

National Haitian American Health Alliance (NHAHA)

3rd Annual Conference

in collaboration with

The Green Family Foundation &

SUNY Downstate MPH Program

Conference Report

**“Haitian Health in the Diaspora: The Haiti
Factor”**

October 5th-6th, 2006

SUNY Downstate, Brooklyn, New York

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Conference Report on “Haitian Health in the Diaspora: The Haiti Factor”

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Joseph Jean-Gilles
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Carla Boutin-Foster, MD
Georges J. Casimir, MD
Linda Marc, MD
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Conference Purpose and Objectives

At the first NHAHA Annual Conference in 2005, panel presentations overwhelmingly demonstrated the need to address the disparities in health outcomes between Haitian and other communities in the United States. Building on these findings, this year's conference attempted to address the relationship between poor health outcomes in Haiti's various diaspora communities and poor health outcomes in Haiti itself. To this end, NHAHA assembled an assortment of speakers whose expertise ran the gamut of Haitian health service provision, including physicians in Haiti, human rights experts in the Dominican Republic, public health scholars in the United States, and HIV/AIDS service providers in Canada.

Throughout the conference, speakers' presentations elucidated the connections between political and economic barriers to health in Haiti and their possible effects on Haitian communities abroad. As such, the conference provided a holistic contextual framework within which to discuss and address the issue of poor health outcomes of Haitians in Haiti, the U.S., Canada, and the Dominican Republic. Using this context as a backdrop for informed discussion and educational activities, the conference also included a series of skill-building sessions for providers in the areas of HIV/AIDS, mental health, data collection, and nutrition. The balance of historically informed analysis, up-to-date research, and practical educational activities created a unique opportunity to discuss methods for tackling barriers to better health outcomes in underserved Haitian communities throughout the Americas.

Conference Presentations and Panels

I. Understanding Health Infrastructure in Haiti: A Screening of the movie “Once there was a Country”, produced by Kimberley Green, President of the Green Family Foundation

“Once There Was A Country: Revisiting Haiti” examines the causes of the healthcare crisis in Haiti at the beginning of the twenty-first century and provides examples of how innovative, self-sustaining healthcare programs can alleviate poverty and disease in the most isolated regions of Haiti.

The film highlights Haiti's rich cultural heritage and the little known triumphs of a country that is home to the first successful slave revolt in the world and which became the first black-ruled nation in the New World. Once There Was a Country: Revisiting Haiti explores the social and environmental reasons behind a failing healthcare infrastructure as well as Haiti's status as the poorest country in the Western hemisphere. Once There Was A country aims to dispel the myths surrounding this misunderstood country and provide viewers with a surprisingly positive point of view.

The film follows a Haitian family during a six-month period as they are treated for Tuberculosis. The film also follows a single man through a directly-observed therapy (DOT) health initiative for Tuberculosis and HIV/AIDS in the area of the Plateau Centrale. Throughout the film, viewers will learn about the historical and cultural context of Haiti's lack of a proper healthcare system and will look at available alternatives

The Vicious Cycle of Poverty:

An Unstable political climate, in which 33 out of 54 governing bodies have ended in political upheaval in Haiti, has left infrastructure and social programs to disintegrate. With little or no basic utility resources such as electricity, charcoal has been used for cooking and lighting. Charcoal is made from the cutting and burning of trees and is one of the only products that farmers in the countryside are able to sell for a pittance to the

overcrowded cities. Haiti's forests are disappearing at a rate of 15 to 20 million trees a year. Charcoal production is partly responsible. Charcoal has become the country's primary fuel, and people are forced to cut down the remaining trees in order to produce it.

No tree roots to hold the soil, topsoil has disappeared. Every rainfall in Haiti now sends chunks of mountain down onto roads and into the sea, polluting the water, choking the reefs and wreaking havoc on already depleted fish supplies. Sixty percent of Haiti's 8 million people do not have safe drinking water. Only 25 percent of Haitians have access to clean water.

With fewer trees, there's less rain. Less rain means fewer crops. Fewer crops means less food, and less food results in poor health, malnutrition, high infant mortality and overall starvation.

