

COMMUNITY VOICES

## **An Interview of Marie Chery**



Marie Chery is program manager and nurse specialist for the Project Medishare in Thomonde, Haiti. She serves as a bridge between her community of Thomonde and Project Medishare, which was founded in 1994 by Drs Arthur Fournier and Barth Greene, professors at the University of Miami School of Medicine in Miami, Florida, USA. This edited, abridged interview is based on my conversation with Marie Chery on 24 February, 2005.

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Associate Editor,  
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*Please describe your community.*

Thomonde is a community of about 40,000 inhabitants in the central plateau of Haiti, the poorest country in the Western Hemisphere. The area is primarily agricultural. People grow cassava, plantains, corn, rice, and beans. We have primary and secondary schools. Villages outside of Thomonde are accessible only by foot, horse, or motorcycle.

*You are working hard to address the fact that Haiti, sadly, has the most disturbing health statistics in the Western Hemisphere. What kinds of health services do you provide?*

In 2001, with the help of Project Medishare, the Ministry of Health of Haiti and Zanmi Lasante (Partners in Health) led by Dr Paul Farmer, we reopened the clinic that had been closed for more than 4 years. We see about 80 to 100 people a day, but that number is growing as more people from the surrounding area come to Thomonde for medical services. We have five beds that were supposed to be an observation unit. Sometimes we have more patients than beds, and some patients stay three weeks or more, so we hope that soon we can build a hospital with a maternity ward.

The other program that I manage is the Community Health Program. Like our other programs, it is not imported. People in Miami didn't sit around a desk and decide what people in Thomonde needed. We began with a community needs assessment. The people in the communities identified their priorities—the reduction of infant and maternal mortality, access to clean water, and access to healthcare.

To help address these priorities, the community decided it needed community health workers in the villages and areas that are difficult to reach. In Haiti we call these people *agent santé* (health agents). Thankfully, the Green Foundation provided us with funds to do this. We decided to work in partnership with the Ministry of Health and Partners in Health.

We went to the leaders of the villages, including elders, priests, and voodoo priests. We asked these leaders, who are trusted and held in high esteem, to identify three people in their village who might be able to serve as health agents. We gave the leaders some criteria, such as education level, character traits, etc. We then interviewed the people that the leaders selected. We gave these people simple tests to help determine if they had the academic abilities needed for their training as health agents.

*Who educated the community health agents?*

A formal 2-month long training for the 40 people who were selected was conducted in a town called Leogane. The educators who did the training are authorized by the Ministry of Health to do this work. When the health agents came back to Thomonde, I provided continuing education. Graduates of the health agent program received a certificate. Now that I am recruiting one or two health agents here and there, I do all of the training.

*As part of their training, do the new recruits shadow the current health agents?*

Yes. I do the training and then they shadow the other workers. We train them in monitoring pregnant women, providing immunizations, and looking for signs and symptoms of acute distress that prompt them to refer the patient to the clinic. The health agents teach parents about oral rehydration so their children don't become dehydrated and die from diarrhea. Health agents know about signs and symptoms of pregnancy complications so they can refer the women to the clinics. They also conduct rally posts where they do nutritional surveillance and vaccinate pregnant women and children less than 5 years old. The aim of the program is to reduce maternal and infant mortality.

In Haiti we have the highest maternal mortality rate in our hemisphere. It's 523 for every 100,000 people. The ministry wants to decrease that to less than 100. So we contribute in that priority set by the country.

*To what extent are health agents educators?*

That's a big part of their job. A lot of health problems occur from lack of education. Health agents educate the families in their communities about

hydration, hygiene, HIV prevention, child spacing (family planning), nutrition, and immunization for themselves and the children.

*In addition to educating individual patients and their families, do health agents do any group education?*

Oh yes. The health agents' duties include meeting regularly, as a group, with the community leaders. Health agents also form Mothers' Clubs where they talk about subjects of interest to the mothers, such as breastfeeding, family planning, and nutrition. Subjects such as domestic violence and women empowerment, often come up.

*Besides you, does anyone else supervise the health agents?*

Five supervisors are responsible for the health agents who work in the three sections of our very wide region. These supervisors provide assistance to the health agents and make sure they are doing their job. Among other things, the supervisors collect data for the monthly reports.

*Who are the health agents' supervisors and how are they prepared for their supervisory work?*

The supervisors are health agents who have demonstrated a superior performance and also have shown a lot of leadership. Once selected, we train them to develop their supervisory and administrative skills.

