



A quarterly newsletter for Friends for Health in Haiti, by founder and executive director, Catherine E. Wolf, MD MPH

### Our Mission

The mission of Friends for Health in Haiti, Inc. is to improve the health status of the people of Haiti through high-quality health care provided in a caring, compassionate and respectful manner, as a means of demonstrating God's love in this world and as a reflection of our faith in Jesus Christ.

### Friends for Health in Haiti is on the web!

- Regular updates on our blog.
- Photo gallery filled with photos of clinic site, patients, and life in Haiti.
- Donate online!

[FriendsForHealthInHaiti.org](http://FriendsForHealthInHaiti.org)

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## CONSTRUCTION HAS STARTED!

We are happy to report that our outpatient clinic construction project has officially started! Here is a summary of the events leading up to this exciting development:

A little over a year ago, we applied to **Engineering Ministries International (EMI)** for help with final construction designs and site plans for construction of our outpatient clinic, maternity center and ancillary buildings. They accepted our application and sent a surveyor to our site in November 2010. Then, in March 2011 a team of 7 EMI engineers and architects spent a week with us evaluating the site, local water sources, electricity systems, etc. and gave us final floor plans and detailed construction diagrams for each of the future buildings. This artist rendition shows our outpatient clinic building on the left with the lab, Xray and pharmacy building on the right.



In April 2011, we began construction of the entry road onto the site and concrete bridge over a creek that runs through the site. Here's the completed bridge with retaining walls as of mid-July.

We invite you to go to our website ([friendsforhealthinhaiti.org](http://friendsforhealthinhaiti.org)) and follow our construction progress on our blog, which you can access directly at <http://friendsforhealthinhaiti.wordpress.com/>



## BEFORE AND AFTER

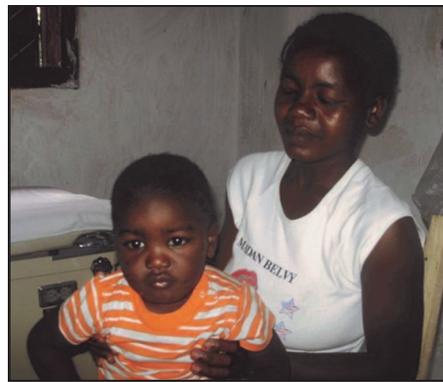
In the medical profession, it's always helpful to receive feedback on the outcome of a given patient's treatment – if they haven't been helped, we want to know it so we can try something else or investigate the condition further and if they have improved, it's gratifying to know it. In Haiti, follow-up is often difficult, due to the effort required for patients to return to the clinic. Below are some stories of patients who did return to us with improved medical conditions:

**James Emile was seven months old** when his mother first brought him to the clinic in April 2010. He had a severe rash all over his body and face that I thought was most likely due to scabies (a parasitic infestation) with secondary bacterial infection. We treated him for several weeks and he made some initial improvement but then his mother didn't bring him back for follow-up as scheduled.

**We were thrilled to see him again in May– a handsome little fellow with a beautiful face!**



Severe facial rash, 7 months old



James at 21 months of age

**Christella Noel** was brought to the clinic by her father on November 23, 2010 with severe swelling of her whole body. She appeared to be very malnourished and we thought she might have some kidney disease as well. We prescribed some medication but she never came back to the clinic and we thought she might have died. Much to our delight, **she made a surprise visit to us** on June 14, 2011 to show us how improved she was:



Christella Noel



Seven months later

## BEFORE AND AFTER (CONTINUED)

**Leonie François**, a 72 year old woman, came to see us in February 2009. As she spoke to us, she covered her face with her hands, trying to hide some ugly sores on her lips. She also had a rash on her upper chest. She said they had been present for many years and she had sought consultation in all the nearby clinics and hospitals, but nothing had helped. She was ashamed of her appearance and rarely went out of her house. But, she had heard good things about our clinic and thought there was a chance that she could find a solution to her problems here.



Leonie François,

We initially tried some creams on her lips and chest, but they didn't help. So, when I saw her back in a month, I thought, "She just might have a vasculitis", an inflammatory disease involving the blood vessels. I placed her on a steroid called prednisone and after several months of treatment, she was much improved. **She was thrilled with the result**, especially since her husband was now able to kiss her! Oh, the joys of modern medicine.



