

Medical Service Trip Pre-Departure Manual



**Health Horizons
International**

Puerto Plata, Dominican Republic

www.hhidr.org

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History of Health Horizons International

Health Horizons International (HHI) was founded in January 2009, after five years of experience with week-long medical service trips in the Puerto Plata province of the Dominican Republic. Working in impoverished communities facing numerous health, socioeconomic, and structural challenges, we realized that improving health in the long term would demand a comprehensive approach to combating the injustices our patients endured. HHI was founded to find a way to sustainably improve health in partnership with the communities themselves. In October 2009, two of HHI's founders moved to the Puerto Plata province to begin building the organization from the ground up. HHI has since grown to become a dedicated group of medical, public health, and development professionals and students working towards improving global health.



Our mission is to provide quality primary health care to underserved patients of the Dominican Republic and to build local capacity for achieving improved community health.

Through partnering international medical service trips with community-based health initiatives, we work to promote well-being and access to health care.

Our model is supported by three pillars:

Building Health Care Capacity

A community health workers program that promotes individualized patient care and health education

Dignifying Patient Care

Primary health care field clinics that provide underserved patients with continuity of care and access to a network of sub-specialists

Promoting Public Health

A commitment to public health research and collaboration with the local health system that aspires toward long-term health improvement



OUR VISION:

We are committed to a global community in which health care is universally available and in which all communities have the power to promote health and well-being. Our vision is for all people to have the opportunities of a healthy life and to overcome the inequalities in health that disproportionately affect the poor.

Medical Service Trips Overview

Every four months, HHI's medical service trips travel to four partner communities in the Dominican Republic. Volunteers work in field clinics to provide preventive healthcare services, education, and treatment for both acute and chronic conditions to nearly 500 individuals during each week-long trip. The teams provide funding and referrals for patients with health conditions requiring sub-specialist or surgical care. By working closely with HHI's *cooperadores de salud* and International Program Team, the teams fit into a health system that facilitates continuity for patients who lack access to high quality primary care. Our goals for our medical service trips are to:

- **Increase** access to high quality primary health care and continuity of care
- **Connect** the expertise and passion of US health care professionals and students to the needs of underserved communities
- **Ensure** patients are connected to local follow-up care and treatment
- **Foster** cross-cultural connections and advocacy efforts for the health issues faced by rural and *batey* communities in the Dominican Republic.



United States Partners HHI collaborates with US educational institutions to connect our on-the-ground work with academic research and expertise in medicine and global health. Students and faculty from these programs offer their time and talents through participating in trips and offering their consultation and support. Our partners include:



- **Tufts University**
Community Health Program
- **Quinnipiac University**
Physicians Assistants Program
- **Greater Lawrence Family Health Center** Family Medicine Residency Program

Dominican Republic Partners HHI also works in partnership with Dominican and Haitian health care, social service, advocacy, and governmental organizations to develop and run our year-round programs. Our partners for our medical service trips include:

Ministerio de Salud Pública
CEPROSH
Centro Médico Bournigal
Centro Médico Cabarete

Hospital La Maternidad
Island Impact Clínica Buen Samaritano
Centro Diagnóstico Montellano

Partner Communities



Our field clinics serve four communities, ranging from rural villages in the mountainous inland of the Puerto Plata region, to *bateyes* on the outskirts of the abandoned Montellano sugarcane refinery. *Bateyes* are communities that were constructed in the early 1900s by Dominican sugarcane companies to house Haitian migrant workers and their families. Now, the *bateyes* have expanded beyond the original barracks into full communities, and are home to poor Dominicans and Haitians alike.

Each community has a distinct demographic make-up, local government and leadership structure, and sets of needs and assets, but certain themes are common throughout.

In these communities, unemployment is purported to be nearly 80%, due in large part to the closure of the sugarcane refinery in 2005, combined with the recent global economic downturn and its resultant effects on tourism. Access to health care is limited by economic, geographic, and socio-cultural barriers. Access to education is similarly limited, although efforts by NGOs and the Dominican government have made important steps in improving primary school level education. Hunger, lack of adequate housing, and lack of access to clean water are also widespread issues. As in the country as a whole, it is important to note that disparities in living conditions, economic opportunities, and social determinants of health exist between Dominicans and Haitians (as well as individuals of Haitian descent born in the DR), due to structural, historical, and political factors.



