

Spring 2019 Global Health Internship Report

Isabella Atandi

Global Health Internship

During my time as the Global Health Intern in Spring 2019, I accompanied the International Medical Outreach (IMO) student organization on one of their biannual trips to Mare Brignol, Haiti. For one week, the organization, accompanied by two Haitian doctors and three local translators, provided medical care to a rural community near the southern border of the country. Jacques Werleigh acted as the point of contact, liaison, and guide throughout the trip. The IMO team stayed a week in Belle Anse, where we spent the nights at the house of a man named Becker, and traveled to Mare Brignol daily to provide house-to-house vitals check, open a clinic for two days, and offer a class in health education. As the Global Health intern, I joined IMO's 11-member team of UCF students and offered my aid in the same capacity while conducting research.

During the Spring 2019 semester, I met with Dr. Shana Harris weekly to discuss different articles and book chapters relating to the culture, politics, and economics of Haiti over the past 50 years. We also focused on the work different nonprofit organizations provided and the issues they tackled, particularly in rural Haiti. Some of these texts focused on how I should conduct my research and observations, we reviewed nearly 25-30 that focused the factors that have impacted health and healthcare in Haiti during the four months leading up to the trip.

Water Economy, Sources, and Usage

The water economy, particularly in Mare Brignol, was the primary focus of my interviews and observations during the trip. Being one of the primary necessities of life, water –

its sources and usage – is extremely important when it comes to analyzing a community from a health standpoint.

Not unlike the United States, many of the people I encountered across Haiti had different forms of access to water. Driving through the streets of Port-au-Prince, the country's major city, for instance, I saw people bathing or washing their clothes street side in the puddles or canals in between the buildings. We bought bottled water from a store for the team at a pit stop not too far from the main city. Although there were frequent stores or vendors where water could be purchased, it seemed that running water was not necessarily available in every household.

During my short time in Belle Anse, I saw that many in the community would purchase their water or collect it from a running hose near the docks. I did not see the hose myself, but in the mornings on the team's walk to breakfast I would see members of the community carrying buckets. Children, older men and women, and teenagers with plastic buckets (old containers or gas cartons) would be walking back home. When asking one of the younger boys where he got the water from, he directed me to where I could find the running spout. Many of the people would also purchase bottled or jugged water from Jacmel, the town from where we took the boat to Belle Anse. Although it was nowhere near the size of Port Au Prince, it is still a major city in Haiti and has a higher population than Belle Anse or Mare Brignol.

Dr. Karen, a general surgeon from Ohio that volunteers her time to treat the people of Belle Anse, spoke of Becker's plan for the house where the team was staying. She told me, "The people of Belle Anse buy their water, when needed, from Jacmel (usually five gallons at a time).

Becker wants to put together a filter.¹ Becker wants to have eight spigots. He'd take the water, and employ people of the community to run the fountain and sell it to the people there to 'bring money to the local economy.'”

Being further up in the mountains, Mare Brignol is slightly more rural than Belle Anse. Relying heavily on rain water, many of the homes had metal roofs with draining contraptions to lead the water into some sort of cistern or place of storage. Plastic cylindrical containers, standing about four feet in height, were posted on the sides of the walls outside of their homes. A lot of the homes had large concrete basins, usually seven feet long by five feet wide by five feet tall. Some were in the ground and some were above.

One older man that lived further down the hill had a giant cistern at the back of his house with a funnel coming from the roof directly into the cistern. He lived with four other people in the house (a wife and three children) and he had two more children studying in Port-au-Prince. He demonstrated how he collected the water from the cistern with a small plastic container and string, similar to how one may gather water with a bucket from a well. He explained that he used to treat the water he collected by mixing packets the “white man” had given him into the water. He did not go into detail as to how long the packets lasted, but after running out of packets he no longer treats the water and just simply drinks straight from the basin. Due to the fact that IMO has had such a presence in this same community for seven years, I assume that the “white man” he referred to was an IMO member. For instance, a few years ago, there was a cholera outbreak throughout Haiti, including Mare Brignol. With cholera being a water and food borne bacterium, IMO focused its efforts on that specific trip to cholera

¹ Dr. Karen brought over the pieces from Ohio, but one broke on the plane. They are trying to get it up and running as soon as possible.

education and prevention. From my observations, IMO usually tends to stray away from temporary “fixes” to an issue, such as tablets to purify water, when possible. Due to the current circumstances however, they did pass out aqua tablets² for the water, oral dehydration salts, and some specific cholera medications from the doctors aiding on the trip.

