



HELP FOR HAITIANS STARTS WITH LEARNING

BY BRUCE COMPTON

My daughter was 3 when her mother and I moved to Haiti. During the two years we lived there, her ability to learn the language, relate to Haitians and Americans and switch from one culture to the other, or blend them together, was astounding. We first experienced her quick study of the Creole language when, on a visit home to the States, she started telling our family all the words she knew in Creole and their English counterparts. She was adapting beautifully to the radical change in her world. She was staying connected to her American roots while making new connections during her daily life in rural Haiti.

Looking back to that time 11 years ago, and thinking about the anniversary of Haiti's Jan. 12, 2010, earthquake and the aftermath, I find a common thread: the Haitian people's power of adaptability and the strong connections they have built with those who have come to Haiti to aid them in their recovery. I have seen the evidence during the past two years on each trip I have made there with members of Catholic Relief Services (CRS).

People on the ground are doing commendable work and connecting the country's needs with available resources in new ways. After a visit in late 2011, CRS President and CEO Dr. Carolyn Woo said she was pleased to see CRS Haitian staff members "working with local Haitian partners, engaging directly with communities and empowering these communities to make choices about how to improve their lives and environment."

Ken Hackett, recently retired CRS president,

accompanied Woo on the trip and noted he was impressed by the way CRS and its partner organizations in Haiti are "pulling together to create an integrated and integral development strategy for Haitian communities. Shelter, income generation, job creation, child protection, all coordinated together and focused on cohesive neighborhoods."

Nevertheless, watching the relief efforts in Haiti can be difficult from our perspective as Americans. We are a "can-do" people, able to solve problems and make quick fixes; to us, progress in Haiti often appears too slow and lacking in tangible results. But ours is not Haiti's reality — in fact, the greatest challenge I face in my work is righting the misinformation and misperceptions about how things operate there. Too many people think there are simple answers and simple solutions for Haitian relief efforts. There are few. Instead, providing the time and space for making the

right decisions and putting processes in place will ultimately be of greater advantage than fast fixes for Haiti and its people.

So, in reflecting on the disaster in Haiti and its aftereffects two years later, I decided to ask four colleagues in our ministry to help create a common understanding of the current daily realities Haitians and their partners face. I hope their observations will help all of us find the patience to let the process of recovery in Haiti happen at the pace required for sustained change, and the inspiration to continue to aid recovery in appropriate ways. Above all, I hope their words remind us to keep all Haitians and those working with them in our prayers.

HP: What are the current conditions in Haiti, particularly in the earthquake-ravaged area?

Raymond Stewart: There is still considerable rubble, but removal seems to have accelerated. There is a very concerted effort, and a lot of the neighborhoods are moving in heavy equipment and removing the collapsed structures, hauling that rubble



Stewart

out. Roadsides have been cleared. There has been a very successful effort by the government to have regular, routine rubbish removal, so we don't see the piles of festering rubbish that were here before. Too, the process of moving people into semi-permanent transitional structures has continued at a good pace. And CRS actually just celebrated construction of the 1,000th transitional structure as part of their campaign to establish better housing for people.

I have to say probably most measurably is the ability of the country and the health facilities to get a handle on the cholera epidemic. The horrible antecedent to the earthquake was the cholera

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outbreak in late 2010. With the suddenness and the severity of that, and [the fact] that the health facilities and the communities were not equipped to handle this outbreak, there was an early mortality rate of over 2 percent in the country. That mortality rate now is under one-half of 1 percent, and that's a result of the cholera treatment centers being much better prepared and having capacity to treat the cholera victims that are coming in.

But also, I think more importantly, are the communities' ability to understand and identify the symptoms of cholera much earlier, and ensure that people are moved to treatment centers early enough so that the disease can be treated before it enters into a fatal, final stage.

Also, through the work of the community-based health workers, people see individual families' ability to improve hygiene in their households and to ensure that they are drinking potable water. I cannot say that I have direct experience with the families in these communities, but I know from these kinds of results that people have to feel much more encouraged that not only is the disease becoming more manageable, they also have a much better ability to control and influence the outcome of that disease.

Herby Derenoncourt, MD: There are 600,000 people under tents. Efforts are underway to relocate the people ... it is a slow process ... too slow.



Derenoncourt

Derenoncourt: Conditions are untenable under the tents. The signs of hope are in the new government, which after five months has a new, democratically elected president in office. The new health minister announcing her plan to work with all parties involved in recovery efforts is also a good sign.

Mark Koenig: One of the main signs of hope for me was the fact that a number of hospitals are coming together to explore what more they could accomplish as a group versus trying to address and/or solve problems on their own. They are building on the good success they have had working together on programs related to HIV/AIDS. Their desire to come together on a regular basis to identify areas of common need and to share their own journeys is a great sign of hope to me. If successful, it will



Koenig

not only greatly benefit their own efforts, but it will also be a great resource for those of us within Catholic health care who are seeking to serve in meaningful ways.