Besides creating a dire nutrition and health crisis, fewer crops also means less work, which prompts people, particularly in the country side, to immigrate in order to find work.

Patients suffering from HIV infection and/or AIDS find it almost impossible to observe their complex treatments once they leave their home in search of work. Immigration adversely impacts the spread and control of infectious diseases.

Today, many say that Haiti is 90% Catholic but 100% Voodoo. Many people will seek relief for their illnesses by paying a visit to their Houngans or Voodoo priests. Voodoo priests, however important as local leaders and spiritual guides, are not able to cure infectious disease. Recognizing the social influence of Houngans and Voodoo in healing the Haitian people, doctors at Medishare continually educate, collaborate, and work with local Houngans to promote effective healthcare practices.

It is important to understand that Voodoo not only embodies a set of spiritual concepts. It prescribes a way of life, a philosophy and a code of ethics that regulate social behavior. In Haiti, it soon became inseparable from the people's desire for emancipation. It became more than a religion. It was a tool for political liberation from the white oppressors who sought to demonize it and abolish it.

Voodoo embraces art, music, dance and poetry. Voodoo creates order out of chaos with no separation between the material and the spiritual. It is an education based on the oral transmission of songs and folklore with an intricate understanding of tradition, medicine and its own judicial process.

Once There Was A Country: Revisiting Haiti argues that not even the best medical facilities in the world are sufficient to implement and maintain public health without paying attention to people's social conditions. By expanding their healthcare services to include programs such as water purification and distribution, garbage disposal, hygiene education, micro-lending banks and small food factories that will create local jobs, many alternative healthcare organizations like Medishare are making a lasting impact on the

control of infectious diseases in Haiti by building the local economic infrastructure and guaranteeing the sustainability of such programs.¹

II. Provision of Care in Haiti: An In-depth Look at the Provision of Care in Clinical Settings in Haiti

A. Child Care, Dr. Ronald Eveillard

Dr. Ronald Eveillard, a pediatrician in Port-au-Prince, Haiti, presented on the current state of child health in Haiti, outlining the structure of Haitian health service provision and the socio-economic and political factors at play in poor health outcomes among Haitian infants and children. Dr. Eveillard emphasized the concentration of health care institutions and health care specialists (both private and public) in the capital, Port-au-Prince, the low number of physicians in the rural areas, and the overall scarcity of physicians in the country. Furthermore, Dr. Eveillard noted severe health system budget inadequacies, lack of trained personnel to staff state-run institutions, difficulty in accessing primary care facilities due to poor infrastructure (roads etc.), lack of health insurance, and individual lack of resources to pay for health services and medications.

Against this backdrop, Dr. Eveillard provided conference attendees with a set of dire statistics on child health in Haiti. Citing child mortality rates of as high as 57% for children under 1 year of age, high levels of easily preventable diarrheic and respiratory diseases and infections, high levels of maternal mortality (523/100,00), and low life expectancies (54.4 years), Dr. Eveillard demonstrated the effects of Haiti's poor health care infrastructure on child health while also examining poor outcomes in child nutrition levels and poor vaccination coverage for children. Additionally, Dr. Eveillard noted high incidences of sexual violence against women during the period of political upheaval between 2004 and 2005.

In spite of these challenges, Dr. Eveillard also discussed progress made in the area of pre-natal care, proportion of hospital-delivered babies, and successes in vaccination campaigns for children under 23 months. Along with these hopeful statistics, Dr. Eveillard also outlined a set of target areas that need to be addressed in order to improve health outcomes in Haitian children and the Haitian population in general. Such areas of focus included general education (free primary school for all) and health related education (improved health education campaigns), implementation of poverty reduction strategies, and improved preventive care (immunization and nutrition centered programs). Dr. Eveillard emphasized that despite the many challenges facing Haiti in the domain of health care provision, a broad-based strategy, which takes into account not only public health and medical care but also the political and economic factors that effect such care, can still have an impact on the future of Haiti's children.

