

**L'Union Fait la Force:**

**Modern Medicine Meets**  
**Traditional Medicine in Haiti**

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There are great differences in the way medicine is practiced in developed countries, when compared with under developed countries such as Haiti. In recent years modern medicine has worked wonders in the domain of medicine and healing in Haiti. There are treatments and practices available for many ailments which often go untreated and thus prove fatal in Haiti. These treatments can be optimally implemented in Haiti by having the two forms of medicine unite in a common effort to help the Haitian people. The goal of this paper is to assess how modern biomedical practices can be more effectively integrated into the medical culture of the Haitian people. This will be discussed through five main points: (1) pertinent beliefs of the Haitian culture which have direct bearing on their concepts of medicine, (2) the history of traditional and modern medicine in Haiti, (3) factors considered by patients when deciding which form of medicine to use, and (4) past biomedical ventures in Haiti- their successes and shortcomings. (5) Ultimately this paper will examine suggestions to better incorporate modern medicine into the culture.

### **Background: The Basics of Acculturation**

In anthropology, culture is defined as learned behaviour passed from generation to generation, primarily through the means of language (Bisson, 2006 lecture). By this definition, medicine and medical practices are very much a part of the culture to which we identify ourselves. We are raised with certain beliefs and theories about both illness and remedy, many of which stick with us throughout our lives and are passed on to subsequent generations. The field of anthropology is concerned with the reasons and process of cultural change. We have come to know that cultures are often changed and

modified when in contact with a foreign culture. Some aspects of the native culture will remain unchanged, some will remain and be influenced by the new culture and some will be replaced altogether. This process of cultural change is termed acculturation (Bisson, 2006).

A study of the past five centuries reveals that there were rapid advances in many domains in the Western world: scientific, technological and ideological. As Western countries colonized more primitive lands, there were great clashes between the indigenous people and the colonial people, a result of the vastly differing cultures being forced into co-existence. The very premise of colonialism is ethnocentric: the colonizers see their beliefs and values as superior to those of the indigenous people and try to impose their culture on the natives. However, it is obvious that acculturation is not a simple replacement of one culture by another, evidenced by the fact that many cultures have resulted from the mixing of distinct cultures.

Modern biomedical knowledge is no exception to this pattern; Western societies have carried their medical practices abroad (both in colonial and current times). Wherever modern medicine has gone it has found a rival among the native peoples' healing practices. Many people retain their beliefs in traditional medicine while partially accepting the practice of western biomedicine. This is the focus of the domain of Medical Anthropology (van der Geest, 1979).

This study will examine the incorporation of modern medicine into the primitive culture of the people of the Republic of Haiti. Since the colonization of Hispaniola by the Spanish, Haiti has been plagued by a series of epidemics. The native Indians, the Arawaks, were essentially exterminated as a result of yellow fever, a plague brought by

the Spaniards. The imported slaves from Africa suffered great epidemics of yaws and yellow fever (Parsons, 1930). This history of severe epidemics continues today with HIV/AIDS and tuberculosis, as Haiti is the most infected country outside of sub-Saharan Africa (Cohen, 2006).

## **Underlying Beliefs of Haitian Culture**

In order to adequately examine Haitian medical behaviour, it is necessary that we first establish an understanding of the beliefs which underlie their behaviour and decisions. The Haitian culture is largely based on specific religious and superstitious beliefs. Very rarely do Haitians change their beliefs. They are very much a part of them, and are a key determinant of all behaviour.

The first foreigners on the island of Hispaniola were Europeans, who brought their religions with them, and imposed them in a manner very typical of colonialism. The slaves who were brought over were taught in the ways of Catholicism and were 'converted'. To this day the Haitian people have preserved their devout beliefs to the Christian tradition, the majority being Catholic with protestant groups also represented (principally Baptist and Adventist).

When African slaves were brought to the island of Hispaniola in 1500's they brought with them the practice of a local religion: vodun or voodoo. From the very beginning, this religion has played an integral part in the development of Haitian culture and society. According to many Haitians, their nations' victory over the French in 1804 is attributable to a vodun ceremony officiated by a national hero, Boukman at Bois Caïman (Dayan, 1995). Vodun has retained its influential power over the country to the present

day. It is estimated that approximately  $\frac{3}{4}$  of the population are involved with vodun (Leyburn, 1966).

