

OUTREACH TO HAITI

espwa, our newsletter of hope



H E L P I N G H A I T I A N S H E L P H A I T I A N S

CHRIST ROI CLINIC

Providing quality healthcare for 25 years



A mother assists Rose-Laure, nutrition coordinator, in measuring her child during a clinic visit.

By Dennis Petruzzi

People from the Christ Roi neighborhood begin to form the semblance of a line outside the gate of the Outreach to Haiti clinic at about 6 a.m. The clinic will not open until 8 o'clock. Many who wait are mothers with their infants or young children. Some of them come because they know that they are in need of specific medical care. Others come because our trained health agents have visited their home and identified a condition that may need attention. Either way they will be seen and will be provided compassionate and competent care.

The clinic is staffed entirely by Haitian medical professionals. We have three part time physicians who provide rotating coverage, Monday through Friday. We are primarily a maternal and child healthcare facility and so one of the doctors is a pediatrician and another is an OB/GYN specialist. The third, a general practice physician, allows us to see adult male patients one day a week.

We see 6,000 patients annually and treat a wide range of often preventable and very treatable diseases. The most common are anemia, high blood pressure, respiratory and urinary tract infections, diabetes, and malnutrition.

We have an onsite diagnostic laboratory and a pharmacy each staffed by one professional. The approximately 5,500 lab tests we perform each year allow us to screen for and treat common diseases in Haiti that impact mortality and morbidity. Having this resource close to home greatly assists our physicians in diagnostics and in prescribing timely and effective treatment. Our laboratory is recognized for its high standards and performance and is sought out for service

by other clinics in the area. The pharmacy is small but it is stocked with prescription and over-the-counter medications and is a big part of the continuum of care we strive to provide our patients.

A corollary service we provide is a fully integrated nutrition program. Malnutrition is a major cause of death in children under 5 in Haiti. Our pediatrician uses appropriate weight-to-age metrics to enroll moderately to severely malnourished infants and children into this program. Here, children receive ongoing medical consults, needed food and supplements, and are completely vac-

inated against measles, polio, tetanus and other preventable diseases. When available, the severely malnourished children receive a nutritional peanut-based product called Plumpynut which accelerates their return to normal weight. A few miles down the road from our clinic, Outreach supports Madame Samson's feeding program which further combats the effects of food insecurity by providing a hot meal to 65 needy children 6 days a week. Regular donations from St. Mark the Evangelist (Westbrook, CT) and a recent grant from the Operation Rice Bowl Fund of Diocese of Norwich help keep these programs running.

The clinic has been there to respond to the earthquake of 2010 and the cholera epidemic which followed thereafter. Most recently, the Caribbean was struck by the mosquito-borne chikungunya virus which is extremely painful and debilitating. Haiti was not spared this new burden and our clinic responded by providing treatment and medications to the neighborhood.

Our clinic has been a trusted source for quality healthcare in Christ Roi for over 25 years. It began with consults and pharmacy services. Over the years we have added the laboratory, and programs for vaccinations and malnutrition. With support from our donors we plan to grow and evolve so these critical services can continue to be available to the people whom we serve.

"We are guilty of many errors and many faults, but our worst crime is abandoning the children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer 'tomorrow,' his name is today."

— Gabriela Mistral

Dr. Lavilette: The clinic's guiding force

By Rosemary Edwards, MD, MPH
Medical Advisor to the OTH Board

Throughout ravaging tropical storms, long droughts, the 2010 tragic earthquake, and cholera and chikungunya disease epidemics, Dr. Nadine Jacquet Lavilette has provided unfailing leadership for Outreach's comprehensive healthcare services.

Dr. Lavilette, a pediatrician educated and trained at the University General State Hospital in Port-au-Prince, joined the medical staff of Outreach in 2008. Since then she has directed the activities of Outreach's medical professionals, which includes two other physicians, a nurse, a laboratory technician, a nutrition program educator and two community health agents.

