

**Third Sunday in Lent - March 15, 2006**

**by Dr. Ted Lewis**

# **“Why Haiti?”**

**PRESENTATION for the CAPITAL CAMPAIGN**

**Colorado Haiti Project, Inc.**

**CHAPEL OF OUR SAVIOUR**

**March 19, 2006**

## Where is Haiti?

Haiti occupies the western third of the island of Hispaniola in the Caribbean lying just east of Cuba and west of Puerto Rico. Since Columbus discovered the New World, landing first on the north shore of Haiti near Cap Haitien in 1492, its first 100 years was marked by enslaving the native Arawak people to mine gold and other precious metals. By the end of the 16<sup>th</sup> century, the Spaniards moved on to Central and South America to further their interests in the New World.

The French buccaneers took advantage of this lapse, making the western shore of Haiti its staging area to prey upon Spanish galleons in the Windward Passage between Cuba and Haiti. Eventually, the French occupied the island, renaming it St. Dominique and establishing an agricultural economy based upon easily raised crops and a long growing season. In order to further the development of the highly profitably plantation system, imported slave labor became necessary. Haiti became the center of the African slave labor market in the western hemisphere, fueling a highly productive economy in the 17<sup>th</sup> and 18<sup>th</sup> centuries.

The ruthless, repressive colonial government established by the French led to an uprising in the latter 18<sup>th</sup> century, in part stimulated by the success of the American and French revolutions. Despite a well equipped army sent by Napoleon to quell the revolt, the slave army, using guerilla tactics, and led by the revolutionary general Jean Jacque Dessalines, defeated the French, leading to the establishment of the second republic in the western hemisphere on January 1, 2004. Contrary to the experience in the United States, Haiti has known mostly political upheaval and economic chaos since its independence.

SO WHY HAITI?

## How did the Episcopal Church come to Haiti?

The Episcopal Church got its start in 1861 when Fr. James Holly came to Port-au-Prince from Connecticut. In 1863, he established Holy Trinity Parish, later to become Holy Trinity Cathedral. The Diocese of Haiti became a mission diocese of the American Episcopal Church in 1913 and continues in that status. There are currently over 90,000 members in 88 missions, one seminary, one hospital in Leogane (L'Hopital Ste. Croix), a clinic and school for handicapped children (St. Vincent's in Port-au-Prince), and a convent operated by the Episcopal Sisters of St. Margaret of Boston.

SO WHY HAITI?

### How did Colorado Episcopalians get to Haiti?

Fr. Dayle Casey was called to be the rector of the Chapel of Our Saviour Parish in Colorado Springs in November 1986 from the Diocese of Milwaukee where he had participated in a number of mission trips to Haiti. In 1987 and 1988, he took small groups from Colorado Springs to St. Marc's Parish, Jeanette, a project of the Diocese of Milwaukee on the southern peninsula. On the mission trip in 1989, Fr. Octave Lafontant, our Haitian sponsor, convinced Fr. Casey to make a trip farther west on the peninsula to the community of Petit Trou de Nippes. On that that trip, numerous streams had to be crossed, including the River Nippes, which was running high that year. After nearly loosing their jeep in a hole in the river with water coming up over the hood, the group spent the day exploring the community for a possible mission to be established with Colorado partners. After negotiating the river on the return trip, when Fr. Casey remarked to Fr. Lafontant he did not think such a partnership would be possible under these conditions, Fr. Lafontant replied, "If Jesus wants us to go there, then we will go. And besides, I have already bought the land!"

SO WHY HAITI?

### How did the Colorado Haiti Project get started?

From a humble beginning in 1990 when the first group of missionaries from Chapel of Our Saviour and St. Bartholomew's Church, Estes Park, came to the future site of St. Paul's Mission, much has been accomplished, but much remains to be done. That first group encountered primitive facilities, an open air, tin roofed dining room, a make-shift outdoor shower, and old fashioned latrines. Each member lived in his own tent (still the primary sleeping shelter) sleeping on foam mattresses. But the hospitality was generous, the food fantastic, the people warm and appreciative, and the experience spiritually uplifting.

