



# PIH Bulletin

Autumn-Winter 2007

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## More mountains beyond – PIH scales new heights in Lesotho

**L**ess than six months after arriving in Lesotho to conduct our first training session back in June, the PIH project has reached several milestones. By mid-November, more than 150 HIV patients were receiving antiretroviral therapy at our community health center in the remote mountain village of Nohana. At the same time, training of community health workers was underway at a second site, with the goal of starting to enroll patients before the end of the year. And the first shipments of food arrived for distribution to patients

*continued on page 6*



*Outside the PIH clinic at Nohana, Lesotho*

## Honoring Ti Jean – 1971-2006

*Jean Gabriel fils, known widely and affectionately as Ti Jean, died on May 28 in Central Haiti. Ti Jean had been part of the foundation of Partners In Health/Zanmi Lasante since the organization’s early days. More recently, as director of the Program on Social and Economic Rights (POSER) he had literally laid the foundations for hundreds of new homes for patients and others living in destitution.*

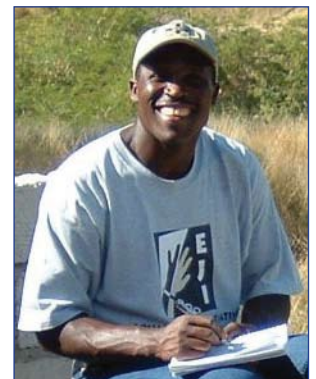
*The following is a translation of the eulogy delivered by Paul Farmer during the funeral mass for Ti Jean in Cange, Haiti, on June 10, attended by over a thousand family and friends.*

**B**efore I speak of Ti Jean as a friend, I’d like to pay tribute to his work and his example. I proceed in this manner because it’s easier to start by reflecting on what will continue, rather than what will not.

Ti Jean was, as all of you know, the director of an ambitious effort to extend our “pragmatic solidarity” to the poor by helping to build decent housing, augment school enrollment, purify water, and improve, in general, our ability to respond to the needs of those around us. “Poverty is

a disease,” Jean would say theatrically and sincerely, meaning to goad his doctor friends into more action on behalf of the destitute.

All of you already know how personal this was for Jean. Born into



*continued on next page*

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*Based in Boston, Massachusetts, PARTNERS IN HEALTH works hand-in-hand with its partners in Haiti, Rwanda, Peru, Russia, Lesotho and Boston. Since 1987 we have dedicated ourselves to developing and implementing a unique model of health care, bringing an ethic of social justice to the practice of medicine.*

## Honoring Ti Jean continued

poverty not far from here, Jean attended school only briefly and intermittently.

By the time he was 20—I knew him even then, because I worked with his mother Olive, who is here today—Jean had been, at turns, a peasant farmer, a fisherman, and a charcoal maker. He spent much of his early years on the far side of the Péligré reservoir, the dam project which cost his family its land. As there was no high school there, Jean never went to high school, but all of us know that it was not for lack of ambition or talent.

Jean was blessed with a subtle, fiery intellect and limitless passion for setting things right. Along with his mother and at least two of his brothers, Jean came to work with Zanmi Lasante, first as a manual laborer—remember his Friday trips to the market in Domond, so that all of us, patients and doctors and nurses, could eat?—and more recently

as the founding director of POSER, the Program on Social and Economic Rights.

POSER is an important endeavor, as all of those gathered here today know. Through this project, and with his leadership, we were able to ask not whether or not the poor deserved a right to health care or clean water or a house that didn't leak half the year. Through POSER, we were able to ask what we might do to show that we believed in these rights. We have sought to echo and amplify this work, and Jean's example, in Peru, Boston, and Rwanda.

