



From the desk of... Jenn Furin

Dear Friends,

Almost three months ago, PIH Lesotho was welcomed into the community of Lebakeng to begin work at our fourth and most remote site. Literally translated, Lebakeng means "the middle of nowhere," and this describes the area quite well. Not even a makeshift road enters the region and it is by far the most isolated clinic in the already desolate mountains of Lesotho.



We visited the site at the end of September to assess what would be needed to initiate HIV and TB therapy. We had been warned by many that Lebakeng would pose more challenges than the other sites. I must confess, part of me was hoping we would not see as much disease in Lebakeng and that we could start things a little more slowly there as we got more on our feet. Those hopes were dashed almost immediately.

In one afternoon in the clinic on this "site visit," we tested 13 women for HIV; six were found to be positive. Of these six, all were in their third trimester of pregnancy, and in desperate need of anti-retroviral therapy (ART) for themselves and their unborn children. Our team was faced with a dilemma: start providing treatment in Lebakeng now or wait until we were more "ready," potentially sacrificing these women and their children. It is the type of decision we have to make all too often, but it felt very acute with Lebakeng. After much internal and external discussion, we decided to move ahead with Lebakeng.

It has not been easy. That first weekend in October when we started, we were all sleeping on the floor of a tiny house in a violent hail and snow storm. The roof leaked. The patients were incredibly sick, and as is always the case, once we showed up more and more of them started arriving. The infrastructure in Lebakeng is poor given its remote location. And building anything here will require more logistical gymnastics than anything we have performed to date (which is saying a lot, as described in Archie Ayeh's report in the [November PIH e-Bulletin](#)). Clinically, Lebakeng pushes us all to the limit, as the patients are so acutely ill with so many various diseases.

Less than three months after that initial site visit, I am now sitting in Lebakeng clinic utterly amazed at the transformation. Since we have started working here, we have documented more than 1,200 patient encounters, diagnosed 187 people with HIV—of whom 79 are now on ART—and provided training to more than 47 people in the area. More than those numbers, the life and hope I see now on the faces of the people in Lebakeng are a precious gift for all of us

In this issue:

- ▶ From the desk of Jen Furin, PIH Lesotho Country Director
- ▶ Help win \$50,000 for PIH!
- ▶ Teaching how to deliver global health
- ▶ Partner Profile: Blaise Bucyibaruta, Assistant Director of Pediatrics, Rwanda
- ▶ Warm support from an icy cold sea
- ▶ Paul Farmer and Jim Kim on health care and the world's children
- ▶ Dateline PIH: Project updates from all over
- ▶ Help fight rheumatic heart disease in Rwanda
- ▶ Watch the video of PIH's annual symposium
- ▶ An interview with Ophelia Dahl, PIH Executive Director
- ▶ In the news: Dirt meals become a staple for Haiti's poorest
- ▶ Students for PIH Listserv: How effective is the Peace Corps?

Help win \$50,000 for PIH: the Face AIDS Facebook group!

The student group [Face AIDS](#) is raising money and support for PIH through the popular website Facebook. Through the [Giving Challenge](#), users of Facebook can donate to causes that inspire them. On February 1, the cause with the most accumulated individual donations will be awarded prize money of up to \$50,000. [Fight AIDS Now](#), the cause started by Face AIDS to support PIH, is currently just a few donations shy of taking the lead in the competition! If you are a member of Facebook, [please consider joining the cause](#). With a donation as little as \$10, you can help put them over the top!



A villager carrying rocks for the new health center in Lebekeng

who are lucky enough to serve here.

Because of the steady influx of patients, we are overwhelmed in Lebakeng. And so we are building a new clinic here. This is harder than it sounds, given our inability to get building materials that will fit into the small single-engine Cessna planes flown by our dear friends at Mission Aviation Fellowship. So we are using local stone. By 5:30 this morning, the sound of rocks being dug from the quarry echoed across the clinic compound, as

did the voices of the women who are carrying the rocks, one by one, on their heads down a long, steep path. These rocks will be used to make the clinic. It is a labor of love on everyone's part, tiresome and tedious at times, but buoyed by knowing that the clinic will stand strong and proud for all the work that has gone into it. What a privilege it will be to see patients there.

The work of these women is, I think, symbolic of the work we all do to bring health care to the poor. Day after day, we we are called upon to build something strong and life-giving. Watching it happen in this concrete way in Lebakeng has been one of the greatest joys of my time with PIH. Amazing things are happening here in "the middle of nowhere," and we are deeply indebted to all of your for your support and for carrying the stones in all the ways that you do.

