

Global Health Internship Report

Javier Cintron

February 2019

Assessment of the Global Health Internship

I participated in the first University of Central Florida Global Health Internship in the Fall of 2018. The internship took place in Mare Brignol, Haiti with the nongovernmental organization (NGO) International Medical Outreach (IMO). This was a remarkable experience that fortified my interest in anthropology and global health. To prepare for it I read and analyzed 18 academic articles and read the book *Pathologies of Power: Health, Human Rights and the New War on the Poor*, by Paul Farmer (2003). I met with my internship mentor, Dr. Joanna Mishtal, once a week to discuss the articles and plan for the trip to Haiti, as well as attended the IMO health trainings that were held every Thursday. I enjoyed reading and discussing the articles and found them to be exceedingly useful during my time in Haiti. The preparation phase of the internship was of a moderate rigor level that required several hours of my time per week. However, the Haiti phase was incredibly intense. It challenged me physically and mentally. We worked for at least eight hours, Monday through Friday. There was a significant language barrier that made it difficult at times to obtain the information I needed, but the main translator was always willing to help when he was available. As the anthropology intern I had to be especially adaptable to participate as a medical volunteer and also do my anthropological analysis. However, Phillip Sada and Areesa Chaudhry, IMO leadership, were incredibly accommodating and made certain that I was able to do both jobs.

Traveling to Haiti was an experience in itself. To get to our host community of Belle-Anse we had to drive three hours up and down a mountain and then ride in a fishing boat for another two hours. While in our host community, we slept in a half-constructed cement building and took showers using only a bucket and a plastic water bottle. To get to Mare Brignol, we drove up a mountain in the bed of a pickup truck or on the back of a motorcycle. Overall, the experience was enlightening and has encouraged me to pursue global health as a career.

IMO in Haiti

The IMO members that took part in the trip to Haiti were phenomenal. They were one of the most diverse groups of people that I have ever been a part of. There were at least five different countries represented in the group and about fourteen different languages spoken. They were also incredibly respectful with the Haitian people. They were conscious of the cultural differences and did a wonderful job of not only volunteering, but also learning from the community itself. IMO should continue bringing groups like this to Haiti to maintain a healthy relationship with the community. IMO is also ensuring that they follow proper ethics while volunteering by making certain that a parent is present, or at least a doctor, when providing vitamins to children. This sets a good example for other NGOs. Furthermore, IMO's efforts with their community workshop and their determination to bring Haitian doctors to their clinics is commendable. Providing Haitian doctors is a tremendous way to ensure quality care for the patients that visit the clinics because the Haitian physicians care about their country and the

people in it. Additionally, they provide a more trusting doctor-patient environment, and a greater potential for long-term sustainable provision of care.

Ethnographic Observations

Photography

It is reasonable that IMO members would be interested in taking photographs when visiting a country like Haiti. The country is beautiful and has views that are new to many people. However, taking photos of children without parental consent is something that should be avoided as much as possible because it can appear disrespectful to locals. Taking a photo of a child in the US without a parent present is not acceptable, so when members visit another country, the same courtesy should be applied there. Pictures in Haiti are almost unavoidable, but I suggest that leadership mention during the health trainings that members should try to be considerate when taking them, and when possible, ask permission.

Taking Blood Pressure While doing House-to-House in Belle-Anse

One aspect of IMO's work in Haiti that the leadership might consider for review is taking BP. I found that taking blood pressure (BP) in Belle-Anse was unnecessarily time consuming. Time could be used more efficiently if IMO were to focus on handing out vitamins and condoms. Realistically, there is nothing IMO can do about someone having high BP in Belle-Anse unless there were to be a clinic day there. As undergraduate students, we are not qualified to give medical advice or to provide blood pressure medication. If there were a clinic day in Belle-Anse, BP could be taken under more controlled conditions like it is in Mare Brignol and a doctor could address whatever issue might be present. One could argue that IMO could

give those with high BP advice on how to keep it down; and during the health trainings the members were taught to do exactly this by advising people to drink less alcohol and coffee and to smoke less. However, many of the people whose BP were being taken were in the midst of doing those exact things. The time spent in taking the BP of someone that is drinking alcohol and smoking and then trying to tell that same person that they should drink and smoke less is much less valuable than if that time were used to continue handing out vitamins and condoms. While it is reasonable to assume that checking BP may provide a talking point from which to draw a change of unhealthy habits, the time used for this effort might be used in other, more valuable ways.

