



PIH Bulletin

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Based in Boston, Massachusetts, PARTNERS IN HEALTH (PIH) works hand in hand with its partners in Haiti, Peru, Russia, 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.

Home Visits in Platanal: A Doctor's Journal

Visiting patients in their homes is a cornerstone of Partners In Health's work. Patients see our effort and are buoyed, maybe even honored, by the visits. Future patients know we are around, approachable, and serious about reaching their far-away communities. Here Evan Lyon, a young American doctor, reflects on a recent day in Platanal, Haiti.

This morning we woke up a little late, sleeping through the noise of chickens, dogs, mopeds, and early morning conversations in the street. It's the day before Easter and much is quiet in the small Haitian town, Lascahobas, where we are working.

By 9:30 we are in the hospital making our morning rounds, just me and David, my partner for our split residency over the next four years. We have seven adult beds and two cribs in one open ward for everyone but our tuberculosis patients. The TB patients—presently all with HIV as well—are down the hall in private rooms with doors and exhaust fans to help prevent the spread of infec-

tion to our other patients. This morning, one patient we see is particularly troubling. He was diagnosed with HIV and TB two months ago, but his treatment has been erratic despite our best efforts. He came in today after two weeks of fever and vomiting. He is weak and, in precise medical terminology, out of it. We decide he needs a lumbar puncture to look for infection around his brain. We have no special needles at the clinic, let alone the pre-made kits used for this procedure in U.S. hospitals. We find the longest needle we can, sterilize his back, and do the puncture. We will find out by evening that he tests negative for an aggressive bacterial infection, which is good news, but leaves us again looking for answers.

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Evan Lyon and his companions set out for Platanal.

Home Visits in Platanal continued



A busy morning at the Lascahobas clinic, where Evan is based.

We pass through the clinic and find our co-worker Jean Jean, ever-present organizer and guide. We pile into the back of a *tap tap* (truck) to drive to a patient's house. I make my body as small as possible to fit in among the 14 other people, boxes, and sacks of squash, plantains, and beans in the back of the truck. David sits on the other side, comfortable except for the four goat feet sticking into his back.

We arrive half an hour later and walk up to our patient's house. Marie is sitting under a tree, washing clothes by hand, and looks great, if just a little tired. Some people after surviving a serious illness wear a revealing look in their eyes. She really doesn't, and in fact looks younger than her 42 years. David tells me in English that she was close to death during the month of November, until we were able to start antiretroviral therapy for her advanced AIDS. The medicines can be miraculous—it's not a stretch when people here invoke the story of Lazarus.

We sit and talk. And don't talk. It's very comfortable being with Marie and her family. But our desti-

nation is still far off, the sun is hot, and we don't yet know the way. Marie's son, Junior, volunteers to guide us the two hours to Delienne Joseph's house in Platanal. Delienne is one of hundreds of *accompagnateurs* employed by PIH/ZL to provide DOT—

directly observed therapy—and social support to all our patients on TB or HIV medications.

We walk away from the main (and only) road in the region. This devastated part of central Haiti is a high plateau near the Dominican



Marie, close to death six months ago, is now doing well on antiretroviral therapy.

border, crossed by several rivers. It is dried out but beautiful, long stripped of the tropical forest that once covered the area. There's

enough up-and-down to get my breath working quickly. And then there's the sun—hot, unforgiving, directly overhead. We walk for several miles without seeing a house. The earth looks too burned to support crops, but a few drying patches of beans, bananas, corn, squash, and tobacco hide in the valleys. The hills are left to short grass and goats and cows. Footpaths lead in every direction, some worn down more than a foot into the rocky soil. Without Junior we would be lost. Even with him, we feel lost.

We reach a high vista with a view for miles in every direction. We then make our way down to a river, take off our shoes, and walk through the fast-flowing, knee-deep water. I wish it were cooler, but there is no relief from the heat. I put on my shoes and walk on. After 20 minutes, another river crossing, this one deeper and faster. We barge in with our shoes on—the water is thigh-high and cooler, but tougher to cross. The day's walk will feel even longer in soggy leather shoes.

In a few more minutes we arrive at Delienne Joseph's house. It is a nice building with several rooms, a tin roof, and a concrete floor. Chickens, turkeys, and a pig lounge in the yard. Along with serving as an *accompagnateur*, Delienne is also the local pastor and, though poor by any standard, doing OK. He provides DOT to three patients every day. Our goal is to see him and then visit all three of his patients, walking the paths he takes every day to deliver the life-saving medicines.

Delienne's wife emerges from the house with a big tin cup of water. With just a moment's thought to how clean it might be—diarrhea comes later, right now I'm becoming dehydrated—I drink hap-

Home Visits in Platanal continued

pily. Next, they ask if we'll drink coffee. Despite the heat, it is a welcome treat, and we can't say anything but yes. We sit, I sweat even in the shade, and coffee—sweet and hot—comes a few minutes later. Soon we are on our way, refreshed by the shade and their generosity.

The first patient's house is not far away. David tells me she is looking much better after a month of TB medicine. She is very happy about our surprise visit. Her family brings out chairs—the first thing at every visit, everywhere. We sit. Others slowly emerge from behind the house, from the nearby garden, and eventually from further-away fields. Word travels fast. This family is obviously poorer than Delienne's. An extremely malnourished child, the patient's grandson, eyes me suspiciously from behind a chair. His father appears—he wants our help with the child. He knows the boy has worms and is sick, but seems unsure what else to say. We invite him to come to the Lascahobas clinic next week. He smiles—a mixture of relief at having made a medical connection, and shame for not being able to feed his boy. Of all the painful things we see in Haiti, one of the hardest is sitting with the frightened, frustrated, and ashamed parent of a starving child admitted for life-threatening malnutrition. No human being deserves most of the things our patients suffer from, but the pain of seeing a parent watch his children slowly die because he cannot provide enough protein or calories is truly heartbreaking. This poor family offers us bananas, which taste great. I take one. They insist I take two. Their grandson is starving but they feed us.