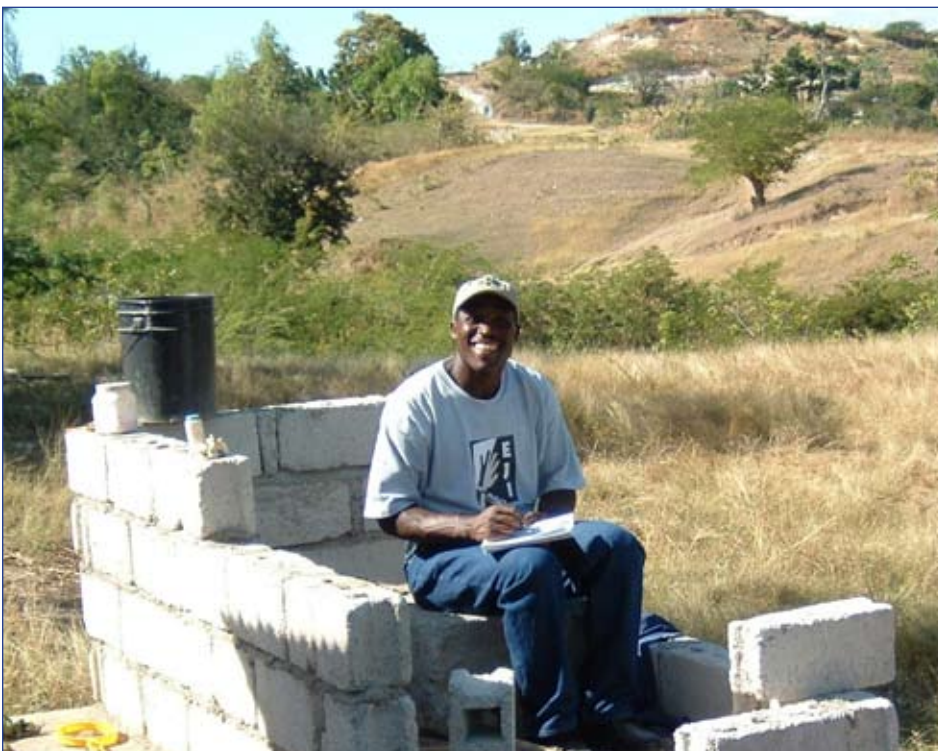
Ulrick has already offered us a reflection on Jean's life and times, which were lived out here in central Haiti, even though Jean traveled widely in recent years. I'd like to add a few words about his core beliefs. Jean was a die-hard progressive. Regarding poverty as a disease, he was intolerant of inequality and racism; he was deeply knowledge-

able about mean-spirited policies and opposed them with all his heart. He was an ardent supporter of the Haitian popular movement from the time he was a very young man and active in progressive Haitian politics.

Jean moved easily between worlds, traveling to the United States to talk about popular democracy under fire and speaking with admirable forthrightness, both in the halls of power and among more sympathetic audiences, about official U.S. and French complicity in the undermining of Haitian democracy. Jean believed not only in the need to move his people from misery to poverty with dignity: he believed in himself and in his talents, which is why he asked Ophelia to name him to the board of advisors of Partners In Health (PIH); he also served as a member of ZL's executive committee.

But no c.v. will capture accurately Jean's contributions, and so I add a few personal words about the man himself. One of his peers from Cange just referred to Jean as "docile," which may be true in some senses but not in others. Jean was generous and always alive to the suffering of others. He was often courteous and kind, but he was a fiery man, too, and full of indignation about injustice. He was insistent and tough and garrulous. Some would see these traits as incompatible.

Jean was complex, certainly, and impulsive. But he always had his bearings. In his house you will see four portraits: one of Nelson Mandela, for whom he named his youngest son; one of Martin Luther King; and another of Malcolm X. The fourth portrait is of Jesus, whose image is seen throughout Haiti, but in Jean's house Christ is black and the focus is on the Stations of the Cross:



the suffering of Christ at the hands of empire, power, privilege, and racist scorn. I can't help noting that of these four heroes, all but one died young; the fourth sacrificed his youth and middle age to the cause of social justice.

The portraits remind us that Jean tended to think big. He may never have gone to high school but that, as he so often reminded us, was solely a consequence of his being born to poverty. He knew himself to be

*“Jean tended to think big. He may never have gone to high school, but that, as he so often reminded us, was solely a consequence of his being born to poverty. He knew himself to be the equal or superior of anyone who, through chance, enjoys power and privilege.”*

the equal or superior of anyone who, through chance, enjoys power and privilege. In argument, or even in light-hearted discussion, Jean often told me that had he been born in the United States he would have become, “at the very least, a Harvard professor.” He was less sure that I'd have done well as a kid in rural Haiti.

I can't close my comments with-

out adding that it's hard for me to celebrate Jean's life. It's hard for me to celebrate anything at all today, as we bury him. But I hope that we will find, in reflecting on his life and his contributions, some shred of consolation. If not today,

perhaps later—consolation to his children gathered here, to his mother, to his brothers and sisters, and to his friends. That would be all of us. Ti Jean had many “dependents,” to use a freighted word; I

know I was one. I depended on Ti Jean for so many things: for making sure that things got done (a difficult enterprise here); for advice; for analysis of complexity. One of the amazing things that strikes me in reflecting on his short life was just how many of us depended on Jean. It's hard to imagine life here without him. It's painful.

But continue we must. Today you've heard from Jean's friends and co-workers. Loune has struck an important note in underlining the truest challenge to all of us: to honor his memory by continuing his work. When someone dies young, there is so often strife and confusion; anger and resentment; even the desire for revenge. But none of those sentiments will help us honor Jean; still less will they bring him back. Instead, we will strive to continue his efforts.

