

## HIV/AIDS in Haiti April 16, 2003

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**NARRATOR:** AIDS has been uniquely painful in Haiti. Early on, scientists thought the U.S. epidemic came from here. All Haitians were put on a watch list of four high-risk H's, along with heroin users, hemophiliacs, and homosexuals. First Lady Mildred Aristied lived in New York and recalled the humiliations.

**FIRST LADY ARISTIED:** I remember I was a college student in '83 or so and we were going to do a blood drive, and that was one of the questions asked by the Red Cross that was collecting blood – whether I had recently visited Haiti or was of Haitian origin. And so that has made it a special issue because there had been an attempt to, to label Haitians as being the cause of the disease.

**NARRATOR:** Although unfairly stigmatized, Haiti does have a serious AIDS problem. It claimed 30,000 lives last year. Ten times that number are HIV positive. Prevalence is about five percent all told, ten percent in urban areas. It is the highest in the hemisphere, but it should be much higher.

**DR. PAUP [misspelled?]:** We have all the factors that would predispose this country. We have rates as high as 40/50 percent. Especially the disease started here early, it spread very fast in the Haitian socioeconomic population. We have the highest rate of sex-related diseases. We have also we are the poorest country, we have high rate of commercial sex workers who are HIV infected. If you put all these together, this is

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the best recipe for an explosion of the HIV epidemic, yet this has not occurred.

**NARRATOR:** One reason it hasn't occurred is the work of two world-renowned public health facilities. They've developed low cost approaches to prevention and care. Dr. John William Paup's [misspelled?] Jescio [misspelled?] Center, started 20 years ago in Port-au-Prince is one.

**DR. PAUP [misspelled?]:** This is the workload for 2002: We need almost 30,000 HIV tests more than 23,000 antiviral tests, and almost 6,000 rapid tests. And then we need over 500 units of blood. We need over 18,000 tests for syphilis including more sophisticated tests for syphilis, about 1,500. And we also do rapid tests for tuberculosis as well. In the year 2000, we did almost 10,000 stains for syphilis ... for tuberculosis.

**NARRATOR:** In the remote central plateau is Haiti's other well-known health center, Zambiosanti [misspelled?], or Partners in Health. Founder, Paul Farmer, splits his time between here and Harvard Medical Center, but his motto is one standard of care.

**DR. FARMER:** We said we want to have a standard of care for our HIV patients, that is, that might be the same as you'd see in Boston or some other place. In the six years that we've been trying to launch it, we've never been able to really do it. The rate-limiting factor has always been money. It's always been medications. And now for the first time, when the

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global fund money comes through, our rate-limiting factor will be: We won't have enough time, we won't have enough staff, we won't ... It will be something completely different, but it won't be money for the first time. So it's really exciting.

**NARRATOR:** Haiti's the first developing nation where anti-retroviral drugs will be somewhat widely distributed. The so-called "cocktail drugs" have allowed AIDS patients in richer countries to lead almost normal lives. But they've long been considered too expensive and not feasible in poor countries.

**DR. FARMER:** One of the biggest set of myths we're dealing about are about therapy for HIB HIV: It can't be done in a place like this, um, you know, people don't have other rights, they don't have a concept of time, they don't have wristwatches, the medications have to be refrigerated, it's not cost effective you know, it's not uh, anything you could ever initiate in a really poor country.

**NARRATOR:** On a shoestring, Dr. Farmer initiated anti-retroviral therapy in the late 90's to a limited number of patients. Adeline Merson was one.

**DR. FARMER:** One hundred and seventeen pounds ... First of all, you can see that she weighs 117 pounds, and look here ... this is when she started therapy ... 79 pounds. So you know we are a little bit ... what's the word ... again, as the patients would say ... militant about these drugs because we keep seeing these startling responses to therapy. But for people like them, you know, it's either anti-retrovirals or,

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you know, as she'll probably tell you ... a coffin. And you know, in fact, that's, that was in discussions with her father. He was saying that he needed to borrow money to buy her a coffin. this is why she's still alive. I said, "Well, we've got one last trick up our sleeves." And she's starting her fourth year of therapy -- no complications.

