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## **Country Profile-Haiti prior to the earthquake in January 2010.**

### **Introduction to the country and region**

Haiti is located in the Caribbean, on the western third of the island of Hispaniola. The eastern part of the island is occupied by the Dominican Republic. The terrain is very mountainous. Haiti has a very long coastline for a small country and like its Caribbean neighbours, Haiti has kilometers of fine beach. Stunning vistas of tropical mountains falling into the sea is typical of the Haitian coast.

The population is currently 9.4 million.<sup>1</sup> Demographics: 95% African, 5% mulatto or white.<sup>2</sup> Capital: Port-au-Prince (pop. greater than 2.5 million).<sup>3</sup> The official languages are Haitian Creole and French, but only a small portion of the population (informally estimated at 10%) speaks the latter. Ninety-six percent (96%) of Haitians report their religion as either Catholic or Protestant,<sup>3</sup> but traditional African (Voodoo) beliefs remain very strong.

Through the 1700's the area was a profitable French colony, producing an abundance of cash crops for export. Human resource issues in these labour-intensive operations were solved by slavery, with thousands of people captured from West Africa and forcibly shipped to plantations on what is now Haiti. Beginning in 1791 and culminating in 1804 these very slaves contributed to history's only successful slave revolt that won independence for Haiti. Since independence domestic and international factors have contributed to a string of oppressive dictators and irresponsible governments. Mass exoduses of citizens fleeing poverty and human rights abuses, severe environmental degradation and natural disasters have dominated recent history.

The majority of economic activity is informal (i.e. market vendors, peasant farmers and domestic servants). Unemployment (or at least a lack of formal paid work) is estimated at "greater than 2/3 of the labor force."<sup>2</sup> There is some export of agricultural and manufacturing goods, but in all reality the biggest export has been human; the Diaspora (Haitians living abroad) now numbers in the millions. Remittances from abroad to Haitian families now account for nearly a quarter of the country's GDP.<sup>2</sup>

### **Population Health**

The prominence of the informal economy makes it difficult to measure economic activity. Some groups have tried; UNICEF estimates that 5% of Haitians live on under \$1/day.<sup>1</sup> Whether scientific or anecdotal, all conclusions have been similar: most Haitians are extremely poor. The majority of the population (64%) lives in rural areas,<sup>4</sup> yet in the cities there are dense shantytowns of urban squalor. Roads are few and poorly paved making transportation extremely difficult and often dangerous. Malnutrition and under-nutrition are major problems and only 54% have access to clean water.<sup>1</sup> Adult literacy is 52.9%.<sup>2</sup>

### **Health Care System**

Like many things in Haiti, simple questions are complex and situations are not exactly as they seem. Effectively, health care in Haiti is 3-tiered with some rather unusual nuances.

There is a public health "system" where treatments are free or of low-cost. Ironically and painfully, however, free treatment does not guarantee care, as required materials often need to be purchased by the patient. If the person in need of care requires medication, gauze, an internal fixator and screws, crutches, whatever, they are given a prescription and the family will then try to find the given article and money to pay for it. If they are not able to do both, the person will remain untreated. Public facilities are chronically under-funded, mismanaged and tragically dirty. Employees are often on strike shutting down facilities. Unusual circumstances often cripple relatively new equipment (most likely sabotage). Public hospitals are present in urban areas and clinics have been built in the countryside, but many of the rural clinics have been abandoned.

For those who can pay there are various hospitals and medical services that operate on a for-profit basis. Care given at these facilities is often decent and they are normally well staffed and clean. Unfortunately these services are concentrated in the capital and rather expensive, effectively making them geographically and financially inaccessible for most of the population.

Haiti's affluent and elite rarely access medical services in the country; this population is more likely to jump on a plane for the 90-minute flight to Miami for any medical needs. This trend effectively creates the top tier of health care "in Haiti."

Amongst this wide spectrum of service (or lack thereof) there exist two interesting phenomena. For practical as well as spiritual reasons, the first strategy used to remedy illness is traditional medicine. Voodoo priests and priestesses often double as spiritual healers and herbalists. There are varying reports as to the practice and effectiveness of traditional healing, and really, it all depends on who or what one believes. The second interesting nuance of health care in Haiti is that of international NGOs. High quality medical facilities have been built in some of the most remote corners of the country by humanitarian and religious organizations offering good care for little or no cost. The organizations are inevitably financed from abroad and often host foreign volunteers for medical work.