Although colonialists pushed these beliefs on the slaves, acculturation was the result, which is not a discrete replacement of deep-rooted beliefs. The resultant religious beliefs and practices for a majority of Haitians is a syncretic blend of the two: Christianity with a strong vodun influence. This is seen primarily among the followers of the Catholic faith. Those who have been 'converted' or who are affiliated with protestant denominations often denounce vodun and its associated practices and rituals (Dayan, 1995).

Aside from structured religious adherence, many cultures have certain traditions and beliefs regarding pregnancy, childbirth, adolescence, sickness, aging and death (Masi et al., 1993). These informal beliefs or superstitions are very prevalent throughout almost all of Haitian culture. These beliefs along with religious beliefs make up a culture's approach to disease and healing.

One of the most important stigmas to the Haitian people is blood. They relate many unpleasant experiences and misfortunes to blood dysfunctions (Farmer, 1990). Among followers of the vodun tradition, it is believed that loa (or sub-Gods) live in the blood, and can thus affect people's health (Dayan, 1995). It is common to hear adjectives such as thick, weak, bitter or unclean applied to the quality of one's blood. A major manifestation of blood that has great significance in many cultures is menstruation. Menstruation is seen as the body's mechanism of dispelling unclean blood. This is significant as people often self-diagnose illness based on the volume of their period. A lighter than usual period may signify that there is too much dirty blood in the system and

could cause illness. In addition, as not enough blood is dispelled it is thus thought to be a cause of hypertension. Conversely, one may worry if a period is heavier than expected, for the increased loss of blood may cause susceptibility to illness (Scott, 1978).

Other stigmas exist in Haitian culture as well. These include the hot/cold paradigm in which illnesses, foods, medicines and environments are all judged as either being hot or cold. To ensure health one must maintain the proper balance of hot and cold factors. This is significant because one will often refuse to take a cold medication if the condition is classified as a 'cold' illness (Scott, 1974). Another widespread superstition is the notion of gas; gas is thought to flow through the body but may occasionally pool or accumulate in a specific location causing pain or inflammation. When remedies are taken medical practitioners are often asked where the gas will go once dispersed from the affected area (Hess, 1983).

The religious and superstitious beliefs discussed are significant to medical practitioners and anthropologists. As they strive to understand how they may best implement modern medicine in Haiti, it is crucial to first understand the cultural and ideological background of the people.

## **History of Medicine in Haiti**

Many anthropologists have identified multiple medical systems in practice in Haiti. These are classed in many different ways, but we will group them into three categories: domestic medicine, spiritual (voodoo) medicine and modern biomedicine.

The oldest medical system practiced on the island of Hispaniola is the domestic medical system (or natural medicine) which had been practiced for centuries by the

indigenous people, the Arawak Indians. Domestic medicine can be described as being practices in which the individual seeks health, often without consulting a biomedical practitioner. This involves the use of home remedies (remèd lakay) or the country's remedies (remèd peyi a). The island is rich in leaves and natural ingredients which have traditionally been used in healing. It is commonly believed that all leaves have a medicinal use. Many theories exist regarding topically-applied naturally-occurring substances (rice water, oils, plasters) and ingested foods (lemon juice, sour oranges, garlic skin, ginger). Other more general guidelines are promulgated as well, such as: one should not eat rice or heavy food before sleeping, one should maintain the hot/cold balance, and one should avoid being soaked in the rain (Hess, 1983). Hess explains that domestic medicine continually adds new procedures, remedies and traditions. Parsons (1930) proposes that many of the current practices of domestic medicine were actually introduced by the French in the early 19<sup>th</sup> century (biomedical techniques long outdated). The expert of domestic medicine in a Haitian community is the local doktè fèy (leaf doctor), who may or may not be associated with voodoo medicine. Domestic medicine is very important as it is often the first system consulted when malady strikes.