We also have *accompagnateurs* who, like the health agents, care for their neighbors. *Accompagnateurs* are part of Partners in Health's DOT-HAART program (Directly Observed Therapy with Highly Active Antiretroviral Therapy). (TB patients are also included in this program.) At least once a day, *accompagnateurs* bring life saving medications to their TB positive and AIDS patients and directly observe as these people take their medications. The *accompagnateurs* also provide emotional support and link patients to the clinic staff and other resources. Some *accompagnateurs* even share food with patients and do errands for them.

The *accompagnateurs* are educated about the clinical presentation and management of HIV infection and tuberculosis. This includes the proper use of medications and the prevention of HIV infection. *Accompagnateurs* also receive training about confidentiality and ways to support patients. Like the health agents, some *accompagnateurs* have supervisors.

The DOTS program is an example of the way that we network in order to avoid duplication and control the resources. We get further that way.

*In Thomonde are there local people who are working with you in an administrative capacity?*

We have a program coordinator named Jean Souverne Delva who is a former mayor of the town. He keeps good rapport between Medishare and the community by dealing with public relations at the community level.

On the technical side I have Jean Robert Marcellus who supervises the supervisors. He is very essential to what I do. He is my closest collaborator. This gentleman has over 20 years of experience as a licensed practical nurse in our community. In the past, he ran the clinic. When it was closed, he did what he could for the people. If supervisors have a technical problem, Jean Robert is the first person they turn to. He does hands-on work daily. He knows where the materials and equipment are.

*How do community members react to the health agents and your various programs?*

Community members are very enthusiastic because they have been part of Medishare from the onset. They know that what's going on has to do with them directly. They know there was nothing there before. They've expressed their appreciation both for the clinic and for the fact that we are bringing healthcare at the community level.

Before we started the immunization coverage in Thomonde, only about 27% of the population was immunized. After two years that rate has gone up to 95%.

*Wonderful!*

We have received a plaque from the Ministry of Health in recognition of that achievement. Our goal is to have 100%. The major challenge is to keep up the numbers. Not to become complacent. To forge ahead.

*Are there other components of your program that readers might want to know about?*

Our program is growing. Because of our performance, we have been asked by the Ministry to take over another section of Haiti. We're working on that and on funding. We don't want to let the ministry down. It's a great honor. I'm very proud of this. On the other hand, it's a lot of pressure because we want to keep doing a good job.

*Can the Ministry provide you with any funding?*

Haiti is a resource-poor country.

*Yes, I know.*

If the Ministry could do it all, we'd be out of a job. We want to accompany the Ministry in meeting its objectives and priorities. Assistance from them is minimal at best but they provide the leadership and some technical assistance. The Ministry sets the tone. They monitor our work and supervise our performance. In fact the Ministry of Health is our boss.

*What is the role of the University of Miami School of Medicine?*

Project Medishare was started by Drs Art Fournier and Barth Greene—both professors at the University of Miami. In 1994 they brought together the first

team of faculty from the University of Miami Schools of Medicine and Nursing to assess the health care situation in Haiti and to explore ways they could help improve to the health conditions of the Haitian people.

They started bringing medical students to Haiti in 1995. Today groups of about 20 medical students as well as some faculty come down three times a year to participate in daily mobile clinics in Thomonde. It's an eye opening for the students. They work as a team with the local staff and learn a lot about rural medicine. The students help set up prevention and screening stations. As part of the screening, the students check the patients' height, weight and blood pressure. First and second year students shadow the physicians as they examine and care for the patients, and the students take thorough notes. Higher-level students, who have worked in our mobile clinics in previous years, participate more fully. I'm happy to say that I get some students hooked, and they come back time and time again.

*Good for you! Do some students shadow health agents?*

Some students elect to shadow a health agent for a day. They start early in the morning and walk long distances to visit families in the community.

*Do students work in the clinic?*

We've been able to staff our clinic in Thomonde with Haitian doctors, nurses, auxiliary nurses, lab technicians, and pharmacists, so students don't work in our clinic. However, the US doctors and nurses sometimes offer medical advice and/or training to our Haitian colleagues at the clinic.

*Do University of Miami medical students get academic credit for this work?*

Not yet, but we look forward to formalizing our relationship with the university, so, hopefully, students will get credit. Like the faculty members, they are volunteers.