Leonie François, after several months of treatment

When we first saw little 1 year-old **Mediana Duperval** she was extremely ill with a severe anemia. She had been born with a large hemangioma on her right shoulder – a birth defect that is basically a large mass of blood vessels under the skin. The hemangioma had bled severely for several days after she scratched it and the parents brought her to us for treatment. We found that she was severely anemic, so we took her immediately down to the general hospital in Jérémie, where she was hospitalized for several weeks. The anemia improved, but she still had the large hemangioma on her arm.

Large hemangioma, right arm



Her parents brought her back to the clinic after her discharge, and they were very distraught, afraid that the hemangioma would bleed again and she would die. "I understand your concern", I said. "We can try some medication, but she'll need to take it every six months, so you need to bring her to see us regularly." They said that wasn't a problem, so I started her on a course of high-dose steroids every six months. **To be honest, I had never treated a case like this before, so even I was amazed to see the result after 15 months.**

Mediana Duperval with improved hemangioma of the right arm



***At the start of each clinic session, we pray with our patients for the Lord's wisdom and guidance as we evaluate and care for them. And, we make sure that they know that doctors treat, but it is the Lord who heals. So, if they obtain improvement in their medical condition, they shouldn't thank us, they should thank the Father in heaven. He is the Healer, we are only the instruments he uses to accomplish his purposes.***

# THE PHYSICAL COST OF MEDICAL CARE



Inoclèse Belle Fleur (his last name means "beautiful flower") is 90 years old. He has a wife, 10 children and 15 grandchildren. A few weeks ago he came to our clinic with complaints of dizziness and weakness. "I heard good things about this clinic, so I had to come see for myself," he said, smiling. As we talked about his symptoms, I asked him

how far he had to walk to get to the clinic from his home. "Oh my," he said, "it took me two days to get here." "What?" I asked, a bit incredulous. It turned out he had left home the previous day at 6am and got to a nearby town called Preville at 3pm, where he stayed overnight. He was up at 4am and arrived at our clinic at 6am, early enough to get a seat on the first bench (patients sit on benches outside the clinic in the order in which they arrive, so the first ones receive the lowest numbers and are seen first). We began seeing patients at 9am and he was the fourth person to be seen that day. As he left, he said he thought he could make it all the way home that same day. He didn't like to be gone so long from his elderly wife!

In a country where life is as difficult as it is in Haiti, you have to be in pretty good health to live to the age of 90, and Inoclèse was no exception. His blood pressure was normal, his heart sounded fine and he wasn't anemic. He was thrilled to hear such a good report and was happy with the vitamins and pain medication I prescribed. After he left, I thought about the sacrifice and physical effort it takes for one to access medical care in Haiti. Because it is a priority for them, Haitians expend great effort in obtaining health care. We are very glad that we are able to be of service to these rural Haitians and we look forward to the day that we can provide them with excellent, compassionate care in a newly constructed facility.



## PUBLIC HEALTH CORNER

In October 2010, an outbreak of cholera began in Haiti, less than a year following the devastating earthquake that left over 1 million people homeless. From October 2010 to April 2011, there were 274,418 cases of cholera and 4787 deaths related to cholera reported across Haiti. Cholera is caused by a waterborne bacterium that causes acute watery diarrhea. Infected patients become dehydrated rapidly and up to 50% of untreated cases result in death. Poor water and sanitation conditions have been responsible for the spread of cholera in Haiti as evidenced by the following statistics: only 17% of Haitians had access to adequate sanitation in 2008, and only 12% were using treated water.

Great efforts are now being made by the Haitian government and non-profit organizations to improve Haiti's water infrastructure by improving water sources and providing point-of-use water purification technologies. In addition, there is a need to expand the use of latrines and manage waste. These efforts need to be accompanied by prevention efforts including education about hand-washing, water, sanitation and hygiene.

At our clinic in Gattineau, we do daily prevention education with our patients and have been involved in the distribution of hygiene kits containing soap and personal hygiene items. Over the next six months, we plan to evaluate all of the water sources within our service area, design ways to cap and protect these water sources and identify areas where wells are needed. Through our previous seed distribution programs, we have identified several communities where there is strong leadership and good sense of development and we expect to begin some pilot latrine-building projects in these communities. All of these efforts help contribute to improved health and well-being of our patients and their families.

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