Mission trips have continued since except for interruptions due to political unrest, coup d'etat's, and economic embargos. Missionaries brave hot, humid weather, insects and mosquitoes, a seven hour ride on unimproved roads in the back of a truck called a camion, fording numerous streams and rivers, finally to arrive at St. Paul's Mission Church and School, an oasis in the Haitian countryside of rural poverty.

Work began on that first mission trip in 1990, surveying and starting the excavation for the foundation of the church building. Little progress was made until Bishop Winterrowd made a trip to the site with Fr. Casey in 1997. So impressed was he with the spirit and dedication of those involved in the project, both Haitian and American, he donated 10% of the funds realized from the sale of Parkview Episcopal Hospital in Pueblo for completion of the church building. Along with \$15,000 already donated, St. Paul's Mission Church was completed and consecrated in April 1999 by Haitian Bishop Zache' Duracin. A group representing the Colorado Haiti Project Board of Directors attended the consecration.

SO WHY HAITI?

### How did I become involved?

I initially declined invitations to go on trips in 1988 and 1989, but as a result of a visit from Fr. Octave Lafontant to the Chapel of Our Saviour, I made the decision to go on the January 1990 mission trip. I was in for an adventure and one of the biggest surprises of my life. This is my story.

I soon discovered I would be the only physician to lead the mission trip to Petit Trou de Nippes that year. I was able to obtain a reasonable amount of prescription medicines through requests to local hospitals, pharmacies, and pharmaceutical manufacturers. Antacids, Tylenol, aspirin, and multivitamins were solicited by all members of the group.

Fr. Octave had arranged for us to use the government clinic in Petit Trou. Several local young men, who were reasonable proficient in English, were employed as interpreters. It was a 3 mile walk to the clinic from our mission site that took about 45 minutes; good exercise and a great way to start the day. We were warmly greeted along the way by local residents with “Bonjour, Bonjour.” At our arrival to the clinic there were at least 100 people waiting outside the wrought iron gates. News traveled fast.

After an initial tour of the facility, I quickly recognized we were going to have to do a great deal of improvising. The Petit Trou clinic was one of many established by Papa Doc Duvalier in rural areas during the early years of his term as President of Haiti from 1957 until his death in 1973. It is a simple, one story cinder block building with a flat concrete roof built sometime in the 1960’s. At one time, there had been running water and electricity, but that had been long ago. The equipment was sparse, furnishings were 1920 hospital style, mostly rusted and in disrepair. However, there was one good old wooden examining table that became the centerpiece of my examining room where most of the windows were missing and curiosity seekers were frequent. My initial thought after surveying the situation was “What have I gotten myself into?” How am I, a modern physician from the US going to be able to function without proper equipment, electricity, running water, a laboratory or an x-ray machine?

Everyone seemed to look at me for some direction, so I decided we would make the best of it. After organizing the pharmacy, triage and check-in nursing stations, we began to see the first patients of the day. Surprisingly, I soon realized I could function reasonably well. The patients were courteous, clean, well dressed, and seemed to be most appreciative of the attention we gave them. Later, I reflected that I had the most important tools of medicine with me: the knowledge in my head, the use of my hands to touch and examine (a stethoscope helps), but most important, a heart of compassion.

Over the years, many of my colleagues have asked me, “Do you really think you make a difference with health problems so overwhelming?” It doesn’t take long for me to recount an encounter that first trip that I will never forget.

On that first day in the clinic, a young father brought his 2 and 1/2 year old daughter who had fallen in the charcoal cooking pit 13 days before. On examination, she was still covered with charcoal over burned areas on the left side of her head, face, neck, arm and torso. Fortunately, the family had not removed the charcoal which had prevented any infection. At first I recall thinking, “I am not a surgeon, I am an internist!” But there was no choice; it was up to me to do something. Then I remembered my one month rotation as a senior medical student with a solo practicing surgeon taking care of

burns, so I said to myself, “You can do it.” I quickly ascertained that we did not have the right equipment or the topical antibiotic cream for burns. But I did discover a suture removal kit that had plastic tweezers and a pair of small scissors.