Of the homes we visited, only a handful did not have the same “cistern and bucket” system as the older man in place. One was the home of a younger mother (mid-twenties) living with her husband and four children. She explained to me that she buys her water from someone else. It would usually cost her 10 goud a bucket, with a bucket being about four to five gallons.³ A bucket bought in the morning would last their family until midday. Usually, the family went through two jugs a day. On laundry day, however, it would be around ten buckets. It seemed that most of the families lived off less than 80 goud a day.

After speaking with and observing community members, there seemed to be no real distinction between the source of water and the way water was used. Water from the basins was used for drinking, but I also saw women washing clothes and dishes with the same water. People in Mare Brignol also did not appear to distinguish between “dirty” and “clean” water. Yet the fact that a few people mentioned to me that they treated their water when gifted with the treatment supplies leads me to believe that they are aware that the condition of what they were drinking could be improved. Even Jean Claude, the main community leader I spent time with in Mare Brignol, had a small water filter in his home. This was the only one I saw on my trip, and it had most likely been gifted to him on a previous IMO trip or by some other non-profit organization. While some individuals did say that they would boil their water occasionally, due

² I am not certain of the exact type of tablets they supplied, but usually rehydration tablets (aqua tablets) contain a variety of necessary electrolytes your body loses when water access is scarce.

³ One American dollar is equivalent to 80 goud.

to the fact that I saw many people drinking directly from their backyard cisterns, my impression is that it was not their top priority.

When analyzing their systems for water retention, they mentioned the consistency of water supply. One of the community leaders spoke to me and Jacques about the area having gone through a drought this past year. There was more concern because the community relies on the agriculture that they plant in the rainy season. While he had a plastic cistern on the side of his house full of water, his concrete basin was cracked and held nothing. He mentioned a water truck that would come into the community and sell him water if he was ever low. No one else we spoke to, however, mentioned this water truck. I asked some of the locals if there was ever fear of the water running out, and I found that there was really no significant concern. While the drought was never mentioned again, this may have been due to the fact that I was conducting my interviews in the middle of the day, and many of the fathers and sons that work in agriculture were off at work for the day.

I believe that the importance of agriculture goes hand in hand with the water supply and IMO's efforts in Mare Brignol. One of IMO's long standing projects is their moringa field and the use of moringa in the community. When consumed, the leaves of the moringa plant are anti-inflammatory, anthelmintic, and antifungal. It also contains high concentrations of vitamins and minerals often lacking in cases of malnourishment. A year ago, IMO took the initiative to plant a moringa field for the community in their efforts to promote awareness. According to Jacques, due to the drought, the trees had not grown to the expected height during the months in between.

Relationships Observed

The relationships the IMO has with not only the community of Mare Brignol, but also with the people assisting with the logistics of their travel is extremely vital to the longevity of the

organization. As a disclaimer, this was my first full semester working with IMO and attending their meetings. I have no insight into the logistics and decisions made by the executive board. My observations are similar to those of a newly joined member.

As mentioned before, Jacques was the point of contact for the majority of the trip. As a former IMO member and native of Haiti, Jacques is an asset who accompanies IMO multiple times a year and assists with transportation, translation, and navigation through the country. He has extremely good ties with the people of Mare Brignol and the young men that assisted and traveled with us. It is my understanding that Jacques developed a local team and notified them prior to IMO touching down in Haiti. We used the same motocyclists, drivers, and translators the entire trip. From what I saw, Jacques negotiated and dealt with all forms of payment for the locals' services.

Michele and Christo were two of the young men that spent the majority of the trip with the team and translated for us on the house to house and clinic days. Both were from Mare Brignol. Michele was going to school in Port Au Prince, but also taught math and worked at a hotel in the city while continuing his education. Christo was 21 years old and studying in Jacmel. Christo was extremely passionate and opinionated about giving back to his community and the improvement of Haiti as a whole. With Christo, I was able to see the positive and negative sides of the community from an emic (insider) perspective. As an IMO member, I am known as the foreigner who has come to give help. I do not have to deal with the everyday frustrations, complaints, or underlying issues within the community. Christo explained that there were people from his own hometown that assumed working with IMO meant that he himself had money and thought he was "above" the rest of the community. He even told me that he had been sick the six months before we arrived, and he believed it was due to bad voodoo that had been

placed on him by his community. From his perspective, certain individuals wished him harm simply because they did not want him to succeed.

At the clinic, the lines were long, people were hungry, and many were standing in the sun for hours. It was not IMO that heard the complaints, but Michele, Christo, Jacques, and the other translators; they got the criticism, frustration, and comments for improvement.

