MEDICINE FOR PEACE REPORT

Caring For Cancer Patients in Rural Haiti



Madame Beauchamp's Story

Friday is outdoor market day in Gros Morne. Orna, a nurse from our women's health clinic, and I bargain with the women merchants for the best price for rice, beans, vegetables, cooking oil, and cans of fish. We insist on "diri jon", the local Haitian yellow rice, which is more fragrant and tastier than the cheap rice from Arkansas that has flooded the Haitian markets. We encounter one of our nurses who has gathered a group of market women around her, encouraging them to come to our cervical cancer screening clinic. I put the food supplies on the back of our clinic motorcycle, and we head south out of Gros Morne on National Route 5.

Four miles out of town, just beyond the bridge crossing Trois Rivière, we turn onto an unpaved mountain road, and wind our way until we came upon Madame Beauchamp's small thatch roofed hut. We stop, and I carry the food into her one-room house. Madame was sitting in the backyard, tired and emaciated, looking older than her thirty-five years. Cancer had taken a

toll. Also, it is a hard life for women in Haiti, and many women age quickly. She is talking with her mother while her three small children scurry in and out of the hut.

"How are you today, Madame?"

"Kenbe la, Dokte Mike, wi, kenbe la" I am holding on, Doctor Mike, yes, I am.

"Kenbe la" is a response that many Haitian women use. The phrase means more than just holding on. It implies, "I am not defeated, not beaten back despite not having water or electricity, without a Haitian dollar in my pocket, and now battling this disease that is draining my strength."

"How is the pain in your hip, Madame?"

"Not so bad, no."

I don't believe her. Haitians are stoic about tolerating pain, and her cervical cancer had spread to her bones. I convince her to take more analgesics.



MFP nurses educate women about the early detection of breast and cervical cancer.

Madame Beauchamp's storycontinued

MFP's Women's Health Initiative

- ✓ Screened 3,500 women for breast and cervical cancer.
- ✓ Eradicated pre-cancer of the cervix in 303 women.
- ✓ Diagnosed and treated 30 women with cervical cancer.
- √ Treated 1,200 women with genital infections.
- ✓ Provided gynecological care to 400 HIV+ women.
- ✓ Brought thousands of women into the health care system.

After I return to Washington, Orna and another clinic nurse drive the motorcycle out to see Madame every few days, to make sure she has sufficient food and pain medicine. At 8 pm on a Friday night, Orna calls me by cell phone to tell me that Madame had died. Orna was by her side when she passed.

"She was too young to die, Mike," she says in Creole.

Cancer of the cervix is a major cause of death of women in Haiti. Unfortunately, preventing cervical cancer is a complex social and medical challenge that cannot be solved by simply introducing critical technology, like the Pap test, or the HPV vaccine. To establish a successful cancer control program, we needed to initiate a community cancer education program, establish hospital-based and mobile clinics, train nurse/educators to perform a range of gynecological procedures, and establish an

infrastructure of competent pathologists, radiologists, and surgeons capable of performing definitive cancer operations. Medical care is not free in Haiti, and at each step we subsidize a high standard of patient care.

Despite establishing an effective cancer control program, there are many women, like Madame Beauchamp, who come to us with advanced cancer. We assume the responsibility for their care, which often involves providing food, and helping them to cope in their day-to-day lives.

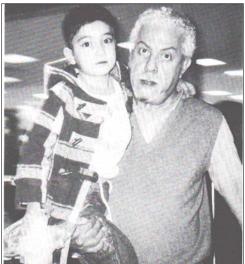
We can measure our success by the number of women we have screen for cancer, the early cancers we have eradicate, the other conditions we diagnosed and treated, and the overall improvement in women's health in the community (see table). However, we take the greatest pride in the cadre of highly skilled and compassionate nurses we have trained, who often travel dark country roads to ensure that our patients have sustenance, are free of pain, and are living with dignity.



A MFP nurse /educator in the market.

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A Tribute to Lewis Marshall, M.D.- 24 Years of Service to MFP



Carrying a child out of a war zone—Dr. Lew Marshall in Baghdad after the Gulf War.

No one exemplified the dedication and courage of a Medicine For Peace volunteer more than Dr. Lewis Marshall who died earlier this year. A member of the Executive Board of MFP for 24 years, he was a member of MFP's first medical missions to Iraq, Bosnia, and Haiti, and served as Co-Director of the MFP Health Center for Victims of Torture.

Dr. Marshall was born in Culpepper, Virginia, and raised in a segregated Washington, D.C. Rather than become embittered by the racism he experience, he developed a deep understanding and compassion for the poor and oppressed. Medicine was his sacred calling, and the vehicle he would use to help those in need.

Lew was educated at the Howard University School of Medicine, where he later taught, and received his clinical training at Cook County Medical Center and the Johns Hopkins Hospital. In his internal medicine and infectious diseases practice in Washington, Lew cared for mayors, diplomats, and the poorest of the poor. They all attended his funeral— in fact, an overflowing crowd of 1,000 saddened friends waited on the church steps.

Lew was especially well liked and respected by our colleagues in the conflict zones where we worked. He seemed at home whether practicing in Hyattsville, MD, war-torn Baghdad, a refugee camp in Bosnia, or in a mountain village in Haiti. His legacy will surely be the affection of all those he cared for, as well as the high esteem of his colleagues.

The Medicine For Peace family mourns the loss of a close friend and an inspiring physician. His moral compass kept us on track for more than 2 decades.



Dr. Lew Marshall and colleagues at the MFP Health Center for Victims of Torture.



Dr. Marshall at the refugee camp in Tuzla, Bosnia, after the massacre at Srebrenica.

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A Summer Filled With Music



Maya and her two big "sisters" at Usdan.

Enriching girl's lives through the arts.

Hispanic girls continue to have the highest high-school drop out rate of any ethnic group in the U.S. To address this national problem, for the past 24 years the Children's Scholarship Fund For Girls (CSFG) has provided tuition and educational support services for disadvantaged Hispanic girls

to attend private primary and secondary schools while living at home. All of our scholarship recipients have successfully graduated from college.

Summer is an exciting time for many of our scholarship recipients, as they have the opportunity to attend Usdan, one of the premier centers for summer programs in the creative and performing arts. Now in its 48th year, Usdan is situated on a magnificent 200 acres of woodland on Long Island. Over the past 7 years Usdan has awardthe CSFG more than ed \$70,000 in scholarships to support Hispanic girls to enjoy a summer in artistic endeavors. At Usdan, our girls develop a passion for music, the performing arts, painting and sculpture. All of our students have embraced the Usdan philosophy, "lose yourself for a summer, and find vourself for a lifetime".

Our work in Haiti continues, and this year we supported more children at the Foni Bo school than ever before. To learn more about the CSFG programs for disadvantaged Hispanic girls and for children in Gros Morne, Haiti please contact Kathleen Crane at :fundforgirls2@gmail.com.



Giaynel took her violin to Vassar

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Please don't forget
Haiti

Medicine For Peace is a 301 c 3 not-for-profit medical relief and humanitarian organization incorporated in New York State and Washington, DC. We have had medical, mental health, and education programs in El Salvador, Iraq, Bosnia, Haiti, and the United States.

MFP is supported by caring individuals -like you- and small Foundations who share our vision of mothers and children prospering in a world free from war, torture, and extreme poverty.

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