--Jen Furin, December 13, 2007
(Country Director, PIH Lesotho)

How to deliver global health: New course teaches future global health leaders

"We are broken," Dr. Pedro Suarez told Peru's Minister of Health back in 1990. As the new Director of Peru's National Tuberculosis Program, Dr. Suarez faced an epidemic of thousands of TB patients, a microscopic budget, and a broken health care system. So how do you turn a sinking ship like this into one of the most successful TB control programs in history?

PIH co-founder Dr. Jim Kim recently challenged students at Harvard University's School of Public Health (HSPH) to grapple with this very question by working through solutions and ensuing challenges as a team. This method of learning, called the case method, is designed to bring the complexity of real-world decision-making challenges, such as the TB epidemic faced by Dr. Suarez in Peru, into the classroom. Students learn by experience. The method is utilized by Harvard Business School, which helped HSPH design a new course, *Introduction to Global Health Delivery*, led by Dr. Kim and Dr. Joe Rhatigan of Brigham and Women's Hospital.

Benefit to fight rheumatic heart disease in Rwanda

Come enjoy a night of cocktails, dancing and live music, and support PIH and [Team Heart](#), a cardiac surgery team from Brigham and Women's Hospital that provides medical care to patients with rheumatic heart disease in Rwanda. This fundraiser will be held at the [Parris Lounge](#) in Boston's Faneuil Hall at 8:00 pm on February 21. Tickets are \$30 per person, and can be purchased at the door or in advance by emailing LSA-BATINO@PARTNERS.ORG. All proceeds will help fund an [upcoming surgical mission](#).

Watch PIH's 2007 Thomas J. White Symposium

Did you miss PIH's annual Thomas J. White Symposium last October? A video recording of PIH's 14th annual event is now available online. Speakers include actor/activist Danny Glover, philanthropist Melinda Gates, and PIH co-founders Paul Farmer, Ophelia Dahl and Jim Kim. [Watch video](#) (viewable on PC computers only).

Ophelia Dahl featured on Exceptional Women Podcast

PIH co-founder and Executive Director Ophelia Dahl was recently interviewed on the popular radio program Exceptional Women, produced by Boston radio channel MAGIC 106.7. [Listen to the podcast](#).

In the news: Haiti's poor resort to filling their empty bellies with mud

In the poorest communities of Haiti, including areas served by PIH's partner organization Zanmi Lasante, many of the residents are too poor to purchase even a simple meal of rice. Instead, they must resort to eating "cookies" made from salt, vegetable oil, and dirt. A recent article from the Associated Press documents how a spike in food prices has forced this desperate practice. [Read more and watch an accompanying video](#).

The course was the first to be created by a new Global Health Delivery (GHD) program, which is comprised of faculty and staff from HSPH, Harvard Medical School, Brigham and Women's Hospital, and PIH.

The GHD program itself was formed to help address an "implementation gap" between aspiration and effectiveness—between the fact that funding sources, technologies, and treatments currently exist to treat millions, and the fact that systems to deliver these to those who need it are frustratingly inadequate. The focus of GHD is to help develop the information and tools needed to "deliver" care on the ground. This new field encompasses expertise not just in public health and medicine, but also business, economics, law, and government policy. Fittingly, the students of the new GHD course included practicing doctors and students from Harvard Law and HSPH.



2008 Global Health Delivery class with guest lecturer Dr. Pedro Suarez, former Director of Peru's National TB Control Program

Cases examined in the course included eliminating polio in India, treating HIV/AIDS in rural Rwanda, and Thailand's condom campaign. Each case was carefully designed by a team of researchers, case writers, and experts from the partnership of organizations to explore themes and problems commonly faced by those working in the field. For some cases, the actual subjects of the case (such as Dr. Suarez) attended the class, giving students the chance to really pick apart the details and complexities surrounding the case.

The GHD program is currently developing more cases to be presented in future courses to be taught at HSPH and possibly Harvard Medical and Business Schools in the coming months.

To learn more about the GHD Initiative, please visit <http://globalhealthdelivery.org/blog>.

From Students for PIH

What kinds of topics are being discussed on the Students for PIH listserv? [A recent critique of the Peace Corps in the New York Times](#) sparked a heated debate over the purpose and effectiveness of the volunteer organization. Here are a few excerpts. To read responses in their entirety or to join the discussion, [please click here](#).