With these opinions in mind, it is important to also consider the effect IMO has on the local culture and dynamic beyond medical aid. Over the course of my life I have observed that usually self and family are often top priorities. There is usually a desire to see yourself succeed before your neighbor. Christo's suspicion that someone may have placed voodoo on him due to his relationship with IMO leads me to think that he grew up in a community where this may have been the norm. While this is just one man's perspective, this speaks in some respect to the presence of jealousy among the people in Mare Brignol. I directly asked Jean Claude if bringing a water filter to one family would make the other families jealous, and he replied with a firm head nod. While I do think that further research would be beneficial to truly understanding this topic, it is definitely something IMO would need to consider if they decide to do projects that are targeted more to an individual or individual household, and less to the community as a whole.

With that being said, the community never showed a single sign of being unappreciative. I was assigned to hand out donations on the first day of the clinic. Supplies quickly ran out, and people who got out of the clinic later in the day did not get as much as the people who had come through the donations earlier. At one point, all I had left was a bag and soap to give out. I remember being hesitant with handing it to them; I thought they would be disappointed that they did not get a notebook, or toothbrushes and toothpaste. It was the opposite. There was still excitement and gratefulness when the family received the bag.

Voodoo in Mare Brignol

Although it was not my focus on this trip, there were some points about voodoo I thought may be useful for those interested in researching the topic further in the future.

First, during the IMO health trainings and even in some of the anthropological texts I read prior to the trip, it was to my understanding that voodoo had a very negative connotation. While this seemed to be true in Mare Brignol, I was surprised to see that it was not always the only view. During a conversation with Jacques, he explained that the common misconception among those who don't practice Voodoo themselves is that it is not always practiced with bad intention. Voodoo ceremonies were also performed to bring about something good. Money, health, and overall benefit are things often requested during ceremonies. Some of the boys we used as translators in the clinic on the trip were even able to show me videos⁴ they had taken at a voodoo ceremony in Jacmel, although they did not claim this as their belief.

For an incoming foreigner on a future IMO trip interested in learning more about voodoo, I highly suggest contacting a member of the community beforehand to seek approval to talk about it. While the younger generation did not seem to have a problem mentioning it conversationally, the elders of the community may have different views. Also, a meeting may be a better approach than the surveys I conducted house-to-house. I say this in light of how it may be difficult to spring this conversation on people. For instance, in the United States, it would not be inappropriate to approach a random woman wearing a hijab and ask her about Islam, or to interview someone you have just met about Christianity simply because they are wearing a cross

⁴ In the videos, a group of men and women gathered in a type of "living room" space. I was unable to understand what they were saying, but many people were talking at once. Due to the quality of the video, I cannot explain the procedure used. It was simply a glimpse into what the context of Voodoo ceremony may look like.

around their neck. Different people may feel more or less comfortable discussing different aspects of religion. There was no hesitation when I asked about the cisterns in the back of peoples' homes, or the collection devices used to catch and funnel the water. However, I feel that the topic of voodoo may be a bit harder to ease into conversation, especially if using a translator.

Suggestions for Improvement

IMO is an organization with an amazing goal and members. The organization is extremely self-aware and are always trying to improve in their efforts. For this trip, there seemed to be a strong push on making the town sustainable. By limiting the amount of gifts and donations brought and putting more energy into what they want to teach the community before they leave Florida shows that they are not just treating the town like some poverty case. Seeing how engaged the members of the village were at IMO's presentation on basic health at the end of the week reveals that people are eager to learn about what can potentially improve their health. With that said, below are a few suggestions for improvement based on my observations and interviews.

To begin, as a IMO participant, I do not believe I fully grasped what IMO defined as "sustainable" interventions or how they were implementing them while I was on the trip. Based off of observation and opinions shared from senior IMO members, I would argue that, apart from the planting of moringa trees, the provision of basic health information is the biggest step to having the town one day not rely on the organization. This would include more lessons, possibly on wound care or sexually transmitted diseases. In my preparation before the trip, I read accounts of successful trainings where a community leader was taught how to educate the rest of

the community. I think this would possibly be a very impactful way of addressing more sensitive topics, providing that there is someone available in the community.

I also think IMO could improve upon their relationship with the people of Mare Brignol on an individual level. The organization itself has a very good reputation in the villages we visited. There were many other first timers on this trip who clearly had no previous relationship with local residents. With respect to the returning members, however, there was not much recognition between them and the community. I believe this has to do with the pressure of conducting the trip as a whole. There are a lot of moving parts and a million things that could go wrong. It can be easy to get wrapped up in the logistics of the trip, while keeping 11 foreigners together and safe in a different country. Although we are students, we want to provide the best possible care for these people. A friendly smile and an effort to interact can go a long way, and I feel that as an organization we should not forget that.

