



A holiday message from PIH co-founders Paul Farmer and Ophelia Dahl

Partners In Health co-founders Paul Farmer and Ophelia Dahl reflect on a year of accomplishments and the challenges the organization faces for the coming year.

[Read the letter](#)

From responding to hurricanes that wrought havoc in Haiti to opening a new state-of-the-art training center in Rwanda, 2008 has been a big year for Partners In Health. In this issue of the PIH e-Bulletin, we reflect on 10 important stories that we've reported on over the past 12 months, and provide some follow-up coverage.

If you're not already a subscriber to our monthly e-Bulletin, we hope you'll consider [signing up](#).

And if you're already a subscriber, we hope you'll consider forwarding this issue to others who may be inspired by PIH's work to provide health care to some of the world's poorest communities.

After the storms

In August, four hurricanes hit Haiti in devastating succession, leaving behind rampant floods, destroyed homes, villages underwater, and fields of damaged crops. The [September e-Bulletin](#) detailed how PIH's partner organization, Zanmi Lasante, immediately began working to ensure that medical care and services were still being delivered to our patients; and although the organization had never intended to become a relief organization, it quickly helped set up and support shelters for hundreds of people displaced by the storms; ZL also procured food, water, clothing and other essentials for thousands who lost everything in the floods.

Today, ZL is still working to help rebuild and strengthen the infrastructure to help cope with health issues resulting from the hurricanes. After the flooding and destruction of the Ministry of Health hospital in Gonaïves, the city hit



The hurricanes flooded entire villages



Standing pools of water left behind from recent floods invite mosquitoes and a potential malaria outbreak.



hardest by the storms, ZL's Hospital St Nicolas in St Marc is now the only public hospital in the heavily damaged Artibonite area. ZL is now expanding and strengthening this hospital to help the facility deal with the overflow of patients from around the region.

In the wake of the storms, the ZL team also worried about public health threats, such as waterborne diseases and malaria, as the receding floods left behind about the many pools of standing stagnant water—a haven for mosquitoes, which are carriers of the disease. PIH's partners and supporters took immediate action to raise money to purchase and distribute 10,000 mosquito bed nets to protect the most vulnerable. As of mid-December, our supporters, including a Facebook group, have raised about \$30,000 towards the \$50,000 needed.



The floods contaminated many drinking sources. The ZL team recently constructed 100 biosand filters from local materials to purify water for families affected by the storms.

Helping spread community-based care in Rwanda

2008 was a watershed year for the Rwandan government's ambitious program to strengthen rural health systems throughout the country, using a model for comprehensive, community-based care that had been piloted in two health districts in Eastern Rwanda with help from PIH, the Clinton Foundation, and our Rwandan partner organization Inshuti Mu Buzima.

In [February's e-Bulletin](#) we reported on the first home visit made by a PIH doctor in Burera, one of two districts in the country that had been without a District Hospital. Since that story was published, PIH has worked with the Ministry of Health and the local government in Burera to finish building, equipping, and staffing a temporary hospital facility that now boasts 55 inpatient beds, four core services—internal medicine, pediatrics, maternity, and surgery—and a staff that includes 7 physicians and 40 nurses.

In September, the first Caesarean section in Burera District was performed in the newly renovated operating room. And in November ground was broken for a new 150-bed hospital that will be completed by 2010, to serve as the hub for a district-wide network that already includes three newly rehabilitated health centers and more than a thousand community health workers who receive a base salary and extensive training from PIH.



An all-Rwandan surgical team performs an operation at the temporary hospital in Burera

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A right to health care: Baby Dumanel undergoes life-changing surgery

Hoping to save his son's life, Almane Luxama sold his only two cows to buy transport to a hospital operated by Zanmi Lasante, PIH's partner organization in Haiti. The little boy, named Dumanel, was born with a rare defect called encephalocele, a hole in the skull that allows brain tissue to bulge out.

Unfortunately, the devoted father soon learned that although the problem can be fixed in developed countries, the operation cannot be performed in Haiti due to lack of funds, equipment, and proper training. Having already sold their cows, the family had no way of getting Dumanel to a facility in a country that could provide the operation, to say nothing of the cost of the surgery itself.

PIH has seen countless cases like Dumanel's—cases that modern medicine can fix, if only our patients had access to it. PIH's Right to Health Care program strives to close this gap in access.

As reported in the [September e-Bulletin](#), PIH worked with doctors and staff at Children's Hospital in Boston to bring Dumanel to the U.S. to receive the needed surgery. Since then, little Dumanel has recovered with flying colors, and returned back home to Haiti in November. An article published in the Boston Globe resulted in an outpouring of generosity—Dumanel's family has pledges from readers for new cows; and other patients now have the opportunity to receive the treatment they need. There are currently seven Haitian patients receiving medical care in the U.S. for conditions including severe burns, cancer, and congenital heart disease.



Dumanel after surgery that fixed a hole in his skull



1-year old Therry Jouth is currently recovering from heart surgery in Rochester, MN. PIH partnered with the Mayo Clinic, which provided free care for the boy, to ensure that Therry had access to a life-saving operation that is not available in his home country of Haiti.

Slaying the MDR-TB monster in Lesotho

Last March, Dr. Hind Satti, director of PIH Lesotho's Multidrug-resistant tuberculosis (MDR-TB) program, reflected on how the little girl's drawing reflected the public health nightmare of MDR-TB in Lesotho.

One day a little girl showed Hind a drawing of a big monster towering over a little insect. The monster was labeled "MDR." The little insect was the girl herself.

"Why are you so small?" Hind asked her. "That's the way I feel," she answered.