Together, this team strives each day, to ensure that men, women and children in Christ Roi enjoy better health than statistics would predict for Haiti, a country with some of the most concerning health statistics in the world.

People in the U.S. have seen the images of poverty in Haiti on TV. But what they may not know is that even if healthcare services are available, the cost is often prohibitively

Our clinic is a trusted community resource in the neighborhood. We provide critical services to the women and children of Christ Roi which not only make a tangible difference in the neighborhood but actually save lives. It is a blessing and a pleasure to work with our amazing dedicated compassionate staff led by Dr. Lavilette. They are relentless advocates for their patients and community.

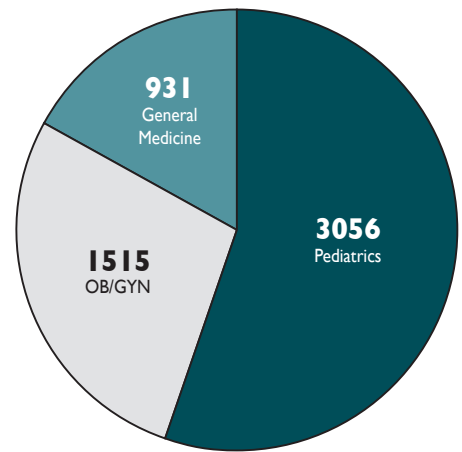
— Geri O'Hare, Chair of Outreach to Haiti's Clinic committee

high. Because of this, many Haitians will not seek medical attention, even if their child is seriously ill or malnourished. Here's where Outreach enters with consistent accessible life-saving quality healthcare; no man, woman or child is turned away for inability to pay our modest fee.

Dr. Lavilette attributes Outreach's success to teamwork and focus on patient and parent education, disease prevention and a dynamic community outreach program. She cites the most common reasons children come to the Sister Ann Weller Clinic as respiratory infections, diarrhea and malnutrition.

Over 250 children are seen each month. One hundred children have been rescued from the grips of malnutrition in each of the last four years since the earthquake. Over 20,000 vaccinations were administered this past year and health agents made nearly 12,000 home visits, assisting individuals and families in learning important public health practices, such as hand-washing and proper sanitation.

Dr. Lavilette has seen some positive changes in healthcare since the 2010 earthquake. "Parents are more aware that children need to have regular healthcare visits and are more



Clinic Consultations
by Medical Discipline

motivated to have their children vaccinated."

Still, more than one in five children suffer from significant malnutrition. Despite the need to do more to prevent this condition, Dr. Lavilette readily offers a big smile, "When we see a child overcome life-threatening malnutrition, it is always a cheerful moment!"

When asked what would happen if Outreach didn't exist, Dr. Lavilette responds emphatically, "This would be a disaster. Many families have nowhere else to go."

When Dr. Lavilette is not providing much needed medical care to children at Outreach, she enjoys spending time with her 20 year-old daughter and 11 year-old son in Port-au-Prince.

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Dr. Lavilette examines an infant at the Christ Roi clinic.

Trying to make sense of Haiti

A traveler's view of living conditions and medical care in Port-au-Prince

By Mary Anne Lynch

Port-au-Prince – Walking is laboriously slow. Driving is recklessly fast. Roosters crow far earlier than your alarm clock; all over the city. We smother ourselves with 100 percent DEET three times a day.

The density and poverty seem infinite. Everything, including tent cities, is behind cement walls, which are chest high or higher, and most walls are topped with coiled barbed wire, including outside my window. That is strange and disturbing to me.

At the Outreach to Haiti medical clinic, with open walls under a corrugated metal roof, dozens of mothers sit on wooden benches, waiting to have their children checked. Before they are seen, a nurse teaches them how and why they must wash their hands and have their children do the same every time they are going to prepare or eat food. She emphasizes cleaning their vegetables, too.