Ophelia will establish, upon our return to Boston, a fund in his name. Jean's closest friends hereby publicly commit to seeing that his many children are able to attend school; that's the least we could do. We will also commit ourselves to renewed engagement in the struggle for the basic rights for which Jean fought, and about which he spoke so eloquently. Poverty and inequality are indeed a disease, and we will pursue the struggle against them as best we can without him. ☸

## Contribute to the Ti Jean Memorial Fund



**A generous donor has pledged to match the first \$50,000 in contributions**

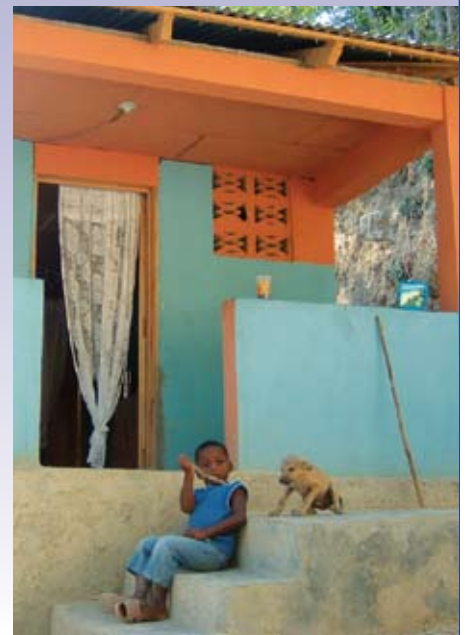
to a special fund PIH has created to carry on Ti Jean's work.

**Make a donation online at [www.pih.org/donate](http://www.pih.org/donate).**

**Or send a check made out to PIH with "Ti Jean Memorial Fund"**

**in the memo line to:  
Partners In Health  
641 Huntington Ave  
Boston MA, 02115**

With the match, **every \$2,075 will build a new home** for a patient and his or her family.



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## Denizard Wilson — Profile in courage and commitment

# AIDS patient is motorcycle messenger of hope

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More than 12 years ago, Denizard Wilson was diagnosed with AIDS. Soon he was too sick to continue working in Port-au-Prince, too poor to afford medical care, fearful that time was running out. Then he heard about Partners In Health, moved back to his hometown in the Central Plateau and went to PIH for treatment. "Since I have been with Partners In Health, I have never been sick again—not the kind of sickness I had known," Wilson says. Today the proud father of two healthy daughters works as a motorcycle messenger at one of PIH's seven

hospitals. He carries patient blood samples over dirt roads, and tracks down patients who miss appointments. "I have a message for these patients, and for my family, and for everyone, infected or not," he says. "As long as we are alive and have access to drugs, there is hope."

Interview facilitated and translated from Haitian Creole by Elizabeth Whelan, edited by Louise Ivers and first published in the AIDSLink electronic newsletter, published by the Global Health Council.

I was on a bus on my way to Port au Prince when I heard a woman talking badly about AIDS, spreading rumors. I could not let her say those things anymore, so I said to her,

"I am infected."

She didn't believe me. "Liar," she said.

So I took my medications from my bag and held them out in my hand for her to see. Because I have this virus in my blood, I take medicine every day. I have a community

health worker who brings my medication to me every morning. Before I plan to travel anywhere, I tell my community health worker and my doctor, and they give me the pills to take with me. I explained all of this to her and the rest of the people on the bus.

"Are you lying to me?" she asked.

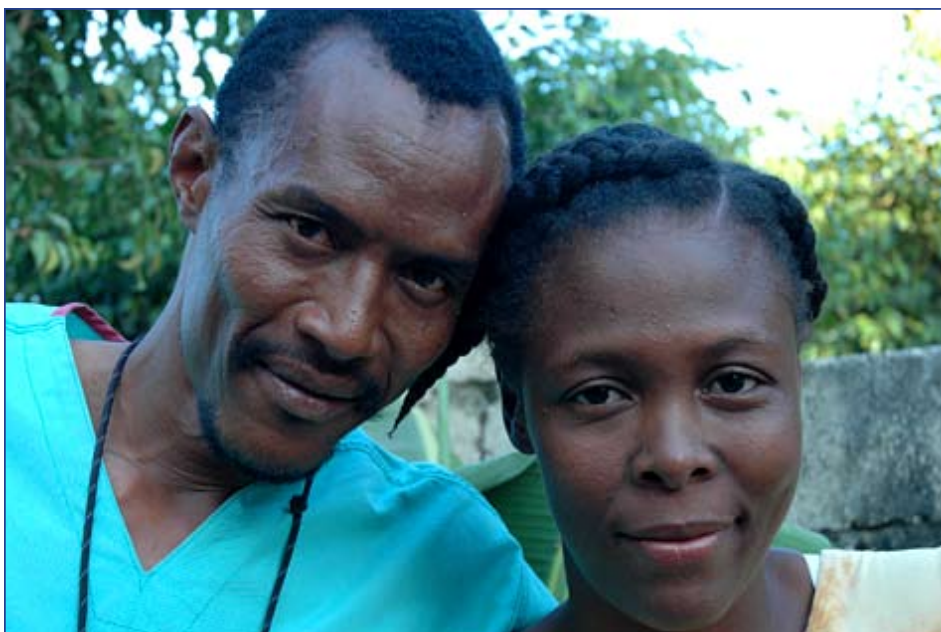
I replied, "You will not find one single human being who would choose to be infected by this disease. Why would I lie about this?"

