Paraiso
and the PAP Hospital

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With thanks
to
IDDI
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and to
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for welcoming me into their hospital.

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Forward

Children occupy themselves on the floor of the porch with such a flurry of activity that they seem count-less. One boy has arranged a large plastic bucket upside down and bangs on it like a drum with an assortment of sticks. Another sits cross-legged with a bowl in his lap, using his small hands to neatly scoop rice and beans up into his mouth. A girl runs from the interior of the house out onto the porch, streaming from one child to another, wrapping around the waist of her mother before disappear-ing indoors again, her laughter preceding her next appearance outside. Somehow the simple joy of the scene detracts from the conversation at hand with the children’s mothers - two Haitians building a life in Paraiso, a town of under 10,000 inhabitants in the southwest of the Dominican Republic, under 150 miles from Port-au-Prince, the capital of Haiti. As we gather information regarding basic demographics and recent sicknesses, my eyes begin to perceive other details initially missed: the orange tinge of the children’s hair, belying their nutritional status; the wooden boards, cardboard pieces, and aluminum patch-es holding together their home; the heaviness evident in a mother with every stroke of a crying baby’s face, held gracefully on a hip. As the women describe histories of miscarriages and cesarean sections complicated by in-fections, and the multiple diarrheal disease and asthma exacerbations their children regularly experience, I look to the children who steal glances at us with furtive smiles and wonder at the great capacity of some to endure such hardships.

At another home nearby, an elderly Dominican woman sweeps out her arms in welcome, gesturing for us to sit under the slender shade of a tree. As her grand-daughter goes inside the home to bring the woman’s medication list, she speaks of how her granddaughter had lagged in growth behind other children, and how it has fallen on herself to care for her. Her voice softens as she takes the slip of paper and thanks the girl, who takes her place quietly behind the woman’s chair. She tells us about her “very high” blood pressure, producing two medi-cation bottles out of a plastic bag for us to see. I realize then that she takes her cue from our voices more than our physical form, and that her eyes are cloudy and trail behind when she moves her head in our direction. As her granddaughter moves closer under her embrace, the woman tells us that her eyes hurt and do not see well, and that she cannot walk too far, and that this makes her sad sometimes.

Through these conversations, we capture a sense of the paucity of health literacy and the weight of chronic diseases in this community. We learn how difficult medication is to acquire, how far people travel for health services. We understand that children often slip away from vaccination schedules and are lost to follow up, be-coming susceptible to an assortment of harsh infections. We learn that cancer screenings such as colonoscopies and Pap smears are not commonly performed. We find households run by women, alone with several children and no steady source of income. We see how dangerous childbearing can be, both for the mother and infant. We find out where many families obtain their water, from a local contaminated source, and why there is such a heavy burden of parasites in the community.

But what allows me to be held in the sway of the children’s teeming activity on the porch rather than the no less apparent dearth of basic life needs is the simple fact that this is not a town defined simply by its need but by the culture and customs that shape its community. Fif-ty yards away, a large tree with its resplendent shade offers a natural town square for a group of people enjoying the
leisure of a weekend morning. Nor is it a town unmoored and alone. At the center of town lies the PAP Hospital, a marvel of collaborative efforts that over time has built a structure housing the hope for better health outcome for the town of Paraiso. This hospital is replete with an emergency room, specialist services including pediatrics, obstetrics/gynecology, and cardiology, an established lab, with fully equipped conference rooms, pristine patient rooms and operating theatres, and an ambulance parked outside. More significantly, it is the people of this hospital, its administrators, physicians, nurses, lab specialists and other supporting staff that work together to do more for the community they serve. There remains much to be done to allow PAP to reach its potential of serving the health needs of Paraiso, whether through the development of inpatient services, through community outreach and health education projects, through vaccination campaigns, cancer screenings and safe water interventions. But unlike so many other underserved sites where the need is great and resources are poor, Paraiso provides the groundwork in the guise of a hospital upon which dedicated individuals construct a more socially just reality. As rich live among poor, uninsured among insured, Haitian among Dominican, all are bound by the same source for water and mosquitoes bearing Dengue fever, just as they are bound by the same mountains to one side and the tides that bear tumultuous azur waters on the other.

