

# A glimmer of hope: My reflections on global health efforts in Haiti

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## Abstract

Many factors impact access to care and global health equity, which can be transformed by nursing. When healthcare infrastructure is suboptimal, nursing's role expands exponentially. In this reflection, I share my experiences accessing healthcare as a child in a low-resource community and highlight nursing activities to improve global health equity. Nurses can facilitate change by becoming active in communities, humanitarian organizations, policymaking, and advocacy.

## KEYWORDS

access to care, global health equity, Haiti, low-resource community, nursing education

Global health equity refers to partnerships and processes that lead to equitable human and environmental outcomes (August et al., 2022). Maldistribution of the healthcare workforce in terms of geography, infrastructure, and resources contributes to inadequate access to care, which in turn compounds health inequities (Edmonson et al., 2017). Nursing, the largest healthcare workforce in the world, is well positioned to address these inequities by engaging in community activism, humanitarian organizations, policy initiatives, and patient/population advocacy.

In this reflection, I share my experience accessing healthcare as a child in a low-resource community and my later return there as a nurse educator. My perspectives on accessing medical care in Pignon, Haiti, are engraved in my memory and have greatly impacted my career as a community health nurse. My experiences in Haiti helped me realize that the American healthcare system has safety nets because health insurance is available for most vulnerable populations. Medicare, CHIP, and Medicaid are such examples. In Haiti, services are mostly self-pay even in life-threatening situations. Public/Community Health Nursing allowed me to care for people in their own communities and to witness first-hand the impact of health inequities on access to healthcare. Consequently, I have devoted my research and professional efforts to improving access for vulnerable populations.

In May 2022, I returned to Pignon, Haiti to participate in a nursing education program. The last time I went through Pignon, was in 1966. I was 7 years old traveling from Hinche to Cap Haitien to spend the summer with my great aunt, Tante. She was a person with financial

means who opened her home to help her great nieces and nephews. My mother was in dire need as a single mother raising three children on a seamstress' salary. In addition, I was a chronically ill child, which made life for us considerably more burdensome.

I do not exactly know my multiple diagnoses, but I remember being up all night crying due to dental and ear pain and having skin lesions on my arms and legs. I suffered from malnutrition as my family described my primary teeth as being black. Nevertheless, I was fortunate. I survived. Child mortality rates are relatively high in Haiti even today, averaging 60.5 per 1000 live births (UNICEF, 2021). As a result of multiple health problems, I am deaf in the right ear.

In one of the frequent visits to the health clinic in Hinche when I was 4 or 5 years old, the physician wanted me hospitalized. It is a common Haitian belief that illnesses are associated with evil spirits. My mother refused, believing that if my illness was due to evil spirits, being hospitalized would have exposed me to further harm or even death. Unfortunately, she could not afford the prescribed medications. She decided to lease a donkey and take me to a clinic just outside of Pignon. I remember my older brother holding me on the donkey while my mother walked. We rode through a vast, desolate empty space with no trees or shelter from the Caribbean sun. I was so sick that the nuns (who now I realize were also community/parish health nurses) started treating me the evening we arrived. The clinic, I found out years later, was sponsored by World Vision, an international Christian organization dedicated to meeting the needs of the poor, especially children. The next day, they gave my mother the needed medications. We returned

home the same way, my older brother and I on the donkey and my mother walking. The trip was approximately 10 miles each way. I can still remember what she fed me along the way, anchovies with boiled green bananas.

A lot has happened since that ride on the donkey ambulance. I gave birth to a child with a severe intellectual and developmental disability. I drew courage from my mother's example to care and advocate for my child. Fortunately, my son was born in the United States, and I experienced the difference access to healthcare made for his life.