Apart from the kidnapping and

the political problems that we have in Haiti, there is a terrible epidemic that is sweeping through our country. Wherever I go, I try to spread this message: AIDS can touch anyone anywhere.

I am a motorcycle messenger for Partners In Health. I work in a village called Thomonde at one of their seven hospitals in Haiti's Central Plateau. I carry patient blood samples over dirt roads, and doctors send me to find patients who stop coming in for appointments, or patients who think that an HIV positive diagnosis means their life is over. I have a message for these patients, and for my family, and for everyone, infected or not: as long as we are alive and have access to drugs, there is hope.

On October 4, 1993 I was diagnosed with AIDS. I had a job in an office in Port au Prince. I was making some money and advancing in my job. I started getting weak, though, and I kept getting admitted to the city hospital. I had health insurance, but it was not covering my medical expenses. Every time I began to recover my strength, I would fall ill again. At first I tried to hide my sickness from my boss. I was afraid he would fire me if he knew that I was HIV positive. But this sickness does not know how to hide. There came a point when I had spent all



Denizard Wilson and his wife, Douze Marie Chantale, are both HIV-positive, but that hasn't prevented them from being the proud parents of two healthy girls or from working and advocating on behalf of people living with HIV.

my money and could not bear this virus anymore. I finally told one of my directors that I was infected. He told me about Partners In Health—that they had a good hospital in the Central Plateau with free health care. So I moved back to Thomonde, the place I was born, to be closer to the hospital. For the 13 years that I have been with Partners In Health, I have never been sick again—not the kind of sickness I had known.

My wife is also infected. We thought that my seven year old was HIV positive when she was born. At that time, there was no program to prevent mothers from giving the virus to their babies. Thanks to God, though, we know now that she is HIV negative. By the time my wife was pregnant with my second daughter, though, Partners In Health had started a program to prevent the AIDS virus from being passed from mother to child. The hospital gives us infant formula every month so that she will not be infected by her mother's breast milk. Now she is four months old, and we are waiting for the test result to see if she is infected.

There are scientists and researchers searching for drugs, and I know they will find a cure for us. That day is not far away. My community health worker used to give me three different drugs. I do not know what the medicines are called, but I know that I used to take one big pill and two small pills. Now, I only have two pills, and someday those two pills will become one. Finally, there will come a day when I will not have to take any pills at all. I know that. I feel that.

Medications have slowed the virus down, but there is no cure yet. I have a message for all the youth who are uninfected: go to school before you enter into sexual relations. It is

your right to wait until you are the appropriate age to be intimate with a partner. Do not give your body to just anybody. Before you give your body to someone, ask yourself, do I know this person?

And to those of you who are infected, protect your partner. The AIDS virus is like a poison, and to give it to someone else is like a crime. I do not want to make anyone die before it is their time. Remember to keep your promise, the 2005 World AIDS Day theme. I keep my promise to my wife because I do not want to make anyone else sick. Every time you enter into sexual relations with someone, even with a condom, you are taking a chance. One decision that you make now can affect your children and their children for generations to come.

Maladi pa tonbe sou pyebwa, se sou moun li tombe. This sickness does not fall on trees, as the Haitian expression goes, but on people. I would not like for even one single living creature to become infected with this disease—not an animal, not even an insect, let alone a human being. I want to ask all the people and organizations that are supporting Partners In Health to keep helping them so that they can give more people a chance at life, like me. I ask all the drug companies to lower the price of the medications because there are thousands and thousands of people who still do not have the chance to take medicine because they cannot even afford to buy food.

