

"HEALERS NEW AND OLD

MEDICAL CARE IN HAITI

by ROBERT LANDRY

As if its hooves knew every stone lying along the route, the little horse easily climbs the path carved in the hillside. Here the heat of Haiti vanishes, although the sun is sometimes strong.

The horseman, a white man with a moustache, does not understand why everyone—the woman with her bundles of firewood, the man with his hoe—keeps calling out to him: "Dokteü, Dokteü!" He finally concludes that the last white man to come here by horse must have been a mustachioed doctor who was busy trying to catch up on a few months' worth of delayed rural health care.

Doctors rarely come to the hills. When the broken asphalt becomes earth, then dried riverbed, and finally a narrow path among the pebbles, even the best will weaken.

Not all regions of Haiti are this inaccessible, but most, with the exception of the large cities, suffer from an acute shortage of modern medical care. Of the US\$29 million that the Government of Haiti will spend this year on public health (averaging 81 cents for each man, woman, and child), the lion's share will be spent in the capital, Port-au-Prince, and in a few cities of lesser importance. The rest will do little to help the 80 percent of the population that lives in the rural regions.

Outside Port-au-Prince, there is little or no health protection: only one doctor per 20 000 inhabitants, one dentist per 100 000. Thirteen children out of 100 die before their first birthday, 33 before reaching their fifth—victims of tuberculosis, malaria, and a range of diseases related to malnutrition and the absence of basic hygiene. The rural populations rarely have access to safe water.

With the absence of modern means of communication, the shortage of doctors, and the underfunding of health care, the hinterland is virtually left to itself. One example of this isolation is the rural portions of Thomazeau "commune", a community of 32 000 people covering 290 square kilometres, whose main town is only 20 kilometres from the capital. For all practical purposes, Thomazeau is the end of the earth. It is also one of two communities that figured recently in a research project

conducted by Haiti's Human and Social Sciences Research Centre (CRESHS) and funded in large part by IDRC.

The organization of primary health care by the Haitian community was the subject of the research, which was recently completed by CRESHS. Dr Jean-Baptiste Romain had selected two communes in the Department of West Haiti: Arcahaie, on the coast north of Port-au-Prince, and Thomazeau, in the north as well, but towards the hills that border on the Dominican Republic. The project's objective was to examine the possibility of "using all means available", as the World Health Organization suggested in 1977, to compensate for the shortage of qualified medical personnel. This meant harnessing all the resources of traditional Haitian medicine.

To provide modern health care to its inhabitants, Thomazeau has only three nonresident doctors, two nursing assistants, two health care aides, one health officer, and two inspectors. However, the commune has 250 to 300 midwives, 31 of whom have been trained and received diplomas, thereby earning the official title of "matrons".

The large number of midwives is explained by the fact that families, which still harbour a fear of witchcraft, prefer to have relatives deliver babies. Most of these midwives are also herbalists, using plants and medicinal roots to treat illnesses.

There is also a group of healers who devote themselves to injections and dressings, administering the prescriptions that are occasionally obtained by patients from licensed medical doctors. These injection givers do not have diplomas.

Finally, there are the spiritual healers—the "houngans" or Voodoo priests, who also use plants while invoking the spirits, the "loas" of the African animist religions.

Can these traditional healers be integrated into a plan for delivering primary health care? The CRESHS team is convinced they can. The researchers were particularly struck by the fact that the peasants themselves seem to feel an urgent need to contribute to the bringing together of the various health workers, both traditional and modern.



A world apart: Many rural communities are visited only rarely by modern doctors.

The CRESHS team found that the traditional healers are well regarded, with the exception of the houngans, who are considered useful in treating certain "supernatural" illnesses, but usually viewed with a degree of scepticism. The herbal healers enjoy the greatest popularity. In nearly 60 percent of cases, the patients who used herbalists considered themselves cured or, at the very least, helped. The midwives, available at any hour of the day or night, even in the most remote regions, are also respected. The injectors are regarded as assistants to the licensed physicians, their main clientele being those patients who live far from health services and sometimes cannot travel.

In most cases, however, people have some reservations about traditional healers. The herbal doctors sometimes overstep the mark, and the injection givers sometimes administer medicines haphazardly, with syringes that may not have been properly sterilized. Only the midwives seem to escape criticism.

The official doctors occasionally get hauled over the coals: they are not always there when they are needed and often display an utter lack of understanding of the milieu. It is as if both traditional and modern health specialists had a way to go. But how?

CRESHS suggests that community action groups be given the job of promoting integrated health care programs. For their part, the community leaders appear to be aware of the need to link traditional medicine with the pursuit of the health objectives for the year 2000. And the healers, who often elevate their role to the level of the priesthood, seem disposed to cooperating with the medical personnel, perhaps in medical centres, under professional control, and in exchange for modest remuneration.

In the meantime, perhaps a sharing of knowledge—between the few available licensed doctors and the traditional healers—would be in order. And for the patients? Perhaps the combined benefits of an injection and a cup of specially prepared herbal tea? ■

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