So we began by carefully removing the charcoal with Betadine soap solution, and then over the next 4 days, I gently debrided dead tissue from the burn. Using sterile normal saline IV solution, we irrigated the debrided areas and used what topical antibiotic ointment we had, Neosporin, and dressed the wound with sterile 4 x 4 gauze pads and Kerlex bandage. By the end of the week, we had completed what we could do. We instructed the father in daily dressing changes and gave him all the supplies we had left. He had stayed by her side through the whole ordeal comforting her, for all we had for analgesia was Tylenol.

For 6 years, we didn't know what had happened to her. But on the trip in 1996, while eating our lunch outside the clinic, a man came pushing his way through a crowd of children (who always seemed to gather around us at lunch time); came to where I was leaning against the tailgate, grabbed my hands, and then fell to the ground weeping openly. Only when I looked beyond him did I see his now 8 year old daughter who was that little girl with the burns we had treated on that first mission trip. With that realization, we all began to weep with joy with the father. Later that afternoon, I examined her and was surprised there was minimal scarring or depigmentation on the torso and only a few patches of scalp where hair did not grow back.

So when I am asked the question, “Do you think you make a difference?” I just tell that story and end with “We made a difference in that child's life and that is enough for me.” Yes, the needs are great and almost overwhelming, but we have made a difference with a reduction of malnutrition in children with our school lunch program, with employing a school nurse who handles minor illnesses and injuries, with a multivitamin program at St. Paul's School, and with a public health education program for mothers.

SO WHY HAITI?

#### Why a \$2.2 million dollar capital campaign?

When Fr. Octave Lafontant announced his retirement in 2000, the Board of Directors of CHP, Inc. quickly realized major changes had to be made in order to meet the current and future needs of the people at St. Paul's. Encouraged by Bishop Duracin and with the energetic leadership of the new priest-in-charge, Fr. Kesner Gracia, the Board engaged the services of Engineering Ministries International (EMI) headquartered in Colorado Springs to assist in the development of a master plan for the 6 ½ acre site. With a team of volunteer architects & engineers from EMI and CHP missionaries visiting in January 2001 and again in January 2004, a master plan for the construction of a K-12 school building was finalized.

In 2003, the CHP Board of Directors set an ambitious goal to raise 2.2 million dollars to complete the master plan by 2010 instead of over the next 20-30 years. The Jamieson Company of Evergreen, an experienced fund raising organization for non-profit organizations, was engaged to assist in the development of the capital campaign.

Since a K-6 school has operated since 1996 under the CHP Konbit sponsorship program, the first priority is the construction of the school building. Currently, 430 students attend with some in make-shift classrooms in the church building, in an open lean-to building with a tin roof, and some meet under the trees in the school yard.

Bishops O'Neil, Winterrowd, and Duracin agreed to be honorary co-chairs for the campaign now named The Three Bishops Fund for Haiti. Under the leadership of Campaign Chair, Donald Snyder, the campaign has had a good start. But much more needs to be done in order to realize the vision of the founder, Fr. Octave Lafontant—that a church, a school, a medical & dental clinic, a women's resource center, a vocational training school, a guest house & rectory, a potable water and sanitation system will lift the people up from poverty towards self-sufficiency, offering a hand up instead of a hand out.

SO WHY HAITI? Because Haiti calls us because we are Christians! As Jesus commanded us in the Great Commission, "Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching to obey everything I have commanded you." Matthew 28:19-20.

And as The Rev. Canon Ed Morgan states, "For those in Colorado who have been a guest in Petit Trou de Nippes, their lives have been transformed...they have received the gift of new eyes, eyes of the heart, and they will never look at the world in the same way again."

*Ted T. Lewis, MD*