However, today's inhabitants of Haiti are not descendents of the Arawaks. Their most ancient mode of medicine is not the Haitian domestic medical system, but rather the voodoo medical system (also known as supernatural or personalistic medicine). Medical practitioners involved in this supernatural medicine are called houngans, mambos or bokors, who essentially double as religious practitioners. It is believed that a number of maladies are caused by the intervention of another being? (either human or non human). If the aggressor is another individual it is believed that they use charms (called wangas),

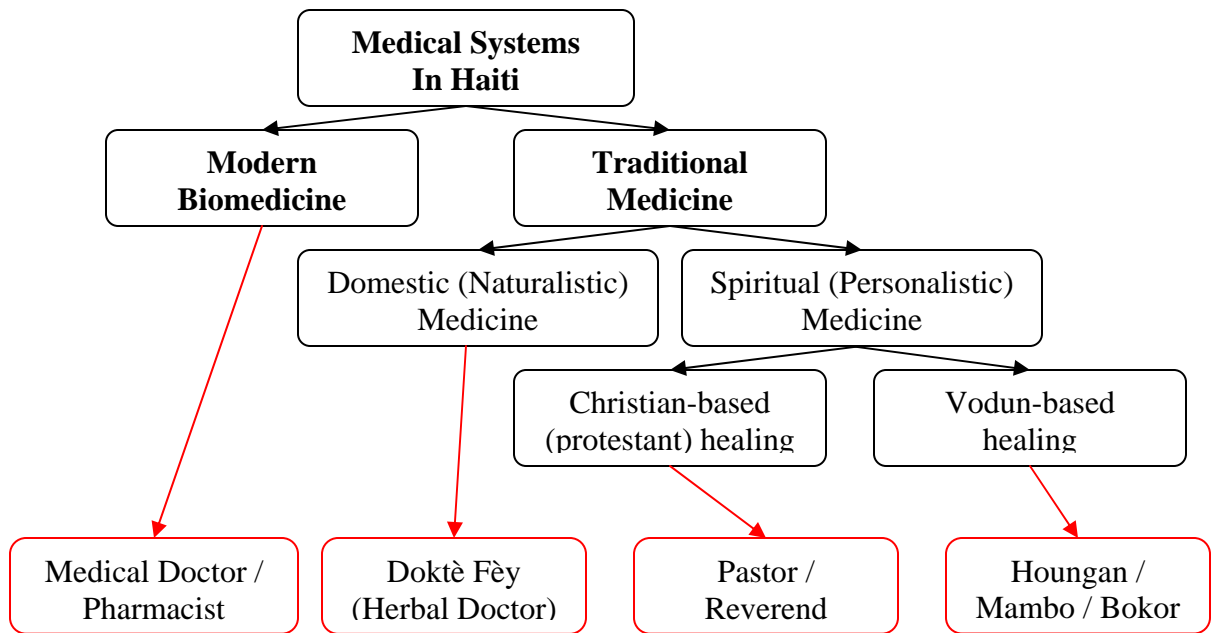
potions or powders to afflict their target. One may see a houngan to have a spirit (mystè or mò) sent to the victim who will then fall ill or die (Foster, 1978). The victim may choose to consult a houngan, mambo or bokor; these priest-healers are employed to commune with spirits and with deity, who inform them of the source and reason for the aggression. They can in turn use magic to create an “arèt” or guard against the assault (Leyburn, 1966).

Parsons (1930) divides the history of modern medicine in Haiti into 3 time periods: French colonial period (until 1804), independent period (1804-1915), American occupation period (After 1915). The first military hospitals were established in Haiti in approximately 1700, and by the end of the 18<sup>th</sup> Century the notion of public health was beginning to emerge. Western medicine was slowly increasing in popularity up until the time of the slave revolt. In 1804 Haiti gained independence from the French. Dessalines, the first Haitian president, was very extreme in his sense of the revolution, and once in control, he expelled nearly all whites from the country, leaving the country devoid of modern biomedical professionals. Parsons writes of this situation: “When independence arrived, progress ceased. As we measure progress today, and by our standards of civilization, everything stopped” (1930, p.46). Gradually modern medicine found its way back to Haiti, but it was not widespread until the American occupation in the early 20<sup>th</sup> century. We can thus understand why modern medicine is so foreign to Haitians; it is still very young in comparison with other medical systems that have been available to the Haitian people for centuries.

