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The Haiti Medical Project: Update Fall 2025



Gangsterization

The rise of gangs in Haiti has been meteoric. **Gangsterization** is a word increasingly used in the press and on social media. It describes the change in Haitian society away from a democratic republic and into a land dominated by political-gang alliances and ruled by bandits. For Haitians it is their new reality. Gangs currently control over 80% of Port-au-Prince, which is the nation's capital and largest population center.

For example, the pastor at the Croix de Bouquet church returned to find bandits had burned his house this past summer. He lost clothes, furniture and the roof over his head—not because of any threat he posed to the attackers, but because these armed groups in Haiti take, kill and use as they want.

Fifteen miles away, the entire congregation at Sodo fled their homes when another armed militia arrived in their town this past spring. They hid in the woods for days. Back in 2022, one of our drivers was dragged from behind the wheel, beaten and then imprisoned for a week while

kidnappers bartered with his family. The vehicle—purchased by the project three weeks before—was never recovered.

Travel in many parts of Haiti, proceeds only with extreme caution, and sometimes not even then. There are neighborhoods where in-person-church has been cancelled due to risk of attacks during worship. Other areas might be safe but only accessible by travelling through hot spot zones; they are isolated. Gangs often demand protection money from individuals and churches. Dozens of gangs compete for dominance, displacing up to 80 percent of Haitians from their homes.

Extreme poverty, run-away inflation and supply chain issues complicate our programs. Similarly, the Haitian church struggled with higher costs moving their headquarters out of gang-controlled territory. They borrowed \$15,000 from project funds in 2024 and have been paying it back this year. As of September, that loan is 75% repaid, and the balance is



When the project's main vehicle broke down in a riverbed, a passing truck helped tow it from danger before flooding could make the damage worse.

expected to be repaid before December. This additional financial stress came at a time of transition with a new Haitian church treasurer, and with those reporting delays, it wasn't realized in the US for several months. We have worked through issues of supervision, training, and accountability—thanks in large part to the Haitian-American members of the Working Group and their ability to bridge the language and cultural differences between US and Haitian counterparts. Reports from Haiti are now back on track and balancing appropriately.

Now however, documentation issues confound the US side of our project. In the fall of 2024, a computer incident at the Church of the Brethren general offices left us without record of year-end giving or financial flows into 2025. We were unable to send acknowledgements to our donors at year-end, as well as unable to assess the results of our fundraising efforts. No actual money was lost with this issue, and recovery of the donor information is fully expected, but the reporting is still running six months behind. Budgeting in this environment requires flexibility.

In addition to these accounting challenges, we also lost top staff members due to emigration from Haiti and volunteer turn-over. We struggle with travel, even in the safe parts of the country where poor roads take their toll on our vehicles, and gas prices have tripled. The services which we deliver are provided by staff who manage food and water insecurity in their own lives.

Suffice it to say that the work done by the Haitian members of our organization is extraordinary given these realities. That is why we feel so blessed to have a team that is adaptive and so committed that they continue to work even when paychecks are delayed by months. We are also blessed by US volunteers who offer a breadth of knowledge and experience that could rival many of the NGO's in Haiti.

The people driving this project forward are somehow overcoming these obstacles. This is a testament to God's plan for the Haitian church.



Jean Billy Telfort, director of the public health programs, has been with the Haiti Medical Project since its beginning. He says, “Despite these difficult times, the Lord is allowing us to overcome the dangers of the country’s gangsterization. The project’s work will continue as usual.”

Latrine Construction

One of our emphases for the past few years has been latrine construction. Contamination of the water supply is a common problem in Haiti. About nine million Haitians lack access to even basic latrines, resulting in about a quarter of the population defecating on open ground, a practice that rapidly contaminates rivers and other water sources.

A single latrine can make a difference, lowering exposure to germs for dozens of people and breaking the cycle of contamination. In addition, these structures offer privacy which can preserve dignity as well as reduce the risk of harassment or assault for at-risk populations. When we can place multiple latrines in a cluster, we can change the culture of a village, increasing all sorts of public health practices.

We started building latrines in 2023 and so far, have finished 253. These latrines serve over three thousand individuals. We hope to finish fifteen more in Bombardopolis and Gros Cajou this year.

