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## GRAND PLAN FOR HEALTH CARE IN DESPERATE NATION

# Doctors take medical marvels to Haiti

**'It's exciting to plan the future for a whole country, which is what we're doing.'**

**DR. ALBERT LA TORRA**  
Palm Beach County surgeon, co-founder of La Torra-Larsen Medical Foundation

By **STEPHANIE HORVATH**  
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Paramedics wheeled the man's body, draped in a white cloth, through the lobby and out the front door of the hospital, past men wearing suits with corsages pinned to their lapels.

A wailing young woman, a relative, stumbled after the gurney. An ambulance had brought the man to the hospital from Cite Soleil, a nearby slum where he was shot multiple times. He died despite attempts to revive him. That morning, United Nations troops had stormed Cite Soleil looking for gang members who allegedly had attacked the peacekeepers. No one knew whether the dead man was a target or simply

a bystander caught in the crossfire. Within moments, the ambulance transporting the mortally wounded man was gone.

The men in suits and Haitian journalists were at the hospital for a rare announcement of good news: Two doctors from Palm Beach County had collected \$750,000 worth of modern medical equipment and delivered it to the Port-au-Prince hospital. The men led the small crowd upstairs to begin their news conference, delayed by a horrific event that would have brought life to a standstill in some places in the United States, but that was merely a sad interruption here.

Haiti is a broken country, a place where 80 percent of people live in poverty. Violence and instability are the rule, not the exception.

The two Palm Beach County doctors recently stepped into that instability, determined to create a health-care system in a country where most people never get basic medical care. Dr. Wilhelm Larsen, a Haitian native, and Dr. Albert La Torra brought the



**LANNIS WATERS/Staff Photographer**  
As Dr. Wilhelm Larsen (from left) listens, Haitian trauma surgeon Dr. Arnel De-Morcy is briefed by Dr. Albert La Torra on equipment set to arrive from Florida.

donated medical equipment from Columbia Hospital in West Palm Beach. They see it as the first step in a grand plan to build rural health clinics and medical, nursing and dental schools.

But first they'll have to clear several hurdles inherent in bringing modern health care to a volatile, poor country and rise above gaps in their own experience. They are skilled doctors, but neither is familiar with raising money or running a humanitarian organization. And they don't have the millions of dollars needed to accomplish their lofty goals.

Despite the formidable obstacles, the doctors, both in their sixties, are confident.

"In 10 years, we should have everything," Larsen said.

"Maybe less," La Torra added.

### **Making use of donations a task**

This should be a simple story about doing good in a nation that's experienced so much bad. Unfortunately, few things are simple in Haiti.

"Everything we bring down here gives them a headache. They won't complain because they need it and they appreciate it," said Larsen, who



Staff photos by LARNS WATERS

**HELPING HAND:** Dr. Albert La Torre, in Haiti to deliver donated medical equipment and announce plans to improve health care, checks on patients in the orthopedic ward of the Port-au-Prince hospital known as OFATMA.

## Doctors admit they're naive about fund raising

moved to the U.S. in 1974 to practice oncology. "But they have to find a way to use it."

The idea seemed easy. Donate used medical equipment in good condition to a Haitian hospital in need. Larsen, now semi-retired, got the idea in April 2004 when he visited the hospital called OFATMA, an acronym for Office D'Assurance Accidents Du Travail Maladie Et Maternite. His brother had just been appointed its general director. Larsen toured the old cement building with its peeling paint and old medical equipment.

Because of a miscommunication, he thought some of the disrepair was the result of looting during the chaos surrounding President Jean-Bertrand Aristide's flight to exile in February 2004. In fact, the hospital

wasn't looted but was still in need.

With help from his friend La Torre, a semi-retired general surgeon, it took a year to collect enough equipment from Columbia Hospital to fill a 45-foot-long metal shipping container. The load ranged from gynecological exam tables to heart monitors to mammography machines. After getting tangled in yards of red tape at the Haitian port, the first load finally reached the hospital in September.

Larsen and La Torre flew to Port-au-Prince to witness the delivery. Later, the doctors filled and shipped two more containers, bringing the total to \$1.56 million in donated equipment.

But putting it to use in Haiti will be complicated.



**AVAILABLE LIGHT:** Dr. Jacques Pierre-Pierre, surgery chief at OFATMA, relies on the sun while reading X-rays as he examines patients in an outdoor hallway at the hospital.