MDR-TB patient with her drawing

Today, Hind and her team are providing life-saving drugs and a holistic blanket of other services for over 180 patients, and are monitoring 839 of their contacts to ensure that the disease is not transmitted. In the past year, PIH Lesotho has also worked to provide training in treatment of MDR-TB to teams from other countries dealing with drug-resistant tuberculosis around the world.

In addition to treating patients, PIH Lesotho has also worked to help those affected by the disease. In [October](#), the e-Bulletin reported on the House of Hope, a new home and family for children orphaned by MDR-TB and HIV/AIDS. PIH Lesotho

Constructing health equity and stitching up poverty in Malawi

Hammers, saws, and paint brushes were put to work all over Neno, the rural district of Malawi where PIH's partner organization operates, as new hospitals, community centers, and patient homes rose up, brick by brick, over the past year.

In the [August issue of the e-Bulletin](#), Rajab Wanyawa detailed the sleepless nights and busy days that were the life of a clinician at a poorly equipped rural health center serving Lisungwi, a community plagued by malaria and a high adult prevalence of HIV. Today, a new hospital is scheduled to be opened in early spring of 2009. Construction has also been completed for a new district hospital, and the staff hopes to inaugurate the facility next month.



Construction of the new Lisungwi facility in June 2008

In the [July e-Bulletin](#), Elana Hayasaka of the PIH communications team told the story of Felesiano Chimfuka, a patient who could barely breathe without wheezing, moved into a new house built by POSER (Program on Social and Economic Rights) after living under a pile of straw that only exacerbated his condition. As of this December, POSER has completed construction of about 25 other houses for patients in the most dire socio-economic situations. POSER has also built five buildings for local community-based organizations, which support programs such as income generation, skills training, and child care.



Chimfuka's new house, built by POSER

Report indicts U.S. government and Inter-American Development Bank for violations of the rights to clean water and health in Haiti

One of the highlights of PIH's advocacy work in 2008 was the release in June of an 87-page report indicting the U.S. government and the Inter-American Development Bank (IDB) for blocking the release of \$54 million in loans that had already been approved and were urgently needed to fund improvements in Haiti's public water system.

As reported in the [June e-Bulletin](#), the report documented the devastating impact on public health of the failure to improve access to clean drinking water. One-third of the households surveyed by PIH in Port de Paix suffered from symptoms of gastrointestinal infection, which is commonly caused by contaminated water and ranks as the leading cause of death for Haitian children.



Since the report was launched in June, several US senatorial and congressional offices have become involved in efforts to improve the water situation in Haiti. This interest led to a meeting with the Inter-American Development Bank (IDB) in September in Haiti with representatives from PIH, ZL and the RFK Memorial Center. During this meeting, IDB representatives confirmed that the water projects, including Port de Paix, were far behind schedule. We continue to work with a few Senators and Representatives to improve IDB projects in Haiti and to prevent a recurrence of US interference in these and similar projects for political reasons.

PACT project takes on Diabetes in Boston

[Last winter](#), we reported a new effort by the Prevention and Access to Care and Treatment (PACT) project in Boston to adapt the PIH model of care, which has proven its effectiveness in treating infectious diseases like TB and HIV, into a model to treat diabetes and possibly other chronic diseases.

As countries become more affluent and people adopt richer diets and more sedentary lifestyles, chronic diseases impose an increasingly heavy burden in death, disability, and medical costs. The search for cost-effective ways to treat diabetes and other chronic diseases has become a major priority, especially for a country like the United States, where an estimated 21 million people have diabetes. PACT hopes that their new initiative, which will provide services to about 90 patients in a pilot study, will eventually show that the accompagnateur model can be successfully used to improve treatment of diabetes.

Over the past year, PACT has been working to develop home-based care educational materials at a low literacy level, as virtually no other such resources existed. The project is now beginning a pre-pilot phase to test these materials.

Promotores juveniles become valuable resources for their communities

This past summer, the [July e-Bulletin](#) reported on a group of teen health promoters (promotores juveniles) who tutor and mentor children and are sources of health information in their communities. [In the spring](#), a new children's library opened in the Lois and Thomas J. White Community Center, which provided the teens with a valuable resource for their work with local children.



Teen health promoter helping younger students in the new children's library.

Since then, the promoters have continued their work, and have put their own stamp of ownership on the community center by painting a colorful mural on the center's outside wall. The teens and their charges also got a chance to work with a professional artist to explore their creativity in designing the mural.

Uniting to fight MDR-TB

The [June e-Bulletin](#) reported on a course on treating patients with drug-resistant tuberculosis led by PIH's partner organization in Russia to train about 50 tuberculosis specialists from 10 countries. The organization has been working to share its best practices and lessons learned with other countries struggling to control drug-resistant TB, including Pakistan. PIH Russia is now working with the Pakistani National TB program to assist them as they craft a national response to multidrug-resistant TB (MDR-TB), and are preparing to train 40 Pakistani doctors in the coming year.

A building to build skills

The [August e-Bulletin](#) reported that PIH's partners in Rwanda inaugurated a new training center to aid efforts to strengthen the country's healthcare workforce. Since its opening, the facility has been used for various meetings and conferences at a local level, such as training community health workers. In November, the center hosted its first major international gathering, the Pediatric AIDS Treatment for Africa (PATA) conference, which trained 200 doctors, nurses, social workers, and program managers from 19 countries. The PATA conference is the first of a series of regional and international conferences to be held at the new training center.



Participants at the PATA conference work under an overhang of the new training center.

The training center was constructed with support from the Bill & Melinda Gates Foundation and is operated jointly by PIH and the Rwandan government.