LATRINES BUILT SINCE STARTING IN 2023				
	2023	2024	2025	Persons Using
Pignon	6			95
Jasmin	7	7	4	240
St. Louis 2		7		250
St. Louis 3		7		270
St. Raphael	12	12	8	354
Bohoc	11			130
Mariane	25	16		450
Bombardopolis	17			164
Savanette		8		150
Thomassique		11		110
Saut-d'Eau	10			80
La Ferrier	5			45
Saut-Mathurine	1			100
Thomonde	3			75
Bombardopolis	10	17		240
Savanette	11			75
Bohoc	5	11		165
St. Raphael	10			54
Jérusalem	2			100
Mariane	10			70
TOTALS	145	96	12	3217



Hydrologic studies completed at Thomasique and Bombardopolis pave the way for well drilling which will produce safe water.

Water Projects.

Water projects have been another focus. They are individually shaped by the communities that commission them.

Thomasique, for example, is a farming village not far from the border with the Dominican Republic. It's on the central plateau, a short, but punishing drive outside of Hinche. Local crops include sugarcane, lime, cotton and honey. The community's health committee felt that a well would be the best route to provide access to safe drinking water. A hydrologic study has been completed, and soon the well drilling will start.

Bombardopolis is a rural mountain village located eight hours away from Port-au-Prince, along muddy winding roads. While it's in a forested area with moderate rainfall, most of the springs in the area are contaminated by human and animal waste. The community's health committee asked to study and possibly drill a well. This project is now underway and will eventually bring safe water more than three miles closer to residents. This means fewer infections and better health for the village. Residents will spend less time gathering water, and more time farming and working.

Other water projects planned this year are smaller and include the construction of water kiosks (distribution centers) at St. Raphael and Mile Homme; installation of piping and a pump at Marianne; and renovations to a prior project at Jasmine.

In addition, a water conference is being planned to review best practices regarding maintaining and managing existing projects.



This water catchment program at St. Louis du Nord will provide a safe way to draw water without ground



Pastor Sonel of Bombardopolis asked the Haiti Medical Project to consider a water project in his community. “Thank God for the donors, workers and volunteers who work heart and soul for the success of this project. It will bring our water six kilometers closer!”



WATER PROJECTS: Since 2013

Type of Project	Location	Date
Kiosk	Mille Homme	2025
Kiosk	St. Raphael	2025
Well, Kiosk	Bombardopolis	2025
Well, Kiosk	Thomasique	2025
Water Catchment	St. Loui Du Nord	2025
Well, submersible pump	St. Louis du Nord 1 (Mangne)	2024
Well, tank, submersible pump/hand pump, generator	St. Louis du Nord 2 (Milhomme)	2024
Well, tank, generator, submersible pump	Bombardopolis (Mayi Wouj)	2024
Well, tank, submersible pump, generator	Herne Bay (Jasmin)	2024
Well, tank, solar panels, submersible pump	Thomonde,	2024
Well	St. Raphael	2023
Cistern	Saut-Mathurine	2022
Spring capture	Savannette (Mòn Bèf)	2021
Cistern	Tom Gato	2021
Cistern	Delmas	2020
Cistern	La Ferrière	2020
Well	Thomassique	2020
Reverse Osmosis System	Ouanaminthe	2020
Reverse Osmosis System	St. Louis du Nord 1	2019
Well	Bohoc	2019
Reverse Osmosis System	Jerusalem	2019
Reverse Osmosis	Marin	2019
Reverse Osmosis	Croix-des-Bouquets	2018
Reverse Osmosis	Cap-Haitian	2018
Reverse Osmosis	Gonaïves	2017
Cistern	La Tortue	2016
Cistern	Raymonsaint	2016
Spring capture	Acajou	2015
Cistern	Morne-Boulage	2013

Education Programs

Economic independence is a strong predictor of overall health. Our **income generation projects** teach critical skills for young entrepreneurs. Some programs teach trades (such as sewing) while others focus on manufacturing (soaps, food stuffs and hair oils are examples of this). In addition, each entrepreneur receives lessons in business management and accounting. The goal is to reinvigorate smaller, rural communities by broadening their industrial base. An added benefit is that young people can find work in these smaller settings, without moving to bigger cities and risking the violence and gangs.

Another cornerstone of our work is the public health education that we do. We have several established groups in each community that meet on a regular basis with our trained public health and nursing staff. Our **Mothers' Clubs**, for instance, focus on

improving nutrition for young families by teaching recipes that can maximize what resources each family can use. In addition, this year, topics have included home water sanitization; the importance of immunization; general hygiene; and weaving macrame, a skill that can lead to side income improving these mothers' economic power.



One revenue generation project teaches the manufacture of soaps and hair oils. These are sold, promoting independence and providing jobs which keep younger Haitians from having to move to the more dangerous cities.



Eighteen new public health workers were trained this year to expand our community wellness programming.

