



# Neurologist Anthony Alessi, MD, in Haiti: A Nation in Recovery

BY OLGA RUKOVETS

**M**arie, a sixteen-year-old girl whose home was destroyed during the earthquake that shook an already unstable Haiti in January 2010, has weathered more than her share of storms — and life challenges. The first in her family to complete middle school, she was studying for her high school entrance exams when the tropical storms hit last summer. The home her family had worked hard to rebuild began to crumble as the winds and rain raged around them; there had not been enough money to buy the cement to hold the cinder blocks together. The young woman saw the walls collapsing — right over her younger brother, and dove to protect him. The debris crushed her spine, rendering her paraplegic.

She was rushed to the St. Philomena Hospital in Port-au-Prince. Local and volunteer physicians — neurologist



**THE PHYSICIANS** and nurses of St. Luke's Hospital and Dr. Alessi review CAT scans in Port-au-Prince.

Anthony Alessi, MD, among them — communicated with their affiliates at the Mayo Clinic in Rochester, MN, where Marie was transferred and is still being treated — though she likely won't ever regain full movement in her limbs.

Dr. Alessi, who has a private practice in Norwich, CT, has now made ten trips to Haiti since the earthquake hit, and he and colleagues continue to see many patients like Marie — young and old. Most have been injured physically and emotionally by the natural disasters that have ravaged the country in recent years, he explained. The immense poverty he has observed there and the shaky infrastructure for health services compel him to return again and again to the poorest country in the Americas. (Read more about Dr. Alessi's work in Haiti here: <http://bit.ly/m5jujQ>.)

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# Dr. Michael Earnest: On Building Health and the Community in Rural Haiti

BY OLGA RUKOVETS

**N**eurologist Michael Earnest, MD, retired in 2004 after 31 years of caring for underserved populations at Denver General Hospital in Colorado. But he was not ready to stop helping those in need. Sitting in church one day, Dr. Earnest heard about the Colorado Haiti Project (CHP), and knew it would be the perfect next chapter for his life. The organization is a faith-based, statewide non-profit founded in 1989 to extend aid to the underprivileged in the rural area of Petit Trou de Nippes, about 80 miles west of Port-au-Prince ([www.coloradohaitiproject.org](http://www.coloradohaitiproject.org)).

In 2008, the organization's former medical director had to step down because of health concerns, and Dr. Earnest was asked to take over almost immediately after enrolling in his first medical mission.

"I love neurology, and at my core medically, I'm a neurologist," Dr. Earnest told *Neurology Today*, "but this whole experience for me has called on everything about

me as a physician — way beyond neurology. It's been a wonderful experience but one of the most challenging experiences of my whole career, and ...it's just terrific."

The Colorado Haiti Project first arrived in the town of Petit Trou, just over 20 years ago, he explained, and asked the local people what they wanted most for their area. There were two front-runners: health care and education for their children, because the government was providing neither service to them.

In response, CHP, working with the Episcopal Diocese of Haiti, established a school that has now grown to encompass nine grade levels and nearly 700 students. The school welcomes children who arrive by foot or by donkey, motorcycle, or bicycle from as far as two hours away, Dr. Earnest said, five days a week. Here, the children get more than an education — they get free lunch, vitamin pills, and access to a school nurse — ensuring healthier bodies *and* minds.



**DR. MICHAEL EARNEST**, after making a difficult but successful journey across a flooded river in Port-au-Prince.

## IMPROVING THE COMMUNITY

When Dr. Earnest first joined CHP, the non-profit sent general medical missions once or twice a year, when a team of doctors, nurses, and support people would travel from Colorado for a week and do "sick call" for the community, as well as some preventative medicine work — such as distributing worm pills. But Dr. Earnest saw the group interests in Colorado and Haiti beginning to shift shortly after he joined. Everyone was beginning to understand the need for implementing more sustainable change.

One project Dr. Earnest and CHP have been steadily working on over the past few years, despite some unavoidable disruptions, is a comprehensive community health development project in the Petit Trou area. "Our catchment area is about 18,000 people, which includes the town of Petit Trou, but also another thirty or so isolated villages. We have a cadre of

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Since the earthquake, “it’s really been interesting for me to first observe the disaster phase and now the recovery phase and what the progress has been.” He returns often to Saint Damien Hospital, a pediatric hospital in Port-au-Prince. The 80-patient pediatric facility, which had

strained to meet the needs of 250 adult patients after the earthquake, now has an adult trauma center and a rehydration center for patients with cholera, made possible with donations after the earthquake.

### CURRENT CONDITIONS, PROGRESS

The rubble is starting to be cleared away,

but in terms of “meaningful construction,” Dr. Alessi said, we’re not seeing much of that. And there are hundreds of thousands still living in tent camps, “where disease breeds and violence breeds, and there’s frustration, there’s rape; there are so many problems going on in the tent camps.” And that’s a major barrier to recovery that has not been addressed yet.

Another concern: In all of Haiti,

there are only two neurologists — one pediatric and one adult — and both are in Port-au-Prince, Dr. Alessi said. From Jeremie, Haiti, where Dr. Alessi stayed for a period, some patients have to make the 140-mile trek, a 12-hour journey, to receive neurological care.

“We see a lot of children who have cerebral palsy or kernicterus — a rare

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## Michael Earnest

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volunteer women representing each village, who are helping us develop ideas and do some medical work in the villages.”