On my 2022 trip to Pignon, I had my own biases regarding what I expected to find. They were based on my trips to other regions of Haiti and news reports about the current sociopolitical conditions. I was wrong. I went to the site where I had received care as a child. The building was still there but the clinic was no longer in operation. Instead, not far from the area was a hospital with outpatient clinics, an emergency department, and surgical suites that could rival those of the United States. Going forward, I plan to be open-minded because pre-conceived ideas can impact care. L'Hopital Bienfaisance de Pignon exists because volunteer organizations combined their efforts to address health access in the area. Through youth programs, scholarships, and mentorship these organizations educated nurses and other healthcare professionals.

Partnerships with religious congregations, communal and philanthropic agencies can complement the services of federal, state, and public health providers especially in low-resource communities (Levin, 2016). Educating nurses to improve clinical assessment, pharmacology, leadership, ethics, and communication skills is one of the many means to tackle health inequities. Nurses can make a difference through collaboration with organizations to improve and enhance the skills of nurses in low-income communities. The Health Education Action League for Haiti (HEAL-Haiti), a humanitarian organization founded by nurses, has been involved in providing healthcare services and educating nurses through scholarships and continuing education programs. As a founding member of HEAL-Haiti, I collaborated with its education committee, partners on the ground, hospital administration, and the Rotary Club to develop the HEAL-Pignon project. It was a 2-week nurse residency program to help recent graduate nurses prepare for state licensure.

Historically, public health nurses have been instrumental in reducing global health inequities (Dahl & Clancy, 2015). Community-based partnerships foster relationships between external agents, residents, and organizations to coordinate resources and knowledge to promote community health projects (Melo & Alves, 2019). The HEAL-Pignon project resulted from such alliances. Addressing global health inequities can take many forms including educational initiatives in low-resource communities to improve workforce capacity. Educating nurses in Pignon provided me the opportunity to contribute to Nursing's legacy in the region. I share my experience to inspire nurses to get involved and

make a difference. My experience as a child is an example of public health nurses collaborating with humanitarian organizations to provide healthcare. Without their interventions, I might not be here today.

## CONFLICT OF INTEREST

The authors report no known conflicts of interest associated with this manuscript.

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## DATA AVAILABILITY STATEMENT

There is no data available for sharing as this is a reflection on an ongoing project in Haiti.

## ETHICS APPROVAL STATEMENT

Hereby, I, Marie Lourdes Charles, consciously assure that for the manuscript, A glimmer of hope: My reflections on global health efforts in Haiti, is my original work, which has not been previously published elsewhere. No Institutional Review Board approval was needed as this is my own personal reflection.

## REFERENCES

August, E., Tadesse, L., O'Neill, M. S., Eisenberg, J. N. S., Wong, R., Kolars, J. C., & Bekele, A. (2022). What is global health equity? A proposed definition. *Annals of Global Health*, 88(1), 50. <https://doi.org/10.5334/aogh.3754>

Dahl, B. M., & Clancy, A. (2015). Meanings of knowledge and identity in public health nursing in a time of transition: Interpretations of public health nurses' narratives. *Scandinavian Journal of Caring Sciences*, 29(4), 679–687. <https://doi.org/10.1111/scs.12196>

Edmonson, C., McCarthy, C., Trent-Adams, S., McCain, C., & Marshall, J. (2017). Emerging global health issues: A nurse's role. *Online Journal of Issues in Nursing*, 22(1), 2. <https://doi.org/10.3912/OJIN.Vol22No01Man02>

Levin, J. (2016). Partnerships between the faith-based and medical sectors: Implications for preventive medicine and public health. *Preventive Medicine Reports*, 4, 344–350. <https://doi.org/10.1016/j.pmedr.2016.07.009>

Melo, P., & Alves, O. (2019). Community empowerment and community partnerships in nursing decision-making. *Healthcare (Basel, Switzerland)*, 7(2), 76. <https://doi.org/10.3390/healthcare7020076>

United Nations Children's Fund (UNICEF). (2021). UNICEF data: Monitoring the situation of children and women. Under five mortality. <https://data.unicef.org/topic/child-survival/under-five-mortality/>

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