

A tropical beach scene with palm trees and a boat on the shore. The background shows a cloudy sky and a body of water in the distance. The foreground is a sandy beach with several palm trees and a small boat resting on the shore.

# EYES

FOR

HAITI

DR. HAL CROSSWELL

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Christian Love in Action

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By Hal H. Crosswell Jr., MD  
Edited by Arlene Andrews

South Carolina United Methodist Advocate Press



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# Foreword

This book is dedicated to all the volunteers working through United Methodists Volunteers in Mission and the Methodist Church of Haiti, all who have demonstrated Christian love in action to make this program possible.

It should be noted that UMVIM came to be because of the efforts of Dr. Michael C. Watson, and without this organization, this program would never have happened.

As coordinator of ophthalmology services in the Caribbean region for UMVIM for more than fifty years, God has given me the opportunity to be associated with some of the most talented and dedicated Christians in the world, who include ophthalmologists, optometrists, dentists, nurses, pharmacists, pharmaceutical representatives, opticians, biomedical technicians, construction personnel, electrical engineers, ministers and many wonderful lay people, all of whom helped to make this program so successful.

Also a blessing is that my wife, Kathy, an ophthalmic surgical nurse, was equally as passionate about the program and traveled with me to work on all teams.

This program would not have been possible without the generous contributions of surgical supplies and medications by many of the pharmaceutical companies.

Generous contributions by many churches and individuals, especially from Shandon United Methodist Church in Columbia, South Carolina, have enabled us to continue this program for the last fifty years to provide much-needed eye care for the people with visual problems in the Jérémie region of Haiti.

Because of this program with its many volunteers and supporters, thousands of Haitians have been given the gift of sight.

“And the King shall answer and say unto them, Verily I say unto you, inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me” (Matthew 25:40 KJV).

We have all been given different talents by God, and if we use them to help those who are in need, we can certainly help to make this world a better place.

—*Dr. Hal Crosswell Jr., May 2024*



Dr. Hal Crosswell with one of his favorite patients.

# Chapter 1

## The Beginning

In November 1968, I received a telephone call from Dr. Michael C. Watson, a family practitioner in Bamberg, South Carolina, and founder of the United Methodist Volunteers in Mission program. He asked if I would agree to meet with him at Trenholm Road United Methodist Church in Columbia to discuss my involvement in a volunteer medical program.

At that time, Mike was serving as medical advisor for United Methodist Committee on Overseas Relief. Mike had received a call from the chief executive of the United Methodist Committee on Overseas Relief, telling him they had received a request for medical assistance from Anguilla, a small island in the Caribbean, as there was no physician on the island at that time. I learned that Anguilla was a small island in the Caribbean Sea's Leeward Islands. It is a British overseas territory with a population of approximately fifteen thousand people of both Irish and African descent. The island itself is approximately thirty-five square miles measuring three miles in width and seven miles in length. The principal industry on the island was the manufacture of salt from seawater and fishing for lobster. Many of the younger inhabitants would leave the island for employment and send money back to their families.

At the meeting with Mike, I learned that several general practitioners from South Carolina were already providing short-term medical care for the people of Anguilla. These doctors had noted a high incidence of eye disease, including cataracts and glaucoma, with no eye care available. Mike asked if I would agree to recruit ophthalmologists to help with this situation. I was

also asked to serve as coordinator for ophthalmological services in the Caribbean for what was to become the United Methodist Volunteers in Mission program. I agreed to serve in this position with plans to organize eye teams to help deliver eye care to the people on the island.

Eye teams were organized with plans for each team to be there for two weeks to provide eye care for the people. Arrangements were made to accommodate the teams at Lloyd's Guesthouse, which was located near the hospital in The Valley section of the island. A small hospital was in this region where we were able to set up a small room for eye exams. There was one small operating room, which we used for surgery. There was no air conditioning, with all areas open to the air, which led to uninvited guests in the operating room at times. It was necessary for each ophthalmologist to bring his own surgery instruments with him.

