

"HOW WOMEN LIVE AND DIE IN HAÏTI"

Presentation made by Michèle Pierre-Louis, FOKAL
to IWHC's President's Council Meeting
November 2, 1999
Host: Susan Nitze, Co-Chair

Introduction of Michèle Pierre-Louis by Françoise Girard
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Remarks by Michèle Pierre-Louis
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Port-au-Prince, Haïti

Introduction of Michèle Pierre-Louis

Good evening.

It is with great pleasure and honor that I will introduce Michèle Pierre-Louis to you tonight as a colleague and a friend.

But before I do so, I am particularly happy to report that IWHC has just made its first grant in Haiti. In partnership with Ellen Chesler's program at the Open Society Institute (OSI), IWHC is supporting the first study of unsafe abortion in Haiti.

This project was developed by a coalition of Haitian feminist groups, but no one could fund it. IWHC has that flexibility, as does OSI.

I just came back from Haiti last Thursday, where I had a chance to discuss the study with officials from the government, gynecologists, women's health advocates, and representatives of international organizations. I can tell you that everyone is very excited about this project, because it will finally shed some light on what is believed to be the second cause of maternal death in Haiti. So in a way, we are making history there, pushing back a taboo – and we hope that this work will contribute to make abortion safe and accessible to Haitian women, as it is for American women.

Now when one talks about making things happen in Haiti, the first name that comes to my mind, and to the minds of many other observers of Haiti, is that of Michèle Pierre-Louis.

Michèle has been the Executive Director of FOKAL (the Soros Foundation in Haiti) since 1995, when the Foundation was created under her leadership. And what a great choice of an Executive Director! Today, the team at FOKAL enjoys an impeccable reputation for complete integrity, for innovative programming in the fields of education and community development, and for proving that change is possible in Haiti.

Whether you are in Port-au-Prince or in a remote village in the Central Plateau, going somewhere with Michèle is like being in the company of a rock star. From government ministers to street vendors, everyone knows Michèle, waves at her or comes over to greet her with obvious delight. When you find out a little more about Michèle, the reasons for this fame become clear.

Michèle was born in Jérémie, in the southern peninsula of Haiti. People from Jérémie would argue that that is all you need to say. But I will tell you a little more. After graduating from the Université de Paris and from CUNY with a Masters Degree in Economics, Michèle came back to Haiti in 1976, determined to participate actively in the development of her country.

She spent the next 20 years working with a variety of grassroots organizations to build democracy and civil society in Haiti. Michèle has devoted particular attention to literacy and adult education. She has worked extensively with peasant associations and women's groups.

Among many other things, she was the National Director for Literacy of the Misyon Alfa, a large-scale National Literacy program launched in 1986 after the Duvalier dictatorship came to an end. Michèle has taught philosophy and civic education to peasants in isolated villages. She has taught small project management to grassroots organizations all over the country. She has trained traditional birth attendants in the Northwest.

In 1991, Michèle was a consultant to President Jean-Bertrand Aristide on the restructuring of government and on land reform. For ten years before that, she ran a bakery in Port-au-Prince with the current President of Haiti, René Préval.

In 1993, during the military coup that dealt Haiti such a terrible blow, Japan's Yoko Tada Foundation for Human Rights awarded Michèle its Human Rights Prize for her uncompromising stand on human rights issues.

As if this was not enough, Michèle is a member of the Editorial Committee of *Chemins Critiques* (*Critical Paths*), a highly regarded literary and socio-political quarterly. She is also the President of the Board of the Centre for the Promotion of Women Workers (CPFO), an organization that provides educational opportunities and health services to women working in the factory district in Port-au-Prince.

All this might explain why she has been asked many times to become Prime Minister of Haiti – I believe the last time was earlier this year. But her heart is in non-governmental work.

I believe it was our Board member, Jacqueline de Chollet, who described Haiti as "so close, and yet so far away." Tonight, we hope to bring it a little closer. In discussing "How Women Live and Die in Haiti," Michèle will reflect on the particular difficulties women face in her country, on the vital role of women in the democratic process, and on the possibilities and hopes for change in Haiti.

