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Down a Dusty Haitian Road

Illinois Wesleyan University

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Sweat drips down her face. Layers of Creole chatter fill the air. Doctor Lydia Rudd keeps her focus on the task at hand, blocking out the bustle of a Haitian slum. Her presence has attracted some unwanted attention. A van of *blans* can sometimes mean food or supplies, but not today. The blazing sun is hidden behind the thin walls of the home, but its presence is impossible to ignore even after its constant companionship over the last three months. An expectant mother's stern mouth lets out no sound of pain as contractions ripple through her pregnant frame. Whenever Lydia sees a pregnant woman in the third world, she can't help but wonder if the child inside will end up looking the same way: stomach distended from near starvation. But, can't stop to think too long. This woman, Cristella, wasn't due for another few weeks; luckily she had a pre-paid cell phone that was to be used exclusively for emergencies or checking up with the clinic throughout her pregnancy. And at the end, if the typical home birth went as planned, the mother would call and someone from the clinic would examine the baby and bring supplies to nourish the mother in hopes of successful and prolonged lactation. This initiative, along with supplying contraceptives and teaching how to use them, was made in an effort to decrease the infant mortality rate in urban Haiti.

This morning Cristella had called saying that she had been in labor all night and the baby was not coming out. When Lydia heard the news, the possibilities streamed through her mind: *Should we take her back to the clinic and perform a c-section? Is the baby breached, or worse, stillborn? I'll bring forceps and antiseptics along with my typical medical supplies. Can't know until we get there.*

She had called for her driver and friend, both Haitian, to help her navigate safely through the tent city of Cite Soleil. Her friend had the respect of the community, ensuring

Lydia's protection. He would be invaluable if anything were to turn sour during their visit. Cite Soleil is a dangerous place, and it will continue to be if the desperate needs of people are ignored. The van careened through the circuitous alley-like streets, stirring up clouds of dust until they finally pulled up to the small shack, no driveway— just a curb. Despite her dilapidated home, Cristella had told Lydia she felt lucky she wasn't living in a tent. She had a job at the ApParent project, an American founded company that trains Haitian workers to make and sell jewelry. She had two kids and even though they still were hungry after every "meal" (Lydia could still not recognize a handful of rice or a mud cookie or a mango as a meal), they weren't on the brink of death. If Cristella kept her job, she could send her kids to school in a few years. Unlike the myriad of other cases, Lydia personally knew Cristella and her family. The husband was no where to be found and Cristella and her kids had come to the clinic when she found out that she was pregnant. Despite their malnourishment, her kids had run to embrace the doctor and were so excited to simply make a new friend and see someplace outside the slum limits. In a seemingly hopeless country, Lydia loved seeing people willing to ask for help and to try to mend their broken lives. She had convinced Cristella to stop feeding her children the common yet toxic mud cookies. She could talk to her like a friend and thanked God for this family to pour love and encouragement into, and to learn so much in return. She could get pretty lonely at the clinic too, so she always looked forward to visiting Cristella's family when she had an afternoon off. But now, this treasured relationship was in jeopardy.

After a manual examination of her patient followed by a look at the baby with a portable ultrasound machine, Lydia feels relief, followed by a wave of anxiety. The baby is still alive, but its shoulder is squeezed next to its head and will not budge, despite twelve hours of labor. *Hasn't this women been through enough pain?* Dr. Rudd reaches for her forceps, and the

judgment of a hundred American doctors rushes to the front of her mind, “*Don’t you know you can crush the baby’s skull? A c-section is less risky, Lydia. You call yourself a doctor? Take the patient to the OR.*” The harsh words that she had heard over and over by visiting doctors when she had opened a clinic in Haiti still stung.

Then she recalled her faithful maxim: *A doctor must never show panic, fear, or doubt.* These words had gotten her through residency and especially her work in the third world, when there are often countless reasons to panic and be afraid. It might have seemed crazy to use forceps from a first world perspective, but when you consider a working mother and a slum full of infection— an invasive surgery like a c-section with a long recovery time is the last resort. And on top of it, money wasn’t all that plentiful either for expensive surgeries. So she had trained in the art of forceps diligently and even though she did not trust hardly anyone else to do it right, Lydia knew that her skills could help avoid a stillborn or a trip to the dinky OR at the clinic.