For example, a sophisticated X-ray machine will help doctors set bones precisely. But first the Port-au-Prince hospital must build a large, lead-lined room to accommodate it. Two high-tech machines, a mammography machine and a cryostat, will help detect and preserve suspicious lumps in women's breasts. But without a pathologist to diagnose them,

a crucial step is missing. And 24 electric hospital beds will make patients more comfortable only after the hospital installs enough electrical outlets so they can be used.

The hospital is short on money to do those things. The Haitian companies that fund it owe it 151 million gourdes, or \$3.6 million. OFATMA is funded by a kind of workers compensation insurance that

the law requires the nation's employers to pay. The hospital's operating budget for next year is \$2.3 million.

The hospital must find a way to incorporate the medical equipment into its 37-year-old building. Built from concrete block, it has no central air conditioning and poor lighting. The emergency generator goes on at least once a day when state-run power goes out.

Outside, a broken-down ambulance with a flat tire was parked near the emergency room. Inside, the room where surgical instruments are sterilized had a green army stretcher leaning against one wall and its windows were open, letting in air and germs. Patient rooms held three, five or six people, and many were equipped with old iron beds.

### Patients satisfied with care

Most patients interviewed said medical care is good, despite the challenging conditions.

"This is the hospital that I know. This is where they take care of people," said Santa Phillip, 24, lying in bed after a Caesarean section. She lost the baby, her first. "They're taking care of me very good. The nurses always come on time."

Phillip was lying on a bed made with gumball-machine-printed sheets. The intravenous tube hooked

to her arm hung on a pole missing one of its wheels.

Frantzen Derilus, a 23-year-old man whose left arm was hit by a stray bullet the week before, wore a homemade sling, a strip of cotton tied around his neck and hung in front of his chest like a man's tie. Outside on the breezeway, Dr. Jacques Pierre-Pierre held X-rays up to the sunlight while he talked to patients.

In the emergency room, a newborn baby girl, wrapped in a white hand towel, slept on a padded table. The hospital has no bassinets. She didn't move, and her face had a gray cast from fluids that had dried. Was she alive or stillborn? La Torra walked closer to investigate. Alive. Her lips were pink. She began to squirm.

Her name was Shama; a few hours later she was lying on a bed in a dark, hot room with her mother, Mary Ange Deli, 32, a mother of three from a town north of Port-au-Prince.

### Hospital in bad neighborhood

Established by Francois "Papa Doc" Duvalier in 1968, OFATMA treats working people, along with people from the surrounding neighborhood, many of whom are too poor to pay for care. When the high-tech medical equipment from Palm Beach County is installed and running, some

of it will be available to poor Haitians for the first time.

Alex Larsen said it's the first time a public hospital in Haiti has had a sonography machine or a mammography machine. Now, he said, those devices are only at private hospitals, which charge too much for the average Haitian.

The hospital is in Cite Militaire, one of Port-au-Prince's dangerous slums. It's guarded by men in black T-shirts carrying large guns.

"The area is very hostile," said Rochelle Vernet, a lab technologist. "Sometimes, when the violence is very high, you don't find many patients here."

Larsen and La Torra plan to continue shipping medical equipment to Haiti. However, they have bigger dreams. For 20 years, the two friends have talked about creating a health-care system in Haiti; they recently formed the La Torra-Larsen Medical Foundation to raise money for their projects.

They want to build a

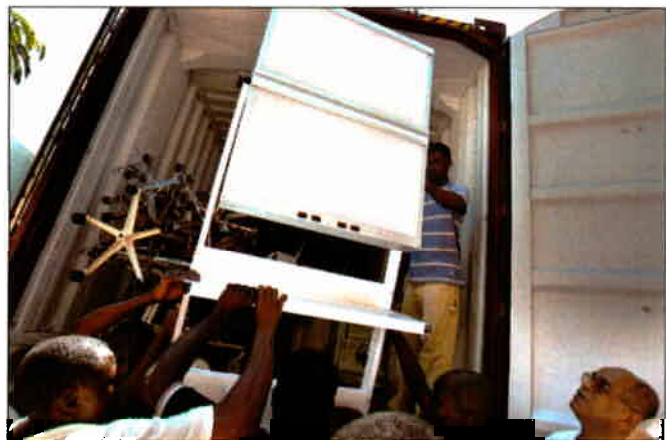
medical school, a nursing school, a dental school and medical clinics in rural villages. They want to bring in doctors from the United States to rotate in Haitian hospitals and provide training.

"It's exciting to plan the future for a whole country, which is what we're doing," La Torra said.

Haiti certainly needs more doctors - the country has fewer than 2,000 for its 8.12 million people - and more clinics.