On that October day when I first learned that I was infected, there is something I had not yet realized: when a person is infected, that does not have to mean that life is over. Dr. Almazor, one of my doctors, would always encourage me when I felt



*Denizard Wilson with his daughters Marie Estherson Wilson and Stephanie Wilson. Both girls are HIV-negative, thanks in part to Zanmi Lasante's Prevention of Mother-to-Child Transmission (PMTCT) Program.*

depressed. He would tell me that even though I am infected, right now there is someone else who is dying, and there is someone else who is being buried at this moment. But me, I still have work to do. Thanks to Partners In Health, and the medication they give me every day, I am alive. I have a different life, but it is life, nevertheless, and I will protect the rest of the days I have been given, thanks to God, and thanks to Partners In Health. The only way I would be scared would be if Partners In Health did not exist. As long as they are here, I am alive. And as long as I am alive, I will have hope, and as long as I have hope, I will continue to spread this message. ☸

*Denizard Wilson is a motorcycle messenger for Zanmi Lasante in Haiti. Photos by Elizabeth Whelan.*

## More mountains beyond continued

under a newly signed agreement with the World Food Program.

Lesotho, a small, mountainous nation of 2 million people located entirely within the borders of South Africa suffers from the third highest rate of HIV infection in the world. Almost one-third of the adult population are estimated to be HIV-positive, of whom less than one quarter know they are infected. Only 10 percent of those in need of treatment are receiving it.

PIH and its new sister organization in Lesotho hope to help change that quickly, working in partnership with the government of Lesotho, which has launched a campaign to test every citizen over the age of 12 for HIV by the end of 2007, and with the Francois-Xavier Bagnoud Center of the Harvard School of Public Health and the Clinton HIV/AIDS Initiative.

The HIV epidemic in Lesotho is driven by poverty and high rates of migration for labor in South Africa. Lesotho has only one doctor for every 20,000 people, compared to one for every 390 people in the United States. As the HIV/AIDS epidemic has taken hold, average life expectancy has plummeted to 35 years. Outside of the capital city of Maseru, most of the population lives in remote mountain villages, several hours walk from the nearest medical outpost.

It is in nine of these isolated mountain clinics, many of which are accessible only by single-engine propeller plane, that PIH plans to scale up testing and treatment of HIV/AIDS in order to create a national model of community-based rural health care. Working with the Lesotho Flying Doctors Service and the Mission Aviation Fellowship, PIH is providing clinical support, training for nurses



*Children near PIH's first clinic in Lesotho*

and village health workers and medications for treatment of HIV/AIDS and tuberculosis.

In late June, PIH conducted its first training session at the Nohana clinic, located high in the mountains of southern Lesotho, seven hours by bus from the closest hospital in Maseru's Hoek. Seventy-five village health workers participated in the first three-day session, where they learned about HIV testing and how to administer supervised antiretroviral therapy (ART). A few weeks later, the first 10 HIV patients in Nohana started receiving ART.

"We used the training curriculum that PIH has developed in Haiti and Rwanda, which we had translated into Sesotho," explained Dr. Jen Furin, who is heading up the project for PIH.

"We had no electricity and none of the village health workers could read or write. But they were very knowledgeable about how HIV is

transmitted and use of condoms. And they are excited to have antiretroviral treatment available."

So are patients in the 60 villages the clinic serves, in an area where it is estimated that as much as 60 percent of the population may be infected with HIV. When the PIH team returned to Nohana a few days later expecting to enroll six people for ART, 16 patients turned up. Two came on horseback. The rest had walked an average of two to three hours to get to the clinic.

The number of patients tested and enrolled in treatment has grown rapidly and steadily since then. By November, the clinic in Nohana had tested almost 700 patients and enrolled more than 150 on treatment. In the month of November alone, 341 people had been tested, of whom 121 were found to be HIV-positive. And PIH was preparing to launch services at a second clinic in Bobete in January. 📍

# Planned Giving Counsel Now Available to Consult with Donors to Partners In Health

**W**e are pleased to announce that Barbara Freedman Wand, a noted estate planning attorney and philanthropic adviser, will be working with us to develop a planned giving program. She is now available to consult with those interested in supporting PIH with a planned gift to discuss strategies that will support the desire to make a charitable contribution as well as balancing personal financial goals.

Wand's expertise will be a valuable resource for PIH donors who may be considering a planned gift.

"PIH is often contacted by potential donors who want to support the organization through a planned gift, but who may need information about available strategies or guidance as to how best to proceed," notes Edward Cardoza, Director of Development for PIH.

"With the addition of Barbara to our team, we now have the capacity to provide individualized consultations to donors so they can customize a planned giving program that meets their particular needs. We are thrilled to have Barbara working with us and our donors. Barbara will contribute to our development materials in print and on the web and will present educational programs to both staff and potential donors."

Wand is a partner with the national law firm of Bingham McCutchen LLP, where she is a member of the Estate Planning Group and is affiliat-

ed with Bingham Charitable Advisers, a group that provides comprehensive philanthropic advisory services to individuals, family foundations, businesses and non-profit organizations. A Fellow of the American College of Trust and Estate Counsel, Wand has been included in the national publication *The Best Lawyers in America* and was named a Massachusetts "Super Lawyer" in the November 2005 issue of *Boston* magazine. She is a frequent lecturer on estate planning and philanthropic planning to both professional and lay audiences.