We are soon on the move again, now walking high on the plateau. Our next patient is also doing well

on TB therapy. She brings out chairs, many that have less wicker than air for seats. It is easy to see that this family is considered poor even among the poor. The patient's grandparents emerge from the house, sweet and warm. They've seen everything there is to know in their community. They are history here. Who knows if a foreigner—especially one as obviously from another place as me—has ever sat in their shade. We sit and talk about

the poor” to make us remember them, and to challenge us to respond to the particular burden the poor carry in our world. It is absolutely wrong to think this means that the poor are blessed—they are not. They often live horrible lives and usually die undignified deaths, as I've seen many times in Haiti. But the connection of the human family is strong. In Haiti they say *tout moun se moun*—every person is a person. I feel uplifted having



Home visits deepen our understanding of the patients we serve.

the walk, the heat, the rain, Easter coming tomorrow, and about the miraculous comeback our patient has made. Her father says he had nearly lost hope after all her suffering. He puts his old hands together, raises them to the sky, and thanks God for guiding the clinic staff to Lascahobas and eventually to his daughter. The family offers a chicken to David, who treated her at the clinic. Again, we could never refuse, but the sadness of taking rich food from a hungry family puts a lump in my throat.

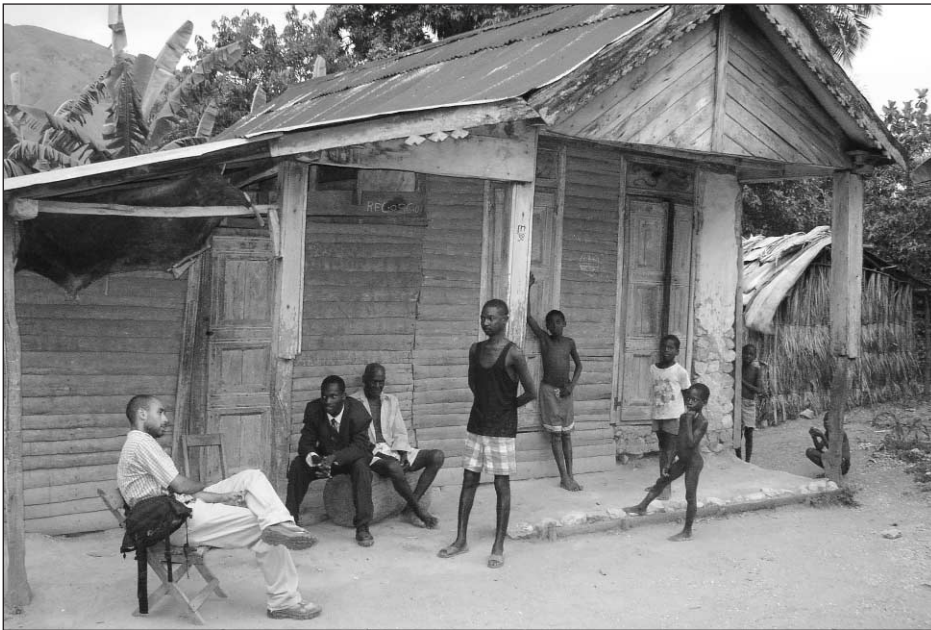
I believe Jesus said “Blessed are

met more of my human family here. I also feel heavy living so close to their suffering. And I also feel more than a little pissed off that Jesus' challenge gets misinterpreted and goes unanswered by so many.

We walk quickly back to Delienne's house. His wife implores us to sit a minute, despite the sun sinking on the horizon and the threatening rain clouds that are gathering. She brings us two plates of rice and beans to share. We eat and drink, then take off at a break-neck pace toward our last patient's house. It's not far, but we must

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Home Visits in Platanal continued



David Walton spends time with a patient's family.

cross a river, then a huge field of mud and corn and beans. Any hope of looking even remotely like a doctor has long been abandoned. My feet slosh around in my mud-heavy shoes, now also filled with pebbles.

We arrive at the third patient's house. He is sitting on a straw mat in his yard, holding his back, which he complains has been hurting for a day now since he rode his horse. To me, it's a sign he is getting better. The family brings out chairs and we sit, but only for a minute. Their house has only a banana-leaf roof—it is easy to see through the holes in the weaving. Haitians call this a house that can fool the sun, but not the rain. Here the poorest of the poor sleep, wet and cold from the seasonal rains. We hasten our good-byes and walk on quickly.

The rain starts trickling down. We make another river crossing. We find a wide path. The only dirt road for miles can't be far off now, can it? We walk, almost running. Then the rain hits hard. Wide paths don't do so well in rain this heavy, so we veer

off and rejoin the intricate network of foot and animal paths over the hills. Junior is guiding us and we can do little but follow and hurry.

We are soon soaked to the bone and walking in the deep rivulets that fill every worn path. I am tired but feel filled up—not full of things I necessarily wanted to see, but I know exactly where I am and why I came. The monsoon-heavy rain soon has us laughing at the ridiculousness of it all. I am certain, about 30 times, that the road is just over the next hill. We reach the road just as the rain stops. It's now dark, and we are more than two hours by foot from home, not sure that any more cars will be passing by to give us a ride back to Lascahobas.

We arrive

back at Junior's house, where we started the day, and his family meets us, laughing, relieved we made it back. They insist we enter their lamp-lit home despite our dirty shoes, muddy pants, and soggy selves. They insist we eat the rice, beans, sauce, and guinea hen prepared especially for us. Once again we eat, grateful to share a meal with Marie and her family. A small radio on the table plays a slow *bachata*, from across the Dominican border. We laugh about how silly we look and eat our fill.

It is Easter. A time to think of rebirth, and to be thankful.

Car headlights appear on the dark horizon. We slip down the small embankment to meet it—a pickup truck heading in our direction, towards Lascahobas. We are saved the two-hour walk, in the dark, to home. 🚗

Evan Lyon has been working with PIH since 1997. He received his MD from Harvard Medical School in 2003 and currently shares a residency at the Brigham and Women's Hospital with David Walton, also HMS '03; both divide their time between Boston and Haiti.