Please help me welcome Michèle Pierre-Louis.

— Françoise Girard

Remarks by Michèle Pierre-Louis

Thanks and acknowledgements

Adrienne Germain, President of International Women's Health Coalition, Françoise Girard, Senior Program Officer, International Policy, IWHC, George Soros, Aryeh Neier and Ellen Chesler of the Open Society of New York. All of you who have come tonight.

By way of introduction

In 1968, while studying in Paris, I took a trip to Belgium to visit a few fellow Haitian students. At the time, most of the Belgian families who were hosting the students had never heard of such a place as Haiti and it was quite common then to be asked very candidly: "Haiti? What part of Congo is that?"

In 1976, I graduated from Queens College of the City University of New York. After six years of studying abroad, the time had come for me to go back home. Yet, before buying my plane ticket, I thought it would be interesting to tour the United States. Until then, I had only visited a few of the eastern seaboard states. During the course of this tour, one day I found myself in Salt Lake City, visiting the University's Anthropology Museum and I met a group of students who were curious to know where I came from. "Haiti", I said. "Oh! Tahiti! That nice island in the Pacific! Beaches, sun and coconut trees! You are so lucky..."

Haiti had migrated from Africa to Polynesia!

In 1996, I took my first trip to Budapest to attend the General Assembly of the Soros Foundations Network. As I was leaving, the taxi driver who took me from the Conference Center back to the airport was curious about my origins. "Haiti", he repeated, "Oh, Latin America, just like Cuba!"

In a span of about 30 years, we had come much closer to home, although not quite.

Of course, we do not expect everyone everywhere in the world to know about Haiti. But it so happens that we face either total ignorance or, as many times exemplified in the media, a flash of the common stereotypes: Voodoo, political instability, violence and squalor, followed by all the worse indicators of poverty and wretchedness. Sidney Mintz, a brilliant American anthropologist from Johns Hopkins University, and a true friend of Haiti, has noted repeatedly in his books, particularly in *Caribbean Transformations*: "Few countries in modern times have received so bad a press from foreign observers as Haiti."

Between sheer ignorance and myopic views, what was left to the world to know about us and about our country?

Only a few scholars have learned about our victory against Napoleon's troops and the colonial order in the late 18th Century. And only they know how ostracized Haiti was after such a unique victory by Black slaves; how much we had to pay for our independence, financially, politically, diplomatically. And of course, how little we ourselves knew about governing an independent state and building a nation from a reality so deeply impregnated by the pervasive contradictions and the perversity of the colonial system.

I do not want to sound as if I am justifying the violence and arbitrary politics that have, indeed, characterized the history of the Haitian state. As Colonel Heintz stated in his famous book about Haiti, our history is "Written in Blood" (the title of his book). But to quote Mintz once more: "Until the twentieth century, financing the many revolutions [in Haiti] was usually provided by foreign merchants, bent upon installing a government that would grant them special concessions". All the foreign assistance we have had until today, I dare say, has practically gone along the same lines.

I believe that to support and help a country, one has to be willing to learn about its historical, sociological and anthropological make-up. Beyond the sound and the fury of the political arena, to dare go beyond the surface, where the people really live. That is where lies the women's world. Sigmund Freud said that women were the "dark continent". We are well placed in Haiti to take this statement with the double irony that it deserves... so let us attempt to bring light to this continent. In our case, as probably in so many other instances, understanding the women's world is the key to understanding and measuring the mutations that are taking place in our society; a society caught in the tension between tradition and modernity, the weight of the past and the call for radical change. Change which must be somehow rooted in our social and historical conditions.

This brings me to the heart of my conference (I hope you will agree that the detour was not totally unnecessary):

How women live and die in Haiti

To treat the subject, I want to share with you three highlights of my own experience with women's groups in Haiti. I will speak of the majority of women in the country, that is, of the peasant women.