Totally and completely misses the point. The Peace Corps is virtually the only organization that allows for individuals outside the Ivy League elitist demographic to experience firsthand what it is like to live in third world environments. Many of the returned volunteers take this as motivation for lifelong devotions to social justice, and I have seen it inspire many others who simply know the volunteers to do the same. [...] There are certainly more effective organizations, but let those with the greater or more specific experience go there, and allow the Peace Corps to be what it is without the constant derision of snobbery. It should also be pointed out that the maintaining and expanding of pro-American sentiment anywhere in the world right now cannot be underestimated, and if that is all that these people did then it would still be more than worthwhile.

In a very strong way I see his point - teach when you have something worthwhile to teach. Enthusiasm and brains are a potent and wonderful combination, but if development and aid are the goals in a community which is already full of potentially bright and capable people, is the goodwill American enough? Are there better things I could do over here, like start a twice-monthly cooking demo at the food pantry where I do some work? Find an excuse to work overtime and donate money? I daresay this in some way begs questions about efficiency, not so much in cost but in terms of personnel. Here's one thing I worry and think about a lot when it comes to global health--vanity. I won-

Profiling our partners: Blaise Bucyibaruta, Rwanda

"I feel like Partners In Health is my organization, almost like I created it," says Dr. Blaise Bucyibaruta. Never mind that Blaise was a 13-year-old schoolboy in Rwanda when a handful of people halfway around the world founded PIH. Blaise knew nothing of PIH at the time, but he forged himself a parallel path. When he was in medical school he helped found a student organization dedicated to "holistic development and social justice." "[It had] almost the same philosophy as PIH," he grins. So when he found out about PIH and joined it after finishing his medical training, "it was almost like coming home."



Dr. Blaise with a patient

Now, as Assistant Director of Pediatrics for PIH's Rwandan partner organization, Inshuti Mu Buzima (IMB), Blaise divides his time between clinical care, administrative responsibilities and community work. He also organizes counseling groups for HIV-positive mothers, children and adolescents, helping mothers overcome the stigma and guilt of having transmitted the disease to their babies, and arming young people with the knowledge and self-confidence to avoid getting infected themselves.

Having found a figurative home at IMB for his medical skills and commitment to social justice, Blaise has started construction of a home for his wife and two children, who currently live in Kigali, Rwanda's capital. "I'm a family man," he explains. "Everyone says I am doing a good job. But I feel as if I am only doing 60 percent of what I could because every weekend I go to Kigali to be with my family and don't touch a telephone or computer until I come back. When I move my family, I will be able to do more to care for all the children. Because I am a father to the children I am treating too."

Warm support from an icy cold sea

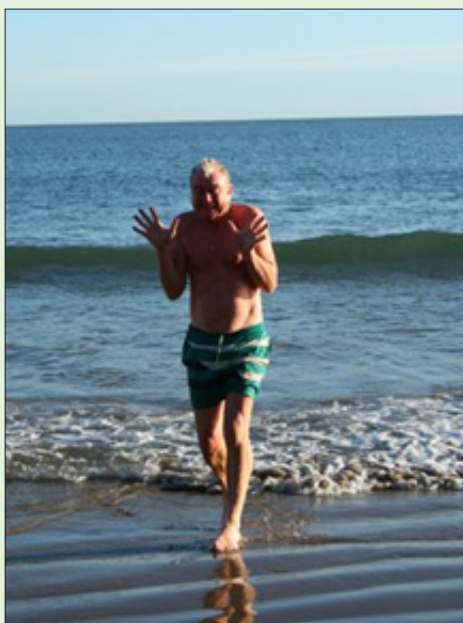
"Most of my friends think that I am crazy," says Frank Ivers. Diving into the frigid waters of the Irish Sea on Christmas Day may justify their diagnosis. Nevertheless, Frank's friends and family were supportive of (or at least very curious to see) his moment of temporary insanity, helping him to raise \$1,250 for PIH projects.

For the past few Christmases, Frank has waded into the icy sea to raise money for local charities. This year, Frank decided to raise money for PIH after seeing the passion of his daughter, Louise, a physician working with PIH in Haiti. "It was a great pleasure for me to do something small in an effort to show support for my daughter and her colleagues and all in the PIH who carry out this wonderful work," he said.

der if it's vanity to some degree that has young, idealistic young Americans choosing Africa over Appalachia. One sounds lots more exciting than the other--but you know the system here to some extent--or could navigate it easily--and you speak the language--so maybe you could do more good here and faster.