The surrounding area includes a Dominican middle-class, ex-patriots, and tourists. There are many non-profit organizations, both Dominican and international, working in areas like health, education, microfinance, and evangelism. While the government is often criticized for corruption and inefficiency, structures and systems to regulate health care, education, social security, and more, do indeed exist. However, populations marginalized by poverty, racism, and social inequality are often excluded, in theory and/or in practice, from fully enjoying the benefits of such systems.

Read on for more information about each of the communities we serve...

Arroyo de Leche



Three rivers, boulder-ridden mountain roads, and an hour-long motorcycle ride separate Arroyo de Leche from the nearest health care facility. Many households are able to grow staples like yucca, plantains, and beans to feed their own families, but large-scale agriculture is no longer a viable source of income. Some residents work tending cattle for large owners, but unemployment affects the vast majority of families. The community's geographic isolation, the expense of transportation, and the lack of economic opportunity are all major barriers to consistent primary health care for Arroyo de Leche's 200 residents. High blood pressure and diabetes are growing concerns, especially considering the difficulty of consistent access to medication.

Negro Melo

With only 85 Dominican and Haitian residents, Negro Melo is the smallest community that HHI serves. Before the Montellano sugarcane refinery closed, nearly all residents worked as cane cutters, in the refinery itself, or in the local economy that arose around the sugarcane industry. The population of Negro Melo's *batey* section has since dwindled significantly as residents have moved closer to town in search of work. However, religious leadership, local government, and family ties contribute to a strong sense of community among residents. Due to its high rates of unemployment and geographic distance from health care facilities, many of Negro Melo's residents do not have access to basic medical services. Hunger further contributes to many residents' poor health.



Pancho Mateo



The largest community in which HHI works, Pancho Mateo is home to over 2,000 Haitian and Dominican residents. Since the closing of the sugarcane refinery, Pancho Mateo has been deeply affected by unemployment, hunger, and poverty. Many Haitian immigrants and their children remain undocumented, presenting a formidable barrier to employment, education, and medical care. Overcrowding, a dearth of latrines, and a lack of public sanitation in the community's large *batey* section contribute to the spread of infectious disease, while lack of access to potable water leads to high rates of parasitic infections. Racial tensions and socioeconomic disparities are more apparent in Pancho Mateo than in more rural communities, given its history and population. Uncontrolled high blood pressure and diabetes are increasingly significant health concerns.

Severet

A rural community of approximately 300 residents, Severet is composed of two *batey* sections amid a spread-out Dominican village. Similarly to Negro Melo, the community as a whole faces high levels of unemployment and hunger, especially since the closing of Montellano's sugarcane refinery. Severet has an active religious community and strong local government which support community development and education initiatives. However, Severet's distance from health care facilities and level of poverty present important barriers for families in accessing medical care. Intestinal parasites affect a significant portion of residents, highlighting the lack of clean drinking water.



Who's Who

HHI Personnel work to ensure the medical service trips are a positive experience for all involved – trip participants, patients, and communities – and carry out HHI's vision.

- I. **Board of Directors.** Each trip has at least one physician who is a member of the Board.
- II. **Executive Director.** The ED is based in the US and provides support to the IPT and Team Leaders. The ED is the main point person for all trip preparations.
- III. **International Program Team.** HHI's full-time on-the-ground team develops and manages HHI's international programs. The Clinical Programs Director and Programs & Operations Manager organize and accompany all trips, with the support of the Public Health Director.
- IV. **Cooperadores de Salud** (Community Health Workers). The *cooperadores* provide support to the medical team during field clinics. They are the keys to continuity of care for our patients year-round.
- V. **Local physician and medical interpreters.** One of our partner physicians will be with the team every day to offer clinical support and local expertise. Volunteer physicians who do not speak Spanish and/or Haitian Creole will be provided with an HHI-trained interpreter.
- VI. **Team Leaders.** Most trips are coordinated by one to three leaders. They are responsible for facilitating pre-trip preparations and communication with participants, and help lead the day-to-day activities during the trip.