Moreover, as previously mentioned, Jacques was the main point of contact on the trip. The problem is that he is no longer in IMO. Therefore, other members need to be taught to pick up these skills or connections with the locals on these trips. If Jacques were to decide that he no longer wanted be part of IMO's trips to Haiti, I am not fully confident that IMO could have the same level of security on a trip. After coming back to Florida and communicating with members of the organization more, I do think that they have the capability, but everything takes practice. IMO should not wait until Jacques is unable to go on a trip before seeing if they can navigate without him. Obviously, speaking the language is a major issue, so I see why this is not an easy fix for a U.S. organization whose members change out every semester. Nevertheless, IMO needs to think seriously about how it would operate in Haiti without Jacques' vital assistance.

Lastly, I feel that decisions regarding the group throughout the trip could have been better translated or explained. It is important to say that I very much commend the trip leaders for steering a group of individuals their own age to another country for this trip. It must have been extremely stressful to be responsible for not only organizing a pop up clinic and giving out medication, but also ensuring the safety of nine other (sometimes tired and grumpy) people. Their optimism was consistent, and they were open to hearing the group's thoughts.

When it came to the logistics of the trip, the leaders usually went off with Jacques to handle the situation. There were times that the group was left at the restaurant or at Becker's house with just the instruction of "wait until we get back." Whether they were going to a local's house or the clinic in Belle Anse or to pay someone, it usually was not explained until they came back and were questioned by the group. I do see the logic in not bringing ten Americans around the small town; it could attract unwanted attention or cause a task to take longer than necessary. But, from my observations, slightly more communication between leaders and the rest of the IMO team would be helpful. The individuals that go on IMO's trips to Haiti are likely to go on another or possibly lead one in the future. I believe it would be beneficial if the entire group was able to see the logistics of running a trip so that skills can be passed down, and efficiency throughout the entire group can be improved. This also goes for the meeting that the IMO leaders had with the community leaders on the last day of the trip. It would be beneficial to share the community's feedback with the group so that we can improve not only on an organizational level, but on an individual level. If there was something I or the group did that could be altered, the more people that know the better. Also, having a report of past trip improvements or mistakes available to anyone selected for a trip to Mare Brignol would make an incoming team that much stronger than the last.

Ultimately, what IMO seeks out to do medically is impressive, and something I without a doubt admire from a group of individuals around my age. I believe they are doing admirable work in Haiti, and I hope this report will help move their efforts forward.

Bibliography

- Brodwin, Paul. 1992. "Guardian Angels and Dirty Spirits: The Moral Basis of Healing Power." *Anthropological Approaches to the Study of Ethnomedicine* 13(1):57-74.
- Brodwin, Paul. 1997. "Politics, Practical Logic, and Primary Health Care in Rural Haiti." *Medical Anthropology Quarterly* 11:69-88.
- Chierici, Rose-Marie, and Thony Michelet Voltaire. 2016. "Reflections on Serving Remote Mountain Communities: Mobile Hospitals and Women's and Children's Health Care in Northern Haiti." *Maternal Child Health* 20:2451-2456.
- Crane, Johanna. 2013. "Doing Global Health." *In Scrambling for Africa: AIDS, Expertise, and the Rise of American Global Health Science*, 145-171. Ithaca: Cornell Writing Press.
- Crenshaw, Molly, Molly Gribbin, Saba Qasmieh, Jessica Heil, Caitlin Ward, Steven Kariya, and Jeremy Kern. 2018. "Haiti's Rural Central Plateau: Baseline Data from Mobile Health Clinics." *Journal of Health Care for the Poor and Underserved* 29(3):984-996.
- DeWalt, Kathleen M., and Billie R. DeWalt. 2011. *Participant Observation: A Guide for Fieldworkers* (Ch. 1-2). Walnut Creek: AltaMira Press.
- Drobac, Peter, Matthew Basilio, Luke Messac, David Walton, and Paul Farmer. 2013. "Building an Effective and Rural Health Delivery Model in Haiti and Rwanda." *In Reimagining Global Health*, edited by Paul Farmer, 133-183. Berkeley: University of California Press.
- Farmer, Paul. 2001. "The Persistent Plaques: Biological Expressions of Social Inequalities." *In Infections and Inequalities*, 262-282. Berkeley: University of California Press.
- Farmer, Paul. 2004. "An Anthropology of Structural Violence." *Current Anthropology* 45(3):305-325.
- Farmer, Paul. 1990. "Sending Sickness: Sorcery, Politics, and Changing Concepts of AIDS in Rural Haiti." *Medical Anthropology Quarterly* 4(1):6-27.
- Fetterman, David M. 2010. *Ethnography: Step-By-Step* (Ch. 6-7). Newbury Park: Sage Publications.