Katrin Sadigh
Introduction

Tranquilo is everything in Paraiso. “Tranquilo,” says everyone, sitting in the shade, “tranquilo” shuffling dominoes and shooting pool, “tranquilo,” in the outfield where the mules graze, on the beach with the fishing boats and on the dance floor with merengue, bachata and salsa blasting. It’s too hot in this paradise to sit inside at noon and so you walk tranquilamente through the streets-cum-living-room to the 14,000 person town until a friend calls out, “Venga, sientate. Come, sit down. Mucho calor hoy.” It’s hot today. “Tranquilo?” “Sí, tranquilo.” “Café?” “Gracias.” “Have you eaten? Join us.” And you must sit and eat what you are offered – bananas, sugar cane, rice and beans – and catch up on the latest news, whether it has been five days or five hours since your last meeting.

Though exotically surrounded by palms, jagged peaks and gentle waves, this Dominican communitas of tranquilo reminds me of home, strikingly similar to the typical small-town New England way of life. On Sundays, there is a town farmers’ market and at night there is a town band that plays for a crowd of young families in the town bandstand on the main street. There is a town basketball court, filled nightly with pickup games and practices for town league teams, and a town baseball field occupied by the same. There are central churches and a town fire department, elementary school and a new high school. The town beach, covered in detritus by Hurricane Isaac, was cleaned by students and engaged citizens on a town beach cleanup day. And the tranquilo that pervades Paraiso takes the place of the neighborly wave when, at home, I drive by a familiar face.

I was sent to this town in the Southwest of the Dominican Republic to understand and record the needs of a poor region of a country recovering from a generation of dictators, but it was tranquilo that dominated my experience over the obvious signs and signals of poverty. I will not say that I was never asked for money, never told that “La vida es dura. Life is hard,” but I equally cannot deny that I was welcomed into circles of friends and strangers, and often handed a glass that was never left empty. I cannot forget, nor did I turn my camera from, the palm frond shacks in the mountains where Haitian laborers and destitute Dominicans live close to the cacao, cane and coffee that they arduously plant on steep slopes. Yet it goes hand in hand to remember that field-tired workers offered me ride one late afternoon down washed-out mountain roads astride a load of avocados and that these new friends then filled my arms with more produce than I could carry (and then gave me a bag to get it all home). The backstop is falling down on the baseball field, power is out for hours every day and the water is riddled with parasites, but the ice cream truck comes around every night at eight.

It is fair to say that tranquilo masks - the men playing pool at noon on a Wednesday are amongst the 35% of town that is unemployed – and yet it is important to note that tranquilo is able to rise above need to define Paraiso in terms of small-town friendliness and not in terms of desperation. It is a town that could improve greatly with a little thoughtful capital and collaboration, but not one that depends upon charity to scrape out an existence.

The town’s private hospital, Hopital Amor al Proximo, Programa de Asistencia a Paraiso (the PAP) bears a similar tranquilo. It is a two-story building that is neatly white-washed and the halls are clean. A stream of patients is processed steadily through the emergency clinic by the doctor and nurse on duty who stitch cuts and pass potential parasite carriers on to the lab. Two days per week, the back room fills up for pediatric, gynecology and cardiology clinics.
But then one day, when the doorman is daydreaming, a man hurries in, harried and covered in dust from the fields and his own blood: a tendon is severed, the patient is pale, there’s little anesthesia, a chicken in the room, the closest surgeon is 45 minutes away in Barahona and the ambulance wheels blew out three weeks ago. The emergency clinic is not equipped, per se, to handle this emergency. The hospital is two stories, but the second, filled with donated neonatal machines, beds and an x-ray, is occupied by little more than dreams: one day, this will be the operating room and that the maternity ward. But now, there’s only Dr. Thomas, a nurse and a trashcan to collect some of the patient’s blood.

Later that night, kicking back our chairs out on the patio where there’s a breeze, Dr. Thomas told me that it was lucky that it was his shift that day, that he saw a lot of trauma cases in training, that the other doctors wouldn’t have known what to do. He’s cocky — a Haitian who must constantly prove his skill to his Dominican colleagues — and I doubt that the patient will ever really recover, but I believe he’s right.

Within the narrow range of Tylenol, minor cuts and rehydration, the PAP is tranquilo in its treatment of some 1,400 patients every month, but the train comes off the tracks when something more serious comes up. When my friend Osvaldo’s father had a stroke, it meant a worried week of buses back and forth to the district capital. The same for births, the management of diabetes and the trauma that is the inevitable result of the motor-scooters that zip around town (at all times of day and in all states of inebriation). There are two government doctors in town and a clinic in Alta Gracia in the mountains, but the PAP is the primary care facility for the surrounding area and its inhabitants.

Operating at its best, the PAP handles most the patient volume, but the tranquilo can break under the pressure of running of providing critically needed care in difficult conditions. All of the hospital’s employees seem to be owed wages and I watched once as an argument between staff members almost came to blows in front of patients.