Footpaths crisscross the mountains of rural Haiti. During the rainy season, flooding and mudslides make these remote areas even more inaccessible.

Exhuming the Truth in Guatemala

Equipo Técnico de Educación en Salud Comunitaria (ETESC) is a community-based organization formed by health workers who, themselves victims of government-sanctioned violence, are committed to identifying and addressing their communities' health needs. Partners In Health has been supporting the work of ETESC since 1998.

We reached our destination—Huehuetenango, Guatemala—after a four-hour ride along a winding, bumpy road on an overloaded chicken bus, inhaling a steady flow of black exhaust and sandwiched between two Guatemalans peacefully dozing off while the radio blared loud Latino tunes. We wandered about in the bus station looking for the ETESC representatives that would meet us. We stood out—two blonde *gringas* with large, colorful backpacks—and were soon approached by José, Ezekiel, and Pedro, who introduced themselves and led us to a nearby restaurant.* Pedro and Ezekiel, both dental assistants, met in a Mexican refugee camp to which they had fled when their families were killed during the Guatemalan civil war. While refugees, they organized to respond proactively to the health problems in the camps where they lived for 18 years. In 1998, after returning to Guatemala, Pedro and Ezekiel formed Equipo Técnico de Educación en Salud Comunitaria, whose mission is to respond to the injustices—both past and ongoing—of the civil war and to bring about healing for its victims. José, whose family was also killed during the civil war, joined ETESC when the organi-

zation moved to Huehuetenango. The dedication and effectiveness of ETESC are, no doubt, inspired by its founders' personal histories and connection to the violent conflict.

The armed conflict in Guatemala essentially began in 1960 when guerrilla groups formed to counter the corrupt military government that was in power. This military government had been installed and supported by the U.S. government in 1954, when the U.S. led a coup to remove President Jacobo Arbenz Guzmán. In the heat of the Cold War, the democratically-elected Arbenz had threatened U.S. business interests in Guatemala by enacting substantial land reform legislation and espousing seemingly Communist ideologies. For 36 years, the Guatemalan

lion were displaced. The situation remains fragile today, even after the signing of the Oslo Peace Accords in 1996. Eighty percent of the population lives in poverty, predominantly indigenous Mayans who have little access to health care and other basic services. Many of the perpetrators of torture, mass killings, rapes, and other crimes during the war—also known as the Dirty War—still dwell in the same communities where they committed these atrocities, resulting in an environment in which fear and oppression still run rampant. This is the case in many parts of Guatemala today, particularly in Huehuetenango.

ETESC is probably best known for its work in exhuming clandestine mass graves; their efforts are in fact more holistic and far-reaching.



Monument commemorating the missing and disappeared in Huehuetenango.

government and its paramilitaries brutally fought opposition groups who sought land reform and recognition as equal citizens. The precise number is unknown, but it is estimated that between 100,000 to 200,000 Guatemalans were killed or disappeared and one and a half mil-

ETESC addresses many issues with which victims continue to grapple, such as documenting human rights abuses; providing human rights education and mental, reproductive health, and dental services; and bringing about opportunities for reconciliation in a country whose

*Names in this article have been changed due to the sensitive nature of the work being conducted.


Exhuming the Truth in Guatemala continued

wounds remain raw. ETESC brings a highly qualified team of dentists, nurses, public health practitioners, lawyers, human rights advocates, and anthropologists to the gravesites, which sometimes hold up to eighty corpses. Before exhumation begins, ETESC staff guide the relatives of the deceased through a process that helps prepare them for what they may experience during the exhumation of their loved ones. After the exhumation, family members are finally able to hold a proper burial, which provides a sense of closure and peace for many. For others, fear and pain become more acute as old memories are relived. Victims' families have the choice to pursue legal action in the courts; however, some are too afraid to speak out because many of the ex-paramilitaries who committed these crimes are still free, sometimes threatening the families with death if they press charges.

Another crucial aspect of ETESC's work is mental health counseling. Families have the opportunity to meet with trained mental health professionals to help them heal from these traumatic events. In an atmosphere in which those in positions of


power often deny that any violence ever took place, allowing family members to give voice to their tragedies provides them with much needed reassurance and validation of their experience—a major catalyst in promoting healing. The work of ETESC is driven by the agenda and needs of the communities in which it serves. ETESC staff, who have lived through their own war atrocities and who speak the indigenous languages of the people they serve, have built long-term and trusting relationships with communities throughout Huehuetenango.

ETESC staff impressed us greatly with their courage and conviction. In the midst of what remains a very uncertain political situation in Guatemala, they continue to carry out very provocative and, at times, life-threatening work to defend and fortify the human rights of victims of injustice. In the ETESC office, where patients and community members often gather, hangs a prominent poster that reads “*Se buscan por crímenes contra la humanidad y crímenes de guerra*” (“Wanted for crimes against humanity and war crimes”) and features the names and

faces of the military officers responsible for some of the genocide campaigns during the war. Upstairs, in the more private work area, hangs another poster, this one large and colorful, of Che Guevara. One morning, over breakfast, José told us of threats to his and others' lives at ETESC because of their work for human rights. Indeed, they are not unaware of the risks of promoting such “radical” ideologies as health care and justice for all. To ETESC's leaders it is quite straightforward: all people, including the indigenous poor in rural Guatemala, deserve quality health care. They also deserve to know the laws and international conventions in place to guarantee their rights as human beings. ETESC continues to advocate for justice and reconciliation for the people of Guatemala. 

Amy Finnegan studies conflict resolution at the Fletcher School of Law and Diplomacy at Tufts University. Blake Peters works at Oxfam America for the South America program on indigenous rights issues. Amy and Blake visited ETESC while traveling in Guatemala last March.

