

Friends for Health in Haiti Newsletter

Spring, 2008

Meet Our Patients

Previle Elisée collapsed on the road as he was making his way to our clinic one morning. At 87 years of age, he probably shouldn't have been making the trip on foot alone. But, he lived in a house by himself in the mountains about a two hour walk away, refusing to come live



Previle Elisée

with his daughter and grand-children who live down the road from the clinic. Fortunately for him, some young men were on the foot path at the same time, and they half carried him the rest of the way to our door. When he arrived, he was pale and sweaty, with a low blood pressure and rapid pulse. We quickly did some simple lab tests and treated him with medications and fluids until he was feeling well enough to continue on to his daughter's home nearby. We encouraged him to stay close for the next few weeks, until he regained his strength. And, stay close he did, becoming one of our most faithful returning patients.

Three year old Michemana Michel was crying as I examined her. Any movement or even gentle palpation of her left leg made her scream in pain. Her mother said she had had a fever for three days and her leg became swollen and progressively more painful during that time. Her mother had carried her in her arms an hour up the mountain to reach our clinic that day. She had arrived late and had received the last consultation number. But, it was obvious not only to us, but to the other patients waiting for consultation that day, that this little girl was ill and suffering. So, they quickly agreed that she should be seen first.

Normally, patients are given a consultation number in the order in which they arrive at the clinic. We then follow those numbers very strictly, so that people can see that we do not practice the favoritism that is so frequent in Haiti. Triage of ill patients, however, is a medical priority, and we discuss the necessity for triage with patients when we welcome them each morning. As a result, it is often the patients themselves who let us know when someone is more severely ill and in need of immediate attention.

As it turned out, Michemana had a severe skin infection called cellulitis, so we gave her some antibiotics and pain medication and let her sleep on a cot in a side room of the clinic. She was much more comfortable later in the day, although she still refused to put weight on her swollen leg. We gave her and her mother a ride home that day and asked the mother to give us a report of her progress on our next clinic day. We were disappointed when we didn't see her among the patients waiting for consultation two days later and we only hoped that she hadn't gotten worse.

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TOUR OF THE CLINIC

Many readers have asked about what a typical clinic day is like. So, here's a tour of our clinic in photos.



Each Tuesday and Thursday morning, we pack our boxes and a suitcase of medications and supplies into the pick-up. We have a separate box for laboratory tests and a bag which holds all the patient charts. We recently saw our 500th new patient!



Our caretaker, Annous Guilloux, arrives at the clinic around 7am. He sweeps the yard and the clinic, wipes down the tables and desks, sets out the benches and gives out numbers to the arriving patients.

House where consultations are currently being held.



We arrive at the clinic around 9am and find most of the patients already waiting for us on benches outside the clinic building. The benches are set up under a coconut-leaf-covered roof, giving some protection from rain and sun. Each patient is given a number in the order in which they arrive, and this is the order in which they are seen.



We set up our equipment on desks and set out the medications on a table in our pharmacy room.



Then, we greet our patients and spend a few minutes talking with them. We explain our pricing system, make announcements about future clinics, do some teaching about common illnesses, explain our reasons for being there and hopes for future expansion and then pray with them before clinic begins.

TOUR OF THE CLINIC continued...



Cherlie Severe, RN then calls each patient in by number, registers them in a log book, makes up a patient chart and takes their vital signs. They then wait for me to call them in for consultation.



I talk with and examine them and decide what medications I think they need. Together we discuss the reason for the medications and the price they will need to pay for them. If they are lacking funds, we allow them to buy on credit. This assures that they will be adequately treated and shows that we trust them to pay us back in the future.



The medications are pre-packaged, so we quickly identify the ones they need, write out a receipt and record the transaction in a logbook. Here is visitor Becca Mahn, daughter of Milwaukee cardiologist Tom Mahn, helping out in the pharmacy.



Cherlie then goes over the medications, making sure the patient or a family member understands how they are to be taken. She does any other patient teaching that is warranted, including diet instructions, nutritional and hygiene teaching, and reminds them of their next appointment. Then they are discharged home.



At the end of the day, we pack up all our equipment and supplies, load up any passengers to whom we're giving a "free ride" and head back down the mountain to our home in Jeremie. We pray on the way up and down that someday soon, we'll be able to live and work fulltime in Gatineau, among our new neighbors and friends.



*Michemana
Michel*

Meet our Patients...Continued from Page 1

Much to our surprise and delight, there was little Michemana waiting for us by the side of the road as we went down the mountain after clinic that day. She was jumping up and down, showing us how good she was feeling, saying "Thank you, doctor, thank you, nurse," over and over again. She has become our friend now, waving happily and saying hello each time we drive by her house. A little, happy friend and soon-to-be neighbor.

RELATIONSHIPS AND OUR MISSION: Improving Health, Changing Lives

As we continue with our clinical work and interact with our patients, we are also developing relationships with them – relationships that will continue far into the future and which will be valuable to us as we transition to fulltime work and live in Gattineau fulltime. These people will be our friends and neighbors, and, eventually, we hope they will be our brothers and sisters in the Lord. We begin each clinic session with prayer, letting people know that the reason we have left our family and friends in the US and returned to Haiti to live and work is because of Jesus and our desire to serve him in a needy area of a poverty-filled country. Sometimes, we have the opportunity of sharing our faith in more detail, as we discuss spiritual issues that may be impacting their physical health. It is our desire to help people change their lives not only physically, but spiritually as well.