Children's Clubs monitor growth and development as well as provide parenting advice. The enrolment of children into these events provides an opportunity to do screening and treatment of infections and malnutrition.

Youth Clubs present a new strategy this year, with age-appropriate public health education.

Matronne Training is a more narrowly focused group that provides resources and education to the lay midwives who are already working in our communities. Most babies in Haiti are delivered at home, and as a result, mothers die at a rate three to four times higher than their counterparts, twenty



Public health workers learn how to put on sterile gloves to share with lay midwives in an effort to reduce maternal infections after delivery.

miles away in The Dominican Republic. This initiative aims to improve knowledge among this group of people most able to make a difference.



Canois Nazlia joined the nursing staff this year to fill a critical vacancy created by emigration of staff. Here she is pictured at the forum on family planning in St. Louis du Nord.

Finally, our **School Health Programs** provide health screening, medical treatment, and other health and dental resources to kids in both St. Louis du Nord and Grand Boi.

These public health programs are a relatively low-cost way to impact the health of our communities. They hinge on an engaged public health staff who know the members of each community well. Some communities have dropped out of active participation due to the danger of nearby gang activities, but most sites have continued.

One new initiative this year was a week-long forum on family education and family planning. This was held in the St. Louis do Nord region, with the participation of several churches.

The programing proceeded this year despite an incomplete staff for the first six months. Finally, this summer we were able to find and hire a new nurse to get the staff up to full capacity.

REVENUE GENERATION PARTICIPANTS

Communities	2024	2025
Thomassique Suivi	5	
Tomassique Ziya		209
Sapaterre	72	
Thomonde		33
Cap-Haitien		45
Marianne		30
Gonaïves Suivi	25	
Bohoc Suivi	15	
Terre blache		103
Briza		77
Savannette	30	
St Raphael	27	
Sapaterre 2		33
Thomonde	15	
TOTALS	189	530



These school children from St. Louis du Nord participate in our health programs. A similar initiative runs at the Grand Bois school.

The new headquarters in St. Raphael (located in the central plateau) provides an excellent meeting point for our staff, as well as classroom for training events. In addition, this facility hosts work groups and conferences.

PARTICIPANTS IN PUBLIC HEALTH GROUPS: January 2024 through July 2025

	Mother's Club	Children's Club	Youth Club	Matronne's
Saut- Mathurine	45	43	25	4
G. Boulage	56	39	23	3
Laferière	65	44	23	4
M. Boulage	39	31		2
G. Bois c.	82	43	33	4
Briza	47	40	20	
Sapaterre 1	25	35		1
Sapaterre2	45	40	16	
Ziya	45	50	29	6
Gr. Cajou	75	80	71	9
St Raphael	42	40		
Man-y	25	30	30	1
Mille 'homme	60	50		
Renaissance	38	41		4
Total	689	606	270	38



Public health workers pose for a picture with participants at one of the Mothers' Clubs this spring.



Mobile medical clinics continue to provide critical services to remote communities, but getting the staff and their supplies to these places can be difficult.

Picture by Cheryl Brumbaugh Cayford.

Medical Care

Cooperative Micro-pharmacies were established in 2017. These centers allow community members access to important medicines basically at cost without traveling to larger towns. Many times, these medicines can be life saving. Without this sort of access, individuals might have to travel an hour or more to find the next closest pharmacy option—sometimes through the red zones which incur the risk of kidnapping or violence.



Micro-pharmacies are stocked from a central location and offer medicines to communities at their cost.

Mobile Clinics have experienced upheaval reflecting the social unrest of the country. Most of our trained medical staff live in areas where the gangs rule. It is difficult to move around at all in these areas, let alone moving convoys of people and valuable supplies out of them. Costs per clinic have increased. The future of this program is being studied to determine if there are better alternatives for how we might do clinics, or perhaps if different services entirely would be better suited to the current climate.

<u>Year</u>	<u>Clinics</u>	<u>Patients</u>
2019	40	6380
2020	36	5617
2021	32	5005
2022	6	873
2023	17	2410
2024	14	1840
2025 YTD	3	382



The new central headquarters for the Haitian church and Haiti Medical Project is located in the rural community of San Raphael, far from the gangs and violence of Port-au-Prince.

Working Group

Beginning in 2024, a Working Group was established to help facilitate the many parts of the Haiti Medical Project. This committee's role has been managing communication and relationship among constituents, fund raising, and financial supervision of project resources. The learning curve has been steep at times, but this committee has been invaluable during a turbulent season. In particular, this group helped to navigate year-end financial difficulties and improve understanding between Haitian church and project staff as well as US volunteers.

