

Continuing Care Amid Crisis: An Update on our Work in Haiti

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Partners In Health transcript for the virtual webinar, *Continuing Care Amid Crisis: An Update on our Work in Haiti*. With Dr. Joia Mukherjee, PIH Chief Medical Officer; Dr. Wesler Lambert, ZL Interim Executive Director; Dr. Patrick Ulysse, PIH Chief Operating Officer; and Dr. Reginald Fils-Aimé, ZL Director of Strategic Planning. This transcript is off the record.

Dr. Joia Mukherjee:
[00:00:00]

Good afternoon from Boston, Massachusetts. We are so very grateful that so many of you have tuned into this webinar that is really meant to give information and an invitation into the work that we are trying to do in Haiti amid this terrible political crisis. My name is Joia Mukherjee. I'm the Chief Medical Officer of Partners In Health, and I'm extremely honored to have the awesome task of introducing and facilitating this conversation between three of my heroes, people I've worked with for decades now, Dr. Wesler Lambert, the Executive Director of Zanmi Lasante, Dr. Reginald Fils-Aimé, the Director of Strategy and Planning for Zanmi Lasante, and Dr. Patrick Ulysse, the Chief Operating Officer of Partners In Health. All of these heroes are physicians who have advanced training in public health and global health, and who have made it their business to stay engaged in Haiti despite the many crises that Haiti has faced.

I'll provide a little bit of background. I think most of you who've tuned in, who care about Haiti and follow Partners In Health, know that Haiti has a rich and proud history of being the first Black republic, the first country where racial equity was part of the foundation of the country -- and human rights. And in the words of many of my Haitian friends, that is why Haiti has continued to be punished by the world for this display of righteous indignation in the 1700s and getting independence in 1804.

But today what we have... and so Haiti has had a tough, tough road of economic and political isolation, occupation, dictatorship. But in these last few years since the shocking assassination of Jovenel Moïse, the president of Haiti, Haiti has plunged into ungovernable chaos with gangs and violence taking over the country with the lack of institutions functioning. And as a provider of healthcare as we are at Zanmi Lasante and a provider of, as Dr. Millien said, the right to health, we do try to work alongside the public sector and the community, and yet what we see are these very public sector institutions that are crumbling before our eyes.

And so, we, Zanmi Lasante, we support 17 facilities across almost four million Haitian people, providing all kinds of care from basic community healthcare to the more sophisticated care we can provide at Mirebalais. We have a staff of 6,000 Haitians working all the time, and the strength of our work is because of our Haitian staff. The strength of our work is the just enormous bravery that it takes for a community health worker to be walking in an area that may have been two days before under gunfire to reach a pregnant woman. A physician who goes back into the hospital after it had been attacked by gangs. A nurse who is spending nights at the bedside of a person who has had a gunshot wound.

These 6,000-strong Haitian staff are doing their best every day, in many cases providing the only medical care that is now available in the country. Yet, we have had to scale back our services. It is hard to keep our staff safe. Our staff is separated from families. Their families are often unsafe in Port-au-Prince. And so, we have had to lean into one another, and of course to all of our generous donors who have supported this work, despite many around the world just neglecting Haiti and paying little attention to



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this deep, deep humanitarian crisis that is embroiling our neighbor just 90 miles from Miami. I've introduced our amazing speakers already, but I'm going to start with my colleague and good friend, Dr. Patrick Ulysse, our Chief Operating Officer, and ask you, Patrick, if you can share a bit about the current conditions in Haiti, the violence and the instability, and how you see that and you're working on how to mitigate the impact of that on the operations at Zanmi Lasante?

Dr. Patrick Ulysse:
[00:05:25]

Oh, thank you. Thank you so much Joia, and thank you for everyone who make the time to join our conversation today. As I say, I don't think sharing about what you see on the news or what you heard from other colleague or other team you're working with, or what you hear from the news, I don't want to repeat or focus on those things today. And that's one. And other key things about the context also, I know Port-au-Prince, the capital, one of the things we aligned a lot where it's sad, a lot of crazy things is happening. But at the same time most of our work are in Plateau Central and Artibonite, which is, as Joia mentioned earlier, we've got more than 17 facilities that's still working and still opening.