The First Annual Urban Walk for Haiti

n May 16, 2004, despite intimidating morning rains, over 100 students and 20 adults participated in the first annual Urban Walk for Haiti. Walkers from Lincoln-Sudbury Regional High School (LSRHS), St. Paul's Roman Catholic Church in Cambridge, Fuerza Youth from PIH's PACT pro-

gram in Boston (see article in this newsletter), Shady Hill School in Cambridge, and members of the Islamic Center of Boston gathered in the early afternoon in the courtyard of St. Paul's Church, eager to raise money for Zanmi Lasante. After submitting their pledge sheets and funds raised, walkers received t-shirts and congregated for a rallying

introductory talk by Lincoln-Sudbury student coordinators and teachers. Each speaker read a short quotation highlighting the importance of service and charity. Edward Cardoza, Director of Development at Partners In Health, concluded the remarks with sincere thanks to all the walkers for their participation.

LSRHS students had already

Urban Walk for Haiti continued



Walk for Haiti organizers present Partners In Health with a check for \$15,796.

fundraised for PIH the previous spring, when they had been motivated to take action after hearing Ed Cardoza give a presentation at a school assembly. Moved by the images and stories of the difficult reality of life on the island-nation of Haiti, the Lincoln-Sudbury French Club, guided by adviser Karen Fritsche, raised funds for operating room lights for the Clinique Bon Sauveur.

Inspired by the previous year's results, this year the French Club sought to garner more substantial financial support by joining forces with other student groups; together, they came up with the idea of

for walkers, and rallying teens from their parish to join the Lincoln-Sudbury team.

After the walk, tired yet upbeat walkers were excited to hear that their efforts had raised \$15,796 for PIH's clinics in Haiti. The money will go toward equipping an operating room, as well as ZL's nutrition program in Boucan Carré. "We are so

organizing an urban walk for Haiti. Paul Cravedi and Bob Dolittle, youth group directors at St. Paul's, were instrumental in mapping out the route, preparing the staging area

happy with the amount of money we've raised," said Fritsche, adding that "[the walk] is something we want to continue doing for many years. We hope to get many people involved from all over the country—this could be as big as [Project Bread's] Walk for Hunger!"

Gerald McElroy, a rising senior at Lincoln-Sudbury Regional High School and president of the French Club, coordinated the first annual Urban Walk for Haiti along with supervising teacher Karen Fritsche.



Gerald McElroy addresses walkers.

Partners In Health is thrilled by the fundraising initiative shown by young people and teachers such as those at Lincoln-Sudbury Regional High School. We would also like to thank Matthew Cone and his Contemporary Issues class at Rock Bridge High School in Columbia, Missouri, who read Tracy Kidder's Mountains Beyond Mountains and fundraised for PIH in their community; Lizzie Americo at Guilford High School in Guilford, Connecticut, who organized a dance-a-thon and founded the Students for Health and Social Justice club; Emily Hartung at R. J. Grey Junior High School, in Acton, Massachusetts, who coordinated fundraising efforts in each homeroom of her school; Samantha Dannenberg, Molly Elmer-DeWitt, Kitty Elmer-DeWitt, and Dyanna Hallick at the Berkeley Carroll School in Brooklyn, New York, who formed The Lion's Pride club and held a fundraising concert; the student council at The Community School in Sun Valley, Idaho, who organized a used toy sale; and the many other people, young and old, who have taken action against poverty and social inequality.

PLEASE NOTE: When raising funds for PIH, it is very important for legal reasons that the organizer accept only checks (no cash) and that checks be made out directly to Partners In Health. This will allow PIH to acknowledge every gift and provide donors with tax exemption documentation. The only circumstances under which cash may be accepted is if an established fiscal entity, such as a school or church, collects the funds and then cuts a check to Partners In Health. For more information about fundraising for PIH, please contact Edward Cardoza, Director of Development, at (617) 432-0049.

New Lois and Thomas J. White Community Center in Peru

This last year has seen huge growth and expansion in the areas of community involvement and development at Socios En Salud (SES). Early in 2003, SES secured funding to build a community center, and on February 7, 2004, the Lois and Thomas J. White Community Center was inaugurated.

As I make my way up the long *avenida* to the small shanty community of San Gabriel, I see some twenty elementary school kids waiting, notebooks in hand and backpacks in tow, for the Lois and Thomas J. White Community Center to open. It is Wednesday afternoon, just shy of three o'clock. The Taller Educativo (Educational Workshop), which meets three afternoons a week, supports children with special needs, many of whom fall through the cracks in the public school sys-

tem and never learn to read or write. Many of the children in our program are unable to receive additional help at home because their parents either work long hours or are themselves uneducated. The goal of the Taller Educativo is to offer tutoring and more individualized attention in a positive learning environment.

The children greet me at the door, wide-eyed, jumping up and down, excited to tell me of their day's adventures. I fumble with the key until the lock finally clicks. Beyond the iron door, the empty foyer that greets us will not be serene for long. The kids flood in, making the space their own. I am filled with amazement as my mind flashes back to the previous year when, with very limited resources, we began the Taller in a small plot in the back of a neighbor's hut. I can't help but smile when I think of the daily parade of parents marching down with their



Happy to be in the Taller Educativo after-school program.

house furniture—an array of tables and chairs—so that their children could have something to study on, as opposed to sitting on the ground.