Coffee

An issue that is related to taking BP is the assumption that coffee plays a significant role in increasing blood pressure and that it is negatively impacting the community of Belle-Anse and Mare Brignol. Research suggests that regular intake of coffee does not increase the risk of hypertension because habitual coffee drinkers develop tolerance and their BP is becomes unaffected (Geleijnse, 2008). My observations of the health trainings suggested that IMO found coffee to be one of the primary reasons for hypertension in Belle-Anse and Mare Brignol. The belief that coffee causes high BP may be a problem because it takes the focus away from the potential root causes that could be resulting in hypertension. As one physician that I spoke to put it, "Out of a list of twenty things that could be causing hypertension, coffee would be number twenty." It is important for IMO to understand this so that future projects could include lowering the overall BP of the community.

Mistaken Identity

Throughout the week, community members in both Belle Anse and Mare Brignol frequently mistook IMO members for medical professionals. This is to be expected, due to the members wearing scrubs and carrying stethoscopes. There is not much that can be done about this, aside from ensuring that the translators clearly explain that the members are volunteers and not professionals. Community members mistaking IMO for nurses or doctors is less of a problem in Mare Brignol because the doctors are present, so it is easier to clarify the misunderstanding. The issues arise when it happens in Belle Anse. The problem with the community mistaking IMO for medical professionals is that the volunteers are then perceived as experts in the field of medicine. If advice is given for a health condition by a volunteer, then the community member could potentially take it as if it were advice from a doctor. I recommend for this to be discussed during the health trainings to ensure that volunteers understand the risks of making suggestions with regards to a medical condition.

Reliance on Jacques Werleigh

IMO has a heavy reliance on Jacques Werleigh, the Haiti liaison, when in Haiti. This is not a current problem; however, it is something that leadership should be cognizant of. Mr. Werleigh clearly loves IMO and what they do, but there will come a time when he cannot serve in his current role. IMO needs to be prepared for that, and perhaps begin to plan for ways to recruit other liaisons to ensure the continuity of IMO's work in Haiti.

Significant Structural and Organizational Barriers

Water Accessibility

There are many barriers that are preventing Mare Brignol from being a healthy community. These barriers range from lack of water to lack of transportation; and before any form of sustainable health can be obtained, these must be addressed. I found that the most significant barrier to health in Mare Brignol was **water insecurity**. The community has little access to water, and the water that it does have is likely to be contaminated, due to how shallow the wells are (Schram and Wampler, 2018; Wampler and Sisson, 2011). Throughout the community, there are families that use cisterns but there was not a consistent answer to whether the water stored in them was being treated, so I surmise that most of them are likely contaminated as well. However, before I address water cleanliness, I must address water access. From my interviews and observations, I gathered that the primary water sources were wells, cisterns, or water vendors; and the water vendors were most often neighbors that happened to have cisterns. I spoke to one family that said that they had to hike for several miles to purchase their water. This same family had not eaten in three days. This was odd to me because I saw dozens of plantains and oranges on trees. I thought that they could at least have eaten some of those until they figured something out. However, I later learned that on many occasions families will forego food so that they can sell it and have enough money for other necessities, such as buying water for the week. When a family is buying water, they are spending several US dollars a week on it. This was a scenario that was repeated to me several times during my interviews: a family tells me that they have not eaten food in over a day and then, shortly afterwards, say that they are paying several dollars a week for water. If these families did not have to buy their water, then they could potentially have at least one meal a day. Another benefit to not having to pay for water is that they could afford to buy meat, which would help with the protein

deficiency in the area. Lack of water access also causes undue stress on an individual and could lead to mental health problems (Kohrt and Mendenhall, 2016).

Water is essential to human survival and we cannot last more than a few days without it. As a result, it is a constant burden to have to figure out a weekly solution to finding a water source. Removing the barrier of water accessibility improves several aspects of a community's life. It eases economic burden, which then allows people to access other essential resources. It would also provide individuals with more energy and time to work their crops, which would increase their income along with lowering their stress and improving nutrition.