The CHP has been working with physician Paul Farmer’s group Partners in Health in Boston, to develop the community health program. “One of our physician board members, our executive director, and I went back to Partners in Health last June and had a series of meetings. We now have a community health planning survey that will be done in the first part of December by the medical director of *Zanmi Lasante*,” which is the Haitian partner organization for Partners in Health.

The plan right now, he said, is to do a walk-around survey to figure out how best to design a comprehensive health program and how to cooperate with existing government health services, then write a grant, hopefully get it funded, and eventually develop a sustainable program for improving community health in the area.

Back in 2009, CHP also completed a water project, which created 12 wells that continue to supply clean, cholera-free water. Cholera control was not the initial purpose of the project — the wells were intended to provide clean water and prevent the common diarrheal diseases and other problems. However, when the cholera epidemic hit, the Petit Trou community and surrounding villages remained relatively unscathed.

The mission also supports a women’s center that offers vocational education, as well as a program called SHARE, which stands for Student Health Access and Reproductive Education, and will aim to improve overall student health and provide sexual health education, including family planning methods and HIV/AIDS prevention.

### SOMEWHAT SHAKEN

The earthquake in 2010 definitely touched the town of Petit Trou, but did not leave much of a physical mark. “Fortunately, the earthquake itself did very little damage in our mission area because of the geology,” Dr. Earnest said. The



**DR. MICHAEL EARNEST** writing a referral letter for the mother of a sick two-year-old to take her child to Port-au-Prince, Haiti, for specialist care.

buildings were relatively unharmed, and no one in the immediate area was killed or injured, but the small community did gain about 2,000-3000 displaced people from the Port-au-Prince area, also known as *rescapés*, which proved taxing on an already resource-poor environment. The demand on food, diesel fuel, “just everything — housing, health care, school and education,” was difficult to accommodate, he added.

The Colorado Haiti Project sent many medical missions to Haiti that year, to the point of exhaustion — for volunteer missionaries, health workers and Haitian support staff alike. After six months of intense work, “our priest partners, and our other support people, in Petit Trou just couldn’t handle much more of our coming down there. They were also consumed by the social upheaval in the town, their personal losses of family and friends in the Port-au-Prince area, and the locally diminishing resources.”

The Colorado group put a moratorium on trips and mission projects, but continued to support the school and the water project, and to do as much construction and maintenance as was possible.

Only this past September did they head back to renew activities in Haiti, with increased vigor. Dr. Earnest and colleagues did a visual survey of the community and were pleased to see that the local government clinic, which had once stood empty, was now staffed by a female physician. “Now, we’re going full speed ahead with education, water, health, women’s issues and community development — in a broader way than just health,” Dr. Earnest said.

### NEEDS: BASIC AND NEUROLOGICAL

“The basic needs [in Haiti] are much more basic than neurology. They are for food, clean water, a job, a shelter, transportation, fuel for a motorcycle,” Dr. Earnest said. As a neurologist, he added, “I’ve been fascinated by the neurological things I’ve seen, but they are few and far in-between.”

“We do see lots of people with back pain because of the harsh circumstances of work and sleeping, as well as people with bad headaches and neck aches — just the problems of being human and living in hard physical circumstances, he said. We’ve seen a few people with post-polio syndrome, and individuals with cerebral palsy. There is a modest problem with hypertension and high blood pressure, and as a result, stroke.”

Stroke is not treated locally here, he said. This September he was asked to consult on the case of a woman who had had a stroke — the result, he was told, of a hex cast by an enemy. She was thus paralyzed on one side of her body, and was lying at home with skin rashes and was not doing well. But the man who made the request never returned to guide him to the patient, and the CHP team had to fly out the next morning. “Often, these dramatic events, like strokes, are attributed to a hex or a curse, and are either treated by the local voodoo priest or left untreated,” he said.

There are a few neurologists in the Port-au-Prince area, he said, as specialists tend to stay in the urban areas where they have the population and technological infrastructure to support their specialty. “Most of the time with serious illness out in the rural areas, people just say, ‘It’s God’s will’ or ‘It’s a hex,’ and don’t seek out medical care.” Many also do not seek care because they cannot



**A VILLAGE** matron comes to see Dr. Earnest in the church medical clinic in Petit Trou, Haiti.

afford up-front payments, which are often required, and then the subsequent costs of medications.

### CHALLENGES AHEAD

The main challenge in Haiti is not medical, Dr. Earnest said. It is to have an effective, functioning governmental structure. “Haiti doesn’t have a functioning governmental structure that provides the basic services to the people of the country. Education, adequate food, economic opportunity, transportation, health care, police and security services, garbage disposal, clean water — all the things we take for granted, are not being provided on a reliable basis to most of its citizens.”

From a health care point of view, what they need are sustainable resources, he said, meaning health care providers and infrastructure — medication and equipment — that are organized to be distributed equitably throughout the country. This must include water and food as well.

Dr. Earnest said, following the mantra of Paul Farmer, it is necessary to first build the infrastructure upon which health depends, and then people can be healthy. “You can’t just go in and provide health care like our mission used to do, once-a-year, twice-a-year, and expect that that’s going to keep people healthy.”

“However, in our mission area,” he said, “no question, the kids are healthier. We’ve provided them with education, food, and medical care, as well as the resulting community development in the villages. It just looks that way when you drive along the road and get close to Petit Trou — that things are better off there.” •

**N**eurologists often write in about their work in developing and third world countries. This month, we heard from two neurologists who are committed to improving conditions in Haiti. Have a story you’d like to share about your work abroad? Send your suggestions in to [neurotoday@LWWNY.com](mailto:neurotoday@LWWNY.com).