



## Ethical Analysis of Project Medishare Trips

Report from Zarina Motorwala,

2nd year medical student after the trip...

I recently went on a weeklong trip to Haiti with Project Medishare.

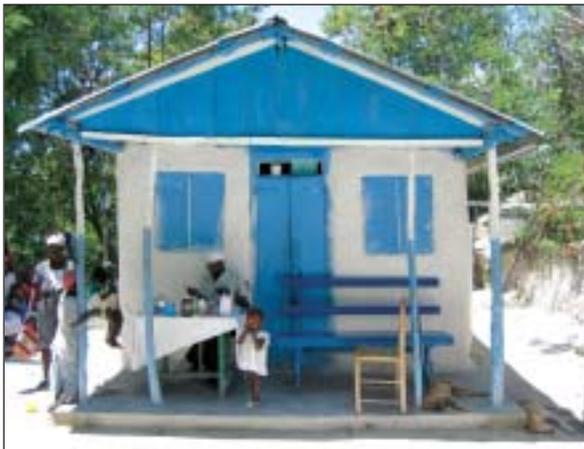
Prior to my trip, I had many moral questions regarding our efforts, including if we had a moral obligation to do this sort of work. I also wondered if the way we were providing

healthcare was ethically acceptable, considering the conditions in which we treat patients there are a stark contrast to the way healthcare is administered in the United States (in terms of patient privacy, etc.). I also wondered if there was

even a reason to treat the people of Haiti because even with the medicine we provide, the quality of life in all aspects minus health and wellness will remain the same.

Then I went to Haiti...and suddenly I felt so absurd for even having had these thoughts. I did not realize the proximity of Haiti—a one and a half hour plane ride—or the

extent of the poverty there. It is the fourth hungriest country in the world and the most destitute in the Western Hemisphere. Infant mortality is over nine percent, and the average life expectancy is just a little over 49 years. Unlike the U.S., there is no infrastructure in Haiti—no electricity in all



Monthly, Project Medishare community health agents hold 'rally posts' to monitor children's nutritional status by weighing them.

the parts we visited (including our own guest home) and no running water in most. Some villages we went to lacked clean wells for families to use. The same river used for bathing is also used for cooking, washing clothes, and drinking.

After seeing these conditions myself, I now think to myself, how can we not help our neighbors? As human beings with the ability to assist Haiti, we are morally obligated to do so.

We would begin our days setting out from our guesthouse in Thomonde, loaded up in

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## The Family Residency Training Program

The Open Society Institute has been a great supporter of this program and Project Medishare would like to personally thank Mrs. Ellen Chesler for her dedication to seeing the program continue. Now in its sixth year of operation, the Family Practice Center at Justinien Hospital in Cap Haitien has provided personalized, continuous, comprehensive, and quality care to approximately 15,000 patients. As part of the training program, a total of 11 residents have graduated from the program and are working in rural clinics throughout Haiti. Two residents have received further training at the University of Miami School of Medicine in order to join the faculty and train future family physicians.

There are currently 10 residents in the training program with 6 new positions opening up this year. Two graduates from last years program have taken the lead in founding the Society of Haitian Family Physicians, establishing an academic and collegial basis for the development of the new specialty. While in training, these dedicated young Haitian doctors have consulted approximately 55,000 individuals covering child health, prenatal care, OB/GYN services, and screening for STD's. As dedicated family physicians, the faculty and residents have given themselves the task of caring for

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# University of Miami School of Medicine Doctors, Nurses and Students Travel to Haiti to Deliver Crucial Medical and Surgical Care

Physicians, nurses, students and support staff from the University of Miami (UM) Medical School, in cooperation with Project Medishare and Partners in Health, traveled to Haiti June, 6-14 to provide critically needed medical and surgical care to residents whose access to health care is limited.

They visited the remote village of Thomonde, in Haiti's central plateau, and surrounding communities, where about 500,000 people are in need of health care and there are fewer than two doctors per 10,000 people.