¹ Text is from <http://www.oncetherewasacountry.com/about.html>

B. Infectious Diseases, Dr. Yves Lambert, Infectiologist, Clinical Pharmacologist, Hotel Dieu de Montréal, Montréal, Canada, Hôpital Pitie Salpetrière, Paris, France, Professor of Pharmacology and Therapeutics at the Faculty of Medicine, Port-au-Prince, Haiti, Attending Physician, Division of Internal Medicine, University Hospital, Port-au-Prince, Haiti, Clinical Mentor, ITECH-HUEH, Port-au-Prince, Haiti.

Dr. Yves Lambert followed Dr. Eveillard with a presentation addressing similar health related issues in Haiti with a focus on the ITECH project, a collaborative endeavor between the University of Haiti, the University of Washington, and the University of California San Francisco. Dr. Lambert began his presentation with a discussion of water and sanitation issues, high levels of infant mortality, high levels of tuberculosis infection, high levels of maternal mortality, and high levels of home delivery (home birthing). Dr. Lambert also addressed the low ratio of physicians per capita. Going into more depth regarding the issue of infectious disease and infant mortality, Dr. Lambert noted that easily treatable bacterial infections are one of the leading causes of infant mortality in Haiti. Additionally, infectious diseases are the first cause of death in Haiti.

Moving on from the epidemiological background, Dr. Lambert provided a summary of the structure of health care delivery in Haiti. Dr. Lambert presented slides depicting the 3 tiers of the health care system—primary, secondary and tertiary care. He also explained the micro-system of Unité Communautaire de Santé, or UCS, with their entry points, referral centers and their potential to decentralize the health service infrastructure.

Dr. Lambert then described the Ministry of Health's priority programs, which include the reproductive health program, the integrated management of childhood illness program (IMCI), the expanded program of immunization (EPI), and the national program for TB control. Other areas of interest included improving nutrition and controlling filariasis, malaria, and STIs/HIV/AIDS.

Focusing on the National AIDS Plan, Dr. Lambert outlined its three main objectives: 1) decrease the risk, 2) decrease the vulnerability, 3) decrease the impact (comprehensive care for people living with AIDS). The ITECH program is a crucial component of this endeavor, linking institutions in Haiti with universities in the United States to increase human and institutional capacity for effective treatment of HIV/AIDS. Other aspects of the ITECH program include efforts to build infrastructure for long term delivery of effective training and health care service delivery. Particular attention will also be given to increasing human capacity in program management, clinical care, instruction design, information management, monitoring and evaluation. In addition to working with the University of Washington and the University of California, San Francisco, ITECH also has partnered with GHESKIO, Cornell University, and Justinien Hospital, Cap-Haitien. Through these collaborative networks, ITECH aims to extend anti-retroviral therapy

distribution at selected sites and to strengthen the lab supply chain and electronic medical record keeping.

Dr. Lambert's presentation provided a revealing look at the importance of collaboration and international partnerships in grappling with some of Haiti's most pressing medical and public health crises.

III. The Politics of Haitian Health (Panel Discussion): A Look at the Political, Social, and Economic Aspects of Haitian Health in the Diaspora

A. Dominican Republic: Health in the Bateys, Edwin Paraison

Edwin Paraison, an Episcopal Priest and media consultant in the Dominican Republic, gave his presentation on the multiple dimensions of Haitian migration to the Dominican Republic. Opening with a brief history of over 100 years of labor migration between Haiti and the Dominican Republic, Mr. Paraison charted 6 primary reasons underlying current migrations of Haitian laborers eastward. Among these causes were environmental degradation, political instability, and the failure of the Haitian state to provide basic services, such as health care and education (especially in the communities along the Haitian-Dominican border). Furthermore, Mr. Paraison cited shifts in the D.R.'s own economic trajectory, which has moved from an agricultural to a consumption based economy with Dominicans themselves abandoning manual labor for employment in the tourist and service industries or through their own labor migrations abroad. In addition to the longstanding practice of importing Haitian labor to run sugar plantations in the D.R., Haitians are now also needed to fill jobs in other manual labor sectors, such as construction.

