

Health Status Report for Children in Haiti

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Krys Burnette

Columbia University

Mailman School of Public Health

MPA/MPH Candidate 2011

It is not a metaphor to say that Haiti is a broken country. Houses, buildings, schools and libraries that were damaged in the earthquake that struck on January 12, 2010 still remain untouched in large piles of rubble.

Carrying my tent and duffle bag, I stepped out of the airport, excited and anxious to examine the health infrastructure of Port-au-Prince. In front of me were only concrete barricades and a wire fence separating my group and me from the busy street. Lining the street was a crowd of salesmen and women eager to sell the *Blanc* (visitors) an international cell phone or take us for a ride in a *tap-tap* (taxi), and organization leaders waiting to retrieve a new group of volunteers for the next week or two. As we rode away with our organization leaders (Grassroots United and European Disaster Volunteers), and slowly began to make our way through the city, I immediately noticed the spectacular scenery. Port-au-Prince is a very fruitful place; although dense, there are trees and foliage covering the entire city. Behind the green line of trees, however, on the opposite side of the road, lies a sea of USAID and Coleman tents arranged in rows of hundreds along the busiest streets in the city.

The hillsides are completely covered with tents where millions of Haitians are forced to live. Due to lack of infrastructure, there is no garbage disposal or sewage system and very few residents have access to plumbing or electricity. Mounds of trash lie in piles 30 feet or higher, and are rummaged through by roaming hogs and goats. Despite the hardships, Haitians are survivalists and most are seeking a way back to normal life. I was amazed at how the people of Port-au-Prince are able to live, and surprised that Haitian children seem so resilient in the face of such devastation.

Assessing the health status of children since the earthquake is complicated, to say the least. Many different issues contribute to the health status of children: housing, diet, vaccinations, access to water (including safe drinking water), clothing, shoes, access to school, mental health status. Since certain areas of the Capital are far more dangerous than others, a child's specific location makes a difference in the degree of risk or vulnerability.

My mission was to speak with health care and social service personnel who have been working with children in the months following the disaster in order to evaluate the physical, mental, and social well being of children. Although I lacked a reliable means of communication and experienced extreme difficulty navigating the city (not to mention a the language barrier), I was able to speak with two nurses (one American and one Haitian), one American pediatrician, an American ER doctor, an EMT and paramedic from New York City, a European volunteer social worker, and a Haitian accountant at a local orphanage. All served as insightful "key informants" and all were eager to speak with me about the experiences and challenges they have faced while working in Haiti. This report examines a some important issues that emerged in this series of interviews. All participants agreed to remain anonymous.

There are currently five active hospitals in Port-au-Prince: Project Medishare/University of Miami, St. Damien's, Bernard Medical, and two general hospitals. A nurse at one of the hospitals informed me that typically there are pediatricians in most of the hospitals, but there is still a need for more specialists. In fact, St. Damien's is a pediatric hospital that has been serving Port-au-Prince for almost 30 years with permanent staffing.

The international hospitals like Medishare, function on a volunteer rotation basis. For instance, a team of volunteers arrives for typically one to two weeks at a time and rotates to and from their home countries. A few of the international doctors were in Port-au-Prince only temporarily (about 7 to 10 days), and would return in about two months to do a similar rotation. On average there are between 2-3 volunteer pediatricians at Medishare each week, and this may fluctuate to 4-5 at times; additionally, the nurses in the unit have previous experience in pediatrics.

Most hospitals, like Medishare and St. Damien's, functioned out of field hospitals set up as modules following the earthquake, but have now located to permanent structures. There seemed to be a consensus among the doctors at Medishare that functioning in the tents was much easier than at their new location; moving between units and labs was much simpler in the tent set-ups. A long-term nurse at Medishare explained the tradeoff to the tents versus the permanent structures: the buildings do not flood as the tents once did, but they are now functioning with nearly 100 fewer beds than previously. Furthermore, the new permanent structure has been shown to have electricity problems, including more power outages than before. Despite the lack of an adequate healthcare infrastructure, it can be argued that free hospitals and mobile health clinics in Port-au-Prince are working rigorously to support the medical demands of the community; and indeed many healthcare workers believe this as well.