Now, today it's clear, it's challenging where we have our staff having their family in Port-au-Prince. They cannot go back to see their family, they worry about their family. As a result, we have that impact their well-being on the ground, that's one of the things. Today, last weekend we do have people trying to go back to Port-au-Prince, it's completely impossible. And in other key things also with that that have been challenging -- our supply, or we move supply from one place to another place, is another question we got on the table we keep trying to figure out but also it's challenging.

We heard from FAO we got more than five million people today was comment on food insecurity and we know what does that mean when you cannot access to basic things. Basic food is one of the key things, part of the context. But also, we do have stuff stuck at the port in Port-au-Prince cannot move. But despite all of that, as Joia mentioned earlier and you can hear from Millien on the video, we didn't stop pushing and do what need to be done.

For example, we working together with Zanmi Lasante from Haiti and also from all team from the coordination site, here we have been putting in place a crisis response team. We call the incident comment where we have our team keep continue to figure out together what is the best way to be nimble but also adapt to the situation? Sometime, we try more than once, more than two times, more than three times. What is the way to move a drug from one space to another space? Can we try Cap-Haïtien, can you try the border, can you try... we try everything where we continue to follow the goal to make sure that that drug can meet the team.

I think, and Dr. Fils-Aimé and Dr. Lambert will talk more about what is going on, but the emergency hospital keep continue to use more than 100% of their capacity. Patient didn't stop coming, and I was on the call earlier with one of the team in Artibonite. They say, "No, we got our occupancy bed is more than 90%." That's when patient is still coming, not only from the catchment area but people coming outside of the catchment area to try to find care.

It's sad and it's worrying, for example like fuel. Knowing we don't have power on the facility, we rely on fuel, but fuel become one of the big challenge today in Haiti. Sometimes you cannot find it, and when you find it the price is really high. We didn't stop doing that, but the team also have been rethinking, "How do we prioritize some services? How do we make sure our emergency are 100% completely available?" Do we need to, we're thinking on our patient to say all day the way we used to do it or we



thinking about how specific to use it? The team didn't stop continue to be nimble, adapt or figure out a different way to make sure drug, can move from one place to another place; to make sure we balance and manage the resource we have available in that moment of the crisis. I will refer back to you, Joia.

Dr. Joia Mukherjee:

[00:10:33]

Thank you so much, Patrick. I mean, you have really highlighted for us the complexity of the logistics. I mean, just for us, the complicated level of logistics we have on the best and easiest of days trying to get food, fuel, medicine, staff back and forth. But right now, all those passageways have become so difficult, and so that's so helpful for people. There are many of you who've reached out and asked us how can you help. And I think trying to understand as part of helping, and then we'll talk about ways to solve that, or at least try to mitigate that. I want to turn to you, Dr. Lambert, if you can give us a sense, understanding all these logistical pressures, how is this situation impacting the health of people in Haiti?

Dr. Wesler Lambert:

[00:11:35]

Good afternoon, everyone. Thank you very much, Joia. This is a great opportunity for me as the leader of this team in Haiti to give you some insight about the impact of this crisis on the health of the Haitians. It has huge impact, Joia, both on the infrastructure, on the staff, and on the patient. You probably heard from the news that many hospitals in Port-au-Prince have been looted or been forced to close. Like the general hospital, the TB hospitals, one of the largest private hospital in Port-au-Prince, they all have been looted and closed.

I can tell you, I have even a personal story of the impact of this crisis. I received a call two weeks ago from a friend who has a parent hospitalized who need a blood transfusion. And they have the parents, they have the family ready to give blood for him, but they cannot go nowhere. They have to stay home, because fear to be caught in crossfires. And I managed to get blood for him from Mirebalais. At the same time there is no air transportation, there is no bus or our vehicle could not travel to the road and take the blood to Port-au-Prince. And this is a perfect example of how much impact this gun violence and political instability have on patient lives.

But patient today, even somebody sick, they can't go to the hospitals because they have immediate fear for their lives and patient who suffer a chronic condition who needs care, they don't have access to this care. Pregnant women have to stay home and deliver home. It's a very, very, very tough situation. Even economic instability and the rising of costs have exacerbated the costs of basic necessities like food, drug and everything. Patrick talked about that a lot like the logistics of all this have been very disrupted. So, it's really affect every single individual living in that large catchment area around the capital city.