### **Disability and Rehabilitation**

To date, the best summary of rehabilitation in Haiti that I've seen has been written by Erik Jacobson for the Center for International Rehabilitation Research Information and Exchange (CIRRIE) and is available on their website at <http://cirrie.buffalo.edu/monographs/haiti.pdf>. It is becoming out of date (2003), but offers an excellent perspective on many issues with disability and rehab in Haiti.

Since a detailed work of good quality is available, I'll keep my contribution relatively brief. Physical disability is an enormous issue in Haiti. Shoddy or no medical treatments mean that there are often significant impairments from minor ailments. The concept of accessibility, as we know it in North America, does not exist. Children with disabilities are often abandoned or neglected as they are seen as consumers of precious resources who can contribute little themselves. Orphanages are very common and over-represented by children with disabilities who were abandoned by their families.

On a happier note, there are some grassroots initiatives looking to promote equality as well as social and physical accessibility for people with disabilities. In Haiti we occasionally see determined individuals who have been creative and persistent and not allowed their disability to prevent them from leading full lives, often without having a role model or any organized support of any kind.

Rehabilitation professions are practically non-existent in Haiti. In Port-au-Prince there are clinics and businesses with signs advertising "physiothérapie" but the focus of care seems to be on massage or open-kinetic chain strengthening. There has never been rehabilitation professional training (i.e. PT, OT, SLP) training in the country. In recent years there have been Haitian students who have studied physiotherapy in the Dominican Republic. In addition, there are other Haitians who have studied in programs such as "Modern Rehabilitation" in Cuba. From discussion with the graduates of these 5-year programs the training is similar to that of a physiotherapist although the programs include some areas of practice not seen in Canada and exclude others. Clinically these graduates practice in a similar manner to Canadian-trained physiotherapists. It is not known how many Haitians have graduated from these programs and there is no professional body to link therapists and promote common interests. Occupational therapy, speech language pathology etc are even less well known than physiotherapy and are not represented in any manner.

Haiti is surprisingly close to North America. The short travel time, along with a fascinating culture and ongoing poverty draw many volunteers to Haiti from Canada and the USA, including rehabilitation professionals. Foreign physios, OTs, and SLPs volunteer with many different hospitals and NGOs. Generally, however, the commitment is very short-term (1-2 weeks) and as such sustainable efforts to establish rehabilitation by foreigners, progress at a very slow and disjointed pace.

### **Personal Experience**

I have been to Haiti on multiple occasions since 2003. Initially I volunteered for a period of 6 weeks as a clinical instructor for the rehabilitation aide training program through the Healing Hands for Haiti Foundation ([www.healinghandsforhaiti.org](http://www.healinghandsforhaiti.org)) in Port-au-Prince. Healing Hands is an independent NGO dedicated to fostering the expansion and quality of rehabilitation services for the benefit of physically disabled adults and children in Haiti. The foundation's projects include a rehabilitation clinic, a school integration program and other special projects such as outreach clinics, equipment distribution and technical support. The organization is funded through private donations, sponsorships, fundraisers and grants. Healing Hands recruits volunteer rehab professionals, most usually as part of medical teams (1-2 weeks). Most volunteers complement their work in Haiti with some level of ongoing volunteer work in North America.

For the duration of this initial commitment the training program was a partnership between Healing Hands and Health Volunteers Overseas (HVO; [www.hvovusa.org](http://www.hvovusa.org)). The training program was of 9-months duration and aimed to teach basic physiotherapy, occupational therapy and speech language pathology technical skills. As an instructor I would work with groups of 3 students per day in the orthopedics department of the State University Hospital. Patients were admitted to orthopedics after trauma, notably motor vehicle accidents and falls. Most patients had multiple or severe fractures or amputations. Occasionally fractures were treated with open reduction and external fixation, but the standard treatment was 6-weeks of traction followed by long-leg casting. Each student would work with a small caseload of patients in order to maintain strength and ROM and promote functional activities where possible.

This first experience with Haiti was a good opportunity to become acquainted with other PTs working in Haiti and was a taste of some of the countless challenges faced in rehabilitation, medical care and volunteer work. In all, however, I found that 6-weeks created more questions than answers and left a yearning to address other issues. By the time I returned to Canada I had already begun planning a return.