Although no official statistics exist, Mr. Paraison cites estimates that place the percentage of Dominicans of Haitian descent at 8% of the population, or between 500,000 and 800,000 individuals. These estimates include Haitian-Dominicans who have been denied citizenship in spite of their eligibility. As mentioned above, these Haitian migrants and Haitian-Dominicans no longer work solely in the sugar cane industry, but rather have taken up roles in various other agricultural industries and in construction. Others travel to the D.R. for their studies and others still for small and large scale business ventures. Wealthy Haitians travel to the D.R. as tourists. Other Haitians cross the border in order to fill roles in the informal sector—e.g. as vendors, house watchmen, handymen etc. The Haitian presence in the D.R. is truly diverse.

The politicization of the migration question, Mr. Paraison reminds us, consists in large part on Dominican nationalists presenting Haitians as poverty-stricken invaders, who carry deadly infectious diseases across the border and threaten to strain the public health system beyond its capacity. These nationalist, anti-Haitian messages are disseminated through media outlets daily and have a strong impact on the mental health of Haitian

children and students living in the D.R. Although it is true that the Dominican Republic cannot withstand unregulated migration from Haiti, Mr. Paraison reminded the conference attendees, nationalist rhetoric has created an unrealistic picture of Haitian migration that ignores the contributions Haitians make to the Dominican economy and denies the possibility that Haitians born in the D.R. are no less Dominican than other citizens of the Republic.

In conclusion, Mr. Paraison played some footage of anti-Haitian riots from a Dominican news broadcast. In order to prevent further outbursts of such anti-Haitian violence, Mr. Paraison advocates a commitment to increased cooperation in the domains of mutual understanding and healthcare and environmental planning. These two countries share one island, Mr. Paraison reiterated, and cannot progress unless they recognize this fact and work together to ameliorate the conditions affecting the poor of both nations. Additionally, Mr. Paraison focused on the need for both countries to regulate migration and to ensure that migrant laborers enjoy the human rights that they deserve in both countries. Finally, Mr. Paraison emphasized the need of the Haitian Diaspora in both Haiti and the U.S. to show solidarity with Haitians living in the D.R. in their struggle for equal rights and social and economic advancement.

B. Haitians in Montreal: HIV, Immigration, and the Model Gap-VIES, Joseph Jean-Gilles

Joseph Jean-Gilles began his presentation with a brief history of the AIDS epidemic in the U.S. and Canada and the ensuing stigmatization of Haitian immigrants in these two countries. Starting with the designation of Haitian ethnicity as a risk factor for AIDS in 1983, Mr. Jean-Gilles provided the historical context in which the Groupe d'Action pour la Prévention de la Transmission du VIH et l'Éradication du Sida, or GAP-VIES, was founded. GAP-VIES was incorporated in Montréal in 1987 with the explicit goal of preventing the transmission of HIV and providing social services to those already living with the disease. The primary target population for the GAP-VIES project was Haitian immigrants living in Montréal.

Over the years, GAP-VIES developed into an organization with numerous interventions and strategies, designed to confront the AIDS epidemic in Montréal. Some specific examples provided by Mr. Jean-Gilles included educational meetings, distribution of educational materials through the media (e.g. radio), educational outreach programs targeting women, call-in hotline hours, and post-HIV test counseling. Additional services provided by GAP-VIES include support and accompaniment by GAP-VIES staff and volunteers for those who are HIV-positive and their families, cultural mediation between immigrant client populations and health care providers, and efforts to link clients with appropriate community and government institutional resources. The establishment of partnerships with health care providers, other community based associations, Haitian immigrant groups, medical centers in Haiti, and public sector institutions have been crucial to the successful provision of the above services. Furthermore, relationships with local community members through volunteer recruitment have also been a central

component of GAP-VIES, providing the necessary manpower for the accompaniment of clients to meetings, doctor visits, and legal hearings. In this same area, volunteers have played a large role in organizing fundraising events, welcoming clients to the center, sending out mailings, and moving clients.

