

Personal Review and Justice Analysis of Nursing Experiences in Haiti

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Abstract: Health care providers frequently struggle to develop wise applications of theoretical knowledge. As a nurse studying traditional approaches in ethics while simultaneously volunteering in Haiti, I wrestled with the notion of justice in the midst of radical material inequities. Paul Farmer, physician and anthropologist, provides an analytic perspective for health care providers who work in poor and underserved countries by expanding the *liberation theology* of the 1970s to include social applications. Analyzing my past experiences in Haiti using Farmer's methodology provided insight into my successes and failures and prompted me to search for personal and professional reasons to provide care for the poor in the future. This type of reflection is essential for health care providers who work with the underserved, regardless of their religion or the country in which they work.

Key words: Justice, liberation theology, analytic perspective, Paul Farmer, Haiti, *agape*, ultimate concern, preferential care.

Health care providers frequently struggle to develop wise applications of theoretical knowledge. As a nurse studying traditional approaches in ethics while simultaneously volunteering in Haiti, I wrestled with the notion of justice in the midst of radical material inequities. In a recent conversation, Dr. Stan Shaffer, a theologian and neonatologist who has worked for over 20 years on projects in southern Haiti, spoke of a similar struggle. "I wanted to figure out how to keep the *heart* with the *head* and have justice be more than the legal visual of the blind lady holding balancing scales. It is bigger than that" (S. Shaffer, personal communication). Through a retrospective review of stories and experiences from five trips I have taken to Haiti, here I explore the meaning of justice, review liberation theology, and search, personally, for a deeper understanding of my past experiences as a guide in planning future visits. As a nurse from the Western world, I borrow a phrase of Jesuit Juan Luis Segundo as a springboard for my review and recollections: "The world that is satisfying to us is the same world that is utterly devastating to them."¹, p. 41

Justice, as it is commonly understood in applied health care ethics, is defined narrowly. The basic primer of bioethics, *Principles of Biomedical Ethics*, by Tom Beauchamp and James Childress, defines justice as "fair, equitable, and appropriate treatment in light of what is due or owed to persons."², p. 226 Other social justice theories define justice more

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broadly by questioning what resources should be provided, how, and to whom. The political philosopher John Rawls, for example, seeks to guarantee justice and fairness through the precept that government's role is to provide political trustees or authorities who in turn will protect citizens' rights, including the rights of the least well off. His approach is utilitarian: namely, that distributive justice will achieve the good of the masses by balancing the distribution of goods in society, fairly and equally.^{3,4} For such a theory to work, however, there must be resources to distribute and societies, communities, or nations willing to distribute them fairly. These conditions are lacking in countries such as Haiti, the poorest of all countries in the Western hemisphere. In his writing and lectures, Paul Farmer proposes that the question of social and economic rights be expanded to include moral rights. We must consider the distribution of political goods due to individuals through human rights, such as freedom and liberty, but we must also include material freedom, such as freedom from suffering and disease.

One tool for expanding traditional descriptions of justice is liberation theology. Liberation theology not only serves as a link between material freedom and legal freedom but also serves as the link between theory and applied social justice. Liberation theology (so named in the late 1960s by a Roman Catholic priest, Gustavo Gutierrez) delves into questions of justice, specifically the obligations of Christians to the poor and oppressed.⁵ It calls for a circular method of observing existing circumstances, judging conditions and relationships within those circumstances, and taking appropriate actions, not only to relieve suffering but also constantly to refine and reflect on our actions as a means of liberating the poor by getting at the roots of their problems.^{1, p. 138} By following the precepts of biblical teachings (specifically the New Testament gospels), liberation theology holds that Christians can work in solidarity with the poor in spiritual, political, economic, and social realms.

Paul Farmer, physician and anthropologist, takes this view in the areas of health and health care, bringing even the professional roles of doctors and nurses under the microscope. Farmer argues that one of the priorities of physicians is to offer preferential care to the poor and suffering;* to the extent that this preferential care is not held as a priority, the profession of medicine, itself, becomes a human rights abuse, in Farmer's view.^{1, p. 138}

Reading about Farmer's viewpoint and that of liberation theology in general, I knew I had found the key to why my prior volunteer work as a nurse in Haiti had left me conflicted. My good intentions had collided with personal and professional feelings of inadequacy and moral distress. Farmer describes decades of personal medical experiences in poor and developing countries, using language and arguments that originate in Christian theology as a way to explore and implicate medicine and health policy as they relate to the care for those who suffer injustices. He proposes that one's personal experiences bear witness and provide an analytic perspective that is as important as

*The notion of a "preferential option for the poor" originates in Roman Catholic social teaching; it expresses a special concern for poor and vulnerable persons with respect to material justice. The phrase "option for the poor" was first used by Fr. Pedro Arrupe, S.J. in 1968 in a letter to the Jesuits of Latin America.

theoretical and scholarly expositions of justice.¹ I will use this threefold structure throughout this article, as it is a framework that can help nurses just as it helps Farmer and his organization work for justice in health and health care in Haiti and other resource-poor areas.