In 2004-2005 I returned to Healing Hands for a one-year commitment funded by Help the Aged Canada. By this time the partnership with Health Volunteers Overseas was suspended because HVO's organizational policy limited involvement in countries where the United States' State Department strongly encourages Americans to avoid. Haiti had become such a country after the coup d'état of President Jean-Bertrand Aristide in February 2004. In this self-designed second commitment, my primary responsibility was to follow up with the graduates of the rehabilitation aide program. Besides this, I also served as a local contact for medical teams, worked clinically and managerially at the clinic onsite, taught as a clinical and classroom instructor in the rehabilitation aide training program and networked with other healthcare facilities in the country to promote rehabilitation. This variety of roles proved to be a blessing as the ongoing security issues limited travel through Port-au-Prince, thereby prohibiting any work that was off-site of the Healing Hands complex. The one-year term was a much better opportunity to get a handle on the situation of rehabilitation and medical initiatives. This amount of time allowed for more flexibility (scheduling is DIFFICULT, and repeated rescheduling is a necessity), the chance to see some projects through to completion and some insights into reasons why some initiatives aren't successful.

In September 2007 I was invited back to Haiti by Hôpital Albert Schweitzer Haiti (HAS; [www.hashaiti.org](http://www.hashaiti.org)). This invitation was to assist in the improvement of the organization's limited rehabilitation structure. HAS is an NGO with a mandate to better the health of people living in Haiti's Artibonite Valley, a rural area in the center of Haiti (population 330,000). HAS does this through their 3 program arms: 1) a 100-bed hospital, 2) community health, through its 6 dispensaries and cadre of community health workers and 3) community development through its initiatives in sanitation, food production and reforestation. At the time of the invitation the only rehabilitation services offered by the organization were through one nurse who received on-the-job training to perform basic physiotherapy with patients in the hospital. There were no other known rehabilitation services in the HAS catchment area.

In order to initiate the process of service development I worked on a needs assessment during a 5-week commitment. This process focused on identifying current structures for people with disabilities, deepening the understanding of the epidemiology of disability in the area and learning about the lived experience of people with disabilities. Through this assessment the need for disability and rehabilitation services was established and expressed in a way that resonated with Hôpital Albert Schweitzer Haiti stakeholders, thereby increasing the institutional buy-in and leading to a partnership to guide the rehabilitation service development process. The three partners in this initiative are Hôpital Albert Schweitzer, the Friends of Hôpital Albert Schweitzer (a fundraising and support group) and Health Volunteers Overseas. Each partner comes with unique strengths and responsibilities that complementarily contribute to the program's operational success and sustainability. This initiative focuses on creating a local rehabilitation workforce and incorporating it into the HAS structure. The initiative has been named the "Rehabilitation Technician Training Program" (RTTP).

With the establishment of the program I was hired as the Coordinator for Rehabilitation Services Development, causing me to move back to Haiti in April 2008. The principal responsibilities of this position have been related to the planning of training and service structure (e.g. human resource issues, budgeting, logistics). I am also the local contact for visiting rehabilitation professionals volunteering as instructors in the training program. There are fundraising and quality improvement components to this role.

## **Recommendations**

Although rehabilitation is not very well advanced in Haiti, there are windows of opportunity. The proximity to North America allows for regular coverage by rehabilitation professionals from Canada and the US who wish to advance the state of physiotherapy from both the clinical and educational aspects. Traditionally, these efforts have been isolated and fragmented. Commitments to established initiatives can do much to facilitate progress.

Haiti can be an extremely difficult place to work. The poverty appears limitless. There appears to be a constant sense of disorder. Social inequality and injustice are rampant. At the same time, it is an absolutely stunningly beautiful country with a rich culture and wonderful people. These latter aspects are what draw foreigners to Haiti and cause us to fall in love with the country. Nonetheless, the former aspects can not be forgotten. These frustrations can be disheartening, but must be remembered to keep all initiatives in context. There is a need for rehabilitation in Haiti, but there is also a need for clean water, nutrition, justice and equality for all the nation's people, including those with disabilities.

## **Web resources**

Healing Hands for Haiti Foundation: <http://www.healinghandsforhaiti.org/>

Health Volunteers Overseas: <https://www.hvousa.org>

Hôpital Albert Schweitzer: <http://www.hashaiti.org/>

Medical Mission Exchange: <http://www.mmex.org/>

The Haiti Connection: <http://www.thehaiticonnection.org/>

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