Dr. Joia Mukherjee:

[00:14:24]

Yeah, thank you so much, Lambert. And you and I were talking just before this about the increased risk to people to even fall ill. And then there are delays in getting access as you described so poignantly with your friend waiting for blood. And then our difficulty in following people up in the long term, and so many of the illnesses that anyone faces are chronic, and so those are really challenging. And so, I think I want to turn to you, Dr. Fils-Aimé, because looking at what it takes to bring these lifesaving interventions that we do, whether they're emergency care at the moment someone needs it or the long-



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term continuing care, what are the challenges your team are facing in terms of the strategies that we use to provide care at a time like this?

Dr. Reginald Fils-Aimé:

[00:15:25]

Thank you, Joia, and thank you everyone for joining us. Thank you for standing in solidarity with the Haitian people. There are more than 300 people here with us, so we greatly appreciate that. Your question about challenges, Joia, brings me to really the reason why I joined Zanmi Lasante. I remember the challenges of my mother from the rural area in the south of Port-au-Prince, from the mountains, going under the rain, crossing rising rivers with me who -- I had asthma -- and taking me to the hospital in Port-au-Prince. There are some things that I remember, although I was a kid, because they were very dramatic things. And this is one of the reason why I joined Zanmi Lasante, because Zanmi Lasante is an organization that is finding ways to overcome these challenges.

What I'd like to do to answer the question, maybe to go with our audience, maybe list a couple of challenges, major challenges that usually all patients face and that we overcome and how this situation is making it much more difficult right now to address. There's a survey that has been done for many years in Haiti now, the EMMUS-VI, that consistently have been saying that the two major reason why people don't go to the health facility are money -- because of the cost, and because of the distance. And when I joined Zanmi Lasante 15 years ago, since then and before, the way we've been trying to overcome these challenges -- for example, for the distance, we serve people who live far in the rural areas. We work with community health workers. And community health workers, they help us overcome the geographic barriers to care. At the same time, we're trying to build health facilities closer to people, but also working with community health workers. And community health workers, they have motorcycles or they go on foot and visit our patients.

There are ambulances that we send. I am on groups where we are receiving demands or calls to send an ambulance to this area or this area to pick up a pregnant woman to take to the hospital, and mobile teams also to go to the communities and provide care. So, that's how we are doing it. But right now, as Patrick has been saying it, as Dr. Lambert is saying it, all of these are being more difficult to be done. It's more difficult for the community health workers to go to the community, because they need fuel to put on their motorbikes. But also sometimes, even though they are well known in the community, they have ways to go around roadblocks, it's more difficult.

Ambulances also -- having more difficulty to send ambulances because of fuel, and mobile team as well. But since then, as Patrick mentioned it, we are not surrendering. I have an example of a team in a program of maternal and child health we have in several of our healthcare facilities. When this crisis, this new peak of this crisis hit, the first thing they did, they took the list of their patients, they look at the list and see which of our patients are living beyond the roadblocks, beyond areas that are affected by this crisis. And so, they listed those who needed to be called. They took their phone, they called all of the patients one by one. Some of them maybe needed to come to the hospital. If they need to come earlier there's a maternal health -- maternal home, yes maternal home -- a birth home where they can wait until they give birth in the hospital. And in this place where when we have the women waiting to give birth, then we have to feed them; we have to take care of them in this place.

Again, that's even more difficult, because as my colleagues have been saying, it's more difficult to find food right now. But yes -- so this program, this team, this is just one example, have been calling people, linking them to... either helping them to come, or maybe if they don't need to come, link them to a



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community health worker. Working with the community health worker to go to this patient and give the care that's needed. Whether it is medication, the community health worker can pick the medication in the hospital and give to the patient. But also, there are economic barriers. We give free care, affordable care, to people, and also we provide social and economic support to people. That's how we address that part.

And the last one really, which is also a barrier, is quality. And Patrick has been saying that people are taking risks, and Millien said it in the video, people take risks and I've been amazed by people crossing areas controlled by criminal groups to come to care. And when I asked one patient, "You cross several towns and some areas controlled by gangs to come to the clinic. Why?" And he said, "Because of the quality of care." But to provide quality, the staff needs to be well. And Patrick explained that the staff right now, some of them cannot go home, they have to stay. So, we need to host the staff; have the means to support the staff in any way while they are providing care. I can come back to that, but yes, those are some of the many challenges and the ways we are trying to address them in this situation.