As there was a high incidence of cataracts in the population, hundreds of cataract operations were performed by these teams during the time of this program, in addition to procedures for pterygium and eyelid problems. This program continued until 1974, when the British government began providing medical care for the people there. It is important to note that most of the ophthalmologists who participated in this program volunteered for more than one visit.

During my first visit to Anguilla, I met with the British Commissioner Arthur C. Watson as well as Deputy Commissioner James Campbell. Over time, I met with some of the Anguilla officials, including Mr. Webb (chairman of Counsel), John Webster (secretary of Counsel), and the Reverend Carty (member of Counsel). Commissioner Watson expressed deep appreciation to the South Carolina Conference of The United Methodist Church for providing this much-needed service to the island.

Betty Campbell, wife of Deputy British Commissioner Jim Campbell, had worked as an eye, ear, nose, and throat nurse in England and volunteered her assistance to our teams while we were working there. Her assistance was vital to the success of this program.

Prior to our first visit there, a visual screening team from the University of Waterloo School of Optometry visited Anguilla for several weeks for the purpose of refracting and giving eyeglasses. They were very helpful in the screening of patients with the referral to us for treatment and surgery. I corresponded with Dr. Edward J. Fisher, who was director there, and thanked

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him for their work as they were so beneficial to our program there. As a side note, we became very good friends with Betty and Jim Campbell, which has continued over the years.

The ophthalmologists who participated in the Anguilla program were as follows:

Shepard N. Dunn, MD—Columbia, South Carolina

Edward D. Hopkins, MD—Columbia, South Carolina

G. Lynn Derrick, MD—Columbia, South Carolina

Don J. Jackson, MD—Columbia, South Carolina

Ronald A. Lanford, MD—Spartanburg, South Carolina

William M. Rowlett, MD—Hopkinsville, Kentucky

Hal H. Crosswell Jr. MD—Columbia, South Carolina

In October 1971, Mike Watson contacted me and Dr. Jennings “Jinx” Owens, a surgeon from Bennettsville, South Carolina, and asked if we would agree to travel to Haiti to meet with the bishop of the Methodist Church of Haiti regarding proposed construction of a medical facility in Jérémie. Mike had received a request from the Methodist Church of Haiti for medical assistance through the United Methodist Committee on Overseas Relief. Previously, Mike—accompanied by agricultural engineer Joe Cal Watson and the Reverend George Strait—had visited the Jérémie area and had proposed construction of a medical facility. Mike and Dr. Marion Dwight along with Rev. Strait had conducted a tetanus immunization program there in 1970.

Dr. Owens and I both had been working in Anguilla, and following our work there, we flew from Santo Domingo, Puerto Rico, to Port-au-Prince, Haiti. Upon our arrival, we were met by the Reverend Alain Rocourt, bishop of the Methodist Church of Haiti. At that time, Haiti was under the rule of the president for life, François “Papa Doc” Duvalier, who was a ruthless dictator. Although we both had valid United States passports, we were surprised to learn we must have a visa to travel in the country.

An appointment had been made by Bishop Rocourt for us to meet with Minister of Health Dr. Alex Theard to discuss our purpose for being there and to obtain a photo identification visa, which would allow us to travel to Jérémie. Dr. Theard was very cordial and was enthusiastically in favor of our proposed work in Jérémie. At the completion of the meeting, he pledged the government’s full support in this project. Later that evening, Bishop and

Mrs. Rocourt hosted a dinner at their home, which included several local ophthalmologists and physicians including Dr. George Hudicourt and Dr. Jean Claude DesMangles, both of whom were ophthalmologists in Port-au-Prince. Both would play a vital role in the development of the eye program in Jérémie. This was certainly a most enjoyable and informative evening for all of us. We were then taken to the Plaza Hotel, where reservations had been made for us for our overnight stay.