Mr. Jean-Gilles also provided some statistics on the population served by GAP-VIES and enumerated many of the challenges faced by this client population. Currently, GAP-VIES serves 376 clients, 47 percent of which are of Haitian descent and another 40 percent of which are of African descent. The Haitian community in Montréal emerged in the 1960s and now totals 74,470 according to official statistics (41.1 percent of which were born in Québec). Many of the barriers to health identified by GAP-VIES among these Haitian and African immigrants were socio-economic in nature, including poverty, unstable families, single parent families, unemployment, delinquency, and racial discrimination. In order to mitigate the effects of these obstacles to health, GAP-VIES has initiated programs that included home visits, housing search support, legal advocacy (immigration etc.), financial support in times of crisis, accompaniment of clients to hospital visits, and medical adherence support. By mitigating the instability caused by poverty and other factors linked to recent immigration and discrimination, GAP-VIES works to improve access to medications and adherence to medication. Furthermore, GAP-VIES's staff often serve as cultural mediators, using their knowledge of Haitian and African cultures to ensure that clients are receiving culturally appropriate care. In addition to these services, GAP-VIES also offers employment finding programs, including referrals to job-training programs and internships, which keep clients financially stable and socially connected.

Dr. Jean-Gilles's presentation demonstrated the importance of tackling the multiple causes of poor health outcomes in Haitian immigrant communities by focusing not only on medical issues but also the root socio-economic causes that account for much of the disparate outcomes in such populations.

IV. Keynote Address, Dr. Rony François, Florida Secretary of Health

Dr. Rony François, Florida's Secretary of Health, gave a presentation on the general relevance of being proactive consumers when seeking health care. The presentation emphasized the need to educate the Haitian community in the necessity of becoming active in one's own health care provision plan, engaging with physicians and nurses, and educating oneself about one's illness. Dr. François focused on the importance of treating health care in the same way that one would treat any other service one was seeking—i.e. one should expect and demand the best possible care and participate in the process of making sure that such care is provided. If educated to be smart and demanding consumers of health care services, Haitians, like other groups, will be more likely to receive a higher standard of care.

V. CVD-Hypertension and Diabetes: Nutrition, Exercise, and Eating Habits, Dr. Carla Boutin-Foster, Weill Medical College, Cornell University

Dr. Carla Boutin-Foster's presentation focused on cardiovascular disease, which is the number one killer of adults in the United States. In spite of this, Dr. Foster noted, little research has been conducted on the burden of cardiovascular disease among Haitian adults who reside in the United States. In order to bring service providers' attention to this issue among their Haitian client populations, the workshop focused on some of the relevant cardiovascular disease risk factors that exist in the Haitian community. The workshop also opened up a fruitful discussion regarding the social and cultural underpinnings of cardiovascular disease in the Haitian community and how these social and cultural underpinnings can be addressed by service providers. Dr. Boutin-Foster directed the discussion towards ways in which Haitian culture can be seen as a resource instead of a liability in the fight against cardiovascular disease, addressing possible dietary and culinary modifications that use Haitian recipes for healthy eating habits.

VI. Strategies to Reduce Mental Health Disparities, Dr. Georges J. Casimir, Associate Director, Geriatric Psychiatry Program/SUNY Health Science Center, Brooklyn, NY

Dr. George Casimir of the SUNY Health Science Center gave an informative presentation on disparities in the area of mental health, focusing specifically on ethnic minorities and recent immigrants. Beginning with a summary of the current state of mental health services for minorities, Dr. Casimir highlighted the fact that minorities have less access to mental health services and are underrepresented in mental health research. Furthermore, when minorities are able to access mental health services, they receive poorer quality care than their non-minority counterparts. Recent immigrant minorities face similar barriers to adequate mental health care but also suffer from the compounding factors of immigration stressors, including difficulty in communicating, distrust of state establishments, possible traumatic experiences in the case of refugee groups, acculturation issues, and basic socio-economic instability (housing, immigration status, employment).

Dr. Casimir outlined a multi-tiered strategy to address these obstacles to appropriate mental health service provision. His recommendations included the combination of western psycho-social interventions (pharmacotherapy and psychotherapy) with community-based interventions and traditional methods of mental health care. Furthermore, Dr. Casimir focused on the need to improve the coordination of care for recent immigrants receiving mental health care by establishing stronger connections and more effective channels of communication between Community Based Organizations, primary care providers, mental health service providers, and other medical and social service providers. Crucial to this approach was an attentiveness at all levels to culturally sensitive care and treatment options that take into account ethnic sensitivity to certain

medication types. Additionally, Dr. Casimir emphasized the importance of training outreach workers and primary care providers to recognize signs of mental illness and, in the case of refugees, to recognize signs of trauma, torture, or adjustment issues.