Others though, have very different opinions. The health care system in Haiti is very different from the system that Americans have grown accustomed to in the United States. An EMT aired his frustrations about the functionality of the hospitals in Port-au-Prince, more specifically the triaging system:

“There's no health system. Triage is done by a guard with a shot gun standing behind a gate. He looks at you and tells you whether you can be seen by a doctor or not... if there is no doctor, the hospital is closed. That's the health system in Haiti. I had a kid, a little boy over there at that orphanage, with a fever of 103.6 last week who wasn't allowed in the hospital 'cause the guard said 'he doesn't look sick.' So the kid was sent home.” - EMT from New York City

He then told me a story about the difficulty he has faced accessing the Red Cross. As he described it, the Red Cross operates during “business hours only” and although there are emergencies where one would need blood at night or during the weekends, healthcare personnel cannot access the blood bank after hours. Additionally, and consistent with reports from nurses with whom I spoke, the EMT stressed the critical need for primary health care. . Complications from problems such as high blood pressure, diabetes, worms, and scabies were “rampant” in Port-au-Prince, but can be mitigated if treated earlier, as he explained it.

On the other hand, some Haitians have the knowledge and the means to visit a doctor, but instead choose alternative medicine from a Haitian Vodou (Voodoo) priest. The EMT explained that by using alternative

medicine, Haitians often exacerbate serious illnesses; and, he said, a large portion of the Haitian society is refusing Western medical treatment. He went on to explain that there are two types of priests in the Haitian Vodou culture: a *mambo* is a priest of *Rada* who is considered a religious healer, while a *bokor* is a priest of *Petro* who can cast an “evil spell.” A subgroup of the population follows one of another of these priest healers, instead of seeking treatment from providers of Western medicine. The EMT reported

“There are babies suffering every day from anything from measles to scabies ‘cause they think they’re gonna be healed by some Voodoo priest.” - EMT from New York City

Although frustrated, he suggested that Vodou priests should be incorporated into medical practice in the same manner that Christian priests are allowed to give their services within health facilities. No other interviewee addressed this topic or mentioned the presence of Vodou culture as being a significant barrier to medical access.

Lack of health education was evident in many households. Simple health-related behaviors such as wearing shoes to reduce worms or using mosquito nets to reduce the spread of Malaria have not been the focus of education efforts. On the other hand, washing hands before meals and after using the restroom are actions about which many are cognizant; but purchasing clean water can be costly. For this reason, many Haitians use their purchased water for consumption rather than hand washing.

Most primary care, especially for children and pregnant women, is accessed through mobile health clinics, similar to those of Partners in Health. The clinics provide a variety of services ranging from general antibiotic treatment to referrals to doctors who provide ongoing prenatal services, mostly free of charge or on a sliding scale. A nurse at one of the mobile clinics described her day – she had seen nearly 120 patients and about half of them were children. She and the other nurses explained their general initial assessment of children as “malnourished and underfed”:

“...you take the children that are admitted to our emergency room that are so malnourished that they die” - American Nurse

“..Nutritious food and basic health care are immediate needs. Children here die of preventable diseases simply because their immune systems are so weak because all they eat is rice.” - American ER Doctor

Others stressed that most chief complaints from pediatric patients related to skin infections and hydrocephalus:

“There are a lot of skin problems, a lot of skin problems, and I think it is due to the quality of the water that they use to bathe and to wash themselves and also from the heat and the humidity from living in the tents, you know because it’s very, very hot under this material, you know, and to be living there 24/7... Every night when it rains I think about these people because some of these tents don’t even have a

door--sometimes it's just a sheet or something-- and every night I think about them my heart just breaks.”- Haitian Nurse

“There is a living condition that has always caused problems, you have children with diarrhea because they are crawling on the ground and they are putting dirt that they find in their mouth.”- Haitian Nurse

Medishare’s clinic has an entire program dedicated to treating infants suffering from hydrocephalus. Another Medishare program aids children with new prosthetics for amputees at their prosthetics lab located on site at the hospital. Although money is still needed to improve outpatient care, there is a large physical therapy department on site that serves child amputees.

Homelessness is extremely difficult to define in Haiti. Is homelessness defined as the state of a person who has no permanent home or structural place to live; or does it refer to one who does not have access to any sort of enclosure (such as a tent) to live in? If we define a homeless person as someone who does not have a permanent structure in which to live, , then there are more than 1.3 million people who are homeless in Port-au-Prince¹. A tent city can be best described as a designated location where thousands are situated in tents that were donated from private sources or international donors, including the International Federation of the Red Cross (IFRC), Oxfam International, and J/P Haitian Relief Organization—Sean Penn’s Camp (J/P RHO). The “cities” are not governed by any one entity, but are often policed by United Nations, which also serves as the local police force throughout Port-au-Prince. There are no data that give an exact number of children who are still in tent cities; but a professor at Yale University’s School of Public Health analyzed pre-earthquake data from 8,000 Haitian homes and identified 22,495 children, now in tents, who had resided in homes before the earthquake². For some Haitians, tents were their first stable enclosure since the earthquake. Others fear returning to their homes because of instability, lack of resources to repair their homes, or concern about another earthquake.