The Taller Educativo is only one component of the Salud Infantil (Child Health) project run by SES to create programs in education, recreation, health care awareness, and community development. Salud Infantil follows the PIH model of community-based care, wherein members of a community identify its most pressing needs and are then trained to address those concerns. This community-based model also creates jobs in areas where unemployment and underemployment are extremely high. Today, almost a decade since SES was founded, health promoters continue to make their daily treks up the barren and

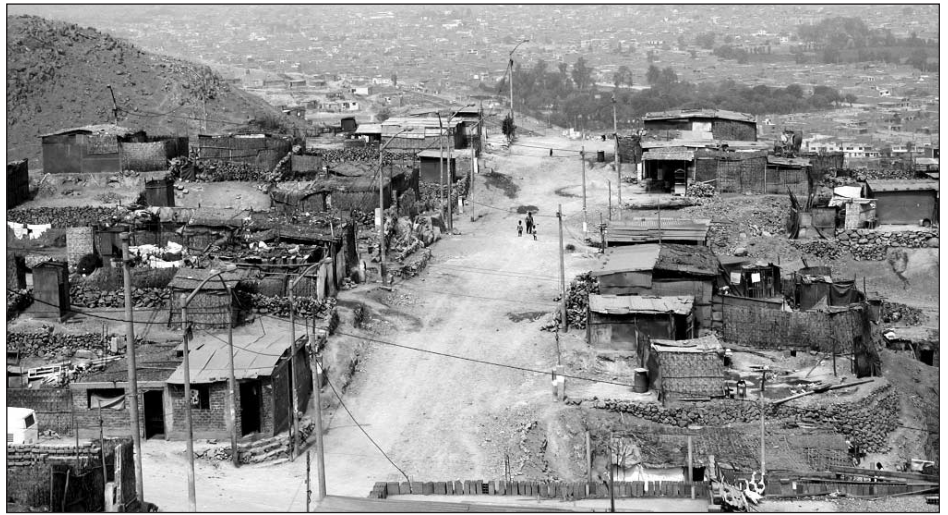


Over 200 children and their families attend the closing celebration for the Salud Infantil summer camp.

New Community Center continued

rocky hillsides of Carabayllo to distribute food, clothing, and medicine, and to lend emotional support to the communities of San Gabriel, 28 de Julio, Santa Rosa, and Los Angeles, where over two hundred families—nearly 1,000 residents—lack water, sewage systems, and, often, electricity.


Since opening the Lois and Thomas J. White Community Center, Salud Infantil's programs have expanded to include an annual summer camp for children that this year enrolled 120 kids; a toy library; and a 32-hour training and certification program for at-risk youths to become counselors, tutors, and mentors for the younger children in the program. Seventeen youths have now participated in ongoing leadership training to learn the basics of holding community events and fundraisers. They have since sponsored or collaborated with other organizations on a number of health education and awareness fairs and conducted a photo-journalism project, documenting their personal and community lives through words and images.



Carabayllo, Peru is home to the kids in our Taller Educativo.

Most recently, the center added a new crafts workshop for women and two new children's after-school programs to its range of offerings. In addition to the Taller Educativo, there is an intensive learning resource center, which allows staff to provide one-on-one attention to children with severe learning disabilities, to perform case evaluation and assessment, and to promote teacher/parent involvement. The center also offers space for communi-

ty workshops and programs and harbors a *botiquín* to provide clinical and pharmaceutical services. The *botiquín* is open daily and offers bi-weekly medical consultations for the general public, including gynecological and psychiatric services.

The programs housed in the Lois and Thomas J. White Community Center add to Salud Infantil's exciting momentum for community development and participation. We are confident that this past year's strides mark only the beginning of more opportunities and growth in these destitute communities. However, with current funding taking us only through January 2005, our immediate goal is to secure additional support to continue and expand the community center programs well into the future. 

A 2002 graduate of Virginia Wesleyan University, Anjuli Judge has worked with Socios En Salud since January 2003. She has been instrumental in raising funds for the Lois and Thomas J. White Community Center in Carabayllo.



An arts and crafts workshop at the new Lois and Thomas J. White Community Center.

Boucan Carré Dedication: Celebrating ZL's Expansion in Rural Haiti

In 2003, in partnership with the Haitian Ministry of Health and with support from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, Partners In Health/Zanmi Lasante expanded its HIV/AIDS treatment and prevention efforts—the HIV Equity Initiative—to five new sites across the Central Plateau. Along with improving care for HIV-positive patients and their families, we have also significantly increased our capacity to identify and treat patients with other diseases and to address underlying issues of poverty and inequality.

Many of you have seen the film Saving Lives in Rural Haiti. You might recall the wrecked building in Boucan Carré, formerly owned by USAID, which Paul Farmer confidently promised to renovate as a full-service hospital for this impoverished region. With your support, we have been able to do just that.



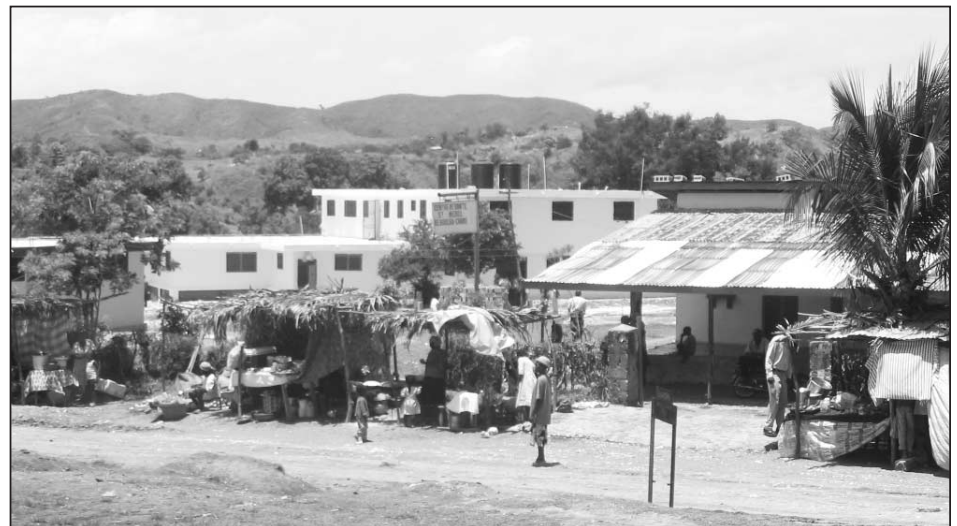
On July 8, 2004, a new hospital and microlending bank were dedicated in Boucan Carré before a crowd of more than 500 well-wishers—area residents, public officials, Partners In Health/Zanmi Lasante staff, representatives from the Ministry of Health, international aid workers, and our partners from the Cathedral of the Sacred Heart in Knoxville, Tennessee—who had gathered to celebrate the arrival of these much-needed social services.