In the domain of research, Dr. Casimir noted the importance of developing research strategies that translated between scientific, policy making, and service provision communities. Specific attention was paid to research on intervention design, intervention impact evaluation, and cost-effectiveness evaluations. In conclusion, Dr. Casimir emphasized the need to monitor and take into account recent public policy changes and their possible effects on mental health care provision and mental health outcomes (e.g. immigration policy shifts, welfare reform, hospital program funding).

VII. Data Collection: A Skill-Building Session on How Providers Can Collect and Publish their Own Data on Haitians, Dr. Linda Marc, Epidemiology Fellow, Department of Psychiatry, Weill Medical College, Cornell University.

Dr. Linda Marc, a Fellow in Epidemiology in the Department of Psychiatry at the Weill Medical College of Cornell University, led a skill-building session on how providers can collect and publish their own data on Haitians. The session focused on two main problems facing Community Based Organizations (CBOs) with long histories of service in Haitian communities. The first of the two problems is the common double-bind faced by CBOs—i.e. the sentiment that although data collection techniques are needed to secure funding and document progress they often get in the way of service provision efforts. The result of abandoning data collection is poor monitoring of program progress and the resulting lack of funding and research based intervention improvement strategies. The second problem facing CBOs stems from the first—i.e. the difficulty in evaluating intervention models over long periods of time due to a reliance on poorly documented and anecdotal institutional histories.

With this in mind, the workshop was structured around the following goals:

- 1) Changing the mindset that CBOs are there to “help the people” and not to conduct research on their client populations. To this end, participating CBO members will learn how to become more sophisticated in demonstrating and documenting their challenges, interventions, and successes.
- 2) Increasing CBO recognition that collecting basic information to conduct small research projects is essential to their own institutional survival.
- 3) Educating CBO staff on how to collect data in everyday service provision settings without impinging on the services provided.

By addressing these issues, the workshop introduced CBOs to the importance of data collection and program evaluation.

VIII. International Health Models: Project Medishare and Partners In Health, Dr. Lambert Wesler

Dr. Lambert Wesler, a physician working with both Partners In Health (PIH) and Project Medi-Share presented on Partners In Health's innovative and world-renowned prevention and treatment projects in Haiti's Central Plateau. Partners In Health, nonprofit organization working in Haiti, Boston, Russia, Africa, Peru, and Guatemala, recently teamed up with Project Medi-Share, a Miami-based organization, in order to expand its health provision models throughout Haiti's Central Plateau region.

Dr. Lambert Wesler began by providing an account of PIH's Haitian partner project, *Zanmi Lasante* (ZL), in terms of its position in the public health infrastructure of the Central Plateau and rural Haiti in general. ZL is currently Haiti's largest health-focused NGO. With over 2000 employees, four health centers, and two hospitals ZL is the primary health care provider for the Central Plateau region. Additionally, ZL has been formally integrated into the national public health system and heads up the regions communal health unit number 3.

Providing statistics similar to others seen during the conference, Dr. Lambert Wesler noted that AIDS was the country's leading killer, followed by other treatable infectious disease, such as infectious diarrhea, pneumonias, and tuberculosis. Since 1988, ZL has been offering free serologic testing for HIV, and since 1995 has been providing antiretroviral treatment to HIV-positive patients, starting with pregnant women and eventually scaling up to full HAART treatment in 1998. Although highly successful in treating a comprehensive list of infectious diseases and other illnesses, Dr. Lambert focused on ZL's groundbreaking HIV/AIDS programs.

Central to ZL's HIV/AIDS programs are their holistic approach, which combine treatment and prevention in addition to social and economic support. This approach recognizes that stigma can be reduced not only through education but also through the provision of life saving medicines, which in turn facilitates more effective education and screening efforts. Prevention and treatment are tightly linked in this model and are not mutually exclusive approaches. Furthermore, home-based and school-based education along with financial support (food aid, housing, and micro-lending projects) and outreach efforts to increase condom use and family planning all contribute to the success of this model. ZL also recognizes the importance of clean water and primary education and thus has worked diligently to provide clean drinking water to its client population and open up new schools in the region.