Medical Professionals offer their skills and expertise to serve HHI's partner communities, seeing and treating patients. They also serve as mentors to student participants.

Students and Other Trip Participants volunteer their time and energy to assist and observe medical professionals in caring for patients, and to engage in public health and education efforts that benefit communities in the long term.

Pre-Trip Preparations

Team Communication

HHI expects all volunteers to maintain open and prompt communication with their Team Leaders and/or the Executive Director. The success of the MST depends on each volunteer's willingness to learn and work as a member of a team, whether before, during, or after the trip. Clear communication is therefore necessary to ensure that all logistics and preparations are fully coordinated among volunteers, HHI staff in the DR and the US, and our partners in the DR.

Fundraising & Donations

We appreciate our volunteers' best efforts to support our patients by raising funds for medications, follow-up care, and the year-round programs that make the MST impact possible. Reaching out to friends, family, colleagues, and others in your networks to tell them about your upcoming trip creates a perfect opportunity to ask for their support. Our focus on prevention through primary care, combined with lower costs of health care in the Dominican Republic, means that each donation goes a long way toward improving our patients' health. **Our commitment to providing continuity of care to patients requires a team effort to fulfill. Thank you for joining us in making this happen.**

Financial donations are used to purchase medications, to fund follow-up care and specialist referrals for individual patients, and to support HHI's year-round health programs. HHI is a registered 501(c)3 non-profit organization, and all donations are tax deductible. Donors will receive a written acknowledgement for tax purposes.



HHI will provide all volunteers with a sample donation request letter, and we encourage any interest in creative fundraising efforts or in supporting grant writing efforts.

Supply donations are generally not encouraged, as we prefer to purchase medications and supplies locally so as to maintain control of our inventory. Exceptions may be made when physicians or volunteers have access to in-kind donations directly from pharmaceutical or medical supply companies. In all circumstances, we will only accept donations of those medications listed on our Medication Formulary to ensure consistency for our patients.



How to Donate

Checks may be made out to "Health Horizons International Foundation" and mailed to:
*c/o Community Health Program, Tufts University
112 Packard Ave. Medford, MA 02155*

Donations can also be made online at www.hhidr.org/donate.

For Medical Professionals

IMPORTANT: All medical professionals must provide HHI with a **copy of their medical license** at least 30 days prior to departure.

Please remember that we will be functioning with limited diagnostic resources. Medical professionals should arrange to bring a **stethoscope, blood pressure cuff, otoscope, pocket light, and drug reference book or PDA**. Please make sure to pack these items in your carry-on luggage.



Packing List

Clothing should be clinic-appropriate, casual and comfortable. No short-shorts or tank tops.

Recommended items include:

- Light weight, cotton clothing – long pants, skirts, shorts or scrubs
- Comfortable closed-toed shoes and socks
- Rain poncho and rain boots
- Jacket, sweater, and/or sweatshirt
- Sturdy sandals with straps

Day Pack Items

- Backpack or bag to carry personal items to field clinics
- Water bottle
- Sunscreen, Insect repellent
- Pre-moistened anti-bacterial wipes and/or hand sanitizer
- Hat and/or sunglasses

Personal Items

- Prescription medicines plus OTC medicines for allergies, upset stomach, etc.
- Personal hygiene items
- Passport and photocopy, money, health insurance information, and all necessary travel documentation (see sections below for further details)

Other recommended items

- Bathing suit, sandals, and towel for the beach!
- Snacks (pack in Tupperware or Ziploc bags to keep critters out)
- Camera, journal

A note on cameras: While we recognize that volunteers want to document their experience, we ask your cooperation in refraining from photographing patients without their express permission. We also ask volunteers to exercise restraint in walking around the communities and taking photographs. This policy is out of respect for the fact that we are guests, not tourists, in their homes and communities. Just as we would not want ourselves or our children to be photographed while visiting the doctor, walking around town, or playing outside, the people we are serving have a right to privacy as well.

Travel & Immigration Requirements

Passports A valid passport that does not expire within 90 days of your entry to the DR is required. Non-U.S. citizens should contact the Consul of the Dominican Republic in New York regarding any other requirements for entry.