Observation—A First-hand Account of Poverty in Haiti

The group with which I traveled to Haiti was part of an ongoing Episcopal effort promoting nutrition, education, health, and spirituality. It is called Haiti Episcopal Learning Partnerships (or, H.E.L.P.). This project is carried out through partnerships of churches in Kansas and Missouri with churches in villages in the southern part of Haiti; it receives support from the Episcopal dioceses in Kansas, Missouri, and Haiti. H.E.L.P. frequently sponsors medical mission trips to Haiti. Doctors and nurses constitute the majority of most of H.E.L.P.'s 12-to-20-member travel groups, while others participate as concerned church members, willing to do odd jobs to support the medical effort. The organization's trips begin with group members meeting first in Miami, before traveling to Haiti the following day.

We began our observations (the first phase of an analysis, in Farmer's system) of Haitian circumstances in Port-au-Prince, Haiti, in 1994. The smells, sights, and sounds of the capital city are unforgettable: Burning trash, fresh sewage, hundreds of old cars honking, people speaking a mix of French and Creole, numerous young men begging to carry heavy luggage for a few American coins. Going through customs at the Port-au-Prince airport, even with the support of a local Episcopal priest, meant giving money to the uniformed men who were employed by the airport to provide security. Not only did we give them a small amount of cash, we also gave them a few medicines (such as Tylenol and antacids). These acts were considered justifiable in order to get our supplies through their system and into the waiting pick-up trucks. In the capital city, we felt vulnerable, at the mercy of those wearing uniforms.

Riding in the back of a pick-up provided many opportunities for observation. I became acutely aware of poverty, over-population, and the riskiness of daily life as we drove through the slums of Port-au-Prince. One area, Cite-du-Soleil, was so crowded and smoky that it seemed like a dream to me. Cite-du-Soleil, it is said, is so crowded that people have to take turns lying down to sleep. I wanted to turn back.

Our reception changed drastically once we reached rural areas. We drove for hours on bumpy, winding roads, receiving smiles and shouts of *bonjou*. We stopped several times along the way, drinking coconut milk offered from freshly cracked fruit. After six or seven hours, covering less than 100 miles, we arrived in Torbeck, Haiti, our destination and daily starting point.

Together, we worked in improvised clinics hosted at churches within an hour or two's drive from Torbeck. We carried samples of various drugs, scales to weigh infants and children, soaps, toothpaste and toothbrushes, small toys for children, and lots of *bon bons* (hard candies). As we approached the churches (some only car-port type buildings with tin roofs), hundreds of sick and sometimes dying Haitians of all ages were waiting in line. All had walked or had been carried by family as many as three or four miles. Ideally, we would see hundreds of patients each day, de-worm all young

children and give them Vitamin A, and distribute a limited supply of medicines to those most in need.

To accomplish these tasks, we organized five workstations. With the help of local translators, we gathered vital patient information at the first station. The second station was for weighing, taking temperatures, and performing other basic assessments. Next, nurses and doctors evaluated patients, attending to complaints ranging from severe malaria and amputated fingers to routine well-baby checks and treatment for peptic ulcer disease, a prevalent Haitian ailment. Pharmacy items and directions for taking medicines followed. At the last station, local church members and a few people from the visiting group laid on hands and prayed for the sick. I participated in every station during my five visits to Haiti, managing enough Creole to act as the pharmacist on several occasions.

These trips provided first-hand opportunities to observe this impoverished society and to analyze it in terms of social justice, but I was unprepared for everything I would witness. I recall one thin and frail elderly woman who wore several hats and her best dress to the clinic. We asked her about her hats, and she said that wearing one hat was not adequate to show respect to the American doctor. She complained of headaches and was diagnosed with hypertension. Since we had no anti-hypertensive medications or ways to monitor her blood pressure, we gave her a few samples of donated Tylenol for which she was very grateful. One very young woman's breast had burst from advanced breast cancer. Her wound had a terrible odor. We told her there was nothing we could do. We gave her a bottle of 1,000 Tylenol tablets, our supply for the entire week. Every one on the team held hands with her and prayed. She was very spiritual and assured us that she understood that she was dying.

