

# Chicago Tribune

## **'I've seen more death than anyone should'**

### **Despite the sickness and tragedy, a Chicago-born doctor wouldn't want to be anywhere but in desperate Haiti**

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LASCAHOBAS, Haiti -- With only a stethoscope in hand, David Walton hustled out into the darkness to save another life.

Heading down a muddy path, the Chicago-born, Skokie-raised physician arrived at a wood shack where 6-year-old Roodensky Camille was gasping for breath. The boy's face and belly were grotesquely swollen by kidney failure.

"He's dying," the doctor said, pressing the stethoscope to the boy's chest.

For the next two hours, Walton worked methodically to save Roodensky. He had the boy carried several blocks to a medical clinic, where he was given oxygen and drugs to make him urinate and expunge the fluid that was killing him. Having done all he could, the doctor stepped back to see if the medicines would work.

"I'm 30 and I've seen more death than anyone should see," he whispered. "Kids. Adults. It's awful."

Yet despite the sickness and tragedy and loss of life, the Harvard-trained doctor made clear that he wouldn't want to be anywhere but in desperate Haiti, in this isolated little town, where he has spent five years helping transform a nearly dysfunctional clinic without even an X-ray machine into the area's most important medical facility.

While Walton could have sought out a comfortable practice somewhere in the U.S., he works 16-hour shifts and eats mostly rice and beans while tending to peasants who travel by bus or on foot for a half day or longer to be cared for by the physician known here simply as "Dr. David."

When the patients can't come to Walton, he goes to see them.

Walton spends weekends in blistering heat hiking across Haiti's mountainous Central Plateau, past naked children bathing in streams and barefoot peasants lugging firewood, to care for Haitians with AIDS, malnutrition and other ailments. He carries only his stethoscope.

"My belief is that health care is a fundamental human right," he said, "and when people don't have access to health care it's an egregious abuse of human rights."

Walton's care is free, but his impoverished patients try to pay him back any way they can.

Marie Marthe Dine, a 32-year-old infected with HIV, sent a relative 20 feet up a tree to knock down a few coconuts after Walton paid a house call at her mountainside hut. Two men hacked open the coconuts with machetes so Walton could quench his thirst on the liquid inside.

"He's bon bagay," said Celeste Gislene, a 52-year-old Lascahobas resident, using the Creole phrase for "good guy." "The people love him here."

His journey

The son of a physician, Walton was born on Chicago's South Side and raised by his divorced mother in north suburban Skokie, a place Walton still considers home even if it was there that he "learned to deal with being different."

"When we first moved there in 1977 we were one of the few non-Jewish families around, let alone being black," Walton said. "As I got older, the complexion of the neighborhood changed. Skokie is now a very different place."

A 1994 graduate of Niles North High School and later Augustana College in Rock Island, Walton has a concern for the poor that is rooted in youthful travels with church and school groups to Africa and Latin America.

One pivotal experience took place in La Paz, Bolivia, where Walton entered a spectacular building housing a brain surgeon and other doctors treating the wealthy while, nearby, a long line of impoverished Bolivians waited for care at a decrepit public clinic.

"This juxtaposition, this differential access to care, really, really affected me," he said. "Somehow, some way, I wanted to deal with these access-to-care issues."

Two weeks after starting Harvard Medical School, Walton met Dr. Paul Farmer, a professor and a founder of Partners in Health, a Boston-based non-profit organization credited with improving the treatment of HIV/AIDS patients in Haiti, Rwanda and other countries.

Walton became Farmer's research assistant and in 1999 traveled with Farmer to Haiti to work at the PIH medical center in Cange, a squatter settlement about 12 miles northwest

of Lascahobas.

'One in a thousand'

Walton has returned to Haiti each year since. He now works half the year at the organization's clinic in Lascahobas through a special residency program at Boston's Brigham and Women's Hospital that pays him \$50,000 a year and allows him to split time between Boston and Haiti.

Farmer described Walton as "one in a thousand" for his "persistence and humility" -- two qualities he said are rare yet vital in successfully practicing medicine in impoverished Haiti.

