

Cassandra Zagorski  
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### Haiti: A Lesson in Humanity

My acceptance to join the medical mission team which included three physicians and three students initially prompted feelings of elation, feelings which were gradually met by overwhelming hesitation and uncertainty. I had no idea what to expect for what Dr. Richard Bevilacqua suspected would be “the most eye-opening trip yet.” In addition to giving me the opportunity to offer hands on medical care, the medical alumni medical mission trip to Haiti encouraged me to focus on aspects of healthcare that I had not previously considered.

On the plane destined for Port au Prince, Elise and I were approached by a flight attendant who crouched next to my seat in a secretive manner. “The other girls and I are trying to guess... what are you going to Haiti for?” she asked. Her colleagues were huddled near the back of the plane anxiously awaiting her reply. I explained our medical mission trip and she praised our good intentions. Then she told us, “Gee, two pretty girls like you need to be careful. They don’t even let us stay in Haiti anymore. We just drop you guys off and turn right around to come back to the states.”

“Great,” I thought. “I feel safe now.”

Knowing I was under the supervision of three wonderful physicians, two with daughters of their own, I journeyed on, confident that I was in good hands. My growing feelings of uncertainty were diminished once our van entered the gates of St. Damien’s children’s hospital, our residence for the week. The smog-filled atmosphere and rocky dirt roads of Port au Prince had led us to an oasis within the desert. The beautifully constructed children’s hospital is truly a saving grace to thousands of poor and

malnourished children in Haiti. The facility is run by Passionist priest and doctor, Father Rick Freschette, a legendary humanist among the sick of Haiti.

On our second day in Port au Prince, I pushed the mosquito net from my face as I woke in the dry heat. Father Rick gave mass at 7, as he did each morning, and afterward we headed up to the third floor of the hospital. This is where the babies who had died the night before were anointed and wrapped. On this day there were two innocent babies, both with their stomachs pushed outward, characteristic of malnutrition. I could not understand how a child could possibly lack sufficient food to survive. In my experience, food had always been an abundant resource. I was used to seeing giant grocery stores lining the streets in the United States. I could not understand how a sweet child could be allowed to starve. I soon learned that it was not a matter of choice.

After the babies were anointed, they were wrapped in cloth and set aside for burial on Thursday. We then headed back to ground level where we prepared a mobile clinic that we would drive into Cite Soleil, the third biggest slum in the western hemisphere, to offer medical care to the Haitians living there. The “mobile clinic” consisted of little more than garbage bags filled with vitamins, antibiotics, cough syrup, blood pressure medication, and a variety of medications that we were able to solicit from local health care providers along with donations that Father Rick had received. We also packed Dr. Bevilacqua’s dental instruments and a blood pressure cuff, and slung stethoscopes around our necks. Dr. Chris Jones, who had first gone to Haiti as a Scranton student, gave the three undergrads a brief tutorial on listening to heart sounds through our stethoscopes and taking someone’s blood pressure with our makeshift blood pressure monitor. I almost felt like a doctor, yet I was absolutely scared to death.

We packed our supplies into a tap-tap, the principle form of Haitian transportation. Our tap-tap consisted of a raggedy pick-up truck covered with planks of wood to form what would vaguely resemble a Conestoga wagon. Piled into the back of the pick up truck, we set off for an adventure I will not soon forget. Fortunately for us, a friend of Father Rick, Raphael, accompanied us on our journey. A 25-year old Haitian and former gang member, Raphael spoke broken English, but certainly enough to help us communicate with patients and just as important, he offered us the protection of having a local on our side.

Little did I know that, in a matter of hours, I was about to serve as a dentist, an internist, a pharmacist, and a pediatrician. We drove our mobile clinic through the paved streets, past the airport, and eventually veered off the main road into an area full of shacks made of thin scrap metal, barely covered with roofing. Children played in muddy water that lined the street, the same water mothers used to cook and launder clothes. Emaciated dogs wandered freely. The people in the streets watched as we drove our tap-tap into their territory. We eventually halted in the center of this slum and set up our clinic on a small concrete stage. The people of the neighborhood offered us two small square tables and three plastic patio chairs. With the help of the docs we organized our medications on one table as best as we could. The other table would be Dr. Jones' baby examination table. A lone chair facing the sun would serve as Dr. Bevilacqua's dental clinic. Another would be Dr. Lynch's adult care clinic.