"I am very excited about my new relationship with Partners In Health, and look forward to helping to solidify the strong financial base that is so crucial to PIH in continuing its important work," says Wand.

"There is often a misconception that planned giving is limited to the act of remembering a charitable organization in your will. While that is indeed a fine way to leave a lasting legacy to an organization you wish to benefit, planned giving is actually a much broader subject. It is the thoughtful determination of what you would like your wealth to accomplish for you, your family, and the community both during your lifetime and at your death, and the process of creating and implementing a plan to accomplish those goals. Planned giving strategies can provide cash flow and tax benefits to you and your loved ones and provide benefits to your chosen

*"Planned giving strategies can provide cash flow and tax benefits to you and your loved ones and provide benefits to your chosen charitable beneficiary as well."*



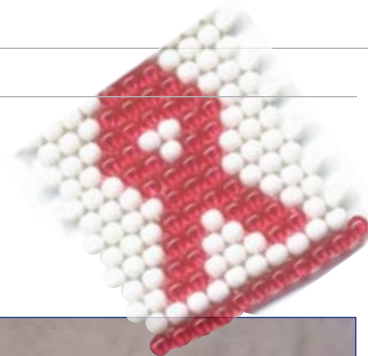
**Barbara Wand, PIH's new planned giving advisor.**

charitable beneficiary as well."

"Often a single planned giving strategy can accomplish both charitable goals and family financial goals," adds Wand. "It will be my pleasure to work with PIH and its donors to educate them on the wonderful opportunities that exist for doing well by doing good." 🌱

To set up an appointment to meet with Wand or to receive general information about planned giving to benefit PIH, please contact Wendy Krauss at 617-432-5285 or [wkrauss@pih.org](mailto:wkrauss@pih.org) or Edward Cardoza at 617-432-0049 or [ecardoza@pih.org](mailto:ecardoza@pih.org).

# Campus activists aim to raise \$1 million for Partners In Health



Founded in 2005 by a committed group of Stanford University students, the non-profit organization FACE AIDS has now spread to more than 85 campuses across the country. By late September, the campaign had raised more than \$250,000 towards its target of \$1 million to fight AIDS in Africa by supporting the work of Partners In Health.

To accelerate its drive toward that goal, FACE AIDS scheduled a number of major events through the autumn, including a Leadership Summit Conference in late October and a speaking appearance by Paul Farmer in mid-November. The Conference gathered more than 400 students from all across the country to talk about ways to combat AIDS and hear from PIH co-founder Jim Yong Kim and other leaders in the fight against AIDS. The following month, Paul Farmer will speak on the Stanford campus on behalf of FACE AIDS and Dance Marathon, which will pull together hundreds of students to dance around the clock to raise money for PIH.

The FACE AIDS campaign is raising money and awareness by soliciting challenge grants from corporations, foundations, and individuals to match student donations from fundraising campaigns on college campuses.

## Mwange, Zambia – Summer 2005

This is where it all began -- in Zambia, on top of a porch and underneath the stars, in the summer of 2005.

Katie Bollbach, Jonny Dorsey, and Lauren Young, three Stanford



*Sewing for the future – two Zambian women sew beaded pins that will be sold by FACE AIDS to raise money and awareness for the campaign to fight AIDS in Africa.*

students on a six-week service trip to a Congolese refugee camp based in Mwange, discussed the devastating symptoms and stigma of HIV in Africa and their impact on development projects aimed at empowering women, reducing illiteracy and caring for orphans in the camp community.

They talked about the plight of Mama Katele, the sole openly HIV-positive refugee in a camp of 24,000 refugees, and about the seemingly insurmountable challenges faced by a country where HIV has infected one in every six adults and orphaned more than 710,000 children.

Jonny Dorsey, the co-founder and Executive Director of FACE AIDS,

remembers those six weeks spent in Zambia as eye opening. “At Stanford, I was sort of on the public health track, and I had read lots of books about Africa and health issues. I thought I knew what I was talking about with AIDS and global health. Then I went to Zambia and realized I knew nothing.”

Sitting there on the porch, the three students began planning a small income-generating project for Mama Katele that they hoped would lessen the stigma surrounding HIV and also encourage more HIV testing for others in the camp. They would have her sew small beaded pins depicting a red ribbon on a white background

– the international symbol of solidarity with people infected or affected by AIDS.

As the night wore on and their discussion evolved, they soon realized they could use this same strategy to help other people in the camp affected by HIV. Then, they decided, why stop there? Why not include two other refugee camps nearby and all the surrounding villages? By the time the sun came up, they had decided to postpone returning to school and work full-time to expand the operation to college campuses across the United States, selling \$5 beaded AIDS awareness pins made by African AIDS support groups in exchange for student donations, matched by money from corporations.