Water Sanitation

Water sanitation is a significant issue in Mare Brignol. The water that is currently accessible is not clean. This is a predicament for IMO due to their long-term goal of health sustainability. Right now, IMO is focused on malnutrition, which is admirable. However, if the community consistently has parasites and stomach illnesses, then providing them with the proper vitamins and minerals becomes substantially less effective (Crenshaw et. al., 2018). Before nutrition can be improved, water must be improved. The moringa project is a terrific direction towards helping improve the issue of malnutrition, but it will have a diminished impact if the community's current water situation continues without improvement.

IMO Presence in Haiti

It is clear that IMO has been working hard on spreading knowledge about moringa. The workshops are well planned and the moringa fields look healthy. Unfortunately, there does not seem to be an awareness of the plant in the community. It will likely take several years before moringa becomes a common occurrence throughout households in Mare Brignol, which is to be

expected for an ambitious project such as this. My concern is that IMO is spread too thin when they go to Haiti. Mare Brignol has many problems that need to be addressed, and IMO is attempting to do several of them at once. Ideally, there should be one focused goal that can be achieved by IMO at a time. It is important that these goals have an order as well that provides the most efficient mechanisms towards sustainable health. For example, if IMO is looking to become involved with water in the community then they must do that before they focus on food. Malnutrition is too broad of a goal to achieve without first dealing with the community's root problems.

Relationship with the Community

The relationship between IMO and the general community is remarkable. I received the same comments when I asked the question "How do you feel about IMO being in the community?" The community's consistent response was that they were appreciative of IMO because IMO provides the only medical attention that they receive all year. IMO is also the only organization that visits Mare Brignol, aside from the occasional government official that visits to campaign. One challenging aspect of IMO's relationship with the community is the idea that "you are American and therefore rich, so let me have that." IMO is effectively dealing with this by veering away from donations. However, during the meeting with the community leaders, IMO leadership mentioned giving water filters to the community for the cisterns. While the water filters are a good idea, they are simply being given to them and may not be long-term solution. It is important that IMO ensures that there is some form of integration of the community in any project that they do. Integration is required to achieve sustainable health

and may include training community members to perform different tasks (Farmer and Sen, 2003). Doctor Jeffries said that, while IMO's work is important and greatly appreciated, it is also important to build the Haitian people up. They need to play a part in achieving sustainable health. Additionally, from my interviews, I inferred that the people of Mare Brignol have an inherent distrust of organizations volunteering in their community. There have been several groups that have gone to Mare Brignol to volunteer, but they left with only temporary or minor improvements to the community. As a result, the community is concerned that when IMO stops going to Mare Brignol, they will have left nothing.

Suggestions for Improvement

First, I believe that IMO should restructure their focus from nutrition to water security. The moringa project is tremendous and should be continued, but the good that it can do is overshadowed by the negative effects that the lack of water access is causing this community. The idea to install water filters in the community is a great first step. However, because it is not integrative or sustainable, I recommend a project that involves the community members and can be passed on to future generations. I suggest that the community be taught to treat their own water. This could be something that is included in the workshops. If possible, one or more community members should be taught how to go around the community and treat cisterns and wells. They would be the ones to retrieve the materials to treat the water as well. This could address the issue of water cleanliness, but the principal issue in the community is water accessibility. I recommend considering a project that involves some sort of water pump system, similar to what is in Belle Anse (Schram and Wampler, 2018). The important thing to remember

with this is to teach the community how it works and to make sure that someone learns how to fix it if it breaks.

Second, I suggest having the doctors come between the summer and winter trips for follow ups. It was mentioned to me that this was in place before. The doctors also mentioned the follow ups to me and they said that they are willing to do them. This would improve the continuity of care the community receives.

Conclusion

IMO has a strong foundation and superb leadership. The expectations of their members are high, and this allows for them to be efficient in their volunteering. IMO is a group of hard working students but being students does not mean that they cannot achieve great things. With hard work, determination and proper planning I am positive that this group can accomplish their goal of sustainable health in Mare Brignol.