In 1989, I was called upon by a group of women doctors to participate in training sessions for six associations of peasant women in remote areas of the northern province. The average fecundity rate among participants ranged around 4.8 per woman. They were aged between 18 and 40 and were, for the most part, illiterate. They lived mostly of commerce, selling and buying agricultural products, walking several miles every day with heavy loads on their heads, to the rural market place; raised their numerous children most of the time without men. Their demand for that particular training was for "understanding our own bodies".

During the eight months life span of the project, we first worked with the women's groups to learn about maternal and infant care issues in their respective communities and then proceeded to give basic anatomical information and training on reproductive health issues. During our own process of learning, we discovered the extent of the underground world of abortion and domestic violence, and the toll it took on young women's lives.

The great feature of our training program was a life size anatomical manikin with three dimensional, removable organs. The brain, the respiratory and digestive systems and, of course, reproductive organs were an endless source of wonder for these adult women who had never gone to school and never had scientific representations. The only analogies they could make were from the experience of slaughtering and preparing animals, the organs of which were named from an approximated terminology devised in the utter isolation of the Haitian rural world.

They started off only wanting to learn basic notions about their own bodies, but what emerged from the experience was a very strong demand for family planning and contraception as well as

for literacy. Both demands were met for these groups. With regards to family planning, the women made varied choices, guided by an analysis of their specific health conditions with the assistance of a physician. The demand for birth control made it possible for us to introduce information on HIV risk since we came in close contact with the already severe damages caused by AIDS in Haiti.

It is important to understand the momentous effort for change that was accomplished by these women, considering their situation. For example, they encountered enormous difficulties in understanding and reading a calendar... Jack Goody, a brilliant British anthropologist who has worked extensively in the field of reading and writing, wrote in his book *The Domestication of the Savage Mind*: "graphics are intellectual devices that can only be legible by a learned mind." Understanding the synoptic information (horizontal and vertical at the same time) of a calendar proved very difficult for these women. That is why their demand for literacy was only legitimate.

The second experience I want to share with you took place during the Coup, in 1992, when the World Health Organization decided to sponsor, in partnership with the Institut Haitien de l'Enfance (Haitian Institute for Childhood), training sessions for traditional midwives. I was hired as a trainer. The idea was to bring minimal conditions of asepsis to the birth process and see what type of leadership the midwives could have in epidemiological control in their communities.

Until today, 80 per cent of Haitian women give birth in their homes: a one-room thatched roofed shack with a dirt ground, no water, no electricity and often, no beds. Babies are delivered by self-trained midwives who, in most cases, got their training for having delivered their own babies alone and taken an interest in the matter.

As you all probably know, the mortality rate among women at childbirth in Haiti is the highest in the Western Hemisphere. That is how women often die. Faced with very simple risks that could be well taken care of in a basic clinic or health care center. There is no referral system for the midwives to depend on. A cord around the neck or breech presentation is enough to entail the death of both mother and child, let alone a case of hemorrhage or other high-risk pregnancies, among women who usually suffer from chronic iron deficiency anemia, high blood pressure and common infectious diseases. In a remote village, the midwife faces such problems alone and she has to make decisions on medical and health issues that are totally beyond her control. In most cases, she is defeated.

The experience was fascinating but inconclusive. Midwives only acquire their status when they are 65 to 70 years old. Among the 150 that were mobilized for this program, not one was younger than 60 and not one was minimally literate. They felt extremely proud to receive the kits distributed by the program and learned how to use scissors, thread and antiseptic, but the epidemiology control was simply out of the question. We were only able to bring the midwives to report (from memory, since they could not write) to the nearest healthcare center in their region the number of births and deaths they had overseen in a month. We had wished to include a prenatal and post-natal care program to complete the training but, by that time, WHO was no longer funding the program.

What such experiences have also shown is the immense gap between modern medicine, available mostly to a small urban elite, and traditional medicine --a coherent system created by the destitute as a response to their conditions of absolute isolation and poverty, in the face of the constant aggression of illnesses that is due to their social and economic situation. The Haitian people had to invent a meaning for life and death, for illness and accidents. The symbolic order that is at the basis of this system of beliefs gives a key to the interpretation of all events that occur in their lives. It is of utmost importance to acknowledge its function if one is to

understand and deal with health issues in Haiti. This aspect has traditionally been despised by government and by development agencies, and this may be at the root of the failure of so many of these programs. It is inconsiderate to believe that the gap can be filled by a small dose of new practices and gestures, and hope that the people will give a positive response and enter the scientific age.