Many times the best Peace Corps volunteers are those fresh out of college. Sure, they're (and I should disclose that this was me when I became a volunteer) not as experienced... [But] these young volunteers, upon arrival in a foreign country, truly believe they can change the world and intend to do so... I believe that the quality of volunteers goes down greatly when the Peace Corps takes volunteers who have graduated college, worked for a few years, decided they didn't like the real world and wanted to have an adventure so they joined the Peace Corps. I can't tell you how many volunteers we had like this, at least in Ghana... Unfortunately, the government lets in a lot of slackers. The thing about the Peace Corps is that your level of activity and involvement in your community is completely determined by you; you can literally be as busy as you want to be... Don't get me wrong, I had a great experience in the Peace Corps and every volunteer - even the slackers - contributes something. Every volunteer helped pay for a student's school fees or mentored a child or formed long-lasting friendships. I just feel that Peace Corps could use a re-vamping, and maybe we should begin to call it what it really is: a cultural exchange program and not a development program.

The Students for PIH listserv provides a forum for students who are committed to raising awareness about inequalities, pursuing careers in global health, and promoting social justice. It's a space to ask questions, share ideas, exchange information, and motivate others. [Click here to join.](#)



Frank Ivers braves the frigid surf of the Irish Sea to raise money for PIH.

Although the tropical Haitian climate where Louise works can exceed 80 degrees Fahrenheit in December, unfortunately for her father, the water temperature of the Irish Sea dips to just a few degrees above freezing. Add in the wind chill, and it's a prescription for hypothermia. "You strip off and get in as quickly as possible as the more you think about it the harder it is," said Frank.

So without dithering, he plunged into the icy surf and swam a lap of about 100 yards, or about 15 minutes worth of polar immersion. "I felt aches in parts of my body that I had forgotten about," he said.

Fortunately, Frank also had a fool-proof plan for regaining core body temperature: "A good big mug of tea laced with Irish Midleton Whiskey with the feet up against a big coal fire."

The warmth generated from Frank's 15 minutes of insanity will be felt by PIH projects around the world. And luckily, the icy chill did not bring Frank back to his senses. "It is my intention to have this swim in the coming years, God spare me," said Frank.

Paul Farmer and Jim Kim contribute to UNICEF report on the world's children

PIH co-founders Paul Farmer and Jim Yong Kim provided a commentary on "[Human rights, community-based health care and child survival](#)" for the latest edition of UNICEF's flagship publication [The State of the World's Children 2008](#).

This year's 160-page report focuses on child survival, providing detailed information on conditions that cause the deaths of nearly 10 million children each year, and highlighting progress made through community-based partnerships to improve health care, nutrition and access to clean water and sanitation.



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Dateline PIH: Project updates from all over

Lesotho/Bo-Mphato Litšebeletsong tsa Bophelo: Even the most remote mountain villages in Lesotho have been hurt by the HIV/AIDS epidemic. And the rough terrain and lack of roads in these rural areas only aggravate the problem. For example, a major difficulty for the small chain of health centers working with PIH's Rural Initiative is processing CD4 count tests, which are vital to managing the care of HIV patients effectively, as these tests help health workers monitor the progression of the disease. Samples for these tests must be taken on a regular basis for each patient, picked up by pilots from Mission Aviation Fellowship, flown to the capital city, and then transported to the lab for processing. With over 2,600 HIV patients currently being monitored, lost or delayed samples are a regular problem. However, PIH's partners in Lesotho have recently found a way to both simplify and speed up this process. They set up a processing lab to the airport. Located literally in the Mission Aviation Fellowship hangar, the new lab can process CD4 tests and other tests from all five (soon to be ten) mountain clinics, and quickly fly results back.

Fresh on the heels of the new Lebekeng Health Center, PIH's partners in Lesotho also recently opened the doors of a fifth site. Tlhanyaku Health Center will provide health care to villagers in the northwest mountains of the tiny country. Currently, over 80 village health workers have been trained to provide health services to their communities, and the health center has already tested more than 60 villagers for HIV.

Malawi/Abwenzi Pa Za Umoyo:

Abwenzi Pa Za Umoyo (APZU) has grown to include over 100 employees over the past six months. For many of the new staff, this is the first time they've ever had access to full-time paid employment. As a first step toward assisting employees in achieving greater financial security, APZU and the Malawi Savings Bank have forged a partnership that will give APZU staff a new job benefit--a bank account. APZU will cover the initial deposit sum required to open an account (this deposit is the most common barrier to opening an account for many Malawians). Direct deposit for salaries and a 5% annual interest rate are among the features available to APZU staff. Over 80 employees eagerly registered for the new accounts.