“It was that night when we decided we had to take time off from college and focus on work here in Africa,” says Katie Bollbach, the co-founder and African Director for FACE AIDS. “The situation was too urgent and the solution actually seemed practical.” Sewing the pins and selling them to

FACE AIDS would give HIV patients a way to earn a living without taxing their health. Selling the pins to students in the US would allow FACE AIDS to raise money and awareness to fight AIDS in Africa.

Soon after, the three students withdrew from school. Katie stayed in Africa for the following academic year to set up AIDS support groups and coordinate pin production while Jonny and Lauren returned to California to start organizing and fundraising.

### Woodside, CA – Summer 2006

Barely a year later, in the summer of 2006, the dining room of Jonny’s mother’s home had been converted into FACE AIDS world headquarters, staffed by six caffeine-fueled students almost 24 hours a day. A map on the wall was dotted with pins marking the location of dozens of schools in where students were readying FACE AIDS campaigns for the fall.

“The campaigns themselves are the instruments we use to fulfill our

mission: ‘to mobilize and inspire students to fight AIDS in Africa’,” explained Clay Sader, the Campaign Director at FACE AIDS. “And the great thing about them is that there’s no set number or type of event that a campus can run.”

The campaigns, while different at every school, all involve three main initiatives: selling pins to raise student awareness and money, disseminating talking points, and mobilizing the student body.

In the past, Clay said, events have ranged from basketball tournaments to brownbag lunches with professors. Even, Jonny added with a smile, to “quesadilla sales and drag shows.”

The point, according to Jonny, is primarily to show people what is possible with a relatively small amount of money: “Money is powerful, but lighting a fire under students is more powerful. A million dollars raised is a million conversations started.”

Elizabeth Kersten, Director of Education at FACE AIDS, agreed. She recalled one of her friends, a math and physics major, whom she enticed to attend a FACE AIDS campaign event at Stanford with the promise of free food. “By the end of the speaker’s talk,” Elizabeth said, “my friend had tears in her eyes. But instead of feeling helpless after the event, she felt hopeful. Her \$5 donation had just allowed an individual in Africa to extend his or her life, and she knew she could do more. She returned to the dorm and started researching careers in biomedical engineering. And she hadn’t even touched the free food.” 📷

To find out more about FACE AIDS, visit [www.faceaids.org](http://www.faceaids.org)



*Zambian villagers demonstrate support for their local Community Counseling Programme and for the FACE AIDS campaign that is mobilizing students in the United States.*

# Cyclists pedal cross-country to help PIH

*During the summer, three groups of cyclists traversed the country to raise money for Partners In Health. Two of the groups took more than 50 days. The other took less than seven. But all rode for the same reason: to raise awareness throughout the country about important issues of global health.*

## Yes Ride

Opting for a northern route, the 16 participants in the “Yes Ride” pedaled away from Seattle on June 1 and coasted into Boston to celebrate with the PIH team at Cheers on July 27. Along the way, they raised over \$75,000 for PIH and four other organizations.

Eamon Aloyo, one of the ride’s organizers, spoke of what motivated the group: “Last summer I worked in Kenya and one of the main things I noticed was that none of the non-profits had enough money. I thought about what I could do this summer that could be effective rather than just enjoyable and I came up with the idea of raising money. The success of this bicycle ride just goes to show that normal, average people can do something to support the developing world right here in the States.”



*On the road – Yes Riders en route from California to Boston.*

organization devoted to the same cause, was critical.”

## Ride for World Health

Taking the middle road from San Francisco on April 2, 21 “Ride for World Health” participants, many of them medical students or doctors, arrived in Washington, DC on May 22. They raised nearly \$80,000 for PIH while delivering carefully developed lectures on pressing issues of global and local health at medical and community centers along the way.

“The money is one thing and its important,” said Ohio State medical student Andy Wagner. “But I think that the biggest part of the Ride for World Health is the idea of creating cultural change and having people look at HIV and malaria as things that we can change. Having Partners in Health behind us in this, a global

## Team ARC races across America

Four cyclists competed as Team ARC (Athletes Racing for Charity) in the annual Race Across America – a race generally considered tougher than the Tour de France. They sped from San Diego to Georgia’s Atlantic City in just six days, 13 hours, and six minutes, earning a second-place finish and raising money for PIH.

“Anything can happen in this kind of race,” said Patrick Autissier, the founder of Team ARC who, when he’s not racing, works as a doctor researching AIDS vaccines.