On each visit, hundreds of Haitians walk for miles over rutted roads to reach the volunteer American doctors, seeking cures for themselves or their children.

During the trip the volunteers split into two teams and treated people in rural, remote areas outside of Thomonde. The communities visited totaled seven, and amazingly the physicians were able to treat over 2,000 patients in four days! Haitian medical personnel also benefit as they learn from the

volunteer doctors, UM sources said.

Participating in the medical trip were Dr.'s Arturo Brito, Arthur Fornier, Barth Green,



**Dr. Barth Green, co-founder of Project Medishare, treating one of the hundreds of children that come to our clinic.**

Ernst Danier, Regine Lefevre; and physician assistant Denise Morrison and UM medical students Amanda Carrion, Brian Deignan, Maria Glenn, Litzrudy Justinvil, Catherine Lucero, Melinda Steele, Zarina Motorwala and David Yamini.

The surgical team included Dr. William Scott McDonald; recent medical school graduates, Noor Kassira and Rick Spurlock; nurse anesthetists Valentina Casimir and Lavilia Toussaint; UM medical students Amit Kochhar, Christopher Dy, and Haley Neef; and nurse Monique Philippeaux.

"These trips are a learning and empowering experience for the students and the people we treat," said Dr. McDonald, lead surgeon on the June 6 mission. "We can deliver dramatic improvements in patients' lives at a percentage of what similar health care would cost in the U.S. As we continue to streamline and improve the process, the trips will become productive and cost-efficient."

"There are tremendous needs there that haven't been well-addressed and these trips are an opportunity to fill that gap," Dr. Spurlock said. "In the future, we're looking to bring not only plastic surgeons to Haiti, but also neurosurgeons, orthopedic surgeons, ob-gyn and eye surgeons — specialists for every type of surgery these patients need."

## Bascom Palmer Eye Institute teams up with Project Medishare to provide eye clinics in Thomonde, Haiti

Excitement is building as Project Medishare gears up for a trip to Haiti with professionals from the best eye hospital in the world, Bascom Palmer. In addition, the Dean of the University of Miami

School of Medicine, John Clarkson, will come along on the trip to lend his expertise as an ophthalmologist. The delegation will include Dean Clarkson, Dr. Carmen Puliafito, Dr. David Goldman, Dr. Stephanie Vanderveldt, Dr. Arthur Fournier, Dr. Barth Green, and a small team of Medishare volunteers. The trip is planned for Spring 2005. Project Medishare is extremely honored to facilitate this trip which will bring the best and brightest to a community in desperate need of eye care. We are confident that the trip will be a huge success!

## GEORGE WASHINGTON UNIVERSITY MEDICAL STAFF TRAVEL TO HAITI TO DELIVER CRUCIAL MEDICAL CARE

Professors, students, and graduates of the George Washington University School of Medicine and the George Washington University School of Public Health, in cooperation with Project Medishare, traveled to Haiti July, 25-29.

The group is focusing on Marmont, an area just outside of Thomonde, in Haiti's

central plateau. The volunteers provided Health Fairs for residents and met with representatives of Haiti's Ministry of Health to solidify an ongoing relationship. They discussed ways for local providers to deliver community-based services more efficiently, conduct screenings, and give residents information about health issues, including nutrition.

Those who participated in the trip include Dr. Glenn William Geelhoed, professor of Internal Medicine; Bryan Schaaf, public health student, former Peace Corps volunteer and trip coordinator; medical students Anthony Adelsun, Lindsay Eisler, Laurie Kates, Vesta Salehi, Duc Vo and Mike Williams; public health school graduates Neely Dahl and Sonbol Shahid-Salles; public health students Adam Benzig and Martha Wood; and emergency medical technician Zeb Whitaker.

