After spending several months in the US, Cherlie Severe and I are now back at “home”, getting ready for the opening of our house-clinic in Gatineau. As I mentioned in our last newsletter, we were so impressed with the medical, physical and spiritual needs of the surrounding area that we decided to begin patient consultations in a little house on the clinic site at the end of August. Our low-key opening is scheduled for Tuesday, August 28th and we’re hoping we won’t be inundated with patients. We will be holding clinic every Tuesday and Thursday, seeing all age groups and all types of problems. We’ve repaired and painted the house (thanks to our Haitian partner Ti Jean), put on a new door (thanks to nearby Mennonite missionary Wesley), bought a starting supply of medications (thanks to local pharmaceutical supplier, 4C) and brought 2 duffel bags full of gloves, gauze, bandages, lab equipment and other supplies thanks to Worldwide Lab Improvement and you! And, on their way down to Haiti in a shipping container are examination tables, desks, chairs and office equipment donated to us by Dr. Robert Haushalter in Milwaukee. Obviously, we’ll have to refer complicated and emergency cases to the general hospital in Jeremie, but we can begin to follow those with chronic medical conditions, follow pregnant women during their pregnancies and see all age groups with acute medical illnesses and problems. We’re excited to get to work!

During my time in the US, I was able to spend time with long-term friends and make new friends, touch base with former supporters and cultivate new supporters, work with previous colleagues and meet new colleagues and in every situation share our vision for improving health and changing lives in Haiti. I had the chance to share my conviction that the way to develop a medical ministry with the greatest potential for long-term sustainability is to use a community-based model, where medical care and education is brought as close to the local communities as possible, and where the communities participate in the planning and implementation of services provided. This type of model begins with cultivation of community participation, the first step of which was our recent community needs and resource assessment (available on our website). It seems to me that this is also the model that the church should follow, in attempting to be salt and light to the communities of which it is a part. We, as Christians, need to live out our faith in a way that makes a difference in people’s lives, not just with our words, but through our actions, as we model the behavior of Christ for those around us. This is what we want to do in Gatineau – provide excellent, compassionate medical care to all who come to us, with special concern for the most impoverished and vulnerable of society, but also seek to improve the social, educational, economic and spiritual conditions that lead to poor health and unfortunate outcomes. This is a holistic approach, and one that we feel is necessary to impact the root causes of medical problems and poor health.

Greetings once again from Jeremie, Haiti!

Community meeting held in April 2007 to discuss results of the needs and resource assessment. People were told at that time that the clinic would open in August.
One of the things we are trying to do this year is to cultivate a core group of supporters – people who will agree to pray for us, communicate with us and/or support us financially in the months and years to come. While we need large amounts of funding for our capital construction projects, we also need ongoing support of our operations. We would love to have you join us as a long-term partner. Just as the communities in Haiti need to join together to achieve changes, so we need you to join with us to encourage and develop these changes and to sustain them for the future.

RECENT PROGRESS...

1. We finally received our 501c3 approval from the IRS, designating us as a non-profit organization in the US. This allows us to receive donations and issue tax-deductible receipts. We are now moving forward at full speed with our fund-raising efforts, so that what is starting out as a little “clinic in a house”, with patient consultations two days each week, will soon become a clinic, maternity center and living quarters where we can offer services 24/7.

2. We have officially purchased all of the land at the clinic site in the name of Friends for Health in Haiti, with all legal papers attesting to this.

3. We have registered as an official non-profit organization in Haiti and have received recognition of this status in Jeremie, Haiti. Recognition in the capital city of Port-au-Prince is soon to come.

4. We have received a donation of a new fetal Doppler (used to detect fetal heart tones) from Jo Stys, in memory of her co-worker, William Stone, who passed away last year. Much thanks to Jo and to the Stone family for this wonderful, useful piece of equipment.

PRAY WITH US FOR...