One young mother brought her malnourished baby daughter to the clinic. The baby had ophthalmic changes and other problems from nutrition and vitamin deficiencies. The doctor and I talked to the mother about her family's food situation. It was grim. The doctor went to the pharmacy area to get vitamins for the mother and her baby. While the doctor was gone, she tried to hand her baby to me. She begged me to take the baby home with me to America. I told her that I had three children. Holding back tears, I gave her the vitamins. I cried after she left.

Another mother brought her two-year old baby to the clinic. The toddler had tipped a large boiling pot onto her face and torso three days prior to our clinic. She was severely dehydrated and had a high fever, probably from infection. The medical team and minister discussed the severity of the case with our group. A decision had to be made regarding the child. The nearest hospital was a three-hour drive away and staff would need to escort the mother and child. We decided that to do otherwise would be unconscionable. Each member of the group pitched in money for the expenses of the trip. We concurred that the local priest should go, too.

After they left, the remaining nurses and I weighed all the infants and children and gave them liquid de-worming medicine and Vitamin A, both standard treatments. Even our youngest group member wanted to bring happiness to those we served. While the Haitian patients waited, in hopes of seeing the American doctor, my 14-year old daughter introduced the children to the traditional childhood game, Duck, Duck,

Goose. The aged and infirmed watched and laughed aloud. One of the local translators told me that adult laughter is rare in Haiti.

Judging Conditions and Relationships—Structural Violence

In recounting his own experiences during the second, or judging, stage of his methodological analysis, Paul Farmer wrote, “Something is terribly wrong.”^{1, p. 142} I, too, soon discovered how ill-prepared I was, personally and professionally, to formulate perceptive judgments on my own. The inadequacy of resources and social structures in Haiti produce *social misery, structural violence*, and (as some theologians dare to say) *structural sin*.^{1, p.140} In such conditions, devastated parents try to save their children and to stay alive themselves. *Mountains beyond Mountains*, Tracy Kidder’s recent book about Paul Farmer,⁶ describes experiences like my own, and also includes Farmer’s accounts of hundreds of deaths, a kind of death that usually goes unnoticed and subsequently unrecorded. Entire families may die one at a time from unknown causes. When Kidder asked Farmer about the cause of their deaths, Farmer borrowed a line from one of his favorite books, Graham Greene’s *The Comedians*. “They died of Haiti.”^{5, p. 66}

How do these people die? The history of Haiti is filled with hardship and death. Consider the Peligre Dam, which was built in the mid-1950s to control the waters of Haiti’s largest river, the Artibonite. This dam was part of a development project, a sort of gift to Haiti’s poor. Kidder describes how Farmer “ferreted out history” to discover that in reality the building of the dam had benefited American businessmen and only provided electricity to an already developed area of Port-au-Prince. When completed, the dam flooded the valleys of Cange and displaced hundreds of peasant families who had to resettle on the steep hills of isolated mountains, their hard lives made even harder.^{5, pp. 37–39} Farmer tells many stories that should make us cringe, stories of political neglect, as when we deny therapeutic medicines to AIDS patients because leaders in the U.S. Treasury Department believe that these patients cannot adhere to medication regimens since they do not have watches. So “dying of Haiti” is not simply dying as the result of illness. It also includes dying from acts of selfishness, as well as neglect, acts of commission and omission among those more powerful than Haiti’s poor. Anyone who has attempted to offer care in a third-world country knows about structural acts of omission. Much of the internal tension we experience is not because of what we do but because of what we don’t do, or don’t know to do. Farmer pushes us to understand that as long as we see medical interventions as commodities to be distributed rather than as resources to which others have rights, we are indeed part of, if not complicit in, the violence that more traditional justice theories fail to address.