- Fils-Aimé, J. Reginald et al. 2018. "A Mobile Clinic Approach to the Delivery of Community-based Mental Health Services in Rural Haiti." *PLoS ONE* 13(6):e0199313.
- Geleijnse, Johanna M. 2008. "Habitual Coffee Consumption and Blood Pressure: An Epidemiological Perspective." *Vascular Health and Risk Management* 4(5):963-970.
- Hebblethwaite, Benjamin. 2015. "The Scapegoating of Haitian Vodou Religion: David Brooks's (2010) Claim That 'Voodoo' Is a 'Progress-Resistant' Cultural Influence." *Journal of Black Studies* 46(1):3-22.
- Katz, Ralph et al. 2018. "Oral Health Knowledge, Attitudes, and Practices (KAP) in Rural Haiti: A 40-year follow-up study." *Journal of Public Health Dentistry* 78:192-196.
- Knettel, Brandon A., Shay E. Slifko, Arpana G. Inman, and Iveta Silova. 2017. "Training Community Health Workers: An Evaluation of Effectiveness, Sustainable Continuity, and Cultural Humility in an Educational Program in Rural Haiti." *International Journal of Health Promotion and Education* 55(4):177-188.
- Kvale, Steiner. 1996. *Interviews: An Introduction to Qualitative Research Interviewing* (Ch. 7-8). London: Sage Publications.
- Locke, Peter. 2015. "Anthropology and Medical Humanitarianism in the Age of Global Health Education." In *Medical Humanitarianism: Ethnographies of Practice*, edited by Sharon Abramowitz and Catherine Panter-Brick, 193-208. Philadelphia: University of Pennsylvania Press.
- Matousek, Alexi et al. 2017. "Patient Navigation by Community Health Workers Increases Access to Surgical Care in Rural Haiti." *World Journal of Surgery* 14:3025-3030.
- Mazzeo, John. 2009. "Lavichè: Haiti's Vulnerability to the Global Food Crisis." *NAPA Bulletin* 31:115-129.
- Mazzeo, John, and Rose-Marie Chierci. 2013. "Social Foundations for a Community-Based Public Health Cholera Campaign in Borgne, Haiti." *Human Organization* 72(4):312-322.
- Miller, Nikki Levy. 2000. "Haitian Ethnomedical Systems and Biomedical Practitioners: Directions for Clinicians." *Journal of Transcultural Nursing* 11(3):204-211.
- Millman, Heather. 2011. "Cultural Curing: Magic in the Medicine and the Pursuit of Alternatives." *PlatForum* 12:80-99.
- Pierre, Minn. 2017. "Humanitarianism after the Cold War: The Case of Haiti." In *Beyond Neoliberalism: Social Analysis After 1989*, edited by Marian Burchardt and Gal Kim, 201-214. Cham: Palgrave Macmillan.

- Pierre, Minn. 2017. "Water in Their Eyes, Dust on Their Land: Heat and Illness in a Haitian Town." *Journal of Haitian Studies* 7(1):4-25.
- Niska, Richard W., and Elizabeth Sloand. 2010. "Ambulatory Medical Care in Rural Haiti." *Journal of Health Care for the Poor and Underserved* 21(1):70-80.
- Polsinelli, V.B., N. Satchidanand, R. Singh, D. Holmes, and J.L. Izzo, Jr. 2017. "Hypertension and Aging in Rural Haiti: Results from a Preliminary Survey." *Journal of Human Hypertension* 31:138-144.
- Schram, Hayley E., and Peter J. Wampler. 2018. "Evaluation of Hand-Dug Wells in Rural Haiti." *Environmental Research and Public Health* 15.
- Schuller, Mark. 2007. "Invasion or Infusion? Understanding the Role of NGOs in Contemporary Haiti." *The Journal of Haitian Studies* 13(2):95-119.
- Vonarx, Nicolas. 2011. "Haitian Vodou as a Health Care System: Between Magic, Religion, and Medicine." *Alternative Therapies* 17(5):44-51.
- Wampler, Peter J., and Andrew J. Sisson. 2011. "Spring Flow, Bacterial Contamination, and Water Resources in Rural Haiti." *Environmental Earth Sciences* 62:1619-1628.
- Whisenant, Debra Pettit, Cyndi Cortes, Patrick Ewell, and Norma Cuellar. 2017. "The Use of Community Based Participatory Research to Assess Perceived Health Status and Health Education Needs of Persons in Rural and Urban Haiti." *Online Journal of Rural Nursing and Health Care* 17(1):52-72.