Boucan Carré, a sprawling commune of more than 50,000 people, is one of PIH/ZL's five expansion sites in Haiti's Central Plateau. This

expansion will help alleviate the patient burden at our first and largest clinic in Cange, as well as making health care and social services accessible to even more people in rural Haiti.

The new Boucan Carré bank office, under the auspices of Fonkoze, a Haitian foundation that provides financial and related services to the rural poor, is expected to serve 2,500 clients over the next five years through micro-loans, savings,

clinic, now superseded by the hospital, has been converted into a cafeteria. Several other initiatives are under development at the Boucan Carré campus, including a bakery, a shelter that will house patients' families, potable water projects, a nutrition program in partnership with World Vision International, and a *pepinye* (nursery) where 15,000 seedlings are being cultivated for planting as a first step towards reforesting the devastated landscape. Solidarite Paysans



A busy market flourishes in Boucan Carré near the new Fonkoze bank (left), the new hospital (center), and the old clinic (right).

currency exchange, and money transfers (see "PIH/ZL and Fonkoze: A New Partnership in Haiti" in last winter's Bulletin for more information). The new hospital, jointly established by the Haitian Ministry of Health and PIH/ZL, is expected to register more than 60,000 patient visits annually. It currently boasts a dozen beds, a laboratory, four consultation rooms, a maternity ward, and a staff dormitory. The former

Boucan Carré (SOPABO), the local peasant organization, has been heavily involved in these initiatives.

The inauguration of a bank and a hospital in Boucan Carré makes physical and financial well-being far more attainable for the local residents. "We no longer have to find a way to reach Mirebalais [the nearest Fonkoze office] to deposit our money, or Cange to see a doctor," said Marie Joseph, a Fonkoze client.

Boucan Carré Dedication continued

Both Mirebalais and Cange are difficult to reach on foot or even by car, especially during the summer rainy season, as floods make the Fond-



Paul Farmer, local officials, and the Boucan Carré pastor cut the ribbon at the new hospital. (Photo courtesy Ana Elisa Fuentes)

Enfer (literally, River of Hell) impassable.

“In addition to severe poverty, residents of this region are further limited by its remote location and distance from basic services,” said Paul Farmer, medical director of the hospital in Cange and founding director of Partners In Health. “In establishing a hospital and a bank in Boucan Carré, we are bringing more than just medicine and money, we are working to break the cycle of poverty—*kraze sik lamizè a.*”

Plans are also underway to open

Fonkoze branch offices at other Zanmi Lasante sites in the Central Plateau. The outpouring of support for the opening of the new facilities

in Boucan Carré is a clear indication of the need for these basic services and their potential to improve the lives of the local residents.

PIH/ZL’s ambitious scale-up efforts continue apace at our other sites, as well. We are happy to report

that the medical complex in Cange now includes a Red Cross blood bank, a new surgery suite, and a TB isolation wing, with additional construction constantly underway. In Thomonde, land has been acquired for a new hospital, with construction slated to begin later this year. PIH/ZL has significantly increased its presence in Hinche, the capital of the Central Department of Haiti, and will be expanding treatment efforts there. With support from the Centers for Disease Control (CDC) and other partners, ambitious HIV/AIDS train-

ing and education programs for health care workers are being held at several sites.

Most remarkable, however, is the continued success of PIH/ZL’s community-based treatment model for HIV/AIDS. In 2003 alone, Zanmi Lasante screened over 24,000 people for HIV. Today, over 8,500 HIV-positive patients are being followed, and over 1,050 are on directly-observed antiretroviral therapy delivered daily by community health workers. Laurie Garrett, writing in the *New York Times* in July, singles out Haiti’s treatment success: “A new Global Fund [to Fight AIDS, Tuberculosis, and Malaria] report shows that... [a]s chaotic as it is, Haiti surpassed its 2006 targets after only a year of Global Fund support.” Even during the most violent days of the coup this past February, not a single ZL patient missed a dose of medication, attesting to the strength and resilience of the community-based model. The availability of high-quality medical care and fundamental socioeconomic support is bringing hope and much-needed resources to this devastated region of rural Haiti. 🇸🇰

Alice Yang is a research assistant at Partners In Health.



Hundreds gather at Boucan Carré to celebrate the dedication of the new hospital and bank.

Fuerza Youth: Healthy Choices for Boston Teens

A joint initiative of Partners In Health and the Division of Social Medicine and Health Inequalities (DSMHI) at the Brigham and Women's Hospital, the Prevention and Access to Care and Treatment (PACT) project addresses health disparities in Boston's lower-income neighborhoods. In 2002, PACT initiated a program for Latino injection drug users called Fuerza Latina (Latin Strength). The program has now been expanded to include local teenagers.

Fuerza Youth is a year-long HIV and substance abuse prevention program that seeks to address the challenges faced by inner-city youth by teaching alternative methods of coping and effecting change. Officially launched in January 2004, this leadership development and community-organizing program is part of PACT's Fuerza Latina, which is supported by a three-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The members of Fuerza Youth, ages 14 through 19, are black and Latino residents of the Dorchester, Mattapan, and Roxbury areas of Boston. Most come from difficult living situations and work at least twenty hours a week, burdened with the responsibility of helping their families pay rent, bills, tuition, and accumulated debt. Despite these obstacles, each teen selected for the Fuerza Youth program demonstrates a serious commitment to improving his or her community.