It took six hours for the Malawi Savings Bank to process and open 84 new accounts for APZU staff members

Peru/Socios En Salud: Socios En Salud (SES) recently organized a field experience for managing MDR-TB (multidrug-resistant tuberculosis) and TB/HIV co-infection.

It was an opportunity for attendees to learn about the SES model of care, as well as a chance share their own experiences with each other. Participants included representatives from WHO and Global Fund Azerbaijan, a non-profit organization in Pakistan called IRD, the New York-based patient advocacy organization Treatment Action Group

(TAG), and PIH's partner organization in Russia.

PIH physician and TB specialist Dr. Salmaan Keshavjee and SES director Dr. Jaime Bayona developed the idea for organizing a training after conversations with many colleagues revealed that even places with well established MDR-TB programs needed a great deal of guidance on managing the social and economic support programs so vital to the successful treatment of the disease.

"Had we not attended this workshop, I am certain we would have underestimated the planning and investment required to provide the social and economic support necessary to cure MDR-TB patients," said Dr. Aamir Khan, a physician based in Karachi, Pakistan, who is in the beginning stages of developing an MDR-TB program there. "It takes a whole lot more than a correct prescription to treat MDR-TB."

Workshop sessions with experts in clinical case management, electronic medical records, nutritional support, the importance of community health workers, and the challenges of working with patients infected with both TB and HIV were also offered by Ministry of Health officials, and several longtime SES staff members. Attendees also went on multiple field visits, including tours of laboratories, health centers, hospitals, the SES drug warehouse, as well as the opportunity to interact personally with former patients.

Eager to continue to share their knowledge and experience and to learn from others committed to fighting MDR-TB and AIDS, SES (which has been conducting international trainings since 2003), is planning to conduct additional field rotations this year. For more information, please contact Dr. Rocío Sapag, Training Director for SES Peru at rsapag_SES@pih.org.

Haiti/Zanmi Lasante: A new hospital has opened in the Central Plateau of Haiti. Built through a partnership between the Haitian Ministry of Health and Zanmi Lasante, the new facility will help serve the communities of Lascahobas and Lacolline. Before the construction of the hospital, patients had literally flooded into a tiny under-staffed, poorly-equipped health center.

A throng of people gathered to inaugurate the hospital, including Haitian President René Préval and Haiti's Minister of Health Dr. Gabriel Timothé.



Attendees visited a warehouse to learn methods of stocking and storing TB medications



Attendees examined a MDR-TB culture during a visit to a Ministry of Health lab

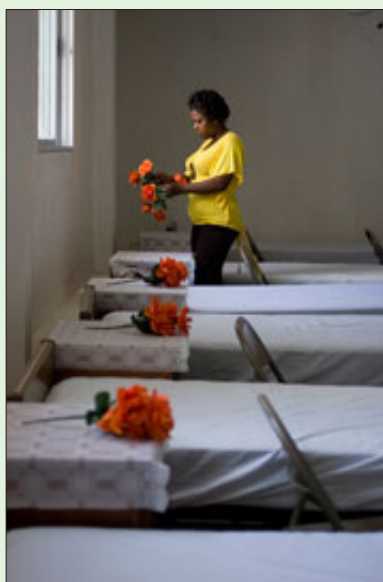
"The people of Lascahobas and Lacolline, like all the people of Haiti, deserve modern health infrastructure," said PIH Co-founder Dr. Paul Farmer, who also attended the event. "This facility was built by our team--which includes hundreds of people from this area--to keep a promise made in 2002: that PIH and Zanmi Lasante would work with the Ministry of Health to improve public infrastructure at the same time that we take care of the sick, prevent illness, and train people to provide modern health care to the underserved."

"This hospital includes a number of features that we believe are important innovations: it's well ventilated, has outside waiting areas, and private rooms for people with active pulmonary TB, an airborne disease," said Dr. Farmer. "It even has ultraviolet lights to kill the bacillus that causes TB."

"We are grateful not only to our partners in the Ministry of Health, but to AmeriCares, the HHCF, friends from Chicago and the other groups that helped us to build this modern, safe hospital for the valiant people of this area," said Dr. Farmer.



Community members gathered to inaugurate the new hospital in Lacolline
*Photographer: Rose Lincoln,
Harvard News Office*



Inside the new hospital at Lacolline
*Photographer: Rose Lincoln,
Harvard News Office*