Luggage Please check with your airline about its baggage allowance policy. Generally, luggage is limited to two checked pieces (50 pound maximum weight) and one carry-on (40 pound maximum weight). Many airlines now have a surcharge for checked luggage.

Immigration You will receive an Immigration Form on the plane where you will need to indicate the hotel address: **Hotel Celuisma, Playa Dorada, Puerto Plata**. Please mark the “Purpose of your trip” as “Pleasure/Recreation.” You will also have to pay US\$10 cash for a tourist card upon entry.

Customs All physicians and volunteers who are carrying medications or supplies in their luggage will be provided with a letter signed by the Dominican Ministry of Public Health authorizing you to bring these items into the country. Please speak with the Executive Director and your Team Leaders ahead of time for more specific instructions about bringing medications through Customs.

Accommodations & Meals

Playa Dorada Celuisma Hotel is located in the large Playa Dorada all-inclusive resort complex, midway between Montellano and the city of Puerto Plata. Rooms are double occupancy, but we can arrange for private rooms if desired. Please see the hotel website for more information: <http://www.celuisma.com/playadorada/en>.

All ground transportation for the entirety of the MST is arranged by HHI. The team travels on safari-style trucks to and from field clinic sites and any other location.

Breakfasts and dinners are buffet style, and prepared by the staff at Celuisma for all guests. Lunches are purchased from a local restaurant in Montellano and brought to the field clinic sites. The only meal not included in the trip price is one dinner out at the beach, as well as any extra snacks or beverages that you may wish to purchase at the hotel or in the communities. **If you have any dietary restrictions, please note them on your Volunteer Information Form.**

Communication & Money

Phone Access Cell phones will not work in the DR unless you make arrangements with your service beforehand.

Internet Access There is wireless internet available for a fee at the hotel, as well as an internet café. If you have an iPhone, Blackberry or other device with internet access, it is strongly recommended that you turn off access to the internet or you may incur large data fees even if you don't go on the web. Please check with your provider. Note that HHI is not responsible for any stolen or damaged laptops, or any other electronics or valuables.

Currency Dominican Peso (RD\$). Exchange rate is approx. US \$1 = RD\$ 36

ATMs Check with your bank to find out if you can withdraw money from an ATM in the DR, and what fees are associated. The major banks in the DR include BanReservas, Banco Popular, and Scotia Bank.

Exchanging money You can change money at the airport, or at one of the many exchange centers in the tourist areas. In general, dollars are accepted at tourist hot spots, but not in the communities. Regardless of whether you carry dollars or pesos, small change is suggested.

Notifying your bank Before departure, be sure to notify your bank and credit card company that you will be traveling so that your accounts are not frozen if you try to access them abroad.

Health & Safety

Vaccines

- Consult your physician and the CDC for up-to-date information:
<http://wwwn.cdc.gov/travel/regionCaribbean.aspx>
- Hepatitis A & B, Typhoid, and Tetanus are recommended by the CDC.
- Malaria is endemic to the Dominican Republic. Precautionary measures and/or antimalarial medication are recommended by the CDC.

International Health Insurance

We require all volunteers to be covered by international medical insurance. Please check with your insurance provider to inquire about their international coverage policy. If you are not covered by your own insurance internationally, HHI will purchase Patriot Travel Medical Insurance on your behalf. All volunteers are required to submit proof of insurance before departure. **Please be sure to bring all necessary claims forms, pre-authorization phone numbers, and other documents required by your health insurance company for receiving emergency medical care internationally.**

HHI has established referral partnerships with Centro Médico Bournigal and Centro Médico Cabarete, which offer 24-hour emergency care and all major specialties. For more information on Patriot International, go to www.imglobal.com, click on "Products and Services," then select Patriot Travel Medical Insurance under "Short-Term Medical Insurance."

Food and water

Tap water is NOT safe to drink anywhere on the island, but purified water is readily available throughout the hotel. Outside the hotel, avoid ice and eat only well-cooked foods.