The PAP was originally a small clinic, but a Rotary Club from the American Midwest built it up in 2008, adding the second floor and sending over the scattered equipment that fills the otherwise empty rooms. When the Rotarians realized the challenge of running a clinic from afar, they convinced Instituto Dominicano de Desarrollo Integral (IDDI) — a charitable, community-building organization with projects across the island — to buy it from them. IDDI took over the operation, figuring that a shoestring budget could hold the place together long enough to find investors.

As of Today, IDDI and the PAP are still waiting, but sincerely hope that a partnership with Danbury Hospital and the University of Vermont will help maintain Paraiso’s tranquilo and perhaps even enhance it by adding some peace of mind to everyone that welcomed me into their lives.

Alec Jacobson
A woman leans into the cool evening breeze

A fisherman rows his boat towards a beach near Paraiso
Most nights, around 5, men gather in the street near the center of town to play dominoes outside a liquer store. It’s as much a game of machismo as skill and it’s crucial to slam your piece down on the table no matter how confident you are in your play. CLACK CLACK CLACK in the streets for hours as the men get drunk before dinner.
A pickup game at the town baseball field
Hillary in her sandwich shop
Posing for a picture in the Parque Central.

Lounging in the shade
Unemployed and passing time in Billar el Amigo Super Fria
Walking home after school

Near the baseball and basketball park
Spinning tops

Lifting in Gym Hermanos Diaz
A pickup game at the town basketball court
Every Sunday night, the town band plays in the Parque Central.

Dancing at the Big Tree club in neighboring Barahona.
Osvaldo, unemployed, takes in the evening breeze.

He was one of my first friends, pulling me into a bar at midday when I was looking for lunch and insisting that I take pictures.
A Hatian field worker.

Haitians do much of the work on Dominican-owned farms in the mountains. Land owners typically provide housing and a small salary. "Dominicans don’t like to work in the fields," Carlos, the owner of this house and plot in the mountains, told me, "it’s tough and the pay is low."
Maki, the tailor, was always happy for a little company; someone to sit and watch him work.

Manuel, the butcher, rises early everyday to break up pigs and cows before his customers are awake. The animals are killed fresh each morning outside town and generally sold off before the heat of the day.
Manuel, the butcher, at home with his daughter
Alberto in his Frutería Doña Elena F., named after his mother. Alberto spent many years in New York City, but was forced to leave after some unspecified encounter with the law. His boys still live in the states.
Osvaldo, eating lunch at his house with his extended family.

Men loading avocados, one of the town’s cash crops. I was walking out of the mountains one afternoon and saw a truck rolling down the steep road behind me. The guys in the back, riding on a load of plump fruits told me to hop on and take some pictures. When we get to town, the filled my arms with more avocados than I could carry and then gave me a bag to get them all home.
A fisherman shows off his lobsters
Riding out of the mountains at the end of the day

Hauling in the catch
As part of an international coastlines day, residents gathered to cleanup the town beach after Hurricane Isaac deposited tons of driftwood and garbage. Several high school classes and dozens of individuals showed up to bag trash and prepare the larger piles of detritus for heavy equipment.
Clearing a field in the mountains

Cutting brush at the edge of town near an irrigation canal
Climbing down a palm after harvesting coconuts
A Haitian mother at home
Girls playing on the steps of the Catholic Church in the center of town
The power is out for hours almost every day and so, often, only houses with backup batteries can flip on the lights.
Dr. Thomas in the PAP's main patient room
The potential operating theater

The Hospital's original facade
An extra bathroom, used as a storage closet

An x-ray machine, yet to be assembled
Rapheal, a PAP administrator, sorts through hospital records to check women into a weekly antenatal clinic.
A mother came late at night, worried that she was going into labor. Dr. Thomas sent her home after a quick check up.
In the waiting room on a pediatrics clinic day
A mother and her child see the visiting pediatrics specialist from Barahona during a clinic day.
Dr. Thomas examines a child who arrived with a fever

Examining a patient in the screening room
A patient's friend checks in during an injection

Stitching a small wound
A husband waits for his wife during an antenatal clinic day.

A patient is treated for confirmed parasitosis.
The ambulance waits outside the hospital, broken. When it's working, it ferries patients and their families to the hospital in Barahona.

Following page:

Emergency surgery with minimal anesthesia for a patient who arrived with a machete-severed tendon.
A patient waits while an IV to drain while being treated for a parasitic infection
A diabetic whose leg was amputated in Barahona waits for a ride home after having his bandages changed at the PAP.
Parents with their children wait outside the screening room.