An interviewee elaborated on the living situation prior to the earthquake in greater detail. Before the earthquake many Haitians were living in “improvised housing,” more specifically, houses made of “*lean-tos, shacks constructed of found materials, etc.*” These people have been labeled “informal settlers” – a polite term for squatters. Comparatively, improvised homes in Port-au-Prince are equivalent to the Hoover-villes that were constructed in Central Park during the Great Depression. Although the people in these improvised structures were classified as homeless, in Haiti, this is a permanent condition in which families have lived for generations. Those who lived in this manner may have had their “homes” destroyed due to the earthquake, but were able to simply put their entities back together. Consequently, the definition of “homeless” is complex. The federal definition of homelessness according to the U.S. Department of Housing and Urban Development is:

“an individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a primary nighttime residence that is – a) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate

¹ Cody, E. (2010, August 22). 1.3 million Haitians still living in tents months after quake. *The Washington Post*. Retrieved from <http://www.azcentral.com/news/articles/2010/08/22/20100822haiti0822.html>

² (2010, August 3). Haiti’s most vulnerable children heightened risk in earthquake’s aftermath. *Yale University*. Retrieved from <http://www.physorg.com/news200066275.html>

shelters, and transitional housing for the mentally ill); b) an institution that provides a temporary residence for individuals intended to be institutionalized; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”

If homelessness is defined this way, without a doubt there are millions of Haitians who are homeless. When rented or owned homes were destroyed, hundreds of thousands of people were driven into camps or forced to construct improvised homes. In other unique cases, individuals still have a home standing, but reside in tents outside of their home in fear of the government’s claiming ownership of their property if they vacate. Whatever the case may be, camps or improvised housing are now home to millions of Haitians. And this reality has an impact:

“Children without parents who work on the street begging all day and then sleep in a tent with extended family or a host family in an IDP (internally displaced persons) camp are firmly in a gray area. They do have a sleeping space at night, but it isn’t permanent or adequate.”- European Volunteer Social Worker

Life in the tent cities has multiple effects on the on the well being of children. Since the cities are not governed or policed by any specific entity, security and distribution of resources has been difficult. An interviewee briefly explained the camp conditions:

“In informal camps, sanitation, clean water, and lighting are generally totally lacking, leading to increased incidents of disease and violence. Very few camps provide any kind of food... although some other camps will occasionally be serviced by a mobile clinic. Crowding is also a real problem, as is flooding.” - European Volunteer Social Worker

A nurse noted that she has seen more cases of young women and girls with vaginal discomfort recently and suspects that many have been sexually abused or assaulted.

“We have seen teenagers who have been raped, and there is a big problem with rape in the tents... in the past two weeks we’ve seen about five... People are afraid to talk about it because they are afraid of their aggressor, so it’s not recorded but we know that it is happening.”- Haitian Nurse

“Incidents of gender based violence have been reported to be very much on the rise.... They also often fall victim to domestic violence, which is at its highest in the camps.”- European Volunteer Social Worker

Victims of suspected sexual abuse are referred to a psychologist within her organization, but long-term psychological care was rarely discussed as part of routine health maintenance. The nurse encountered

cases of children who were experiencing nightmares similar to night terrors with extreme outbursts of screaming and yelling. A volunteer from a nonprofit organization that has worked closely with an orphanage in Port-au-Prince spoke briefly about the psychological post-traumatic stresses children have experienced.

“Many of the kids exhibit an exaggerated startle reflex to unexpected large noises – like a truck coming down the street - and their caretakers report difficulty sleeping and nightmares. Some children are withdrawn, especially the girls, while others are very aggressive, mainly the boys. I’m not a child psychologist, but it’s clear that the stress and trauma of the event itself (the earthquake) coupled with the chronic insecurity it brought... having to constantly shuffle between several sleeping quarters, etc... has taken a toll on the kids mentally as well as physically.” – European Volunteer Social Worker

Not all of the camps are despairing. For instance, J/P RHO provides a comprehensive clinic and social programs which provides a soccer program for child amputees. Additionally, she mentioned that the kids, generally, need social activities: *“They need things to do rather than staying in and around their tents all day; they need to be children.”* Parents and children face two challenges accessing education: many schools were destroyed in the earthquake and were not reconstructed; and school costs between 125-200 USD per student per year—a heavy burden. Either there are no schools available in the neighborhood or parents cannot afford to send their children to school. Some children at the orphanage were attending school on a regular basis; others were not, due to financial reasons. When the social worker was asked how many of the children at her orphanage were in school, she commented:

“This number varies hugely week to week depending on whether or not money can be found to pay the tuition. Through a herculean effort many of the kids at [the orphanage] do attend school regularly... as for the camps, if the parents can pay the tuition and there is a school nearby, yes, but very few camps provide schools in camp.”