The following morning, we traveled to Jérémie, which is located approximately 125 miles southwest of Port-au-Prince. As the roads were very bad and unpredictable, the only way to travel was by air or by sea. There was no local air service, so arrangements were made for us to fly with the Haitian Air Force. We were taken to a small government airport, where we boarded an old C-47 aircraft for our journey to Jérémie. I was familiar with this aircraft from my days in the United States Air Force and always knew it to be very reliable. It so happened that the pilot was a Colonel Rocourt, who was a relative of Bishop Rocourt.

Following takeoff, we flew over the beautiful Haitian countryside with a stop at the small town of Les Cayes. As the plane descended for landing, I attempted to see the landing strip through the small window, but there was none, which was concerning to both Jinx and myself. Shortly thereafter, we were bumping along a rugged strip in a sugarcane field. We finally came to a stop near an old shed, which turned out to be the airport.

After some items were unloaded from the plane, we took off and headed for Jérémie. Our flight from Les Cayes took us across a high mountain range. As the plane descended near Jérémie, we were able to see a small landing strip on the side of a hill near the ocean. After a successful landing and deplaning, we could see that this facility, although somewhat primitive, was better than what we had encountered at Les Cayes.

We were met at the airport by Richard Challendes, who was director of the Methodist Rural Rehabilitation project at Gebeau. Richard was a volunteer from Switzerland working with the Methodist Church of Haiti. At this time, the project was supported by not only the Methodist Church of Haiti but also the Methodist Church of England, Switzerland, and France.

We were taken to the Methodist guesthouse to be housed during our stay. Pastor Edward Holmes, a Methodist missionary from England who was serving as superintendent of the Jérémie district, was not there at the time



Above, the passenger bus for Jérémie.

of our visit. In accordance with the instructions we had received from the minister of Health, we proceeded to the small government military outpost to check in with the authorities. It was necessary for us to do this every day while we were there so they could account for our whereabouts. This was Duvalier's way of keeping up with all outsiders who were in the country.

Jérémie is located on the southwest peninsula of Haiti. It is the capital of the Grande Anse region and relatively isolated from the remainder of Haiti. The city is located on the shores of the Gulf of Gonave surrounded by fertile green mountains with the Grande Anse River flowing into the sea nearby. The Grande Anse region is home to more than four hundred thousand people.

Jérémie was founded in 1756 and is also known as the "City of Poets" because of the large number of writers and poets who were born there, including Etzer Vilaire, Émile Roumer, and Gen. Thomas-Alexander Dumas (father of Alexander Dumas). At one time, it was one of the wealthiest cities in Haiti, producing cocoa, sugarcane, bananas, and mangoes. Although this was true in the past, it is certainly not the case now. In 1964, the port of Jérémie was closed by Duvalier, and many of its inhabitants were killed because they opposed his regime.

In driving about the city, poverty was evident everywhere. Still you could not help but notice the old French-style architecture and the "gingerbread houses," which were so unique and beautiful.



Above and below Jérémie is located approximately 125 miles southwest of Port-au-Prince.



We proceeded to the Methodist Rural Rehabilitation project at Gebeau, which was located just across the Grande-Anse River on the outskirts of Jérémie. This project is a multifaceted program dealing with the social needs of people in that region. It was begun in 1967 by the Rev. Rocourt, who was then the superintendent of the Jérémie district. At that time, the project was actively involved in agriculture, home economics, auto repair, woodworking, a



The marketplace in Jérémie.



A small fishing village near Jérémie.

midwife training program, and a medical-tuberculosis clinic.

The medical clinic was a small wooden structure that appeared to be approximately ten-by-twelve-feet in size with little equipment and with less medicine than you would expect to find in one's home medicine cabinet. We were told thousands of patients would come seeking treatment, but many



The "Gingerbread House" in Jérémie.

times no medicines were available. We certainly agreed with Dr. Watson that a new clinic was necessary to serve the needs of the people in that region.