Dr. Joia Mukherjee:

[00:22:30]

Thank you so much, Dr. Fils-Aimé. I mean, I think several of the points you made are so important, which is that we do have systems that work, even in this terrible crisis we have systems that work. And we know how to make them work better, but that is what requires this kind of emergency funding. Because we can get mobile clinics out; we can get patient transport in, but everything is expensive. Everything needs more support. And so, one of the reasons to have this kind of informational webinar is to really help our amazing partners around the world to appreciate this and really contribute to helping Zanmi Lasante to do the things that we're good at.

And I want to turn it back to you, Dr. Lambert, because I think one of the things... you and I have been through fires, floods, earthquakes, plagues. I mean, it's biblical. And yet, I think with each of these we've had to adapt. We've become often stronger afterwards and usually by intention, and Fils-Aimé mentioned the emergency care. Many of the very specialized doctors we have in Haiti now, Haitian emergency medicine doctors, surgeons, orthopedists, pediatricians... They're trained at the Mirebalais hospital, which is what we built as a way to contribute to Haiti after the earthquake destroyed so much of the medical and nursing education. But I guess the question for you, Dr. Lambert, is, what have we learned from these many crises; how are we adapting in this crisis; and what don't we know enough about? What do we need to learn in this particular crisis, which involves more violence than we've seen in many decades?

Dr. Wesler Lambert:

[00:24:44]

Thanks once again, Joia, and you said ZL has been in the front line of all crises in Haiti over the last 20 years, and we learned from each of them. And like you said about the earthquake in 2010, the country didn't have that... emergency care was critical. And then we build HUM and we operate the first emergency services in Haiti and these doctors who were trained from our programs, they went to the Southern region. Remember, when we had the 2021 earthquake, they went down there and they treat people and then they were there on time and saved lives. We learned from each of these crises. We became stronger, as you stated earlier, we improve, increase our operation systems to be able to... It's not a big surprise that we continue to provide care today, whereas this whole region of more than five -- four million, five million people in the Western department, there's nothing.



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And then people knock our door in the hospitals to have access to care. Because of this pool of... we increase the pool of trained specialists ready to provide quality of care that Fils-Aimé was referring to. So, we also learned from how to incentivize our staff, providing more support, housing, food. We improve our mental health support to the staff, because as you know, this crisis has a huge toll, mental toll on our staff, so we improve those responses to keep them motivated to continue to serve.

If I go to a bit more details, over the last few months, especially after the attack on the Mirebalais hospital, we use different strategies to be able to keep our operations. We had to air transport our staff to the Northern region and drive them south to the Mirebalais valley and other sites in the Central region. We also learned from previous crises, as I stated before. We built and increased the capacity of some warehouses in the region where we are working, like in Saint-Marc, like western part of the central region. We tripled the capacity of these warehouses, same in Hinche and Mirebalais as well. So, that's why we were able to... we used to stock about one month of essential drugs and clinical equipment, but now we have three, four months of stock. That's why we are still able to keep our clinical operations.

Unfortunately, we have to... just to prevent, because we don't know where things will calm down. As we are working on other strategy, on alternative. We have to decrease a bit of operations to be able to save energy, fuel, and also our stock can last longer. So, all this have been possible, thanks to the donors who are very generous to our programs in Haiti, and this is why we... I mean, all these investment today are having impact.

Dr. Joia Mukherjee:
[00:28:36]

Yeah, thank you so much for that, Lambert. It's always amazing to me that... how we look back at the last crisis and think, "Wow, that was easier than this one." But no, it's much more amazing to me to see that things we've built in the past -- systems, capacity, spaces like warehouses, all of the five S's, ability to provide social support. We talk about staff, stuff, space systems and social support. It's often building on that platform that allows us then to respond.

And I want to give a big shoutout, of course, to all of our non-clinical teams, the operations team, the teams that run the warehouse, the drivers who are risking their lives. I mean, this work is absolutely a team sport. And both of course in Haiti, but the amazing folks that are trying to work through these issues in Boston and Miami as we try to get shipments across. All so important in how we move forward and learn lessons and try to improve for the next time. I'm going to go back to you, Patrick, and say, given all this, what we built before but what we still need, what can you tell us about the urgencies right now in this big group of more than 300 of our supporters who are joining us today?