# NEWS

## NEW DOCUMENTARY FILM

Project Medishare is featured in the documentary, *Once There Was A Country – Revisiting Haiti* by Kimberly Green and Wassim Serhan. The documentary examines the causes of the present healthcare crisis in Haiti and provides examples on how innovative healthcare programs can alleviate poverty and disease. For more information please visit the web at [www.oncetherewasacountry.com](http://www.oncetherewasacountry.com)

## AWARD NOMINATION

Project Medishare has been nominated for the 2005 Gates Award for Global Health. There are hundreds of impressive organizations and we are honored to be nominated for such a prestigious award. Please take a moment to visit the website under the awards categories [www.globalhealth.org](http://www.globalhealth.org)

## NEW WEBSITE

Project Medishare has a new and updated website. On this new site you'll find reports from the field, a photo gallery and information on our programs. Please take a few minutes to visit this site and find out more about who we are, what we do and how you can help! [www.projectmedishare.org](http://www.projectmedishare.org)

## Green Family Health Initiative (GFF Initiative)



Our deepest gratitude goes out to Ambassador Steven J. Green and his wife Dorothea and daughter Kimberly for their ongoing collaboration and encouragement. Their support has allowed Medishare to provide health care to over 35,000 people in the commune of Thomonde. Our Haitian staff of doctors, nurses, administrative staff, and community health agents & supervisors has accomplished so much in Year 1 despite the political turmoil that occurred from December '03 to February '04.

TB and HIV/AIDS patients. Additionally, 38 community health workers have been trained in other illnesses and diseases that are afflicting their communities. On a daily basis they provide basic health care, immunizations, referrals to the clinic, and health education to the most remote and rural sections. Weekly, the medical team from the clinic in Thomonde, composed of a Haitian doctor, a nurse, a lab technician, a pharmacist, supervisors and health agents, conduct mobile clinics to the neediest areas surrounding Thomonde. These mobile clinics work out of schools, churches and many times with tables under trees to provide access rapidly and effectively. The mobile clinics and activities of the health agents allows us to generate statistical reports

for ongoing surveillance of all health indicators (vaccination rates, prevalence of HIV & STI's & other infectious diseases, nutritional status, etc.).

In Year one of the Initiative, we vaccinated over 4,500 infants and children, provided nearly 4,000 prenatal visits, conducted 4,017 home visits, 75 vaccination posts, registered 1,416 births, identified 550

cases of tuberculosis, administered direct observed therapy at the homes of 134 HIV infected individuals and conducted 302 general health meetings, 9 women's health meetings and 11 meetings with traditional birth attendants, with over 8,400 participants in these meetings.

continued "TRAINING" from cover their HIV positive patients with, at first, meager resources and supplies. At this time, with USAID support, the residency program is poised to take the role of the site coordinator for all HIV related activities at Justinien Hospital, including providing screening and effective HAART (highly active antiretroviral therapy) for patients living with AIDS. The faculty and residents will be at the core of this comprehensive effort as educators and care providers.

A unique feature of the center is the strong preventive component in the delivery of care to the patients with health education as the centerpiece. These health education activities will be expanded with the addition of community health agents to extend services beyond Justinien Hospital. The concept of the Family Health Center and role of the Family physician in the national Health plan have been enthusiastically espoused by the Haitian Ministry of Health and the private health organizations in Haiti.

We successfully completed a door-to-door census in the entire commune of Thomonde. We now have every family registered in our database. Information such as names, age, sex, # of children per family, vaccinations, education level, access to water & sanitation, # of traditional birth attendants working in each area and the condition of their homes, was collected in the census.

Additionally, we conducted focus groups  
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**Community clinic in Thomonde staffed by local doctors, nurses and health care professionals. Health agents refer their patients in the countryside to the clinic for follow-up.**

The Initiative has allowed Medishare to dramatically expand the community health program in Thomonde. In collaboration with Zanmi Lasante (Harvard affiliated Partners-in-Health) we have hired and trained more community health workers and supervisors to provide "direct observed therapy" (DOT) to

and a needs assessment with community leaders and community groups (women, men and the youth) to ask them what they feel are the greatest needs for their community and to evaluate all indicators affecting health (sanitation, economics, agriculture, and education) in the community. As a result we have written proposals and are looking for funds for an AK1000 nutrition program, reproductive health program and a Youth Education program.