Sr. Mary Jo McGinley: While many people are still living in tent camps, there are scores of examples where the tent camps no longer stand, and those who stayed there for months after the earthquake are now living in rental homes. A great example is the tent city that rose on a soccer field next to the Matthew 25 House in Delmas. After the earthquake, over 2,000 people were crammed on the field in makeshift tents made of sticks and sheets. Within six months, the makeshift tents were replaced with more substantial tents. Today, these families have all been relocated into homes, and the field is once again clear and used by the neighborhood youth to play soccer.



Sr. McGinley

It is the children of Haiti who we meet on every trip who are so beautiful and so full of hope. Language differences disappear in the human exchange that occurs when we speak with our eyes and laughter, playing simple games or encouraging them to sing their favorite song or teaching each other how to count in our native tongues. The most beautiful example of this was seeing two boys running in the midst of one of the tent cities a few weeks after the earthquake as they watched their kites sail high into the sky.

HP: What do people need to understand about daily life for Haitians, particularly in affected areas?

Derenoncourt: Life remains a daily struggle. Haitians show high resilience.

Stewart: Understanding the extent of the lack of employment opportunities, the limit on educational opportunities for this population are some of their greatest challenges. It's a population that's interested and hopeful to find a better life for their families; however, the opportunities are extremely limited. But that doesn't mean that people have given up hope. They're incredibly industrious and innovative. They're finding ways to eke out a living for their families — albeit as limited

as it is. I really don't want to sound condescending; the daily challenges for people are immense. And there are factors influencing them that are far beyond their control. But I would have to say, perhaps, another very important sign of hope here was the recent election of the new president, Michel Martelly, and the recent final installation of his administration.

People are hopeful that change will come. They don't, and I don't, think you would find anyone that is expecting monumental change. But the expectation is that if a process can begin where government is able to organize and provide services to people, that they will begin to see greater opportunity in their lives. The government has an incredible number of challenges in front of it, but it is taking a very strong approach to developing strategic plans and pulling together the resources that have been brought to bear on Haiti and channeling them in an organized fashion to produce significant and sustainable outcomes.

Koenig: Since my return, I have told a number of friends that in a day, week or month, the average Haitian person makes more life-and-death-type decisions than I do in a year, or maybe ever will in my lifetime. The simple act of walking down the street or taking public transportation takes a huge amount of faith, but it goes well beyond this. Haitians constantly have to make decisions between having enough to eat to survive, protecting their family from disease or living in unsafe housing. These are not decisions of simple convenience; they are decisions with life-and-death consequences that have to be made almost daily.

Sr. McGinley: I have never seen people work so hard all day long just to get through the day and try to provide for their families. This was true before the earthquake and the cholera epidemic, and it is true today. We need to be educated about the history of Haiti, and try to recognize the role the developed nations have played in Haiti's history and the impact this has had on its current economic status.

HP: What challenges or factors are impacting your work?

Derenoncourt: Needs are just so huge. Resources [human and financial] are so scarce.

McGinley: Many of the small Haitian organizations have been hurt by well-intentioned but misdirected non-government organizations (NGOs) who come in to "do good" but are creating more

problems. Some examples: some NGO medical groups are paying twice the average rate for Haitian nurses to assist them. The local clinics and hospitals are losing their nurses to these groups because they cannot afford to match these inflated salaries. Other NGOs are paying large sums to fly in people and equipment to build houses when that same amount of money could employ many Haitians to build many more houses.

Stewart: The immediate period after the earthquake saw a tremendous amount of donations and effort by people around the world. In that emergency situation, a lot of it came in, understandably, in a disorganized pattern, applied in an ad hoc manner. But the government is stepping up to take responsibility to help direct that towards effective and sustainable outcomes. So individuals' challenges are great, but the hope is that out of the earthquake some substantial positive change will come.

In the developing world, and especially in a cultural context such as Haiti, ensuring that the process is inclusive and transparent is absolutely fundamental. And so, on our part, making sure that everyone, all our stakeholders, is involved and committed is something that we really cannot skip over. I won't say it's a frustration, but something we have to acknowledge is that as

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much as we would like to begin implementing direct activities yesterday, we know they will have a much stronger, more effective health delivery system that can ensure, for the long term, quality of care to those people most in need of that care.

Koenig: Some of the immediate ones are things like not knowing the language, understanding the cultural differences and trying to create long-term solutions using short-term interventions, i.e. volunteers, material donations. We are just getting to know the Haitian people. For us to be successful in the long term will require taking more time to better understand the problems

the Haitian people face, the root causes for those problems and deciding what is most needed from their perspective. I encountered people who were very gracious and very welcoming which greatly encouraged me in feeling like this is a very real possibility.