On a drive outside Port-au-Prince, the doctors stopped at a small village just a few miles from the border with the Dominican Republic. When they arrived, people left their cement houses and mud shacks and surrounded them.

They were Haitian sugar cane cutters deported from the Dominican Republic; their only health care was at a clinic a few miles away that was too expensive. One woman displayed



SHIPMENT ARRIVES: Dr. Wilhelm Larsen watches as workers unload medical equipment donated by Columbia Hospital in West Palm Beach from a shipping container.

an ugly burn on her arm she got while cooking; she treated herself with a cure-all oil. A man described stomach pain to La Torra, who diagnosed an ulcer. An outspoken 15-year-old named Jocelyn Jean said the villagers had problems with diarrhea, fevers and skin diseases, and that women often gave birth on their own.

"When you see something like what we saw today, it only makes me more committed to the project," La Torra said later.

### Millions of dollars needed

La Torra explained the doctors' long-term vision at the delayed hospital news conference, detailing plans for clinics, visits from American doctors and a medical school that would require graduates to work in Haiti for four years.

But the La Torra-Larsen foundation has no money at all. So far, the two doctors have paid the expenses of collecting used medical equipment. They declined to say how much they've spent, saying only that they no longer can afford it.

"The whole thing, as I see it for us in the La Torra-Larsen Medical Foundation, is to establish seed money to start the foundation. Our goals and dreams will never come true without seed money," La Torra said. "We're not talking \$5,000. We're

talking millions."

The doctors' foundation needs money for a lot of things: To fly American doctors in to train people to operate the new equipment and to buy a second-hand truck. In the near future, it also will need money to build and staff a rural clinic and run a mobile medical unit. Eventually, it will have the gargantuan task of raising enough money to build and staff a medical school.

The ambitious doctors hope to pull in up to \$150,000 during the next year.

"At this stage, we're very naive on what to do," La Torra said, adding that they're looking for help from experienced fund-raisers.

U.S. Rep. Mark Foley, R-Jupiter, likes the doctors' ideas and said he'd be willing to participate in fund-raising activities. Foley said a proposed federal program waiting to be considered in the U.S. House could provide some money.

Meanwhile, the doctors' ideas for raising money are grass-roots and sketchy. Their plans include asking Palm Beach County doctors and churches for donations and taking out newspaper advertisements asking people to send in \$1 a month.

"Even if 50,000 people decide to give \$1 the first month, that will be some money," Larsen said.

Veteran fund-raisers in Palm Beach County said that isn't the way to go.

"It's much more efficient to find one or two large founda-

tions or gifts," said Pam Henderson, who has been fund raising for 15 years as the executive director of the Rehabilitation Center for Children and Adults.

Grass-roots efforts can work, if the mission and goals are clear, said Suzanne Cabrera, president of the Palm Beach County chapter of the Association of Professional Fundraisers and executive director of The Lord's Place, a West Palm Beach nonprofit for the homeless. Cabrera said her charity raised its first \$130,000 when its founder slept in a trash bin for 30 days, driving home his plans to aid the homeless.

"People are really looking for accountability these days," she said. "Just saying it's a good cause and we want to do good things isn't enough."

Larsen and La Torra are undeterred.

The day after their news conference, the two doctors, several of the hospital's administrators and their guards traveled to the border with the Dominican Republic.

They stopped in Ganthier, hometown of Haitian President Boniface Alexandre, who has sponsored several projects in the town, including a new high school. As they stood in front of the school, Larsen and La Torra decided to build their first health clinic in Ganthier.

"This is a growing area.

We could use the school to teach people," Larsen said. He estimated they could build and start running the clinic for \$50,000. He said the government will probably give them the land for a small fee.

"By February, we should be doing a groundbreaking at least, maybe finished," Larsen said. "We'll find a way to get the money."

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**By the numbers**

**People**  
 Population: 8.12 million (2005 projection)  
 Median age: 18 years  
 Life expectancy: 52.9 years

**Economy**  
 ■ 80 percent of population lives in poverty.  
 ■ More than two-thirds of the labor force have no jobs.  
 ■ GDP per capita: \$361 (2003)

**Health care**  
 Total physicians: 1,949 (2004)  
 Total dentists: 94 (2004)  
 Total nurses: 834 (2004)  
 People living with HIV/AIDS: 280,000 (2003)  
 HIV/AIDS deaths: 24,000 (2003)

■ 60 percent of the population has no access to primary health care.  
 ■ More than half of the population has no access to medicines.  
 ■ 76 percent of all births occur without medical attention.

Sources: CIA World Fact Book, World Health Organization and World Bank.