/07 on)

Antibiotics (penicillin, amoxicillin or augmentin, cephalosporins, erthromycin, other macrolides, TMP/SMX, cipro or levaquin)

Anti-hypertensives and diuretics

Oral hypoglycemics

Non-steroidal anti-inflammatory agents

H2-blockers or proton-pump inhibitors

Topical antibiotics, antifungals, steroids

Ophthalmic antibiotics

Iron sulfate

Multiple vitamins

Acetaminophen

Inhalers (albuterol, atrovent)

#### Supplies needed:

BP cuffs

Stethoscopes

**Thermometers** 

Gloves - sterile and non-sterile

Gauze - sterile and non-sterile

Tape

Steristrips

Suture material: 4-0, 5-0, 6-0 nylon and vicryl for laceration repair

Glucometers with test strips

**OB** doppler

#### If you have medication or supplies to donate, please contact:

**Greg VonRoenn** 

wvonroenn@wi.rr.com

Office: 262-790-1118

Home: 262-242-9485

~or~

Jim Rodrian

jim@rodrian.com

Office: 262-781-4750

### Help us save printing and postage costs!

Sign up on our website, or e-mail us at friendsforhealth@gmail.com to be added to our email newsletter mailing list.



Interviewing a local woman involved in commerce.

# Haven't been to our website yet?

Take a look today! Here are some of the things you will find there:

The **About** page will give you general information about Friends for Health in Haiti, Inc. How we got started, our background and goals.

The **News** page will provide the latest updates. You will also find an archive of past newsletters and a place to subscribe to future email updates.

The **Support** page will detail how you can provide support through financial contributions, time and prayer.

The **Missionary** page will introduce you to our missionaries. You will also find individual news and updates about them.

The **Links** page provides links to our partners and other useful information.

The **Gallery** has photographs from Haiti, and will be continually updated as construction and operations progress.

www.FriendsForHealthInHaiti.org

Financial contributions may be mailed to:

Friends for Health in Haiti P.O. Box 122 Pewaukee, WI 53072