

**Brody Scholar Summer Enrichment Summary Report: Haiti 2013**

This summer I had the opportunity to travel to Port-au-Prince, Haiti, to work with a group called Baptists on Missions in a continuing effort to establish a self-sustaining rural health care system in the outlying areas of the Nation's capital. The Haitian doctors I worked with alternated between working in a fixed clinic in Cabaret (approximately 20 miles North of Port-au-Prince), and mobile clinics in some of the more remote areas. The fixed clinic functioned much like a low-budget family medicine clinic in the US, and its revenue was used to supplement the cost of paying employees and running mobile clinics. Currently, the system relies upon donations and volunteerism from the US to break even. Haitian doctors have been slowly working on taking over the roles of volunteer recruitment and housing facilitation. The future direction of the program is to eliminate the need for long-term US missionaries, and to create a simple means of correspondence between prospective temporary volunteers and the Haitian program administrators.

The facility where we ate and slept for the duration of our stay was surrounded by a 10-foot tall concrete wall manned by an armed guard 24 hours a day, 7 day a week. We were fortunate to have security, warm food, electricity and running water; luxuries that some Haitians have not experienced since the earthquake in 2010. The Nation's infrastructure is still in shambles, and there are often stories of corruption in the government and in law enforcement, but the current Haitian president has made a lot of progress in raising the moral of the people and implementing better policy.

As a medical student volunteer providing rural health care in mobile clinics in Haiti, I learned a lot about the Haitian people and about practicing medicine in a third world country. Each day, we packed up a large van with all of the supplies we needed (tables, chairs, coolers, food, medications, medical supplies, and materials for shelter) and traveled to one of 10 separate locations visited by the team over a 2 week period. During my week in Haiti, I visited Bon Repos, Cite Soleil, Tapio, Tent City, and Arahaie (all within 60 miles of the countries' capital, Port au Prince). These cities each displayed subtle differences in economy, overall health, and culture. Clinic conditions ranged from an earthquake-damaged church actively undergoing repairs, to a rocky mountainside underneath a large oak tree. The one thing that each of these clinics had in common was that they were often the only available and affordable healthcare for many miles. People would often walk for hours from surrounding communities to see the physicians. The doctors were well respected and well known members of the community and served as the role models and spiritual leaders for the public.

Each day I assisted the Haitian physicians in taking patient notes, performing lab tests (urinalyses), examinations (otoscopic, fundoscopic, cardiovascular, pulmonary, etc.), and administering shots (diclofenac, vaccines, etc). I found that my work was somewhat limited by the fact that I needed a translator for each patient encounter. The Haitian's speak a mixture of creole, the native dialect, and French. It was a challenging and sometimes daunting task to provide medical care over significant language and cultural boundaries. Working with translators in the medical field requires a lot of trust and a strong working relationship. I found this task similar to working in the Grimesland Clinic outside of Greenville, where greater than 90% of the patients are Hispanic speaking.

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One thing that surprised me in Haiti was how much the doctors could do with what little they had. A significant portion of time with each patient was spent on health education and raising awareness concerning common medical issues that the community faced (cholera, malaria, typhoid, venereal diseases, etc). Preventative medicine has become one of the primary focuses of healthcare in Haiti much like it has in the US. Haiti has made huge advancements in public health by educating the population about purifying water, fully cooking food, sanitizing utensils, and maintaining good personal hygiene. Though the people of Haiti are still facing major health threats like malaria, cholera, typhoid and HIV, the clinics are actually severely in need are some of the most basic medications like Tylenol, Augmentin, prenatal vitamins, Benadryl, tums, aspirin, antifungals, etc. I found that it was often more difficult and more expensive to procure rudimentary OTC medications than it was to find Chloroquine phosphate for malaria or antivirals for HIV therapy.

Something else I was surprised to discover in Haiti was that a vast majority of the patients we saw were hypertensive and diabetic. This was a shock to me considering that many patients were either lean or malnourished. I learned that most Haitians have a high sugar and sodium, but low protein, diet, contributing to hyperglycemia, hypertension, and high urine pH. Additionally, a significant percentage of the population suffer from gastritis and gastric reflux disease. The Haitian doctors later informed me that pathological *H. pylori* infections are a problem in Haiti. While we hear a lot about frightening health threats in Haiti like cholera, malaria, and typhoid, I found that incidences of these illnesses are no longer very common. The doctors submitted that there are often spikes of malaria and cholera cases during the rainy season, but for the most part, these instances are well controlled. I only saw two cases of malaria and one case of typhoid during my week in Haiti.

I also learned that Haitians are a very proud people, and even though they may not have much, they like to be able to pay their own way. To see the nurse, a doctor, and the pharmacist, each patient would pay the US equivalent of approximately \$1.75. A majority of the patients were happy to pay the clinic costs even though this was a significant sum for most. This was especially interesting considering that patients often pay nothing in clinics run by medical students around Greenville, where the quality of life far surpasses that of Haiti. My patients were all extremely grateful for the services we provided, and it was quite clear that we were truly making a difference in the lives of the patient population.

My short cultural immersion in Haiti was an eye-opening experience that really drove home the idea of preventative medicine and raising awareness concerning community health care issues. My time spent with the Haitian people, whether it was with patients in the clinics or playing soccer with Haitian children outside of an abandoned school, was an invaluable experience that I will carry with me as I pursue other endeavors in medicine and in life. I hope to have the opportunity again, in the not-too-distant future, to travel to Haiti as a physician and to continue to build upon a life-long goal of improving health-care systems in underprivileged communities.

Thank you so much to the Brody Foundation for allowing me the opportunity to pursue what has been a dream of mine for the past 10 years. I have always aspired to travel abroad

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and become immersed in a foreign culture where I could really make a difference. The mission of the Brody School of Medicine and the Brody Family continues to serve as an inspiration to myself and the other scholars, and I am honored to be a part of such a compassionate and generous group of individuals.