*I heard that in 2002 medical students at the University of Miami in conjunction with Project Medishare and Partners in Health started a Specialty Surgery Program.*

Yes, surgical teams provide expertise in obstetrics, gynecology, orthopedics, pediatric neurosurgery, reconstructive surgery and more. The surgeries take place in the only full-service hospital in the area. It's located in Cange and operated by Partners in Health.

*In 1998, Medishare in partnership with the Department of Family and Community Medicine at the University of Miami, set up a family practice residency training program in Cap Haitien. Do those residents and faculty get involved in Thomonde?*

They are in the northern part of the country and have a full schedule, so they aren't involved now. In the future, though, we hope they can be involved. One

of our family practice graduates is working at the hospital in Cange. So far 11 Haitian physicians have completed the residency.

*What is your advice to communities who want to partner with universities?*  
There are many universities that are looking for opportunities like this for their students. We've hosted students from Duke University and Northwestern University. We are formalizing our relationship with George Washington University. Students from their School of Medicine and School of Public Health receive credit for their trips to Haiti.

*Some communities are concerned about being exploited by universities.*  
We're very sensitive about that. We make it clear that this isn't a sight seeing trip. Visitors are here to deliver services and assist the community. Beforehand we prep them regarding what they will see and what's expected of them. There are stories to tell but there are no stories to be exploited. Protecting the community is very important to us.

If you want to involve universities, your advertisement is the good job that you do. That's what interests people. And you need to let people know what you're doing. The Internet is great for that. Having a website where people can get information is very important.

*Having local people in positions of leadership seems important.*  
Definitely. Once people feel that they are a part of what is going on, they get involved. They don't just sit on the sideline. They don't just sit and watch as strangers do the work.

All of the health agents in Thomonde are Haitian: 98% are from Thomonde, 2% are from surrounding areas and even from Port-au-Prince.

*You're originally from the capital of Haiti but you lived in the US for many years. What caused you to live in Thomonde?*

In 2000 I started as a volunteer with Project Medishare. I went on my first trip with misgiving, apprehensions, and a critical eye. Once I saw that the people at Medishare are genuine in what they wanted to accomplish and aren't interested in personal gain or glory, I became a regular volunteer and participated in every single trip. I fell in love with the Thomonde and became part of it.

When we got a grant from the Green Family Foundation in 2002, this provided the opportunity to go back and work there permanently. It was a dream-come-true for me. People have welcomed me. I feel very comfortable there. I've adjusted quite well. I'm not a very demanding person. I don't need a lot of maintenance for my comfort. [*Laugh*] I am where I feel that I belong, I am home. Every day, I get satisfaction from looking at the accomplishments. Whether the accomplishments are small or big, they stimulate me and give me the stamina to keep on going because I want to see more accomplishments.

*Has the violence in Haiti affected Thomonde?*

Most of the violence is in Port-au-Prince. The problems in Haiti haven't interrupted our program or affected it in any way. We're not in a very hot spot in the country.

*Deforestation, polluted water, inadequate housing and other issues are health problems in Haiti. Is Project Medishare involved in any of these issues?*

Our mandate from the Ministry of Health is healthcare. However, we've been working with the community in identifying these issues that impact negatively on health. Although we don't have the resources to engage in projects, such as reforestation, we network with other organizations that can bring their expertise and resources to deal with these urgent problems. Networking is one of the things we do best.

*When other groups see the success of your project, I imagine they are eager to get involved with you.*

Yes, they know they aren't dealing with a fly-by-night operation. They know we are serious people with a good track record.

Students and faculty in the School of Public Health at George Washington University are looking into water projects as well as reforestation and education. As I mentioned, we partner with Partners in Health. Critics said you couldn't do AIDS treatment in resource-poor countries, but Paul Farmer has showed that it is possible.

Other partners, including Fonkoze, a micro-credit lending agency, are helping with a project that will encourage local people to grow rice, corn, beans, and millet. This produce will be processed into a reinforced product that will help alleviate the problem of malnutrition in chronically ill patients, such as AIDS and TB patients as well as pregnant women and children under 5. WHO has shown some interest in this program.

Partnering is essential!

*That makes sense because if you try to do everything, you risk spreading yourself too thin and losing your effectiveness.*

Ellen Powers, the Executive Director of Medishare, has helped us remain focused. If you have a base in one place, you can more easily see and measure your accomplishments. You can learn from your mistakes and shortcomings and appreciate your accomplishments.

*Many thanks for sharing your work with us. We look forward to continuing to learn from you and your community.*

For more information on Project Medishare see <http://www.projectmedishare.org/>