Personal Safety

Violence and crime targeted to foreigners is extremely rare in the communities we serve. We therefore recommend exercising the same caution you would in any unfamiliar place. As a general precaution, it is not recommended to go off alone, and always make sure someone from the group knows where you are. The most important way to ensure your safety is to be respectful of the communities you are working in. We have never had any issue with clinic or personal safety, and we work very intentionally on building and maintaining relationships with the communities we serve so as to ensure the security of our organization and volunteers.

As in any area where wealth and poverty co-exist so closely, tourist areas may attract pickpocketing or petty theft. Be sure to exercise street smarts, like keeping money hidden and personal items close at hand.

Field Clinic Operations

Volunteers will receive a complete on-the-ground training with the IPT prior to the first day of clinic to ensure understanding of HHI's clinic systems and protocols. For an orientation to how the field clinics function, this section gives a basic overview.

Set-up and Crowd Control

Crowd control efforts ensure the safety and efficiency of the physical clinic space, and organize patient flow. The *cooperadores* and IPT distribute numbers and appointment cards to patients ahead of time, and set up the clinic space in a church or school.

Intake and Triage

Volunteers verify each patient's personal information and medical history, take vital signs, and identify the chief complaint. Complete medical records facilitate communication of patient information while in clinic, and help HHI track data and patients.

The field clinic is appointment-based in the morning for patients who are enrolled in our Chronic Care program, or who have been identified as priority patients by the *cooperador*. Open "walk-in" hours will follow the appointments.



Patient Consultation



Medical professionals will examine each patient, perform procedures and administer diagnostic tests, determine an appropriate treatment plan, and educate patients about treatment and prevention. Volunteers will assist and observe the medical professionals, and engage actively in the learning process. Clinicians will have access to patients' HHI medical records, and are asked to record their own notes in keeping with our efforts to improve continuity of care.

Clinicians are responsible for bringing their own stethoscopes, blood pressure cuffs, and otoscopes. HHI will have thermometers, urine test strips, pregnancy tests, and glucometers available, as well as private exam rooms. Basic labs will be available for order, with results the next day.

Patients who need specialist care, other follow-up treatment, or testing, may be referred to local health care providers. The IPT and clinicians will review all referral cases at the end of the trip and determine next steps based on severity of need, accessibility of referral sources, and availability of funding. The IPT and *cooperadores* work to ensure that follow-up care is provided and that patients are supported in managing their health.

Pharmacy

Volunteers fill prescriptions and ensure proper documentation in patient medical records under supervision of a medical professional or pharmacy technician.

While many patients are illiterate, it is important not to assume one way or the other. Proper labeling combined with pictorial and verbal instruction help to ensure that medicines are properly taken, and that they are not mixed up between family members or friends.



Community Health and Education

Opportunities for health education are built into each station. During triage or consultation, volunteers listen to what patients have to say about their own health practices and the challenges associated with achieving healthy lifestyles. They offer support or advice on how to make positive lifestyle changes for improved health. During certain trips, there may be a separate community health project, which requires more extensive pre-trip planning. **Please contact your Trip Leader or the Executive Director if you are interested in designing a project.** We welcome and encourage all efforts to engage in broader community health through our medical service trips.

APPENDIX A: History of the Dominican Republic & Recommended Reading

Dominican Republic Facts (US Department of State: <http://www.state.gov/r/pa/ei/bgn/35639.htm>)

Area: 48,442 sq km	GDP: US\$45.6 billion (2009)
Population: 9.65 million (2009)	GDP per capita: US\$4,815
People: 73% mulatto, 16% European descent, 11% African descent	Annual Growth: 3.5%
Language: Spanish	Inflation: 5.1%
Religion: 95% Roman Catholic	Major Industries: Tourism, manufacturing (tobacco, free trade zone textiles), sugar refining, agriculture, construction, mining.
Government: Representative Democracy	Major Trading Partners: USA, Venezuela, Mexico, Colombia, Haiti, Western Europe
Head of State: President Leonel Fernández	

Brief History (<http://www.lonelyplanet.com/dominican-republic/history>)

First arrivals

Before Christopher Columbus arrived, the indigenous Taínos (meaning 'Friendly People') lived on the island now known as Hispaniola. Taínos gave the world sweet potatoes, peanuts, guava, pineapple and tobacco – even the word 'tobacco' is Taíno in origin. Yet the Taínos themselves were wiped out by Spanish diseases and slavery. Of the 400, 000 Taínos that lived on Hispaniola at the time of European arrival, fewer than 1000 were still alive 30 years later. None exist today.