Bibliography (includes all texts read during the Internship)

Chierici, R.-M., & Voltaire, T. M. (2016). Reflections on Serving Remote Mountain Communities: Mobile Hospitals and Women's and Children's Health Care in Northern Haiti. *Maternal and Child Healthcare Journal*, 20(12), 2451–2456.

Crenshaw, M., Gribbin, M., Qasmieh, S., Heil, J., Ward, C., Kariya, S., & Kern, J. (2018). Haiti's rural Central Plateau: Baseline data from mobile health clinics. *Journal of Health Care for the Poor & Underserved*, 29(3), 984–996.

Farmer, P., Kim, J., Kleinman, A., & Basilio, M. (2013). *Reimagining Global Health: An Introduction*. University of California Press.

Farmer, P., & Sen, A. (2003). *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. University of California Press.

Fils-Aimé, J. R., Thérosmé, T., Alcindor, Y., Affricot, E., Eustache, E., Engel, S., ... Legha, R. (2018). A mobile clinic approach to the delivery of community-based mental health services in rural Haiti. *PLOS ONE*, 13(6), 1–15.

Geleijnse, J.M. (2008). Habitual coffee consumption and blood pressure: An epidemiological perspective. *Vascular Health and Risk Management*, Vol. 4, Pp 963-970 (2008), 963.

Hebblethwaite, B. (2015). The Scapegoating of Haitian Vodou Religion: David Brooks's (2010) Claim That "Voodoo" Is a "Progress-Resistant" Cultural Influence. *Journal of Black Studies*. Vol. 46(1) 3–22.

Katz, R. V., Prophete, S. E., Lafontant, C., Gebrian, B., Bourdeau, L. C., Joseph, Jr., Ernst, ... Rundberg, P. E. (2018). Oral health knowledge, attitudes, and practices (KAP) in rural Haiti: a 40-year follow-up study. *Journal of Public Health Dentistry*, (3), 192.

Knettel, B. A., Slifko, S. E., Inman, A. G., & Silova, I. (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 & Education*, 55(4), 177–188.

Kohrt, B., & Mendenhall, E. (2016). Water, Worry and Doña Paloma: Why Water Security is Fundamental to Global and Mental Health. *Global Mental Health: Anthropological Perspectives* (pp.57-69). London: Routledge, 2016.

Matousek, A. C., Addington, S. R., Kahan, J., Sannon, H., Luckner, T., Exe, C., ... Riviello, R. (2017). Patient Navigation by Community Health Workers Increases Access to Surgical Care in Rural Haiti. *World Journal of Surgery*, (12), 3025.

Millman, H. (2011). Cultural Curing: Magic in Medicine and the Pursuit of Alternatives *Platform Online*, Vol 12:80-99.

Niska RW, & Sloan E. (2010). Ambulatory medical care in rural Haiti. *Journal of Health Care for the Poor & Underserved*, 21(1), 70–80.

Pettit Whisenant, D., Cortes, C., Ewell, P., & Cuellar, N. (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 & Health Care*, 17(1), 52–72

Polsinelli, V. B., Satchidanand, N., Singh, R., Holmes, D., & Izzo, J. L., Jr. (2017). Hypertension and aging in rural Haiti: results from a preliminary survey. *Journal of Human Hypertension*, 31(2), 138–144.

Scheper-Hughes N. (1992). *Death without weeping: the violence of everyday life in Brazil* (pp.449-467). University of California Press.

Schram, H. E., & Wampler, P. J. (2018). Evaluation of Hand-Dug Wells in Rural Haiti. *International Journal of Environmental Research and Public Health*, 15(9).

Schuller, M. (2007). Invasion or Infusion? Understanding the Role of NGOs in Contemporary Haiti. *Journal of Haitian Studies*, 13(2), 96-119.

Wampler, P. J. & Sisson, A. J. (2011). Spring flow, bacterial contamination, and water resources in rural Haiti. *Environmental Earth Sciences*, 62(8), 1619–1628.

Vonarx, N. (2011). Haitian vodou as a health care system: between magic, religion, and medicine. *Alternative Therapies in Health and Medicine*, (5), 44.