Dr. Patrick Ulysse:
[00:30:17]

No, thank you again, Joia. Good listening to Dr. Lambert and Fils-Aimé to you, I think one of... I would say three big things we really need today. The first one is, we need more money, and I will explain why. One, we're talking about 6,000 staff working in Haiti. We're talking about 6,000 Haitians, 6,000 people who know the context who's working there and work every day with them. Even like, you have movement of people, but you have that team there moving from one place to another place to continue to provide care. We keep continue to support that staff, it's key. We need more of that. When we talk about with that situation, it's difficult to... The price to have drugs available in the country. And I think Dr. Lambert explained earlier, we need to figure out a way to have more space to store those drugs and



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keep those drugs for four months and more in one place, because it's not easy to move from one place to another place.

I will say, when you look at HUM, even we try to cut some of the... to just make only the essential services available. But when you look at the data, you still have more patient to serve. That's when you need more money for fuel. You need more money for drugs, because patient is moving on all the space as Fils-Aimé explained to keep continue to have that quality of care. The cost of the fuel, for example, I think we're talking about \$5 a gallon, but now the team is talking about \$10, sometime \$15 to have a gallon of fuel and they need to keep continue to figure out a way to have this resource. And I will say, seeing more than 300 people on the call clearly express you care. You really care about the work PIH and Zanmi Lasante is doing. And one of the way to support that, as I say, we need more money.

The other key things, we need practical solidarity more than ever. What I mean by it, actually for the past three weeks, I think Haiti has been completely isolated, because no fly, the border is closing, the violence is more than ever. But we keep continuing to figure out, try different aspect to address the needs of the population of where we are working. Having people keep continue to advocate, talking on the situation -- please talk more about the situation, bring more people to support us or help us continue to address that need for me is a key request. The practical solidarity is more than ever.

Today when you have... it's okay to buy the drugs here in Miami to send it to Haiti, but the port is challenging. How do we come together? How do we shake different table, different door to create that humanitarian corridor that we were talking earlier before the call -- on the table to make sure that's available for that team? We need that level of advocacy.

And last thing, I think we need love. When I see all our teams still on the ground, sacrifice everything, keep pushing day after day. I've been in Haiti recently for the death of my dad, and I was there in 2021 for the earthquake. What I saw... I want to send a lot of kudos for our team on the ground. I want to send a lot of kudos for our team at the coordination who's working nonstop to figure out what is the best way to be fast, to work closely with the Zanmi Lasante team to provide what they need. There's not this clear way to do it, but we keep continue to figure it out.

And a big kudos also to all our donors who still believe in our mission when we say we do a preferred option for the poor in care. And in those kind of situation, this is where the group of people we choose to serve, which is the poor, are the most affected; are the more marginalized. But we choose to stand behind them, stay along them. That's what I say -- we need love more than ever. I want to stop there, over to you, Joia.

Dr. Joia Mukherjee:
[00:35:29]

Thank you, Patrick. And again, our condolences to your family on the death of your father. What a terrible tragedy during this time. Dr. Lambert, I'm going to turn it back to you for a couple last words. We have questions also, but do you have any final thoughts you want to share with us before we move over to questions?

Dr. Wesler Lambert:
[00:35:53]

Joia, I'd like to first of all give a special thank to our staff, as Patrick was saying earlier, who are making sacrifice. And also I'd like to underline, many of them, they have options. We lost hundreds of staff over



the last year, but we also have hundreds of staff who have options. They have Canadian visa, U.S. visa, some of them have a green card here. They could still leave, but they decide to stay and serve. For me, these are the real heroes, those people staying on the ground in the field like [Dr.] Millien and many others. These are the people that I like to thank especially.

But also thanks to everyone here, all the attendees, all the donors for the work that they have made possible in Haiti. It's your contribution, it's your... I would call investment, gift that allows ZL today to continue to offer life-saving interventions in Haiti; to save these countless lives. Please, don't give up on Haiti, don't give up on us. We need you now than ever before. But we can't make... it's because we trust in this... that ZL is, that Partners In Health is. This is why we are here today, and this is why we are working together. We'll make the life of Haitians better in the future. Thank you very much.