As I review my past experiences in Haiti and try formulating them in terms of the final stages of liberation theology, *acting and applying*, I falter. I realize my actions with the H.E.L.P. project were based on well-intended acts of professional charity and personal generosity. My attempts to care for the clinic patients, I realize, were simply putting Band-aids on mortal wounds. My charitable acts produced very little change. Janet Poppendieck, sociologist and professor, reflects on this type of inadequacy when she refers to “sweet charity” as “a failure to grapple in meaningful ways with poverty.”⁷

Farmer, though, suggests that charity is a necessary part of health care professions, and good as long as the health care worker does not ignore the underlying causes of poverty and suffering. Liberation theology encourages those who work on behalf of the oppressed to ask questions such as, “Do I do this to feel good?” and, “How do I really know what the ones I am helping need?” My efforts in charity, albeit sincere, left me in protracted doubt. As a student of ethics, I knew that health and health care are crucially important areas of justice, but my heart told me that something was amiss.

Taking Appropriate Action—Exploring Justice

A distinguishing feature of liberation theology, when compared with other theories of social justice, is that it concerns the responsibilities of individuals who are just, rather than of just societies. As a Christian nurse, I wanted desperately to understand how to be just. I found personal solace in the teachings of Paul Tillich, renowned intellect, Christian theologian, and visionary of the 1950s.⁸ His notion of *ultimate concern* helped me understand some of my experiences and actions.

Tillich explains ultimate concern in terms of the well-known New Testament story of two sisters, Martha and Mary. In the book of Luke, chapter 10, a story unfolds about an evening when Mary and Martha are entertaining Jesus in their home. Mary sits at the feet of Jesus, while Martha busies herself with the ordinary tasks of cooking and cleaning. Tension ensues and Martha asks Jesus, their guest, why he doesn't care that her sister is not being helpful and has left her in the kitchen to prepare and serve the meal alone. Mary and Martha, according to Tillich, represent two distinct ways of approaching and living one's life. He understands Martha as being *seriously* concerned about many things but Mary as being *ultimately* concerned. Concern this deep overrides such matters as work and daily living, transcending the finite and transitory and pushing toward what is holy and sacred.⁹

Tillich's notion of ultimate concern, taken together with Farmer's analytic perspective, sanctions the work of well-intentioned professionals, including me, as long as those professionals take a broad view of the circumstances they must address. Consider the Haitian mother asking me to take her starving baby to the United States. I wanted to weigh her baby, give the baby de-worming medication, talk to the mother about nutrition, and move on to the next patient. I was *seriously* concerned about many things but not *ultimately* concerned about the causes of the situation, or, moreover, how the mother felt about her baby's life. To view this and other experiences as mere charitable acts of nursing is not enough. Doling out vitamins and de-worming medication was not the only treatment that this mother and baby deserved. The baby would drink contaminated water again that afternoon (which is the root cause of most child-related deaths in Haiti).

I also found personal clarity in Tillich's exposition of *agape*, a Greek word used by New Testament authors to denote a selfless love of God and others. Where justice theories fail, the notion of moral love provides a personal anchor that accords tremendous importance to individual responses in individual situations. Tillich writes, “Justice is expressed in principles and laws, none of which can ever reach the uniqueness of the concrete situation,”^{9, p. 43} but *agape* “listens” to the particular situation. “*Agape* draws

within itself justice, as the acknowledgement of the person as a person, and the power to act.¹⁰ Relationships forged in love and constituting *creative justice* or *agape* can accomplish things that abstract justice theories cannot.¹⁰ Attitudes of deep concern partnered with deep love are within my reach and that of other individuals.

The Present

Much has happened in southern Haiti in the past five years. With the leadership of Dr. Stan Shaffer, a birthing home, Maison de Naissance, now stands in the rural village of Larnage. The mission statement of the newly founded birthing home is *to provide preferential care for mothers and babies in extreme poverty in Haiti*.¹¹ Patients of Maison de Naissance do not walk miles to clinics; instead many home visits are made. These visits provide opportunities for nurses and doctors to assess not only patients but their living conditions. Water supplies and toilet facilities are assessed and addressed. The birthing home and clinic have amenities such as electronic medical records, web conferencing, webcams, and voice links so that help for the staff of Haitian midwives is available at all times.

A recent newsletter from the birthing home and clinic reports that its trained Haitian staff is providing health services to over 1,500 women and making community health visits to over 1,500 homes. Maison de Naissance employs over 20 individuals from the area it serves. Dr. Shaffer's recent data show that this area's neonatal mortality has dropped by more than 50% (S. Shaffer, personal communication). It should not come as a surprise that Dr. Shaffer is a believer in liberation theology and a friend of Dr. Farmer.