Independence & occupation

Two colonies grew on Hispaniola, one Spanish and the other French. Both brought thousands of African slaves to work the land. In 1804, after a 70-year struggle, the French colony gained independence. Haiti, the Taíno name for the island, was the first majority-black republic in the New World.

In 1821 colonists in Santo Domingo declared their independence from Spain. Haiti, which had long aspired to unify the island, promptly invaded its neighbor and occupied it for more than two decades. But Dominicans never accepted Haitian rule and on February 27, 1844, Juan Pablo Duarte – considered the father of the country – led a bloodless coup and reclaimed Dominican autonomy. Fearing an invasion and still feeling threatened by Haiti in 1861, the Dominican Republic once again submitted to Spanish rule. But ordinary Dominicans did not support the move and, after four years of armed resistance, succeeded in expelling Spanish troops in what is known as the War of Restoration . (Restauración is a common street name throughout the DR, and there are a number of monuments to the war, including a prominent one in Santiago.) On March 3, 1865, the Queen of Spain signed a decree annulling the annexation and withdrew her soldiers from the island.

The young country endured one disreputable caudillo (military leader) after the other. In 1916 US President Woodrow Wilson sent the marines to the Dominican Republic, ostensibly to quell a coup attempt, but they ended up occupying the country for eight years. Though imperialistic, this occupation succeeded in stabilizing the DR.

The rise of the caudillo

Rafael Leonidas Trujillo, a former security guard and the eventual chief of the Dominican national police, muscled his way into the presidency in February 1930 and dominated the country until his assassination in 1961. He implemented a brutal system of repression, killing and imprisoning political opponents. Though he was himself partly black, Trujillo was deeply racist and xenophobic. In October 1937 he ordered the extermination of Haitians along the international border. In a matter of days some 20, 000 Haitians were hacked to death with machetes and their bodies dumped into the ocean.

During these years Trujillo used his government to amass a personal fortune by establishing monopolies that he and his wife controlled. By 1934 he was the richest man on the island. To this day there are many Dominicans who remember Trujillo's rule with a certain amount of fondness and nostalgia, in part because Trujillo did develop the economy. Factories were opened, a number of grandiose infrastructure and public works projects were carried out, bridges and highways were built and peasants were given state land to cultivate.

Caudillo redux

Joaquín Balaguer was Trujillo's puppet president at the time of Trujillo's assassination. Civil unrest and another US occupation followed Trujillo's death, but Balaguer eventually regained the presidency, to which he clung fiercely for the next 12 years. And like his mentor, Balaguer remained a major political force long after he gave up official control. In 1986 he became president again, despite frail health and blindness. He was as repressive as ever and his economic policies sent the peso tumbling.

Dominicans whose savings had evaporated protested and were met with violence from the national police. Many fled to the USA. By the end of 1990, 12% of the Dominican population – 900, 000 people – had moved to New York.

After rigging the 1990 and 1994 elections, the military had grown weary of Balaguer's rule and he agreed to cut his last term short, hold elections and, most importantly, not run as a candidate. But it wouldn't be his last campaign – he would run once more at the age of 92, winning 23% of the vote in the 2000 presidential election. Thousands would mourn his death two years later, despite the fact that he prolonged the Trujillo-style dictatorship for decades. His most lasting legacy may be the Faro a Colón, an enormously expensive monument to the discovery of the Americas that drained Santo Domingo of electricity whenever the lighthouse was turned on.

Breaking with the past

The Dominican people signaled their desire for change in electing Leonel Fernández, a 42-year-old lawyer who grew up in New York City, as president in the 1996 presidential election; he edged out three-time candidate José Francisco Peña Gómez in a runoff. But would too much change come too quickly? Shocking the nation, Fernández forcibly retired two-dozen generals, encouraged his defense minister to submit to questioning by the civilian attorney general and fired the defense minister for insubordination – all in a single week. In the four years of his presidency, he oversaw strong economic growth, privatization and lowered inflation, unemployment and illiteracy – although endemic corruption remained pervasive.