Members of this group include Ilexene Alphonse, pastor of the Haitian Church of the Brethren in Miami and prior liaison to the *Eglise de Freres*; Vildor Archange, Past Field Coordinator for the Haiti Medical Project; Paul Brubaker, retired physician and longtime development volunteer for the project; Jennifer Hosler, pastor at the Washington DC Church of the Brethren and the Manager of the Global Food Initiative; Kate Jacobsen, Professor and Chair of the Department of Health Studies, Richmond University; Jesse Place, board member of the Project Piti Pami; Jordan Place, ER physician and CEO of Project Piti Pami; Tom Taugher, ER physician and board member of the Project Piti Pami; and Paul Ullom-Minnich, family physician and longtime volunteer to the project.

Another early task of this group was to hammer out a mission statement for the Haiti Medical Project. Our **Mission Statement** now is as follows:

“The Haiti Medical Project empowers the people of Haiti to access essential health resources and to improve their quality of life through a partnership between L’Eglise des Freres Haitien and the Church of the Brethren, that is guided by Jesus’s call in Matthew 25:35-40.”

TOTAL PRELIMINARY BUDGET FOR HAITI MEDICAL PROJECT

<u>Expense</u>	<u>Actual '20</u>	<u>Actual '21</u>	<u>Actual '22</u>	<u>Actual '23</u>	<u>Actual '24</u>	<u>Projected '25</u>	<u>Budget '26</u>
Mobile Clinics	\$88,000	\$76,930	\$25,753	\$33,600	\$33,600	\$34,000	\$34,000*
Special Needs	\$2,600	\$0	\$2,600	\$2,600	\$0	\$2,600	\$2,600
Employee Safety	\$2,500	\$2,500	\$2,500	\$2,500	\$400	\$2,500	\$2,500
Salaries	\$113,660	\$118,944	\$110,112	\$116,348	\$129,288	\$133,185	\$138,000
Comm. Health	\$26,250	\$17,000	\$20,000	\$25,000	\$17,028	\$25,000	\$25,000
Sanitation/Water	\$100,000	\$84,400	\$45,660	\$150,000	\$80,902	\$50,000	\$47,500
Women's Projects	\$6,500	\$6,500	\$7,500	\$7,500	\$6,752	\$7,500	\$10,000
Vehicle Maint.	\$6,000	\$8,000	\$8,000	\$8,000	\$7,799	\$8,500	\$8,500
Interpretation	\$9,000	\$0	\$430	\$1,000	\$370	\$1,000	\$1,000
Acct. Charges	\$3,300	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000
Vehicles/Constrx.	\$16,000	\$15,000	\$37,000	\$15,000	\$0	\$0	\$0
Program Review			\$0	\$8,000	\$0		
Admin. Grant	\$3,300	\$3,300	\$3,300	\$3,300	\$3,300	\$3,300	\$3,300
Travel from US					\$0	\$2,000	\$2,000
Relocation							
Expense					\$7,700	\$0	
Loan Haitian							
Church					\$15,500	-15500	
TOTAL EXPENSES	\$384,280	\$339,574	\$269,855	\$379,848	\$309,639	\$261,085	\$281,400

**Clinic budget may be repurposed to other wellness needs depending on our ability to continue providing mobile clinics and our discernment of the best path forward for our wellness initiatives.*

Budget

While it is difficult to plan in our current environment, we anticipate keeping a relatively flat budget moving into 2026. One big item of discussion will be the best allocation of resources which have been historically devoted to mobile clinics. While some of our programs have been expanding, we are having difficulty continuing the same sort of hands-on mobile clinics we provided in the past. In light of the current climate, we want to make sure we are using our resources in the ways that can best promote the wellness of our communities. It is also worth noting that with 80% of Haitians displaced at the present, there might be new ways that we are called to serve. The next Working Group meeting will start to unpack if that means a change in our current programing. We will devise an ongoing way to accommodate the stakeholders and promote our mission. Meanwhile, we continue to budget for clinics with the caveat that we may pivot and move that money into some new program if a calling for change is heard.

We need your support to continue this work. Your donations, whether for the general program or targeted to specific areas, make the difference. We manage to keep our overhead low by employing volunteers in both the US and Haiti. The project's only paid staff are Haitians and the salary they get from this project is reinvested in their community. The Church of the Brethren USA helps to facilitate this project by sharing resources and administrative staff, but they do not provide any direct funding to this program. Direct donors are our only source of income.

If you feel called to share in this journey with us, you can donate online at

<https://www.brethren.org/haiti-medical-project/> or mail a gift to the address below.

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