Relationships

At our house in Jérémie, Cherie and I have employed a woman named Madam Gerard, to help with cooking, cleaning and gardening. Shortly after beginning to work for us in September, we found out that she, a widow, and her 3 youngest children were sleeping on our roof at night because they had no place to live. Once we recovered from our surprise, we made room for them in the house, where they could sleep at night and keep their belongings. The next youngest son, a 16 year old named Misolo, joined them a few weeks ago. He had been sleeping in the street outside the UN military base, living on handouts from the soldiers. Cherie persuaded him to come back to live with his mother and to help us out with yard work, in exchange for regular meals (hunger was the main reason he had left home in the first place).

When I was in the US last fall, one of my sisters gave me some of her used shoes to bring down here to give away. She wears a brace on one leg and has specially made shoes that she has to wear. She was sad to give up her "normal" shoes, realizing that she wouldn't be able to wear them again.

Well, it turned out that Misolo didn't have any shoes to wear. The only pair of tennis shoes he owned had been stolen several weeks ago. So, one afternoon last week, we located Laura's shoes and among them was a very nice pair of suede ankle boots – sturdy and in excellent condition. We took them outside to Misolo and suggested that he try them on. The look on his face as he slipped his bare feet into the boots was priceless. He was so thrilled, you would think he had just discovered a million dollars! "They fit great," he said. And, as he carefully tucked them under his arm to put them in his room for safekeeping, his grin stretched from ear to ear. Laura's sadness was replaced by Misolo's joy.



Misolo

CLINIC STATISTICS FOR FIRST QUARTER, 2008:

ITEM	RESULT	NOTE
Total clinic sessions held	22	Clinic was cancelled 3 times due to heavy rains
Total patients seen	435	
New patients	269	
Localities represented	52	
Visiting physician clinics	1	Dr. Tom Mahn - cardiologist

PUBLIC HEALTH CORNER

In each of our newsletters, we will include some information pertaining to the practice of public health, so that you, our readers and supporters, can learn with us about the health issues of most concern to those living in developing countries such as Haiti. We welcome feedback and further discussion of these issues with you, so feel free to contact us at friendsforhealth@gmail.com.

Medical personnel sometimes wonder what is the difference between medicine and public health? Or, as I like to phrase the question, what is the difference between the **medical model of care** and the **public health model**?

- Physicians are trained according to the medical model, which basically involves looking at an ill patient and deciding how best to treat their illness, no matter how many resources are required.
- The public health model looks at populations of ill people, trying to figure out what could have prevented the illness in the first place and improve the health not only of that individual, but of the whole population of which he or she is a part. Another important aspect of the public health model has to do with using limited resources in a way that will help the most numbers of people (this involves cost-effectiveness and efficiency) and be equitable to all.

In our work in Haiti, we are operating with both models. We place priority on the public health model, as we care for individual ill patients. We try to prevent similar illnesses in the future, make sure that all people have access to basic medical treatment, and use our resources in the most effective and efficient manner.

Our goal is to improve health in entire communities, establishing a model of care that can be replicated elsewhere. Meeting this goal begins with improving access to primary care of illnesses, so that minor illnesses can be treated promptly, thus preventing more serious complications from developing.

There are many things that prevent people from getting the medical help they need in Haiti. These include distance (usually people have to travel on foot and the country is very mountainous), expense, fear of doctors and hospitals, and personal beliefs about health and disease. Many times, even when a patient is able to get to a local clinic or dispensary, they don't find the medications they need, or the staff is not trained adequately to treat their illness. That's why we place special emphasis on having an adequate supply of essential medications and in providing the highest quality care possible.

In future newsletters we will discuss further plans we have for meeting the health care needs of the communities we serve.

URGENT NEEDS

JEEP: We are presently seeing patients twice a week in a small house on our future clinic site. We prepackage all of our medications and bring them up with us to the clinic in boxes each day. In addition, we bring with us several "kits" that we have made up to help deal with emergency situations we may face on any given day. But, sometimes, patients are in need of more advanced care and we have to use our pick-up truck as an ambulance, transporting them down the mountain to the government hospital in Jérémie. We desperately need to purchase a 4-wheel drive jeep that will enable us to negotiate the poor roads more effectively and protect our passengers from the rain.

OUR NEW BLOG

Now you can read more frequent updates from Dr. Katie Wolf. Meet more of our neighbors and patients, learn about the recent political unrest, the activities of the project, and more.

The blog can be found via links on our website at www.FriendsForHealthInHaiti.org.

Or find the blog directly at www.FriendsForHealthInHaiti.org/blog/.

CLINIC CONSTRUCTION: Please pray with us for the funds necessary to begin construction on our clinic and maternity center in Gattineau. Once this building and staff living quarters are completed, we will be able to provide medical services for the people in the area on a daily basis. And, we will be better able to interact with the communities around the clinic, in order to achieve our goal of a community based medical ministry.

Friends For Health
I N H A I T I



Your gift matters!

FINANCIAL CONTRIBUTIONS MAY BE MAILED TO:

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You can also donate online from our website:
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