Hipólito Mejía, a former tobacco farmer, succeeded Fernández in 2000 and immediately cut spending and increased fuel prices – not exactly the platform he ran on. The faltering US economy and World Trade Center attacks ate into Dominican exports as well as cash remittances and foreign tourism. Corruption scandals involving the civil service, unchecked spending, electricity shortages and several bank failures, which cost the government in the form of huge bailouts for depositors, all spelled doom for Mejías' reelection chances.

Familiar faces appear again and again in Dominican politics and Fernandez returned to the national stage by handily defeating Mejía in the 2004 presidential elections. Though he's widely considered competent and even forward thinking, it's not uncommon to hear people talk about him rather unenthusiastically as a typical politician beholden to special interests. The more cynical claim that the Fernandez administration is allied with corrupt business and government officials who perpetuate a patronage system different from Trujillo's rule in name only. In 2007 the faltering US economy, the devastation wrought by Tropical Storm Noel, the threat of avian bird flu and continued tension with Haiti provided challenges to Fernandez's reelection campaign.

Recommended Reading

Visit the **Learn & Understand** section under “**Get Involved**” on HHI’s website:
<http://hhidr.org/get-involved/learn-and-understand/>

This page includes articles and books about the health system in the Dominican Republic, the social and political challenges facing Haitians in the DR, and the history of relations between Haitians and Dominicans. Highlighted articles include:

1. Health Systems Profile: Dominican Republic (*USAID and Pan-American Health Organization, 2007*)
Overview of the health care and public health system in the DR. Important to be familiar with terms, current structure, history and development, and challenges to the system. Suggested sections: Executive Summary, Introduction, Context of the Health System, and Monitoring Health Reforms (sections 3.1-3.3)

2. Beyond The Bateyes *Patrick Gavigan (National Coalition for Haitian Rights, 1995)*
Offers a thorough history of Haitian migration to the DR and the roots of the tensions that exist between the two nations and peoples. Also explains the human rights violations that have occurred, and the basic human rights issues relevant to current policy. Keep in mind that much has changed since this was written in 1995, but the context is important to understand. Suggested sections: Introduction, Historical Background, and Immigration Status & Human Rights Violations.

3. Not a Cockfight: Rethinking Haitian-Dominican Relations *Samuel Martinez (Latin American Perspectives, May 2003)*
A response to Michelle Wucker's popular book, "Why the Cocks Fight: Dominicans, Haitians, and the Struggle for Hispaniola." Insightful, piercingly realistic, and provocative, his is one of several perspectives on which to base your knowledge and impressions of the region.

4. Constitutional Changes in the Dominican Republic (Robert F. Kennedy Center for Justice & Human Rights, 2010)
Information on the history and implications of recent changes to the Dominican constitution that impact documentation and rights of Haitians in the DR.
Article: <http://www.rfkcenter.org/node/471>

5. Dominican Republic: Time to Move Forward to Resolve Statelessness (Refugees International & Robert F. Kennedy Memorial Center for Human Rights, May 2008)
Analysis of statelessness from a national policy perspective, plus its manifestations in lived experience. An important current context to understand for anyone working with Haitians in the DR.
Article: <http://www.refugeesinternational.org/policy/field-report/dominican-republic-time-move-forward-resolve-statelessness>

Books

The Farming of Bones by Edwidge Danticat

A fictionalized account of the slaughter of 25,000 Haitians in 1937, during the reign of Dominican dictator Rafael Trujillo.

Why the Cocks Fight: Dominicans, Haitians, and the Struggle for Hispaniola by Michele Wucker
Using the metaphor of cockfighting, the author explores the clash of two cultures sharing the same island.

In the Time of the Butterflies by Julia Alvarez

An account of the Mirabal sisters, four young women who famously resisted Trujillo’s regime.

The Brief and Wondrous Life of Oscar Wao by Junot Díaz

A funny but ultimately sad novel about a Dominican family living in the D.R. and New Jersey.

APPENDIX B: Maps