Children in orphanages are not necessarily “orphans.” For instance, some children may have one or both living parents, but since their parents are unemployed, underemployed, or disabled (with an extreme disability that makes caring for a child either tremendously difficult or impossible) they are surrendered by their parents to orphanages. The social worker described the orphanage she worked with:

“Post-earthquake, many parents died, but many were simply incapacitated either through injury (amputations, spinal cord injuries, etc.) or economic ruin [earthquake destroyed family business and the whole family savings which was kept under the bed or in the form of an animal which was killed in the quake.. Goats = bank accounts for poor families]. Either way, the family found itself unable to care for

the child. In the US, such a child would fall into a social welfare scheme, but in Haiti no such scheme exists. So the children either wind up on the street making money as they can, or they wind up in an orphanage. To my eye, this is an arbitrary difference. Without an orphanage, these kids would be absolutely condemned to a life on the streets which means, gangs, drugs, prostitution, you name it. They are, effectively, orphans either way. However, technically, this is illegal. Kids with living parents cannot legally be in an orphanage. This puts both parents and orphanage directors in an impossible situation.”- European Volunteer Social Worker

There is also a phenomenon that has occurred in which orphaned children are being housed by distant family members but are forced to perform manual labor; these children are called “rests-avecs”—which translates to “live with” or “stay with.” Although all of the interviewees heard of the issue, no one quite knew exactly what the real situation is for these children. One interviewee shared her knowledge:

“My knowledge of this phenomenon is totally anecdotal. My understanding is that some children have been taken in by host families. There is no regulation of these host families, and as a result the children are totally at the mercy of their host parents. Some children are treated well, while others become... Cinderella children – or worse. I have heard stories of children being trafficked and other such abuses.”

The latest unemployment rate in Haiti is currently in the range of between 70% and 80%, according to USAID³, Haitians constantly struggle to find a steady source of income; which can play a toll on the purchase of nutritious foods. There were many local markets in Port-au-Prince where local farmers sold a small variety of products such as breads, cheese, avocado, cabbage, an assortment of meats, and soft drinks. There was virtually no centralized location to shop for grocery items similar to an American supermarket. Although the land in Haiti is very green and fertile, there is very little agriculture in Haiti; in fact, most fruits and vegetables are imported from the Dominican Republic. Some suspect this reason is due to a lack of economic incentive to build such a farming infrastructure. In general, there are very few options for a nutritious balanced diet making health growth and development for children extremely difficult. A volunteer pediatrician at a hospital noted the physical appearance of children:

“They look much younger than their actual age. See that boy over there in bed 4? ... How old does he look to you? He’s 4, he has the physical development of a 2 year old. And it’s not that mothers don’t take care of their children, they do and they care about the kids, they

³ (2010, March 2). USAID responds to earthquake in Haiti. *USAID from the American People*. Retrieved from http://www.usaid.gov/locations/latin_america_caribbean/country/haiti/

just aren't eating the right stuff... they need education.”- American Pediatrician

Refrigerated options are also incredibly scarce since a common reliable source of electricity is often unavailable. Even homes that had the ability to pay for energy often faced problems; the power would often fail for hours at a time, which made storing perishable items a difficult chore.

Typically ice boxes (refrigerators packed with a frozen concoction of liquids), were a viable short-term substitute for those who needed to keep their items cold; but due to the intense heat in Haiti, this was not a sustainable option. Since fresh milk is virtually non-existent, powdered milk was a feasible substitute for most children. Soft drinks also made up a significant portion of the Haitian diet; Coca-Cola, 7-Up, and Couronne, were the same price or less than bottled water. As one can imagine, the cheaper option was usually chosen, which for children can lead to long long-term health risks (e.g. diabetes, obesity, etc). The paramedic who has been in Port-au-Prince since January 18, 2010, noted that juvenile diabetes and high blood pressure is common in teens and preteens, possibly due to limited food resources and options. Also noteworthy, most foods were fried with cooking oils. Haitian food had a fried option available at almost every meal: French fries for breakfast (similar to home fries), fried pâté (patty) for lunch, and fried fish or meat for dinner. Very seldom did meals include green leafy vegetables, like salad or spinach, or beans rich in protein, such as lentil, at meals.