The Future

Places immersed in poverty, as Haiti is, are a long way from responding to the health and health care needs of their people; thus, the welfare of Haiti's people must occupy health care professionals seeking to live justly. In this connection, Farmer succinctly states what it means for him to be ultimately concerned: "It adds to any discipline, consistent self-inquiry. How is this relevant to the suffering of the poor and to the relief of that suffering?"¹¹, p. 138 I must ask myself, "Am I ultimately concerned? Am I capable of responding to the health care needs of my Haitian friends with *agape*?" I find myself replying, "I don't know, but I must try."

I will return to work with the people of Haiti with newfound hope and understanding. Tillich inspired me when he wrote that for individuals to lead a good life, they must surpass life itself. This passage from a 1955 paper expresses his moral attitude, which I will take to Haiti with me on my next visit:

Are we really beyond anxiety when we are socially concerned and when the mass of misery and social injustice, contrasted with our own favored position, falls upon our conscience and prevents us from breathing freely and happily while we are forced to heave the sighs of hundreds of people all over the world? And do you know the agony of those who want to heal but know it is too late, of those who want to educate

and meet with stupidity, wickedness and hatred; of those who are obliged to lead and are worn out by the people's ignorance, by the ambitions of their opponents, by bad institutions and bad luck? These anxieties are greater than those about our daily life.^{9, p. 35}

Paul Farmer's methodology brings liberation theology to bear on medicine. Tillich moves me to question my thinking about justice in personal ways, challenging me to offer more than good deeds and Band-aids, and giving me the peace of knowing that, when all else fails, there is love. I believe that justice can be pursued in serving the health and health care needs of the poor, suffering, and oppressed. When individuals are unable to answer these needs through medical approaches, we are called to offer love.

Epilogue

I recently returned to Southern Haiti and Maison de Naissance, the birthing house in the rural village of Larnage. Available twenty-four hours a day, seven days per week, care at Maison de Naissance is provided for Haitians by Haitians. As a volunteer, I conducted health and vaccination surveys by making home visits with staff and translators from Maison de Naissance. This information is used continually to refine services and better meet the needs of the people in the four-mile area around Maison de Naissance. In addition, a member of our group used a Global Positioning System (GPS) instrument to plot the latitude and longitude of each home and the distance from Maison de Naissance to each house we visited. Each home was marked with its GPS locality to be used as a house number and to provide directions for future home visits. This GPS number was their first official address for the residents of these homes and most felt proud to finally be on someone's map, to have their lives remembered and recorded.

As we returned to Maison de Naissance after our last day of home visits, I noticed that our two translators were holding hands and laughing. I asked them what was funny (on more than one occasion my Creole had brought about bursts of laughter). But on this occasion, they were laughing with joy. They explained how happy they were that Maison de Naissance could serve their community and what a difference the new birthing home had made for the people of Larnage. The joy that I saw in these two adult Haitian men spoke of the strength of connections between healthy mothers and healthy babies and a truly healthy community thriving through respect and genuine care.

I am grateful that through a theoretical review and a personal exploration of my past, I felt compelled to revisit Haiti, finding a place where justice is slowly replacing injustice.

Notes

1. Farmer P. *Pathologies of power: health, human rights, and the new war on the poor*. Berkeley, CA: University of California Press, 2003.
2. Beauchamp TL, Childress JF. *Principles of biomedical ethics*. 5th Edition. New York: Oxford University Press, 2001.
3. Rhodes R, Battin MP, Silvers A, eds. *Medicine and social justice*. New York: Oxford University Press, 2002.

4. Rawls J. *Justice as fairness: a restatement*. Cambridge, MA: Belknap Press, 2001.
5. Gutierrez G. *A theology of liberation: history, politics, and salvation*. Revised edition. Maryknoll, NY: Orbis Books, 1988.
6. Kidder T. *Mountains beyond mountains: healing the world: the quest of Dr. Paul Farmer*. New York: Random House, 2003.
7. Poppendieck J. *Sweet charity? Emergency food and the end of entitlement*. New York: Penguin Putnam Books, 1999. Available at www.worldhunger.org/articles/books/poppendieck.htm.
8. Tillich P. *The courage to be*. New Haven, CT: Yale University Press, 2000.
9. Tillich P. *The essential Tillich*. Chicago, IL: University of Chicago Press, 1999.
10. Tillich P. *Morality and beyond*. Louisville, KY: Westminster John Knox Press, 1963.
11. *Maison de Naissance*. *Maison de Naissance mission*. Kansas City, MO: Maison de Naissance, 2006. Available at http://www.maisondenaissance.org/index.php?site_prefix=&pid=2.