The youth are fully invested in the Fuerza program, actively applying in their academic and personal lives the lessons learned during group discussions, which include sessions on healthy sex and relationships; the medical, social, and political implications of HIV; substance abuse issues; violence and the prison system; and discrimination, prejudice, and oppression. Through education and discussion, Fuerza Youth participants are empowered to shape their own lives. For instance, two members will be applying to college next September, and one recently received a scholarship to attend a nursing program at Bay State College. Another participant, initially insecure about her weight, has boosted her self-confidence by joining her school's basketball team. Our youngest member, who has been in the Department of Social Services (DSS) system for the past four years, recently shared with us a copy of her report card: four As and three Bs.

In February, Harvard Medical School hosted a conference entitled Reflections in Action: Building Healthy Communities, dedicated to honoring and celebrating everyday heroes from the past and present. Several Fuerza Youth members participated in the conference, including Tushawn White, who wrote a poem memorializing his cousin Shawn Adams, murdered at a subway station (see sidebar). Through poetry, the youth linked the health of their communities to the broader themes of civil rights

and social justice. The teens' spoken-word performances had been under preparation for several months before the official launch of the Fuerza Youth program; for three months, five youths had met biweekly with a coordinator in order to help develop a curriculum, recruit members, and prepare for the conference.

This summer, Fuerza members have been invited to run a workshop at the National Coalition of Educational Activists (NCEA) con-

Death

By Tushawn White

*Within my mind is a mass of
nothingness,
And everything within time will soon
become blind,
Beneath whose depths none can see, feel,
or hear,
It grabs your soul,
And your very last breath,
What in me I cannot name,
To be contracted with external,
I must avoid the forbidden inferno,
My soul is filled with scars of hate,
No longer can I shield from sorrow,
To everyday I die and wake up tomorrow,
I see the dark and feel the light,
As I spend endless hours dreaming
in nights,
I will find my freedom then find my soul,
I cannot speak of ignorance,
I am afraid of the dark,
I was born with death,
I've lived with death,
When the time comes I will be death,
Until then I will live on forever,
Knowing that my cousin Shawn Adams,
Will R.I.P to the very end. Thank you*

Fuerza Youth continued

ference in Philadelphia. This will be an opportunity for the Fuerza Youth members to present the program to parents, peers, educators, and community activists as a viable model for youth to enact positive

change in their communities. Through the Fuerza Youth program, these disadvantaged teens finally have a forum in which to think, speak, and be heard. 🗣️

Corina Tennant-Moore is the Special Projects Manager and Jina Jibrin is the Fuerza Youth Program Manager at PACT.

The Seeds of Hope: Zanmi Lasante Paris Supporting Education in Cange

In 1980, Paul Farmer, then a junior at Duke University studying in Paris for a year, met a Franco-American couple, Christine and Pat Murray, for whom he worked as au pair, tending their three young boys. Years later, the Murrays assembled a small network of friends to support and promote PIH. In time, this informal group became Zanmi Lasante Paris (ZLP), a French non-profit organization.

Zanmi Lasante Paris was formed in 1993 to support the work of Dr. Paul Farmer and Zanmi Lasante in Haiti. Encouraged by Didi Bertrand-Farmer, our Paris-based Haitian vice-president, we have become directly involved with local projects in Cange, especially those relating to education and development at two schools, L'École Bon Sauveur and La Pléiade. The series of initiatives supported by ZLP is called LaVi Nouvo (A New Life).

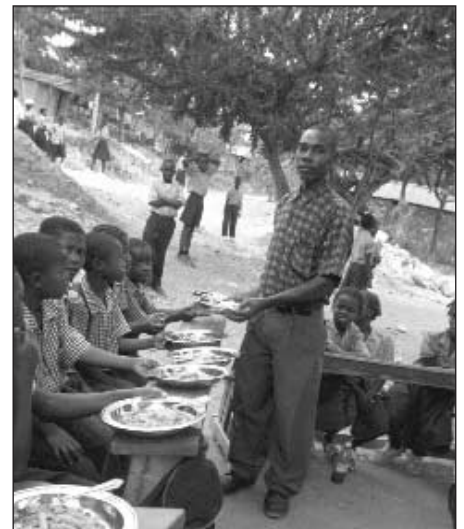
During my first trip to Haiti in 2001, Haitian teachers expressed a desire to improve their teaching methods and French skills in order to better serve their 800 students. For reasons dating back to Haiti's origins as a French colony, both French and Haitian Creole are official languages; in order to succeed,

rural Haitian students, who seldom—if ever—speak French otherwise, must master Molière's language as part of their schooling. After talking with the Haitian teachers, it became evident that our association could make a unique contribution in this regard. We were fortunate that the Group of Retired Educators without Borders (GREF), a French NGO whose membership comprises over 1,000 retired teachers and educators who volunteer to train teachers throughout the French-speaking world, offered us its assistance.

This past May, on my third trip to Haiti, I was accompanied by a GREF educator who has been leading teacher-training programs in Haiti for ten years. At the request of ZLP, GREF has now undertaken two educational programs at L'École Bon Sauveur. Following the recommendations of GREF's first assessment in November 2001, local teachers and ZLP launched three initiatives: Vole Ansanm (Fly Together), to provide teachers with individualized online educational support from GREF and ZLP; Chache Konesans (Search for Knowledge), to implement active learning methods and encourage cooperative information discovery; and Jwe ak Lang (Playing with

Language), to encourage active and playful methods of teaching and practicing French as a second language.

Thanks to the school administration's support—and especially that of the school's founder, Father Fritz Lafontant—we expect these programs to expand quickly. Since July 2003, a resource center has opened within the L'École Bon Sauveur complex and now boasts



Hot lunch program at La Pléiade, one of ZLP's recent initiatives.

three computers, a television, a DVD player, and stacks of books in Creole and French. The teachers named this center Le Jardin du Savoir (the

continued on page 14

The Seeds of Hope continued

Garden of Knowledge), as it represents a special place where teachers and students are able to harvest the fruits of their search for knowledge.