Thirdly, I want to relate the more recent experience of Granbwa, a small rural area in the mountains of the lower Central Plateau. After a five-hour difficult car ride, it takes two hours of hiking up the mountains to reach Granbwa. The nearest healthcare center is at a three-days walking distance from Granbwa. Most of the time, when someone is severely ill, they remove a door from a house and carry the person on men... and women's backs. It often happens that, when they reach the health center, the patient is already dead and then begins the absurd journey back home for burial.

In 1997, the Peasant Association of Granbwa, which I knew from previous experiences, sent a few delegates to see me in my office at the Soros Foundation. There were three women and two men. They handed me a paper bag filled with money and said: "this is what we have been able to save in 5 years, we would like the Foundation to help us build a health center in our community. Too many of our women and children are dying." When I counted the money I found 76,000 thousand gourdes, approximately US\$6,000. Knowing that the GNP per capita in Haiti amounts to less \$US 300 per year, we can appreciate the collective sacrifice but also the determination of the Association, and, of course, the trust they had in our Foundation. Two of the women, very young, added they had already spent one year in nursing school in Port-au-Prince and needed support for two additional years before going back to manage the health center. The project was presented to the board where it was decided unanimously that we had to give our support to the association's effort.

I spare you the details about how the cement, iron, wood and every piece of material and equipment were carried over the mountain on men, women and children's heads.

Today, the Health care center of Granbwa is at the heart of development programs in the community. It is equipped with solar energy, a refrigerator and a freezer, which enable the women to preserve all types of vaccines but also to engage in income generating activities to bring some money to the center of which they are entirely in charge. (They make ice and ice-cream to be sold in the community). Today, thanks to the foundation's struggle with the Ministry of Health, the Center is close to getting its accreditation, which will mean some State support for the nurses' salaries, supplies, and periodic visits by a physician.

In the three cases I mentioned, women play a key economic and social role: they conduct commercial transactions, bring up children, participate in microcredit activities as they are the most active agents in the village banking programs, all of this under conditions of extreme precariousness. Moreover, as a consequence of the risks, they are constantly taking and the responsibilities they assume every day, they show a growing interest in political issues, both at the grassroot level and at the national level. There will be no building an open, democratic society without the contribution and participation of women.

The Haitian people live against all odds with their women on the front lines: a formidable economic and social force, and yet always taking the brunt of our various misfortunes.

Before I conclude, I would like to pay a tribute to Paul Farmer and to Joanne Tremblay. Farmer, a medical doctor and an anthropologist from Harvard University, has done extensive work in the field of infectious disease (especially TB and AIDS) in Haiti. His numerous books and articles on

the subject analyze how the structural violence that underlies Haitian history still maintains the urban and rural poor in the inescapable trap of injustice and inequality. Contemplating the wealth of the industrialized countries, Farmer refutes the current logic of cost efficiency. He chooses instead to present the issue of equity: the poor have a right to education, health and work opportunities. They also deserve the best. One of Paul Farmer's book is entitled: "Women, Violence and AIDS".

Joanne Tremblay is an anthropologist from the University of Montréal. Her work, *Mothers, power and health in Haiti*, is a comprehensive study about women, maternal and infant care issues and the complex relationship between history, culture and symbolic representations.

These works have brought a new light on the dark continent of development issues in Haïti.

I am quite aware of the difficulties facing Haïti in these times of fragile democratic transition. However, I also know that the struggle has only just begun for the education of girls and boys, for access to basic health care for all, for legal and judicial changes that must be made to ensure the equality of rights; for grassroots experiences as well as policy changes; for the continued support of solidarity of foreign partners who share our vision.

The day will come when our women who have consistently shown their courage and determination, and a strong desire to live, will stop dying because of intolerable living conditions. Then, Haïti will finally find its place under the sun and on the world map.