One of the key components of ZL's project is its use of community health workers, or accompagnateurs, as they are called by ZL staff and patients. These health workers provide directly observed therapy to AIDS patients on antiretroviral therapy and to tuberculosis patients. By focusing on community-based treatment, ZL has improved adherence, education, and health outcomes for its HIV-positive client population. The PIH model is now being replicated throughout the world and is being expanded in Haiti through partner projects with Project Medi-Share. The presentation revealed the

incredible strides that can be made when well-informed, holistic, and community-based approaches are used to tackle what seem to be intractable problems in Haiti. ZL is truly a model for what can be accomplished in Haitian communities in Haiti and abroad.

IX. How do We Solve the Puzzle and Become Part of the Solution

In conclusion, Dr. Eustache of CCHER provided some closing remarks, summarizing the conference reports and drawing some connections between the different presentations and the linkages between poor health outcomes in Haiti and in the Haitian Diaspora. Dr. Eustache, along with various speakers and conference members, raised some important points regarding possible methods of continuing to address Haiti's health care issues and the health care issues of Haitians living in the U.S., the Dominican Republic, and Canada.

- Continue the current dialogue among key stakeholders in Haiti and Diaspora communities and outreach to more stakeholders i.e. international organizations*
- Develop and foster partnerships and collaboration among the "Concerned" parties*
- Encourage Exchange programs between health care professionals in the Diaspora and Haiti (in spite of the challenge of insecurity in Haiti)*
- Advocacy*
- Capacity Building*
- Raise Awareness and mobilization efforts on Haiti issues and Haitian health using the film: "Once There Was a Country"*
- Develop culturally appropriate training modules on treating Haitian clients*
- Increase Research and Data Gathering on Health in Haitian Communities*
- Publish on Haitian Health issues*
- Research and survey existing programs/resources to share*
- Offer in-depth analysis on health in Haiti to policy makers*
- Propose and promote a health care infrastructure in Haiti.*
- Support and promote the work of Diaspora communities with Haiti Partners*
- Encourage donation to International programs*
- Increase and attract a diverse NHAHA membership pool*

Conference Participant Feedback

- *Most of the participants reported that the conference was well organized and was well worth "my time".*
- *Presentations and content were excellent. It was suggested that handouts and conference presentations be made available on NHAHA's website*
- *It was suggested that NHAHA consider a two-day conference since the one-day was too long, time constraint*
- *Translation was good but hard to follow and at times*

Conference Postscript

This year's conference provided a comprehensive examination of health issues facing Haitians in Haiti and abroad. Introducing participants to a wide range of state and NGO directed projects, conference participants were able to take advantage of the expertise of numerous physicians, public health experts, and activists, each with first-hand experience tackling the issues facing Haitians in communities throughout the Western hemisphere. This holistic approach brought service providers in direct conversation with one another and with their constituents, broadening perspectives on Haitian health outcomes by acknowledging the linkages between Diaspora communities and communities in Haiti. In so doing, conference participants were not only able to engage with the obstacles to improved health outcomes facing Diaspora communities but to recognize that improving health outcomes in such communities means addressing health infrastructure and education in Haiti as well.

Presentations and educational sessions dealing with these topics and perspectives provided the groundwork for more historically and culturally informed engagement with Haiti's problems. The goal of the conference was to inspire such responsible and targeted interventions in Haiti by the Diaspora by examining successful projects and situating them in their social, economic, and historical context. The conference organizers are hopeful that participants took with them a new awareness of the complex barriers to improved Haitian health outcomes in addition to a sense of how they can begin to better understand and address such issues. Action must always be tied to education, and it is NHAHA's goal to provide the common ground on which informed action can thrive and grow in order to impact Haitian communities in Haiti and abroad. We look forward to building on this year's conference achievements through similar events in the future. It is only through such commitments to education and cooperative action that we can find the courage and resources to improve the lives of millions of Haitians.