At the end of each interview I asked the speakers a similar question: “What are immediate, short-term and long-term needs for children in Haiti.” However the question was phrased, the response was the same—the immediate health need of children is permanent housing:

“The parents need homes... and we need whoever is in charge of infrastructure, and I'm not sure anyone is... the biggest problem we have is homes for these children and not in these tent cities. The tent cities are just havens for, you know, sickness and illness, and poor general health for the whole family. So the first thing that I would say, from my observation is that people... parents need a place for their families to live that is safe so that they can begin to start having some normalcy in their lives.”- American Nurse

“Shelter... it is about time that those kids get out of those tents because it is inhumane to live there, it is really inhumane to live there all this time”- Haitian Nurse

“Security in housing to allow kids to recover from the stress and illness that plagued them after the earthquake is key.”- European Volunteer Social Worker

The question that remained unanswered was: “Once homes have begun construction, what are the priorities for selecting people to get the new housing?” Some suggested women and children should

receive priority, but with over 1.3 million living in tents, the selection process would be extremely complicated for families, because essentially everyone is experiencing dire hardship:

“Some of the organizations are building some emergency row houses at one of the camp sites, but from what I understand they are only building 200 of those and we have over 500 tents, you know, so you say to yourself ‘how are they gonna choose who they give those houses to?.’” - Haitian Nurse

When the interviewees were asked what is still needed from the international donor community there were a variety of suggestions offered. A nurse believed there needs to be more Haitian doctors working in health facilities. Another stressed, yet again, that children need to be placed in permanent homes. A doctor said that donations should be funneled toward shoes and vaccines that are needed to end the preventable diseases; but one interviewee gave a very unique response:

“One of the real issues is that any money that is donated right now is a band aid on a broken arm. The work of NGOs is great and essential, but Haiti lacks functioning schools, roads, social support systems – basically all of the systems which make a country run and create a safe living environment for children. This lacking infrastructure is due to years of corruption and violence in the country. MINUSTA [United Nations Stabilization Mission in Haiti] has brought a degree of security, but the Haitian government is still insufficient, to say the least. Until the government is able to erect some semblance of working schools, health services, and roads to get from one to the other, any work of the international community, however good, will be temporary.” - European Volunteer Social Worker

In other words, there must be long-term solutions to build infrastructures including health care systems, homes, food programs, schools, mental health, and social programs developed for Haitians by Haitians.

“It’s not that Haiti wants people to come in and [fix] this for them, they need tools and they need the direction, but they don’t need an occupation. They are very smart people.” - Haitian Nurse

“Somehow there needs to be this trust base established so that people will feel comfortable with allowing the international community to come in and help them but not do it for them... there are so many people willing to work on a general infrastructure rebuilding program and from there I believe that health care will improve.” - American Nurse

International workers who have occupied Port-au-Prince since January have become extremely frustrated, and justly so, by the lack of availability of funds raised by organizations for relief efforts. An interviewee described her personal feelings on the subject:

“it’s just a general observation that wherever that money is, it’s in some bank somewhere, not in Haiti... and I don’t know the reasons for that except that maybe there’s this belief that the Haitian government is so corrupt that they’re gonna, you know, they’re not going to do wisely with the money or... I’m sure there are a number of reasons people would give but I would certainly invite them to come and experience the day in the life of the average Haitian child who is not eating and then maybe they would, you know have a different sense.”- American Nurse

Child health is complex and the variables are basic: nutrition, water, housing and safety. The immediate actions were consistently stressed – shelter, nutrition, and health education. To meet these challenges, creating a long term city infrastructure must be initiated; beginning with housing. International donors should be working directly with the Haitian government to simultaneously employ Haitians and develop a working system for garbage disposal, rubble removal, and the elimination of standing water. The long-term health care needs for children must begin with nutrition and education.

Donors must also channel funding into food and water programs to reach children and families in the tent cities and orphanages. At this time children and families are only receiving short-term “band-aids” in the form of mobile medical clinics and ungoverned tent cities. The organizations that have been chastised for hoarding funds must design and implement programs that will allocate monies to the appropriate beneficiaries in a more timely and efficient manner. Since most needs are being supplied by international donors and volunteers, a sustainable system and a stable economy is imperative to the function of the country, more importantly for the future of Haitian children. “Beautiful, resilient, happy and intelligent” are the words often used to describe a Haitian child; but “deprived, unfortunate, and unlucky” are often used in the same sentences. It is time for international donors and the Haitian government to work together to go beyond “band-aids” for Port-au-Prince in order to cast a more stable infrastructure for the future.