On the following day, we visited Hospital St. Antoine, which is a small government hospital with approximately one hundred beds. Both the wards and the operating room were open-air with no air conditioning. There we met with Dr. Jean Martineau, who was a surgeon and director of the hospital. After a tour that included the one operating room and the separate male and female wards, we discussed the possibility of developing a medical and eye clinic at the Methodist project. He pledged his assistance and cooperation, including allowing us to use the operating room for our eye surgery. He in-



The old gate in Jérémie.

licated that there were many people in the region who suffered with vision loss from cataracts and other diseases.

We next visited the pediatric ward, where we found several children hospitalized suffering with a condition called kwashiorkor, caused by malnutrition and protein deficiency. All the children were in a terminal state because of this condition. It was so sad to see these children being held by their mothers with nothing we could do to help.

Some time later, to help prevent problems related to food insufficiency, an agricultural program was developed at Gebeau by Joe Cal Watson, from Ridge Springs, South Carolina, who had a degree in agricultural engineering from Clemson University. This program educates the people about how to grow crops that are high in protein. Over the years we have been visiting Jérémie, we have noticed a dramatic decrease in the number of children with this condition. But on that first visit, it was obvious the people were suffering.

During our stay in Jérémie, the weather was very wet and rainy. Fortunately, on the day we were scheduled to depart, the skies cleared. We were able to fly back to Port-au-Prince with the Haitian Air Force.

Upon our return to the United States, we reported to Dr. Mike Watson and the UMVIM committee that we would certainly agree with the plans to construct a new medical-TB clinic that would also include an eye and dental section.



The road in front of the clinic was rustic yet beautiful.

Construction teams from the South Carolina and the Western North Carolina conferences of The United Methodist Church then traveled to Jérémie to construct the new clinics. Completed in 1973, they enabled short-term volunteer medical, dental, and eye teams to begin their work there.

The construction was led by the Reverend Needham Williamson, coordinator of overseas construction projects for the South Carolina Conference Board of Missions, and the Reverend Joe Irvin from the North Carolina Conference of The United Methodist Church.

# Chapter 2

## Haiti: The Country and Its People

The name “Haiti” is derived from the indigenous Arawak Indian name that means “Land of High Mountains.” It was also given a nickname by the French, “Pearl of the Antilles,” which appears on all the vehicle license plates in that country today. It is interesting to note that after the Haitian Revolution, the colonial name of the country—St. Domingue, which was the name given to the country by the French—was changed to Haiti.

Haiti is a beautiful country, although there is poverty everywhere. It is here that one will see beauty and poverty alongside each other. The people are warm, friendly, and resilient. Although they face adversity almost every day, they never complain. They all exhibit hope with a beautiful smile on their faces.

The culture of Haiti is a combination of African, French, and West Indian. Haitian Creole and French are the official languages of the country, with most schools teaching in French. In the past, the language was a social divider with the poor speaking primarily Creole while the wealthy and educated spoke French.

Haiti was a colony of France from 1625 to 1804, during which time it was one of the wealthiest colonies of France, as it was the world’s leading producer of coffee and sugar during the eighteenth century. The Haitian Revolution began in 1791 and ended in 1804 when the slave army, led by the slave generals, defeated the French. Independence was proclaimed on January 1, 1804. Thus Haiti became the second country in the Western Hemisphere to win freedom from colonial rule, with the first being the



“Haiti” means means “Land of High Mountains” in indigenous Arawak Indian.

United States of America. The Haitian Revolution is also what forced Napoleon Bonaparte, in 1803, to sell the Louisiana territory to the United States.

Another important part of the history of Haiti is the occupation of the country by the United States Marines from 1915 to 1934. This was brought about by the assassination of the president of Haiti in 1915. The resulting chaos prompted United States President Woodrow Wilson, based on the Monroe Doctrine, to send in the Marines to restore stability and order to the country.