“Being second at the end was just amazing. It was a great adventure, a lot of emotion between people. You have four riders but ten crew members who do so much: 14 people up for basically all of six days. You become a family.” 🏠



*On the beach – Yes Riders celebrate the end of their cross-country ride on Danbury Beach.*

# Snapshot updates – every picture tells a story

## President Clinton visits Rwanda

Former President Bill Clinton and Rwandan President Paul Kagame touched down at the PIH/Inshuti Mu Buzima site in Rwinkwavu, Rwanda, for the day on July 15.

President Clinton toured Rwinkwavu Hospital, met with staff and patients, and came away visibly and vocally impressed.

“What Paul Farmer and his people are doing is truly remarkable,” he told the *Financial Times*. He added that he wants to see the PIH model replicated nationwide within two years.



President Clinton greets Rwandan staff at Rwinkwavu Hospital.

## Operating room opens for business at Rwinkwavu Hospital

After months of construction, training, and procuring supplies, the operating room at Rwinkwavu Hospital is open for business.

On October 11, Dr Augustine Gatera performed the first operation since PIH resurrected the abandoned hospital – an emergency C-section on Cyakimwe Verema, a 30 year old suffering from cervical dystocia. During the first six weeks after it was opened, 26 C-sections and other obstetrical procedures were performed in the new operating room.

Prior to working with Partners In health, Dr. Augustine worked at Byumba District Hospital in the obstetrical and gynecology dept followed by a year of specialized training in surgery at Butare University Hospital.

Along with Dr. Augustine, the Medical Director of Rwinkwavu District Hospital, Dr. Adolphe Karamaga, is also now regularly performing emergency obstetrical operations.

In 2007, hospital staff hope to provide other operations, including hysterectomies, orthopedic surgery and amputations.



Dr. Augustine Gatera and nurse Aimé Kipendo with one of the first patients in the Rwinkwavu operating room.



Proud mother Cyakimwe Verema looks on as Dr. Augustine holds the first baby delivered by C-section.

## PIH plays a prominent role at the XVI International AIDS Society Conference in Toronto

PIH co-founders Paul Farmer and Jim Yong Kim led a contingent of more than 40 clinicians, community health workers, patients and other staff from Haiti, Peru, Rwanda and Russia, who represented PIH at the biannual AIDS conference in mid-August.

The PIH booth attracted thousands of visitors, many of whom left with copies of the second edition of *The PIH Guide to the Community-Based Treatment of HIV in Resource-Poor Settings*, published just in time to be distributed at the Conference.

PIH staff presented 11 posters at the conference, highlighting research on a wide range of topics related to community-based prevention and care for HIV.



Joseph Jeune of Zanmi Lasante tells a press conference how critically important food was for his own remarkable recovery and for other hungry and impoverished HIV patients. Paul Farmer translates. PIH focused on advocacy for food as an essential component of HIV prevention and care as one of its top priorities at the Conference.



Dr Adolphe Karamaga, Medical Director of Rwinkwavu Hospital, and nurse Jean Modeste Harelimana explain a poster presenting preliminary outcomes of the first cohort of patients enrolled in supervised ART at primary care clinics in rural, southeastern Rwanda.



# 2006 Annual Fund update

**PARTNERS IN HEALTH** relies on the support of individuals. Two-thirds of our operating budget comes from dedicated donors like you. The need for our services and the number of patient encounters at our hospitals and clinics has been growing rapidly. In the coming year, we expect to reach more than two million patients across our sites. We feel a tremendous sense of urgency to fulfill the obligations we have made to our patients and partners. Now, more than ever, we need your help.

## **Join the Partners Circle Today!**

The Partners Circle was created to recognize donors of \$1,000 or more to the Partners In Health Annual Fund. Through their generous contributions, members of the Partners Circle provide a cornerstone of financial support for PIH's work. Please consider joining the 2006 Partners Circle by making a donation of \$1,000 or more by December 31st. .

## **Become a PIH Monthly Partner.**

If making an outright gift of \$1,000 is not right for you at this time, consider setting up a monthly contribution through our secure web site, [www.pih.org](http://www.pih.org). Monthly giving is simple to start, easier on the budget, and provides a reliable flow of income to PIH throughout the year.

## **Help PIH by Sharing our Story.**

- Give friends and family a copy of Tracy Kidder's *Mountains Beyond Mountains* which tells the story of PIH and its co-founder, Dr. Paul Farmer.
- Share a packet of PIH materials with your family, friends or colleagues. We'd be happy to send this to you or directly to your contact on your behalf.
- Refer friends and potential donors to [www.pih.org](http://www.pih.org).
- Host a house party or other fundraiser for your friends and acquaintances.

**For further information about supporting PIH, please contact Wendy Krauss at (617) 432-5285 or [wkrauss@pih.org](mailto:wkrauss@pih.org).**