

**Testimony of Barth A. Green, MD,
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The Crisis in Haiti: Are We Moving Fast Enough?
U.S. House Committee on Foreign Affairs, Sub-Committee on the
Western Hemisphere**

Good morning, Chairman Engel, Ranking Member Mack, and members of the Subcommittee. I appreciate the opportunity to appear before you today not only to discuss the current health conditions in Haiti, but primarily to outline challenges and opportunities moving forward.

My testimony today is from the perspective of a volunteer physician who has worked in Haiti for the past twenty years, and as co-founder of Project Medishare and the University of Miami Global Institute for Community Health and Development. Within 24 hours of the earthquake, I was on the ground in Port-au-Prince working with our established Project Medishare team including Haitian public and private sector partners. Together we created a major trauma and critical care field hospital at the airport. Since January 13th this served as the only such center in Haiti, treating over 30,000 patients. We acted as the staging point for the U.S. military medical evacuations to the USNS Comfort and other hospitals in the US and abroad. On June 6th, we moved to a renovated existing community hospital and today continue to serve as Haiti's only trauma and critical care hospital with adult, pediatric and neonatal intensive care units. In the health sector the situation in Haiti was dire before the earthquake. It is worse today. The success of Haiti's future goals of decentralization and industrialization will require infrastructure to support world development including roads, water and sanitation, healthcare, productive enterprise and markets. The solution must be an integrated one that engages all sectors in developing successful, local economic zones. Healthcare delivery and healthcare sector training need to be integrated nationwide which is particularly important now, as Haiti's health needs have changed so dramatically with so many newly disabled citizens. In spite of the reality, it seems that the focus in programming is episodic, depending on what and who is available at the time, without being part of a larger assistance picture. It is important that current assistance efforts serve as building blocks for creating a new Haiti and not just as mechanisms to address immediate needs.

Because the earthquake devastated existing program capacity across Haiti there exists a new, unprecedented need encompassing all healthcare programs and services ranging from critical care, trauma, and rehabilitation to community health.

CAPACITY BUILDING AND MANPOWER ISSUES FOR THE HEALTHCARE SECTOR

Prior to the earthquake, there existed five Medical schools and one nursing school in Haiti. Today, there is one medical school standing and Haiti has all but lost its

hospitals, clinics and medical and nursing education infrastructure with the collapse of these institutions.

The Haitian Ministry of Health is holding meetings with various medical education institutions and universities from around the world to recruit their assistance in rebuilding the medical and nursing schools. In addition, several volunteer committees have formed led by the Haitian Diaspora mainly from the U.S. and Canada who are partnering in efforts to rebuild these institutions devastated by the earthquake. Among the challenges include language since the Haitian medical system is based mainly on the French curriculum; this makes participation of the Haitian Diaspora even more valuable in these efforts. The Haitian Ministry of Health and government must determine whether curriculums will continue to follow the French system or will adopt a different model. Equally if not more important than the training of physicians will be the education of nurses and allied health professionals which was limited at best before the earthquake. It is important that such capacity-building programs expand, but also that they be part of a larger system of health care education.

A NEW CHALLENGE: MEDICAL CARE IN TENT CITIES

Depending on location and funding, medical services to tent cities range from substandard to excellent. There are currently efforts by the Haitian government and various NGOs directed towards providing better community health to encourage camp dwellers to return to their own neighborhoods and avoid the ravages of the camp which often include rape, the spread of STDs and HIV and increased maternal and neonatal mortality. These efforts have often been undermined by the lack of coordination and targeted funding.

MEDICAL SERVICES BEYOND PORT-AU-PRINCE

There exists a national network of healthcare clinics and hospitals throughout the ten departments of Haiti. Prior to the earthquake, this anemic public health system depended heavily on NGOs, often with a different agenda than the Haitian government's national plans. Facilities outside of the capital were chronically understaffed, poorly equipped, insufficiently funded and ineffective. Following the earthquake, hundreds of thousands of Haitians fled Port-au-Prince to seek refuge in their traditional home communities, thus placing additional stress on a poorly functioning national healthcare system.

FUNDING, RED TAPE and BEAURACRACY

Most programs we know are in dire financial straits in terms of funding security at this time and might be forced to discontinue operations if the bureaucratic red tape related to program funding is not changed. It is extremely difficult for any organization that is not a traditional foreign assistance contractor or grantee to get inside the door of those who make funding decisions within the U.S. government. It is important to ask ourselves whether we are attempting to address Haiti's problems in the same way that they have been unsuccessfully addressed for decades or whether there really exists new approaches to help Haiti help itself. In addition to greater expediency, we need new and creative approaches to providing assistance to Haiti that needs to be integrated, rather than sector-

by-sector. It must include procurement reform, employment generation and capacity building and priority should be given to partners who have past experience and records of success and integrity on the ground in Haiti.

CONCLUSION

At this time, six months after the earthquake, the picture on the ground in Haiti is both encouraging and discouraging. Avoiding major famine and epidemics in the short-term is a fragile victory. Lack of fundamental shelter and near collapse of the economic sector, coupled with the lack of flow of donor funds, bodes a poor prognosis. Bureaucratic holdups, cozy deals and lack of focus on the needs of Haiti's masses do not permit for a "cure" which must be rapid, skillful and aggressively implemented.

As volunteers and donors attention and support diminishes, it becomes glaringly evident that donor organizations that have successfully collected significant resources remain mired in their own bureaucracies which have prevented funds flowing to competent programs. In spite of U.S. citizens' donations of unprecedented amounts of money to help Haiti, there is little or no evidence of most of those dollars reaching Haiti's shores, or at least sticking to the ground.

No, we are not moving fast enough to help Haiti. Six months after the quake millions Haitians are still living in what we in the U.S. would consider as inhumane conditions, with few if any services available and virtually no prospect of employment. We must change the way we do business in Haiti. Following traditional paths of assistance will only lead to more of the same.

Thank you, Chairman Engel, Ranking Member Mack, and members of the Subcommittee for this opportunity to discuss the issues facing Haiti's reconstruction. I and my colleagues at Project Medishare and the University of Miami Global Institute intend to remain engaged as long-term partners in the reconstruction of a new and better Haiti.