Despite the hardships of their lives the needy pay a small amount to come to the clinic. James Michel, the board chair of Outreach and a native of Haiti, repeatedly tells me that the Haitian people are not looking for hand-outs. It strips people of their dignity and their appreciation of the value of healthcare. They are looking for partnerships, friendships that help them to move forward, he says.

Outside the clinic we walk through the neighborhood with Fabiola Abraham, a 30-year-old health agent. Halfway up the hill we pass a young woman, obviously far along in her pregnancy. Fabiola asks her about her health and points to the clinic where she can get vitamins and proper care for herself and the baby. Further up the hill we see four older men and a woman sitting under a cloth they have strung to block the sun. Fabiola steps under the shade and talks to them about getting their vaccines at the clinic. She has slips of paper with the clinic hours written on it. The woman takes the slip and the men shake their heads no.

At the top of the hill we come to a large tent city across from a wealthy home surrounded by high walls and barbed wire. On our way back the men who were gathered in the shade wave to Fabiola and ask for the schedules.

When we volunteer at the Mother Theresa Center for Malnourished



Fabiola Abraham, health agent (right) encourages an expectant mother to visit the clinic for prenatal care.

Children, I am given a one-year-old whom I would have guessed, by her size, was six-months younger. When I hold her face-to-face with another child her age, she turns away. When I support her on a swing with a baby opposite her, she wants off. Cookies are passed out to the children as a snack, and though she grips it, she will not let it cross her lips. She guzzles a half-cup of milk, but still does not respond to her name or anyone.

When the mothers who are able to be present, and volunteers return the babies to their cribs, many toddlers cry heartbroken. My little one continues to stare blankly. I cannot walk by those whose tongues are trembling in their mouths as tears roll down their cheeks. I stop and pat one little boy on the head and say his name to soothe him. He stares up at me, which suspends his agony

for a moment. One of the nuns at the center comes by with small bowls of a mixture resembling oatmeal and cream of wheat, which the little boy eats, but another child I try to feed turns her head away after two teaspoons. I have four healthy, now grown, kids, and this visit haunts me.

So much need. Everywhere. You want to close your eyes for relief. But doing so, one misses the wonder. It is not in landscapes, new buildings going up or a pocket of wealth anywhere. It is in the fresh faces of the kids and the industriousness of the people. There isn't a road we pass where people aren't crouched down selling mangoes, chickens, rice, beans, clothing, which they display on sheets on the edge of the road or hang on fences along the streets. They carry their wares on their heads in straw baskets, and move as smooth as a reed swaying in gentle waves.

I still can't make sense of much of my visit to Outreach to Haiti, primarily why I was so blessed to grow up here. But this I do know. We live in absolute luxury and opportunity abounds to give back.

Sa je pa wè, kè pa tounen.

What the eye does not see, the heart does not feel.

We are forever grateful for travelers like Mary Anne who come to walk with our staff and be witness to the work being done to provide access to healthcare and to break the intergenerational cycle of malnutrition.



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DREAMS

We could do more

We are very pleased with the results our medical staff is achieving in Christ Roi with both the clinic and nutrition programs. But seeing the needs from the frontline, the staff is not satisfied. They wish to do more. We asked them to put together a dream list and here is what they wish for:

- Increase the number of children we can afford to enroll in the nutrition program at one time. The need is greater than our current resources
- Enable an additional health agent to provide life saving vaccinations and public health education to the community
- Add an economic development component to our nutrition program to give mothers a better chance to provide for their families
- Have a more adequate fund to address referrals for surgery and acute care for the more serious cases.
- Acquire an ultrasound machine and provide training in its use to identify high risk pregnancies and prevent maternal and infant death
- Update existing diagnostic equipment and supplies to enable us to increase laboratory services
- Provide midwife and birth matron training to staff and women in the neighborhood
- Expand the use of Plumpynut, a supplement that markedly improves the care of severely malnourished children
- Upgrade the clinic examination rooms and waiting area



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