Since becoming an independent country, Haiti has been plagued with political instability. This, coupled with social and economic problems that have been magnified by natural disasters, has led to a state of chronic poverty. Many of the people live without electricity or running water, particularly in the countryside. Many depend on the rivers as a source of water. Hunger, starvation, and diseases are prevalent and take their toll on the population every day. The life expectancy of the average person is sixty-three years. Good medical care is available, but the number of health-care providers is far less than in other countries. It is estimated there are only about 0.23 doctors per one thousand people, whereas in the United States there are 2.6 doctors per one thousand people.



The view of Jérémie from the road leading to the town.



The Jérémie marketplace.

Haiti now has a population of more than eleven million people living in an area approximately one-third the size of South Carolina, which makes it one of the most densely populated countries in the Western Hemisphere. It is the first Black republic in the Western hemisphere, and it also bears the distinction of being the poorest nation in Latin America and the Caribbean. The major portion of the economy is from agriculture. Most of the people are peasants who live a very simple lifestyle, inhabiting a small plot of land that they either own or rent. On this land they grow fruits such as bananas, mango, and papaya or vegetables such as sweet potatoes, carrots, and cabbage. These they sell on the street or in the marketplace. The unemployment

rate is approximately sixty percent. The average income is approximately \$130 a month, or five dollars a day. Many of those who work are considered underemployed, which means they do not make enough to provide for themselves or their families.

Only approximately sixty percent of the population is literate. Although education is compulsory for children ages six through twelve, all the children do not attend school because of lack of facilities and staff. Many of the children attend schools provided by religious groups and churches, which are present throughout the country.

Roman Catholicism is the major religion of the people, with approximately sixty-five percent of the population claiming to be Catholic. Twenty-five percent of the population claims to be Protestant, which includes Methodist, Lutheran, Episcopalian, Presbyterian, and Baptist. The Methodists were the first Protestants allowed to come into Haiti, which occurred in the early nineteenth century. It is said a small number of people, primarily Catholic, combine a part of their religion with the practice of Vodou. Vodou is an intriguing spiritual practice that incorporates ceremonies with song, dances, and fellowship. The Vodou gods are derived from West African religions.

For most of the Haitian people, life is very difficult. However, they face each day with hope and faith. One of the popular Creole proverbs used by the people is “Dèyè mòn gen mòn,” which translates to, “Beyond every mountain, there is another mountain.” Yet they remain positive and resilient, with hope on their faces every day.

One of my favorite prayers denotes the strong faith of the Haitian people. It comes from *God Is No Stranger*, a collection of prayers used by the Haitian people and written by Sandra L. Burdick and Elizabeth Turnbull.

The prayer is as follows:

“Lord, if we are alive in spite of hurricanes, hunger, and sickness, we should say, ‘Thank you, Lord.’ We must be here for a purpose. Amen.”



## About the Author

Dr. Hal H. Crosswell Jr. has been a member of the board of the United Methodist Volunteers In Mission program since its beginning, serving as coordinator of ophthalmological services in the Caribbean area.

Crosswell has practiced ophthalmology (diseases and surgery of the eye) in the Columbia, South Carolina, area at the Columbia Eye Clinic for more than fifty years.

He is a graduate of the University of South Carolina (1956) and the Medical University of South Carolina (1960). He then completed a one-year internship at Grady Memorial Hospital in Atlanta, Georgia (1961). After serving as a medical officer in the United States Air Force, Crosswell completed his residency in ophthalmology at the Emory University School of Medicine in Atlanta (1964-1967). He is a Fellow of the American Academy of Ophthalmology and the American College of Surgeons and a Diplomate of the American Board of Ophthalmology.

Crosswell served as clinical associate professor of ophthalmology on the staff of the USC School of Medicine for more than twenty years and, in 2007, was awarded the Alginon Sidney Sullivan award by the university for his work in Haiti.

He was awarded the Order of the Palmetto by the State of South Carolina in 2006.

He and his family are longtime members of Shandon United Methodist Church in Columbia.