It is our dream to expand the Garden of Knowledge over time into a full-fledged cultural center where students, teachers, and community members can enjoy educational, cultural, and leisure activities. We are hoping that the center will also serve as an incentive for young people to stay in the area rather than leaving the community in favor of urban settings, which may seem more exciting yet are infinitely more dangerous.

This year we are financing a hot lunch program at La Pléiade, a new cooperative school created by the Community Association for Education and Development in the Cange Area (ASEDECC), an organization formed by local peasant families. An agricultural curriculum—for both children and adults—was added to the existing curriculum in

response to the community's desperate need for increased food autonomy and more viable economic conditions. Currently, La Pléiade



The ZLP-sponsored Garden of Knowledge includes books in French and Creole, and several computers.

operates in a church without any school supplies; however, ASEDECC has acquired land on which to build a new building. In August, ZLP enlisted the help of an architect to begin drawing up plans. This modest-sized project will serve as a prototype for further, similar undertakings.

Lénéus Joseph, the founder of La Pléiade and one of the initiators of ASEDECC, also teaches at L'École

Bon Sauveur. Lénéus's family, like most in Cange, owes its survival to Father Lafontant's rescue initiatives in the mid-1970s. Lénéus, who attended university in Port-au-Prince, now devotes his time to improving the conditions and quality of life in his community.

Until recently, ZLP has operated on private funds. We plan to launch an appeal for resources and ideas for the expansion of the Garden of Knowledge. We look forward to continued and increased cooperation with new partners in the ongoing battle to save lives in Haiti's Central Plateau and welcome support for the construction of

La Pléiade. We hope that our quest for improved training of teachers and well-adapted, culturally appropriate schooling will help bring the seeds of hope to fruition. 🌱

Christine Murray, president of Zanmi Lasante Paris, can be reached at zanmiparis@mac.com.

Recent Events

April 5 *Pote Mak Sonje (Whoever Bears the Scar Remembers)*

Directed by Harriet Hirshorn, this film explores the 2000 trial of the perpetrators of the Raboteau massacre in Haiti. Paul Farmer and human rights advocates Jennifer Harbury and Brian Concannon led a discussion after the film.

May 8 Institute for Health and Social Justice Forum, *Collateral Benefits: Complex Health Interventions Among the Poor*

Fernet Léandre (Director, Tuberculosis, STD, and HIV/AIDS Program, Zanmi Lasante), Askar Yedilbayev (Training Coordinator, Partners In Health - Russia), Jaime Bayona (Director, Socios En Salud), and Anne Hastings (General Director, Fonkoze) discussed their efforts to provide health and social services to the poor and described the myriad and often unanticipated benefits and opportunities gained from providing these services in Haiti, Russia, and Peru.

July 11-16 XV International AIDS Conference, Bangkok, Thailand

Several members of our Boston- and Haiti-based teams presented posters and led sessions at this biannual conference. Joia Mukherjee launched *The PIH Guide to the Community-Based Treatment of HIV in Resource-Poor Settings*, available online at www.pih.org/library/aids/index.html.



July 27 Joia Mukherjee and U2's Bono spoke about the AIDS crisis in Africa at City Year Boston, part of Bono's ONE campaign to mobilize the developed world to commit one percent of its budget to poverty and HIV relief.

Dr. Joia Mukherjee and Bono at City Year Boston. (Photo courtesy The ONE Campaign)

July 1-August 13 Four PIH-sponsored physicians participated in the Program in Clinical Effectiveness at the Harvard School of Public Health. The intensive six-week program, comprised of clinical epidemiology, biostatistics, and elective courses, is designed for clinicians seeking the quantitative and analytic skills needed for clinical research and health care administration. The PIH-sponsored participants were Dmitry Voronov, a resident in cardiovascular surgery at the National Research Center of Surgery of Moscow Medical Academy; Sergey Morozov, a PhD candidate in the Department of Radiology at Moscow Medical Academy; Alexander Pasechnikov, PIH's Medical Director of the Tomsk MDR TB Project; and Sergei Borisov, the Deputy Director of the Research Institute of Phthisiopulmonology at Moscow Medical Academy. Upon their return to Russia, they will be able to share their new perspectives and competencies with other physicians and to introduce the principles of evidence-based medicine into Russian medical curricula.

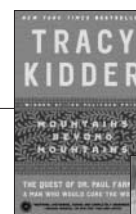


Panelists at the Cange forum

August 26-27 10th annual Health and Human Rights Forum in Cange, Haiti

Coming Soon

September: Tracy Kidder's *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World* (Random House, 2003) available in paperback



November: Paul Farmer's *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (UC Press, 2003) available in paperback





Individual contributions are critical to our work because they allow us to fund activities central to our mission but often not covered by larger, more targeted grants. Join the 2004 Partners Circle by making a donation of \$1,000 or more. If \$1,000 is too much for you to give at this time, consider making donations in monthly installments by setting up an automatic online donation plan at www.pih.org/donate/index.html.

Join our 1000 x 1000 campaign to bring in 1,000 donors at \$1,000 by the end of this year.

Please think about your circle of friends and help us expand our base of supporters. Here are some ideas:

- Give your friends a copy of Tracy Kidder's *Mountains Beyond Mountains*, which tells the story of PIH and its co-founder, Dr. Paul Farmer.
- Provide them with a packet of PIH materials. We'd be happy to send this to you or directly to your friend on your behalf.
- Refer them to www.pih.org.
- Invite them to join you at a PIH event.
- Host a house party or other fundraiser for your friends and acquaintances. Please contact Edward Cardoza, Director of Development, at (617) 432-0049 for more information.

Save the Date

(Check www.pih.org for further details as date approaches)

Saturday, October 2, 2004, 4:30 p.m.

11th annual Thomas J. White Symposium, *Meeting the Global Challenge: Scaling Up HIV Treatment*

Harvard University Science Center, Cambridge, Massachusetts

Stephen Lewis (United Nations Special Envoy for HIV/AIDS in Africa) will deliver the keynote address and Paul Farmer will speak about Partners In Health's efforts to expand treatment for the world's poor.