HP: It is taking time and there have been a lot of learnings in the process thus far. What has this experience meant for the future of Haiti and relief efforts beyond Haiti?

Derenoncourt: We hope that such a disaster never again happens here or elsewhere. The lesson is that although it is a natural disaster, the consequences are less natural, as are the consequences of our behavior. Thus, we need to be better in emergency preparedness, including high emphasis on prevention. There are efforts made to build in an anti-seismic way. Specific trainings are dedicated to this new way of construction. A new construction code is being discussed and eventually new laws will emerge and appropriate ways to enforce them.

Stewart: I think in many ways, the same challenges that the government is facing is what CRS is facing. CRS has been very blessed with significant support, especially from our Catholic donors in

the U.S., to really find a way to help create improvement to the health systems here, to establish patterns of sustainable development and to develop the capacity of our partner hospitals. The work in terms of identifying the greatest needs, where can we have the greatest long-term sustainable impact, is one that we had all hoped would be moving much more rapidly. But the process of clearly identifying those

needs and developing a collaborative plan is one that takes time — it's one that really requires discussion, assessment, and then getting consensual agreement on moving ahead. I would have to say the most fundamentally important aspect is the development of an ability to create a system that's responsive; to create a system that has a capacity to implement necessary response in Haiti. As much as donors from the outside world would want to respond to the emergency situations, the best response is having Haitian institutions that are able to deliver that response in a timely, effective manner, and in a manner that is most appropriate for Haitian communities. So it's that

partnership — the development of institutional capacity — and the strength of partnership that will really, in the future, help the outside and the donors and CRS here in the country to provide the best, most effective support to Haiti communities and Haiti institutions.

The impact for learning outside of Haiti, I think, speaking from a CRS perspective as an agency, is very much developing the intent and capacity to support partners in all our countries and developing health-system strengthening. Haiti's experience here will be one that we hope will provide a lot of lessons learned, a lot of real-world lessons in how different approaches can be used to strengthen institutional, national partners for delivery of sustainable not just emergency services, but long-term, quality-of-care services.

HP: What inspires your work each day? How do you stay energized?

Derenoncourt: Seeing the needs, facing the challenges, both keep us going.

Stewart: Motivation comes from seeing the impact of the services that are delivered to beneficiaries. Sometimes, it's just something on an individual level, such as a family member that's infected with HIV/AIDS being able to be sustained by anti-retroviral therapy so that they can remain to be a contributing, supportive member of the family; a Haitian laboratory technician taking pride in working in a well-equipped modern laboratory to provide necessary blood and chemical analysis back to physicians so that they can better treat their patients. For me, it's the relationships that are developed with our individual partners. Throughout my work, in the years in public health aid, I think the greatest gifts I carry with me are those friendships that were established in an environment of meeting challenges and trying to find solutions, and seeing the achievements that are made.

For me, it's incredibly heartwarming when, for example, today, I received an email from one of my colleagues that I worked with last year in Rwanda. He's now working in Guinea Conakry and telling me about the work he's doing there. He remembers fondly our working relationship, and he hopes someday we'll have the opportunity to work together. So, it's the achievements, but it's also the bonds that are created, and that overcomes any small day-to-day challenges that we face.

HP: When it comes to the building of the network and the hospital, what do you see as Catholic health care's contribution?

Sr. McGinley: To listen to the Haitians and not impose our way of doing things, but work side by side in partnership with them. I believe we have much to offer each other and much to learn from each other.

Derenoncourt: All contributions are welcome in a place where there is much need. However, we would envisage a partnership where it is not a donor-recipient relationship but joint and respectful partnership with technical interactions as well.

Stewart: Well, clearly, the funding support that CHA members have developed for construction of the hospital is so fundamentally important to not only re-establishing health care services in the center of Port au Prince for the poorest and most disenfranchised people, but providing a source of high-level, state-of-the-art health care that would not be available at all without that contribution. But, there's something much more valuable than funds. It's not to denigrate the value of the funding — that is very important — but the commitment of a long-term, sustained relationship between these hospitals that really struggle day to day to meet just basic needs, and to know that there are sophisticated health systems and state-of-the-art hospitals outside that are willing to make long-term commitments of time and energy to them. That is the true contribution your members are making.

Koenig: Catholic health care can contribute in multiple ways. It could be through sending supplies and equipment that are requested and needed; it could be through providing short-term volunteers to meet immediate needs that otherwise would not be met, or through education or training. We also saw how the Haitian people and health professionals could contribute to us. One good example is learning how they manage to meet needs directly in a community versus waiting for people to come to their institutions. As we face the needs related to better serving our communities and doing so in a way that uses less resources, we have a lot to learn.

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