## **Selecting a Medical System: a Patient's Rationale**

The three distinct medical systems in Haiti are: domestic medicine, spiritual medicine and modern biomedicine (See Fig. 1 for the relationships between medical systems. Note that traditional medicine is comprised of both domestic medicine and spiritual (supernatural) medicine. The practitioners of each medical system are denoted in grey). The problem facing many anthropologists is determining the factors that Haitians consider in choosing which medical system they will consult. It is important to recognize that there are multiple facets to illness which must be considered in assessing medical behaviour. These different facets influence the choices made by an individual in choosing medical care (Hess, 1983). Press (1982) explains that illness is more than a simple physical malady; it drastically affects many aspects of life and behaviour. The three elements in making health decisions are: cognitive (beliefs, ideals), social, and economic (Van Binsbergen, 1979). We will consider each of these and then look at deciding factors specifically regarding which form of traditional medicine will be used.

**Figure 1: Medical Systems and Medical Practitioners in Haiti**



Cognitive elements play a key role in the decision making process. Press (1982) states that people often strive to view their condition in a way that makes sense to them, regardless of scientific facts. He proposes that healing will only be possible if the patient is comfortable with the symbolic elements of the system. Van Binsbergen (1979) notes that there is a cognitive overlap between traditional and modern medicine among the African people. This is to say that most people don't make a concrete distinction between the two forms of medicine, and feel that medical care is medical care. I propose that this generalization can be applied to the people of Haiti as well.

Economic elements are also important when a patient is choosing a medical system. 'Accessibility factors' are defined by Van Binsbergen (1979) as factors dealing with the money and time investment required in seeking medical consultation. Seeing a doctor in Haiti often requires significant investment of time and financial resources,

especially if the individual lives in a rural community. Often it is simply easier to consult with a local houngan than a distant medical doctor. This simple disparity in the accessibility of different medical systems may dictate the decisions made by individuals.

Social elements must not be forgotten when one is making this important decision. One must consider the advice and instruction received from an elder or one who is respected. In many cases this social impact has the greatest bearing on medical decisions (Hess, 1983). The traditional medicine alternative to modern medicine may provide the patients with crucial elements of their social lives (Van Binsbergen, 1979). Another social difference noted between traditional and modern medicine is the level of respect and sensitivity given to one's personal beliefs and one's own understanding of ones own illness. Press (1982) states that "Biomedicine abandoned concern for the 'whole person,'" (p.181) he goes on to elaborate:

Western medicine is largely divorced from everyday concerns, it is derived and controlled by scientific, political and industrial sources outside the local community; it is taught outside the community and its paradigm allows little or no input from personal symbolic phenomena.

(Press, 1982, p. 196)

The kinds of relationships between medical practitioners and their patients are very influential in the future decisions of their patients. If an individual feels at ease with their doctor, they will be more likely to return to that doctor and comply with the directions issued.

There are factors influencing Haitians who choose to stay with the traditional medical system which determine the form of traditional medicine selected. Among the

population who primarily adhere to traditional medicine, there are two groups of Haitians: those who classify illness to determine their course of action and those who first turn to domestic medicine no matter the illness. The first group makes a clear distinction between person-caused illness and naturally-caused illness. Certain illnesses are recognized as being personal illnesses; these are caused by someone, either another person (usually out of jealousy or spite) or a supernatural being (God, loa, mystè or mò). Natural illnesses are those that result when the body doesn't maintain the necessary equilibrium (blood, hot/cold, eating habits, etc...), and are simply a natural cause-effect mechanism unrelated to other beings (Foster, 1978). Once the person identifies whether the illness is personalistic or naturalistic they will then be able to consult the appropriate medical practitioner for healing. However, many Haitians don't subscribe to this illness classification model. When illness strikes, it is the common first response to turn to *remèd peyi yo*, or natural remedies (Scott, 1974). These practices constitute domestic medicine. Hess (1983) remarks that the use of these home remedies are unrelated to economic or educational status, but are rather intimately tied to culture. She also states that most people don't truly understand why their treatments worked, but that "the behaviour is simply what one does" (p. 124). After individuals have undergone naturalistic treatments without effect, they will then consult one of the other medical professionals (medical doctor, houngan or pastor).