Dr. Joia Mukherjee:
[00:37:43]

Thank you so much, Lambert. I mean, I think at the end of the day the heroes are the people on the ground every day. I agree, so many have options. Many of you have options. And so, I'm going to go to a couple of the questions, and I'll group them a bit. There's a bunch of questions about negotiating a safe corridor, and I would say one of the things that we are trying to do is to establish a humanitarian corridor, probably from the Dominican Republic. We wouldn't do that by negotiating with criminal elements, but we expect support for that from the international community. If there's ways that you can reach out to your congress people, Haiti desperately needs a humanitarian corridor to get supplies in there. So, that is one of the questions that several of you have raised. And I think that would help people from all across Haiti, because the pressure point is Port-au-Prince. And someone asked about the peninsula and that's also very, very complicated.

Another question, and I'll give this one to... Well, actually some of these we can't really answer. We can't, right now there's so much insecurity. We can't really disclose ways we move things about. We can say that we would love your support on getting a humanitarian corridor set up. We would love your financial support, and I think a lot of the things that you might want to know, we don't want to ever put our staff at any kind of risk. But maybe, Patrick, you can highlight a bit how we are working to get fuel from the Dominican Republic, and then Fils-Aimé, I'm going to go to you about what you see as the way the international community could be helping. Let's start with Patrick on the fuel, or Lambert, either of you, because I know you've both been involved in negotiations around getting fuel.

Dr. Patrick Ulysse:
[00:40:10]

I will let Dr. Lambert take the lead on that question for the fuel. Yeah, over to you, Dr. Lambert.

Dr. Wesler Lambert:
[00:40:16]

Thank you, Joia. Thank you, Patrick. And thank you for one of the attendee who asked the question. We've been working fiercely to get fuel from the DR. We've been working over the last two weeks. We wrote to the Haitian government to have approval to buy fuel in the DR. We've been in touch with several people in the DR to get fuel. The process is moving forward, I can say from the last message I have this afternoon, but it's working through the government, it's quite heavy, so it takes more time than we thought. But we are optimistic that this will unfold this week. Also, thanks to Justin, he's a



member of our PIH board who's also helping us to navigate through all these complexities. I'd like to highlight that, Justin, and thank you very much for, we even had a call on the Sunday afternoon to discuss all these things. We are pretty hopeful that we'll get something done this week, but it takes more time than we thought. In the meantime we're getting fuel at double, triple price locally.

Dr. Joia Mukherjee:

[00:41:45]

That's great. And I do want to highlight the support from board members. But you know, people, if there are connections you have; if there are transportation companies; obviously we always need money. But there are many ways to help, and these are ways. And someone else highlighted the question of, are there certain folks in Congress, please reach out to your own congresspeople as well. But there are people who have always been great friends of Haiti, like Maxine Waters, Barbara Lee, we have now Ayanna Pressley who's been a great friend to Haiti, senators like Sharon Brown. And so, reach out to your own congresspeople about this idea of the humanitarian corridor and supporting Haiti in that way. Fils-Aimé, you studied in the U.S and in Canada; you've worked in Liberia and Haiti. How do you think about the role of international communities? One of our guests is from Germany and saying, "What can we all do to help?"

Dr. Reginald Fils-Aimé:

[00:42:51]

Yes, thank you, and I thank the guest for this question. First, short statement about the fact that... maybe emphasizing that we have more needs right now and more severe needs, but also less capacities, or there are barriers, more barriers, at the same time. And also, mentioning also that there are right now the direct impact of the crisis on health, but also there are impact, maybe there are threats to the future. We understand that if the situation continues the way it is with people not being able, in Port-au-Prince in other areas, not being able to access drinking water, you understand that there are risk of epidemics and especially the cholera epidemics flaring back up. And we understand also with the food insecurity that is in Port-au-Prince, but also the service has demonstrated food insecurity in areas in the Artibonite, for example, in areas controlled by gangs in the Artibonite where farmers have fled their fields and there's high level of food insecurity.

So, we understand that can lead us to also other diseases. Yesterday was the Tuberculosis World Day. And there are many other threats to the nation. Really, Patrick mentioned three major needs that I really like. The practical... pragmatic solidarity, the love that we need, donation that is really needed, because we explained that how to do anything now the cost is much higher than normally. And you stressed the establishment of the humanitarian corridor. And also, I think we need everybody's advocacy -- any way you can, also to really support the re-establishment of security in Haiti. And as Dr. Millien was saying, because this situation right now not only is there the threat to the nation, but also a threat to many fundamental human rights -- health, but also other rights, education as well right now. So, we really need your solidarity that you're already giving us in standing with us. I think yes, any country everywhere you can be, you can express... you can support the Haitian people right now.