## How you can help Project Medishare:

**\$25** will pay for gas to allow a community health agent to travel by motorcycle to the most remote and extremely hard to reach rural area.

**\$86** will pay a health agent’s salary for a month. Health agents are a vital component of the community health program; they deliver medications, moral support, and care to patients afflicted with HIV and TB.

**\$100** will help pay for a mule or a horse that a health agent can use to travel to remote locations that are unreachable by car, motorcycle, or bicycle.

**\$250** will help pay for medications used to treat HIV/AIDS and Tuberculosis. The community health agents will distribute the medications using the DOT method.

**\$500** will allow Project Medishare to hire more community outreach workers that can provide sex education and HIV/AIDS prevention workshops to the community of Thomonde, Haiti.

**\$5,000** will assist with the building of a new hospital in Thomonde in partnership with Partners in Health. The community health workers will then be able to refer their patients to a nearby facility equipped to provide comprehensive care.

our SUV’s, arriving at a village about two hours later. We tried not to complain about the bumpy ride, knowing that the villagers make the same trip by foot, but over nine hours instead. Once in the village, we setup in the sturdiest building in town, usually a church or abandoned dispensary. There would undoubtedly be at least 100 hundred patients already waiting, and the crowd would grow steadily as the day went on. Patients had their height, weight, and blood pressure measured and were then sent to see a doctor. The patients would see the doctor on wooden benches, usually about 1 foot away from the rest of the crowd waiting to be seen.



**Sonson and his two twin sons. Sonson’s entire family of 8 are TB positive and are enrolled in our direct observed therapy program. Due to their illness, Sonson and his wife are too weak to work and provide for their family. They will benefit from free packets of AK1000 until he is strong enough to work in his garden.**

Patients are given a prescription and then directed to our pharmacy, where medicines ranging from antacids and vitamins to diuretics for hypertension are distributed. I had known about the distribution of medication, and had wondered what good this temporary treatment would do. I worried Medishare was simply practicing medical tourism—which most everyone agrees is ethically unacceptable—by taking a group of medical students and doctors to rural Haiti for one week and giving temporary care and treatment and then leaving the patients to fend for themselves after our departure. Parasites will simply infect again, scabies will reappear, iron levels will go down

once again—what was the good in that?

Then I learned of Medishare’s efforts to set-up a system of permanent healthcare in the villages of rural Haiti. The organization has hired fulltime community health care agents who travel to the areas we visit and provide education, family planning, and referrals to the fulltime Medishare clinic in Thomonde, which is staffed by Haitian physicians and nurses. At this clinic, everyone has access to free healthcare and refills on prescriptions. The community health agents also provide direct observation therapy to those with HIV/AIDS and TB. The agent takes the proper medication to the patient and watches as he/she takes the pills to make sure the drugs are properly used. I was glad to realize that the organization I was now a part of was not simply providing band-aid medicine. There is a system in place for proper patient follow-up. Medishare is dedicated to getting a structured health care system set up for the people of Haiti.

Finally, I wondered what difference we were really making in the lives of the Haitians we see. What good is healthcare if there is no food to eat and no clean water to drink? What sense is there in being healthy if there is no means of industry or economy to improve their situation? Are we actually providing a disservice to the Haitians by coming in and causing them to live longer, having to endure the squalor and desperate conditions for even more time than they already do now? But then you realize, as I did, that without satisfactory health, no other progress in the positive direction can take place. Eventually, Project Medishare can expand to provide food services as well as helping to build latrines and wells for clean water in villages that do not have these essential features. Providing healthcare creates the first ripple that can lead to waves of change in the ocean that is the desperation of Haiti.