As was noted in section 1, the beliefs between Catholics and Protestants in Haiti are much more varied than we may note in North America. When domestic medicines prove unfruitful, followers of the Catholic tradition will often turn to their houngan to seek the desired medical results. In contrast, the followers of Protestantism will turn to

their pastor to seek his healing abilities (Hess, 1983 & Scott, 1974). Many choose these spiritual healing methods because they are significant to them, as they are very closely linked to strong interpersonal relationships with other members of the community. The houngan or pastor often holds a position of very high social standing in the community, analogous to what might be seen in any highly religious area. Hougans are thought to wield great power:

Houngan and Mambo are thought to have power to cure illnesses caused either by adverse magic of one's enemies or by a loa; they are not able, however, to cure sickness sent by the Christian God. (Leyburn, 1966, p. 157).

On top of cognitive, social and economic factors these specific traditional beliefs are very important to consider when assessing the factors for choosing a medical system. Religious beliefs are often the most deep-seated thoughts an individual may have.

### **Attempts at Incorporating Modern Medicine – Indigenization**

As was shown in the study of the medical history of Haiti (section III), we see that the incorporation of modern medical practices into Haitian culture is not a new endeavour. Since colonial times, Westerners have brought their practices of biomedicine to the people of Haiti. More recently, significant efforts have been made to bring advanced techniques to this afflicted country. As the focus of this study is on increasing the effectiveness of the incorporation of modern medicine in Haiti, it is requisite that we review recent attempts and identify strengths and weaknesses of each of the initiatives.

We will examine several key initiatives undertaken recently in Haiti, namely: support groups, medical services, educational initiatives, and localized pharmacies.

Before we can consider specific cases of introducing modern medicine in Haiti we must understand another key concept: indigenization. Indigenization is closely related to acculturation. It is defined as “the process of transformation that often occurs when social institutions developed in one social context are transplanted into a totally different social context.” (Coreil & Mayard, 2006, p.128)

In North America, support groups have proven very helpful for many individuals affected with certain ailments. They have primarily been successful among those of the upper socio-economic status. Social groups in North America are designed for the individuals to get together and share their problems and experiences with one another. This has been successful in both educating and encouraging those with the condition (Coreil & Mayard, 2006).

A study was performed among Haitian women in both rural and urban areas with Lymphatic Filariasis, known locally as *gwopye*, a condition of the lymphatic system causing severe and painful swelling of the lower extremities. LF is caused by the parasite *Wuchereria bancrofti* and is transmitted by mosquitoes. However, according to Haitians the causes of the disease are significantly varied. It is speculated that the condition is a result of: sorcery, foot injury, exposure to the cold, worms, or submersion in dirty water. In North America, a simple treatment method is available. It is very simple and involves basic hygiene and physical therapy. The purpose of establishing the support group in Haiti was to educate the women on the treatment procedure and to provide social support.

The concept of support groups lent itself perfectly to indigenization. It did not take long before the support groups became distinctly Haitian. It was noted that the Haitian women were not interested in sharing stories about their illness, as this is seen in their culture as fruitless. They preferred to share beneficial information about economic ventures. “The support groups were transformed from a support group focused on education and coping with an affliction into a locally relevant self-help organization, with roots in indigenous Haitian mutual aid institutions, but clearly influenced by contemporary socioeconomic realities” (Coreil & Mayrand, 2006, p.136). The most commonly stated benefit of the support groups was completely unrelated to the disease itself; the learning of practical skills, such as crafts, cooking, sewing, and floral decoration. Some of the women even started independent businesses with the skills learned in the support groups. They were able to identify 4 factors that were key to the participation of the Haitian women: varied activities, training in applicable skills, spiritual elements, provision of a hearty meal. It was clear that the concept of a support group was viewed quite differently for the Haitian women than it is generally viewed in North America, there were significantly different goals and priorities.