Dr. Joia Mukherjee:

[00:45:50]



And if there's one thing I've learned from my Haitian brothers and sisters and from the history of Haiti is that standing up and speaking out does matter. And we've seen mass mobilizations around the world for many different topics. Many of us were involved in the movement for AIDS treatment access for example. We'd love to see an international movement for peace and justice in Haiti. I mean, that could be happening. And someone asked, "What is a humanitarian corridor?"

Before I get to that, I want to just reflect, since you were talking about malnutrition, which Dr. Fils-Aimé, is always on our minds. Haiti is the most food insecure country in the hemisphere, even without all of this. What is happening at our factory, which makes the nutritionally fortified peanut butter that we call Nourimanba? Are the operations there continuing, Lambert or Fils-Aimé?

Dr. Wesler Lambert:

[00:46:54]

Yes. Yes. They are continuing. They are still producing Nourimanba for the malnourished kids. We did have issues and challenges recently with our containers being held at the seaport. But thank God nothing happened to the containers, I have to say, with all these looting that you have witnessed in the news. But the Nourimanba facility is still running and still producing Nourimanba for the kids.

Dr. Joia Mukherjee:

[00:47:31]

I've learned so much from Haiti, which is part of our security is the fact that we are providing essential services for some of the most poor and vulnerable people. And that is noticed, even by people who are in gangs and otherwise maybe at odds with many institutions. Someone asked, "What is a humanitarian corridor and how to advocate?" I mean, a humanitarian corridor is often brokered by the international community to establish a route to get supplies in and out. It's different than an occupation, it's different than an invasion. It's just some additional security, particularly for humanitarian assistance. And Patrick, there was a question directly for you, "How do you see some of the more innovative strategies, like getting this dock in Gaza?" Are there parallels we can play of getting things in in innovative ways through the water, through docks? Have you looked at any of those things in your capacity as COO? Patrick?

Dr. Patrick Ulysse:

[00:48:51]

Yes. I will say, I know even before the past three weeks, the team, as Lambert mentioned earlier, have been exploring different, other way to move stuff, like the border at the DR was one of them. We're working in Plateau Central, which is in Artibonite, which is the central in Haiti. But we have been using the north, start exploring the part of the north in the country like Cap-Haïtien to see how do we move stuff to that place, like through air or by the ocean. And after we'll continue to do that transportation.

As I mentioned earlier, and this is the power of the nimbleness of PIH, we know where we want to go to serve the patient. We didn't stop. We keep trying -- that strategy is not working, what else we will try? We use all the gap until we can meet the needs of the patient. Yeah, that's one way I can answer that. Yes, we have been exploring different, other paths outside of the normal path we used to.

Dr. Joia Mukherjee:

[00:50:00]



Thank you, Patrick. I think to Lambert's point about this goodwill that we are able to operate under, which is not under any false pretenses, it's just the provision of services. I think just for our supporters and partners to remember that as we are doing this work, we're also paying the staff -- salaries of thousands of people. We're providing medical care for many hundreds of thousands of people. We're providing food and education support to thousands of people. So, keeping the operations of Zanmi Lasante continuing during this time also can be a way to break the kind of cycle of stress and poverty, at least for some people and some families in some areas. And so, I think it has a multiplying effect of not only providing the healthcare we need, but the ongoing jobs and economic... at least some economic security for our staff and for their loved ones.

I think these are all critical, important ways to support the work. I'm sure, yes, we are recording this, and so you'll be able to share it widely. And we want to really thank especially Dr. Reginald Fils-Aimé, Dr. Wesler Lambert, Dr. Patrick Ulysse. And please, relay our deep, deep thanks to each and every one of your staff, from the drivers who are still negotiating roadblocks to the people who are keeping the hospital clean; the nurses who are up all night; the many, many residents that we have in training who are making the decision to stick with Haiti; convey our thanks to all the staff. We miss them.

And I want to thank all of you for tuning in, because this is such a critical time. And as you've heard, we need love, we need friendship. We need to keep Haiti in our thoughts. And if you'd like to contribute to Partners In Health, please do. A monthly contribution is always really so we can know what money is coming down the pike, and it helps our colleagues like Dr. Lambert and Dr. Fils-Aimé to plan the next quarter, the next month. And so, we are just so grateful for every kind of support we get from all of you. So, thank you all so much.