"Haiti is a tough assignment," Farmer said. "You've got to have a lot of patience and perseverance, and you've got to be willing to go back [to Haiti] again and again. Over the years, his commitment to Haiti has shown."

After Walton's four-year residency ends in June, he will become an attending physician at Brigham's Division of Social Medicine and Health Inequalities. He will be able to spend up to nine months a year in Lascahobas, where he lives in tough conditions.

Walton shares a house with nine clinic employees and bathes using a bucket of cold water. He eats mostly rice and beans because that's the local cuisine. PIH pays for Walton's food and housing.

At night, Walton's sparsely furnished bedroom is swarming with mosquitoes, and he takes medicine to prevent malaria. There are few diversions other than reading or, as he did on a recent evening, cracking open a beer and watching the movie "Blood Diamond" on his laptop computer.

"I don't have an emotional outlet," said Walton, who is single. "I see death. I see illness. I see terrible things every day. I just keep it to myself. It's hard."

Yet Walton says he would "never give up this work."

Where needs are greatest

One reason Walton has chosen to practice medicine in Haiti, where the public health system has collapsed and private care is out of reach for most Haitians, is that the needs here are so great.

He also feels exhilarated working independently, even though it can be scary.

Last month, Fanor Roland, a 42-year-old with HIV and tuberculosis, came into the clinic struggling to breathe. After taking an X-ray, Walton determined that Roland had fluid pressing against his heart. He decided to drain it using a 2-inch needle.

In Boston, Walton would have been able to consult with a cardiologist and use special equipment to see inside the chest cavity and ensure he was plunging the needle in the right place. But in treating Roland in Haiti, Walton was on his own.

"I was scared I was going to kill him," Walton said. "I could have stuck the needle in the ventricle, and that would have been catastrophic."

Fortunately, Walton hit the right spot. "If it hadn't been for the doctor, I'd be dead," Roland said several days after the procedure.

Still, Walton is often frustrated. It took months for the clinic's broken X-ray machine to be replaced this year because none was available in Haiti. And Walton has to make gut-wrenching decisions about who is admitted to the clinic's 15-bed in-patient ward because it is usually full.

That problem, however, should be resolved in December when PIH is scheduled to open a 50-bed hospital outside Lascahobas with a \$469,000 grant from AmeriCares, a U.S.-based disaster relief and humanitarian aid organization.

'Failure of public health'

Many of Walton's patients suffer from preventable illnesses. As he went on his rounds at the in-patient clinic, he stopped at the bedside of Mikaelle Louis Jeune, an emaciated 9-year-old girl with typhoid.

"Every case of typhoid is a failure of public health," Walton said. "That girl, if she had clean water, wouldn't be in the position that she's in."

Walton often tackles what he calls the "non-medical" causes of disease rooted in Haiti's poverty.

Patients come to him requesting help with everything from repairing a shack's leaky roof to purchasing seeds to starting a little business. PIH covers most of the costs, but Walton often digs into his own pocket to help out.

Dine, the woman infected with HIV, told Walton that her business went under last August. She had been selling peas in Port-au-Prince, Haiti's capital, but the vehicle she was transporting them in crashed and the food was stolen.

On top of that, Dine's boyfriend abandoned her in January after learning of her medical condition.

Without his financial support, Dine's four children were going hungry, including an 8-year-old daughter who also is HIV-positive.

She asked Walton for \$170 to get back on her feet.

"Why didn't you come to me before?" Walton asked.

"Because I was ashamed," Dine said.

"Come see me at the clinic," Walton responded. "I'll see what I can do."

Later Walton said: "There is no magic pill. I don't elevate people from abject poverty to middle class. We don't have a lot of money, but day by day things are getting slightly better."

Roodensky, the boy with kidney failure, also was improving under Walton's care. Three days after he was rushed to the clinic, the swelling was down and he was breathing easier.

"How are you, chief?" Walton asked the 6-year-old during morning rounds.

"I'm not bad," the boy whispered, slowly lifting his left arm to shake his doctor's hand.