Many medical services are now being offered in Haiti; however, one of the major problems encountered in introducing modern medicine in Haiti is that of compliance. When an individual has the desire and opportunity to see a practitioner of modern medicine they often do not comply with the recommendations made by the doctor, thus they cannot receive the full benefits of biomedicine. Compliance is often dependent upon cultural traditions and values which take precedence over the counsel given to one by a doctor (Masi et al., 1993).

Over the past five years, the prevalence of HIV/AIDS among adults in Haiti has dropped from 6.1% to 3.8%. Many people have hastily attributed this marked decrease to people's changed sexual behaviour as a result of the many educational campaigns that have recently been promoted in Haiti. However, it has recently been shown that the main factor in contributing to this decrease is mortality. Patients are dying faster than others are being infected. It appears to be unrelated to an increased awareness or success from educational initiatives, as many people's sexual attitudes have remained unchanged. This too is evidence of indigenization as many people combine and confuse principles they have heard about HIV/AIDS with cultural traditions and remain largely ignorant of certain important aspects of the disease (Boulos et al., 2006).

Indigenization is very clearly manifest with the introduction of a small health clinic in rural Haiti. In the late the 1980's, a program called the "Rural Health Delivery System," took over a small dispensary in the rural town of Jeanty. The program was run by a combination of American administrators and Haitian nurses and practitioners. Although unforeseen by the American advisors, the introduction of this new institution in Jeanty played a large role in village politics. Villagers claim that the project allowed a certain group of individuals in the community to have control over the institution for their own benefit. Villagers were often deliberately mocked and publicly humiliated in front of other patients to teach principles of hygiene and nutrition. The people were very intimidated by those who worked at the dispensary:

They [the health care procedures] thus reproduce the social relations typically found in the interface between formal national institutions and members of the rural or urban poor in Haiti: social relations that are

formal, authoritarian and partially inscrutable to the petitioners from below. (Brodwin, 1997, p.78)

It is easy to see how one might not feel comfortable with modern medical practice when it is administered in such a fashion. This is a great retardant to the development of modern medicine in Haiti, as reliance on traditional practices results from insecurity to trust and rely on corrupt modern medical practices (Van Binsbergen, 1979).

### **Strategies for Future Implementation**

Over the years, many efforts have been made to incorporate modern medicinal practices in Haiti. As shown in this study, this is not an easy task. Economic, social, political, cultural, cognitive and ideological factors all play a large part in the difficulty of this task. Though complicated, this is an effort which must continue. The country of Haiti is in dire need of the treatments which are available in North America. As a global community, we have the responsibility to aid those in impoverished countries such as Haiti. There are currently initiatives in place in Haiti that will continuously improve the quality of life of many thousands of people. It is important that these organizations continue their work, but there is still much more that can and must be done. We will look at some methods proposed to reduce economic barriers (to increase accessibility to treatment), and others which will reduce cultural and social barriers, with the ultimate goal of increasing medical treatments available to the Haitian people.

Structural violence is one of the primary reasons that major epidemics are so frequently propagated in Haiti. Arachu Castro and Paul Farmer (2003), professors of Medical Anthropology at Harvard University, define structural violence as factors which

predispose a certain population to disease and limit treatments available to them. This includes racism, sexism, political violence, unfair foreign policies and poverty. Structural violence plays an enormous role worldwide: “Structural violence, at the root of much terrorism and bombardment, is much more likely to wither bodies slowly, very often through infectious diseases” (Farmer, 2001). Castro and Farmer feel that one of the greatest ways to improve medical treatment in Haiti is to decrease structural violence: “Health policy should concentrate on equity plans and invest heavily in efforts to redress the social and economic forces that have led the poor to be so at risk of infectious diseases in the first place” (2003, p.S23).

Farmer’s organization—Zanmi Lasante—currently runs a clinic (Clinique Bon Sauveur) in a rural town called Cange. Zanmi Lasante provides modern anti-retroviral drugs to those who would otherwise not have access to these treatments. There are a few similar private institutions, which aim to reduce structural violence and increase accessibility of proper treatment. They attempt to break down the economic barriers to medical treatment. These programs have made a great difference in the lives of many Haitians, yet more funding and support is needed to help these young programs to grow and develop.