After explanation to Cristella and careful positioning, Lydia places the forceps into her dilated cervix pulls and puts enough pressure on the baby’s head and breathes as sweat drips down her face. The baby glides out, ironically smooth after such a long labor, and after a few seconds the first cry is heard. *Praise the Lord.* After a snip and a quick bath, Cristella is holding her new baby and the little kids are running around and jumping in the tiny home. “Thank you for calling”, Doctor Rudd says in Creole, “I love your family very much. Call me tomorrow? We will have someone check and bring food for your family.”

Lydia says goodbye and upon opening the door, the streaming sunlight and dusty road makes her squint. Her driver gets out to open the door of the van and she and her friend hop in. With Haitian radio in the background playing and the driver singing along, she finally allows

herself to be exhausted as they head back to the clinic. *Who knows if the baby will grow to past age five...but I did all I could do for today. Haiti is changing.*

Final Take-home Exam for the Good Doctor

Question # 1 is mandatory. Graded on a 50 point scale.

1. How did your writing/research/argumentation develop in this class? What are your strengths: (key word searches that yield many scholarly articles, ability to paraphrase someone else's ideas, ability to both argue a point but also anticipate objections to your argument and rebut them, paragraph unity, comparing/contrasting doctors, grammar and punctuation, APA rules)? What did you struggle with during the course (using signal phrases to introduce quotations, using varied vocabulary, proper paragraphing, strong introductions, proper placement of periods after in-text documentation, manipulating key words to get the results you want during a search)?

You may want to point out some ways you improved a paper from draft 1 to draft 2. You may **quote from your papers** to show ways you changed. You may also paraphrase how you made a paper better from draft 1 to draft 2; note this includes **doing extra research and adding it to the second draft**.

The changes you may notice in one semester of a writing/reading class may be SMALL, but that is fine! You will be rewarded for your honesty in this short analysis of your writing. The best way you can prove a point to me is by quoting something you have done in your paper and then showing me how you changed it. Suggested page length: 3 pages. Double space. 12 point font.

NOTE: PULLING OUT YOUR OLD, GRADED PAPERS IS A WONDERFUL WAY TO START THIS PART OF THE ASSIGNMENT. **This essay needs an intro., body paragraphs, and a conclusion.**

Question Number two has two options. This is also graded on a 50 point scale.

- A. Of all the doctors you read about in this class, pick one or two who you think are doing the most to **change the way contemporary medicine is practiced**. Back up your thesis with facts and examples from the books we read in class, the papers you wrote, and also the books/articles that were on e-reserve. Your list includes Atul Gawande, Warren Warwick (mentioned in *Better*), Lisa Sanders, Bernie Siegel (in-class books), as well as the e-reserve readings on Paul Farmer and Jeff Brenner and the movie on Patch Adams. In the case of some of the doctors, you may want to use some additional outside sources (on-line interviews with them) to gain even more momentum for your argument. Paraphrasing from the books is fine, but if you use a very specific quotation, give a page number at the end of the sentence. **Suggested page length: 3 pages. Double space. 12 point font. Intro., body paragraphs, and conclusion required.**
- B. **Imagine yourself five years out of your medical training; you may be an M.D., nurse, nurse practitioner, physical therapist, physician's assistant or psychiatrist. Describe a scene where you are showing your strongest skills. Write this as a narrative. Will you be working on a tough diagnosis? Comforting/encouraging/motivating someone with a serious illness? Doing a very specialized surgery? Working in a clinic in a poor city or third world country? Delivering babies? Anything that refers to some part of medicine/psychiatry is fair game. You will be graded on specific detail, my ability to believe your narrative (correct medical terminology will contribute to this), and an ability to model your scene after something by Gawande, Sanders, Siegel or the other doctors we read in class. Suggested page length: 3 pages. Double space. 12 point font.**