Word of our arrival spread rapidly through Cite Soleil and people started crowding around the stage to see what we had to offer. I first served as Dr. Bevilacqua's assistant. Patient after patient came to our chair, pointing at teeth that were making them

grimace. Their mouths were numbed with local anesthetic yet they tolerated pain in a way I have never before seen. I washed and sterilized instruments at first and carefully watched Dr. Bevilacqua's technique. Haitians gathered around the patients, cheering when a tooth was pulled from its rotting hole. Before we knew it, hoards of people were surrounding the stage. Dr. Bevilacqua showed me how to numb areas of the mouth and pull teeth with his assistance. Dr. Lynch's adult clinic grew crowded. Elise helped take blood pressures and distribute medications, but people were getting pushy, eager to be seen before we departed for the day. At Dr. Jones' pediatric clinic, babies presented with rashes and convex stomachs. We offered each mother vitamins for her child and often the necessary antibiotic. Soon the babies and their mothers were being shoved into the table as the crowd amassed. We needed to move to a bigger, more organized space.

We frantically packed our supplies and hurried into our tap-tap. Raphael explained to the crowd that we would be relocating to a nearby school. By the time we reached our destination, which was about a mile away, a line had already formed around the school. The school was a shabby, two-story concrete building with several black boards and broken benches, but no electricity. The windy staircase leading us to the upper level appeared as though it could crumble at any minute. Several local Haitians volunteered to lead people into our makeshift waiting room and help us translate with the little English they spoke. We treated the patients as best we could with the limited medications we were given. Patients who presented signs of HIV or Tuberculosis could be sent to charity clinics to receive the necessary testing. Patients testing positive would be treated through Father Rick's organization. For patients with severe conditions requiring surgery, we recorded their name to give to Father Rick. Several fortunate

patients would be sent to the United States with funding from Father Rick's organization. These patients were few, and they truly were the lucky ones.

After a long day of delivering care to the sick of Cite Soleil, we returned, exhausted, to our oasis within the desert, to a nutritious dinner prepared for us, clean water to drink, and a roof above our heads; luxuries that the Haitians we treated could never even imagine. After dinner we sat around a card table, enjoying the cool Haitian breeze, talking with Father Rick. An amazing storyteller, Father Rick told us stories of the culture of Haiti, reminiscing about patients who put their faith in witchdoctors, often doing more harm to themselves than good. I was simply amazed at the profound effort Father Rick has given for the wellbeing of the Haitian people. When the storytelling came to a lull, Dr. Jones asked Father Rick, "How can you measure the impact of your work on the people you serve?" Father Rick paused for a long moment, his eyes gazing into the distance. After a moment he inhaled slowly and replied, "You know, I don't know if what we do has an impact at all." I couldn't believe what he had said.

Father Rick went on to explain that the impact toward public health could never be measured. He takes children who are playing in dirty water, living around coughing people in a hut that shelters 40 people, 10 of whom have Tuberculosis. He treats the children only to put them right back where they were. Then he said, "But how can you see that condition if you have the means and just do nothing? You do the basic human things to show people you care. When someone is dying, the last thing they want to see is not someone saying, 'we can't treat him, his TB is too bad'... the last thing they want to see is the sight of someone running to them, showing that they care."

Father Rick taught me that one person can make a world of a difference in the lives of others. It is not necessarily a matter of changing the world, but of making a difference in the life of one person, in showing them that someone cares. I learned more in Haiti than any medical school could teach me. I learned of the privilege in caring for others. These lessons I will take with me always and I will be forever changed as I journey forward into a career in medicine.