Recently, a program called “Directly Observed Therapy” (DOT) has been established in Haiti as a means to increase compliance. Through this program the supporting clinic can be assured that the patients are adhering to the guidelines prescribed to them. The community health organization assigns accompagnateurs—liaisons between the clinic and the patients—who are responsible to visit each of their patients in their homes at least once daily. They observe the patient take a dose of their treatment each

day. They also prove to be a great source of psychosocial strength to their patients. This program not only reduces economic barriers (by providing drugs at a low cost), but also reduces cultural barriers to medicine, by having medically trained locals visit the patients to ensure adherence. Although the program has only begun recently, it has already proven highly effective. Compliance has increased and medical professionals have been more successful in integrating modern medical practices in society (Behforouz et al., 2004). Though successful, this program requires much more support than it is currently receiving as well.

Modern medical practices will see increased success in Haiti as they come to resolve the problems discussed in Section V. Scott (1974) quotes Schwarz in saying: “where medical treatment is quickly effective, dramatic and evident, it will prevail over others” (p.69).

While the above programs have been successful in reducing economic barriers to modern medical treatment, most of these do little to reduce cultural (cognitive) and social barriers. Van Binsbergen (1979) states, “if the accessibility factor was taken care of, yet people would not, and could not, embrace cosmopolitan medicine overnight and wholeheartedly” (p.169). The best way to accomplish this feat is declared in the motto of Haiti, proudly displayed on the country’s flag: “L’Union Fait la Force,” or ‘unity yields strength.’ The only way medical care can be optimally provided to Haitians is for modern medicine and its practitioners to work hand-in-hand with the existing medical infrastructure. It is impossible for modern medicine to entirely replace engrained traditional medical practices.

One of the most successful pioneers of modern medicine in Haiti was an American doctor by the name of Paul Wilson. He saw such great success in his practice of modern medicine in Haiti for a number of reasons: he had a love for the Haitian people, he lived among them, and he gained their trust through demonstrating respect for the Haitian culture (Parsons, 1930). If modern medicine is to be successfully and widely propagated throughout Haiti, it is requisite that biomedical practitioners be aware of and sensitive to the culture and beliefs of their patients. They must earn the respect and confidence of the natives by not trying to override the traditional treatments available to them. This will happen as programs are introduced in Haiti which allow for indigenization. The programs must become the people's own; they must feel a sense of ownership for the initiatives if they are to work and be promoted in the community.

One example previously studied is the use of support groups. Coreil & Mayard (2006) strongly recommend this method, as they proved to be an effective and cost-effective medium of providing health education to women with LF. Most importantly it was in their control and presented in a manner suited to their physical and cultural needs.

Another method which has been proposed is the introduction of educational initiatives to target specific aspects of the culture. Cassagnol et al. (2000) explain that there is somewhat of a contradiction in the cultural mindset regarding the role of males. Haitian culture traditionally defines manhood as one who protects their families, notwithstanding the seemingly opposed mentality that it is manly to engage in sexually risky behaviour. They propose that educational initiatives be introduced promoting the image of a man who protects his family even from the risks of sexually transmitted disease.

As the poorest country in the Western hemisphere and the country with the highest death rate caused by infectious disease, Haiti is in dire need of the modern medical procedures available to people of the developed world. Many programs and organizations are currently working for the goal of increasing the accessibility and demand for modern medicine in Haiti. Hopefully many more will be introduced in the near future. For these programs to have the intended success, it is prerequisite that they be sensitive, respectful and aware of the Haitian culture. To ensure this, Joralemon (1999) suggests that medical anthropologists be involved in designing and implementing these programs: “Medical anthropologists add a cross-cultural dimension that can help to correct the bioethical myopia that sees universals in Western values” (p.115).

Acculturation is a process which requires time and co-operative effort. Modern medicine is still new and foreign to most Haitians; as such it must be heavily indigenized before it can be meaningful to them. Modern day miracles await the island nation of Haiti as practitioners from the three medical systems learn to come together in unity, as stated by the country’s motto.

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