1. The opening of the clinic on August 28th, and subsequent consultation days, Tuesdays and Thursdays each week.

2. Safe arrival of equipment and supplies which have been shipped in a container to Port-au-Prince. They need to be brought out to Jeremie by transport truck.

3. Safety for our workers as we begin to build a security wall along the road at the edge of the clinic property.

4. Funding to allow us to buy the necessary vehicles, equipment and building supplies so we can begin construction on the clinic and other buildings at the site.

5. Successful completion of construction of a house Cherlie and I are building in Jeremie for ourselves and visitors.

6. Wisdom in working out partnership arrangements with various organizations, churches and individuals.

Sincerely,
Catherine Wolf, MD, MPH
Executive Director
PUBLIC HEALTH CORNER

In each of our newsletters, we will include some information pertaining to the practice of public health, so that you, our readers and supporters, can learn with us about the health issues of most concern to those living in developing countries such as Haiti. We welcome feedback and further discussion of these issues with you, so feel free to contact us at friendsforhealth@gmail.com.

When we think of public health, we think in terms of the health of large numbers or populations of people, whether in a village, city, country, continent or the world. In fact, the motto of Johns Hopkins Bloomberg School of Public Health, where I recently received my Master of Public Health degree, is “Saving lives, millions at a time”. As Christians, however, we are to be concerned about the well-being of every individual. So where does that leave us as Christian public health practitioners? I believe it is our responsibility as Christians to demonstrate the love of Christ to all those in need, especially the most impoverished, through our actions, as well as our words. But, it is also our responsibility to be good stewards of the resources the Lord has entrusted to us, in carrying out our service of love to others. And, this means trying to improve the health and change the lives of as many people as we can, with the resources we have been given. In order to see if we’re doing our job well, we need to have a way of measuring our impact. As in other fields, the measurements we use are called indicators, and in public health, we measure health indicators. In a previous newsletter, we talked about an indicator used to measure maternal deaths called the maternal mortality ratio. Another indicator we commonly use to evaluate the health of a population is the under-5 mortality rate, in other words, the number of children who die before they reach the age of 5 years for every 1000 children born. In Haiti, this rate is very high. 174 out of every 1000 children born today in Haiti will not live to see their 5th birthday. The greatest causes of death in this age group are diarrhea and pneumonia. Deaths from diarrhea can largely be prevented by teaching mothers to use oral rehydration fluid when their infants have diarrhea. If parents are taught some simple signs of pneumonia, they can seek treatment with a local community health agent, and prevent deaths from pneumonia. These are just two of the ways that community education and local treatment of early illness can have an impact on under-5 mortality. And, these are things that we plan to teach and do in our clinic and surrounding communities as our program develops.
Someone asked me recently what made me want to become a physician. Well, the idea had started long before, but became solidified in my heart in 1973 on my first trip to Haiti. I was a Wheaton College student at the time, working in a clinic in Haiti for three months as part of the Student Missionary Project from school. I had been thinking of going into medicine as a career, and was also interested in missions, so this summer opportunity gave me first-hand experience in both areas. One weekend, some of the teenage missionary kids took me with them to a nearby beach, where the mission had a beach house. In the afternoon, we began talking with one of the local Haitians, who asked us to come to his house. There, he showed us his youngest child, a little girl about a year old, who had stumbled and fallen into their cooking fire a few days earlier, badly burning her hand. We all cringed as we looked at the open blisters on her little hand and fingers. None of us had any medical skills or knowledge and I, for one, felt very frustrated with my lack of ability to help this poor little girl. All I could think was, “Someday, I’m going to know how to take care of medical problems like this”. And, a few years later, my medical journey began.

Financial contributions may be mailed to:

Friends for Health in Haiti
P.O. Box 122
Pewaukee, WI 53072

You can now donate online via JustGive.org. Follow the link on the “Support” page of our website.

As we mentioned in our last newsletter, we are in need of donations of medications and supplies. We are also in need of construction equipment, such as hand tools. Contact us for specifics.

Thank you so much!