



# Friends for Health in Haiti Newsletter

October, 2006

## *Greetings from Baltimore, Maryland!*

In my last update, I told you we were in Jeremie, renting a house for Steve and Joline Moore, Cherie Severe and myself to live in during construction of buildings on the hospital site in Gattineau.

### **BALTIMORE**

I left the other three in Haiti at the end of August and came up here to Baltimore to continue with my Master of Public Health (MPH) studies at Johns Hopkins Bloomberg School of Public Health. It has been quite an experience being a fulltime student again. I've taken a full load of 5 courses (18 credits) and it's made me almost as sleep-deprived as working nights in the ER! But, it's been a great experience and I'm continuing to learn much from the excellent professors here at Hopkins.

### **NETWORKING**

One of the great advantages of being on-campus for courses, rather than taking them on-line, is the chance to personally interact with the professors and with other students. Many of them are interested in helping us out in Haiti, both in planning our programs and, perhaps, in doing future research. So, that's been very exciting. I have also been attending weekly meetings of the Public Health Christian Fellowship group, for a time of Bible study and prayer. About 15-20 public health students from di-

verse backgrounds and different countries gather each week to have lunch and share what God is doing in each of our lives. It's great to see young people so committed to the Lord and to improving the health of the people of the world!

### **THE NEXT FEW MONTHS**

The semester will finish next week and I will have completed all my course work for the MPH degree. I have to do a final project in order to graduate, but I am doing that in conjunction with the work in Haiti, so I can accomplish two things at once! I will be spending the first two weeks of November in Milwaukee, meeting with people, cultivating interest in the project and doing some future planning. Then, I'll spend a few weeks with family in New Jersey and at our condo in Florida before returning to Haiti in early December. Cherie will be coming up to NY to see family and will go back to Florida with me. Then, I should be in Haiti until early March.

### **WHAT'S NEXT**

We are still awaiting official approval from the IRS as a non-profit organization (501(c)3). We anticipate that coming in the next 2-3 months, after which we can intensify our fund-raising efforts. Steve Moore, the construction manager, will break ground at the site once we have suf-

ficient funding to buy the initial equipment and supplies for digging the foundations. So, please pray with us that the Lord would raise up those people he wants to be involved in this exciting endeavor. We think that great things can be accomplished in His name in this needy area of the world and we appreciate your partnership with us in making this vision become a reality.

### **We appreciate your prayers for:**

- ~Safe travel for myself and other missionaries in the months ahead
- ~IRS approval of our non-profit status
- ~Wisdom in planning fund-raising activities for the spring
- ~Hearts of God's people to be open to partnering with us in our work
- ~Respectful dialogue with the communities around Gattineau regarding their needs
- ~Sensitivity to one another as we all try to live together

### **Blessings,**

**Katie Wolf**

**Executive Director**

**Friends for Health in Haiti**

Visit our website for the latest news and missionary updates:  
[www.FriendsForHealthInHaiti.org](http://www.FriendsForHealthInHaiti.org)

## Public Health Corner

One of the things that is very important to the success and long-term sustainability of this project is community involvement. Those of you who have spent time in Haiti know how difficult it is to get Haitian communities to organize themselves to accomplish a task. They don't trust one another and don't often like to share what they've learned with others. And, in many areas, they have become dependent on outside assistance to do things for them. So, one of the first things we will be doing is to meet with the communities and their leaders and begin a dialogue with them, learning what they feel their greatest health needs are, what they do now when they have health problems or emergencies, what they would like to see in terms of medical care in their area and how they think we can help them to improve the health and well-being of the community. This dialogue will also give us a chance to emphasize the fact that our work in the Gattineau area is dependent on their input and contributions as well. We're not there to put a hospital in their midst. We are there to cooperatively design, build and operate a health care system which has the potential to improve the health of thousands of people in that area of Haiti, and to change the hearts of people as we minister to them in the name of our Lord. We want the local communities to take ownership of that idea and that vision and work with us in achieving it.

I mentioned in my last newsletter that we will be working closely with Haitian Health Foundation (HHF), an organization that is based in Jeremie and has a very extensive community health program in the Grand Anse area. They have trained community health agents in most of the small villages in the mountains outside Jeremie, and these agents do health teaching in the communities, organize immunization programs, run Mother's Clubs and Father's Clubs, give antibiotics for childhood pneumonia, and act as the first line of referral to more advanced care for people who are ill. HHF recently received a 5-year grant from USAID to conduct a birth preparedness program in the communi-

Maternal Mortality Ratio = # pregnancy-related deaths per year/100,000 live births in that same year. It is a measure of the risk of death once a woman has become pregnant.

MMR for Haiti = 680/100,000

MMR for US = 8/100,000

Lifetime risk of dying pregnancy related death in:  
Haiti = 1 in 29

Dominican Republic = 1 in 200

Sweden = 1 in 30,000

ties, teaching them how to recognize problems in labor and delivery, and to have a plan in place for transportation of women who are having complications of pregnancy. Maternal and neonatal mortality rates are very high in Haiti, largely due to the fact that, when a woman has a problem at the time of delivery, she is unable to get to a hospital for emergency obstetric care in time to save her and/or her infant. In the whole Grand Anse area, there is only one hospital that provides these types of services, and that is a government hospital located in Jeremie itself. So, one of the areas of service that we want to emphasize from the outset is maternity care, both prenatal consultation and the provision of emergency obstetric care in the form of C-sections and assisted deliveries in our outpatient clinic. We will, in essence, be a clinic with maternity services, so that we can rapidly begin to make an impact on the significant problems of maternal and neonatal mortality.



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