**NARRATOR:** Adeline is now employed by Partners in Health as an outreach worker.

**ADELINE MERSON:** [by translator] I just pray to God to keep me alive so I can see my children's future. And that I can continue to have these medications so we can have a future. And continue to work in this institution, which brought me back to life -- like Lazarus.

**NARRATOR:** One benefit of bringing anti-retroviral therapy to rural Haiti is that many more people to are coming in to clinics to be tested for the AIDS virus. For the first time, doctors say, people have been able to witness AIDS patients get better.

**DR. FARMER:** Suddenly you have treatment, and a lot more people want to be screened. You're going to get a lot more who are negative, who are sera-negative [misspelled?]. That is, they don't have HIV, and that's where you can start making interventions to keep them from getting HIV.

**NARRATOR:** For those who test positive, it helps to know early, to treat the opportunistic infections that kill thousands of AIDS patients in poor countries. For example,

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tuberculosis is rampant here, yet it's easily treatable for just a few cents per patient.

**MALE SPEAKER:** Ketiya ...

**NARRATOR:** (translated about Ketiya): Nineteen-year-old Ketiya, who's HIV positive lost her mother and two siblings to tuberculosis. She now lives with her father. Both have been treated for TB. Medicines must be taken as directed so they work and to prevent the virus from developing resistance. Volunteers are recruited as accompanators.

**DR. FARMER:** The accompanator is the person who sees the person every day, go and get the med, and then deliver them to the patients. So this is a way to protect, you know, our stock and make sure that we can follow and track the medications and see where they're going.

**NARRATOR:** Sometimes but not in this case, the visiting health workers themselves are HIV positive.

**DR. FARMER:** Our prevention efforts rely on people living with HIV. And, that, we have a partner project in Boston, where again, we, the pure outreach partners are mostly people that are living HIV. They're the ones doing that are doing the prevention work. And it's not just because they can say, "Look, I've got HIV, and, um, this is how you can infect yourself." It's also because they're doing secondary prevention, too. They're actually, you know, it has, their own engagement with this has an impact on their own component. So

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I think that's, that's a message that needs to be out there;  
that a serious prevention project has a care component.

[untranslatable]

**NARRATOR:** Sometimes a doctor goes along, like David Walton, a recent Harvard Medical School graduate. For now, Walton finds Ketiya's problems are not medical but financial.

**DR. WALTON:** Today I learned that I actually didn't know that she's not in school. She's 19, she has been in school but doesn't have enough money to pay for school. The other big issue is the house. This house, is not, her father does not own the house. They rent the house, and they say they don't have any money to pay rent. They pay rent every six months. We also can help her do that, so um, that, I mean these kinds of things are what I consider, we consider, as an institution considers a social crises. And, you know, part of our job is to, not only to treat disease, but to alleviate in some small way, the, in which we can, this crushing poverty.

**NARRATOR:** Using mostly donations, Partners in Health will supplement the meager income this family tries to extract from this stingy, plot of land.

**DR. WALTON:** If she didn't have money to pay the house and she didn't go back to school, she'd have to do something to put food on the table and to help her father. And that may entail maybe going to Port-au-Prince, or um, choosing a partner who has, who can give her some kind of financial assistance ...

**DR. FARMER:** Prostitution, in essence ...

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**DR. WALTON:** In a way, you can view it as such.

**NARRATOR:** You know, Paul Farmer called it survival sex yesterday.

**DR. WALTON:** Perfect. So, she'd have to have survival sex with this person to survive. And this person is, would likely have other partners, and so she'd be exposed again. And then if he wasn't sick, she'd be exposing him. So, I mean, this is the way in which we epidemiologically kind of step in and stop the progression and the spread of disease.

**NARRATOR:** But miserable economic conditions make it harder to sustain public health gains. Almost every week, Dr. Farmer says, there are cases like Issac, suffering from typhoid, a disease from contaminated water.

**DR. FARMER:** I don't think he's going to make it.

**NARRATOR:** Indeed, three days after our visit, Issac died at age ten. Dr. Farmer says Haiti desperately needs roads, water treatment plants, and new economic development.

**DR. FARMER:** How can we do a good job taking care of our patients, and making sure that they have, you know, good outcomes, you know, that they do well when they have these medications if we can't get them clean water or get their kids in school or hope for, you know, safe transportation? I, we just had a guy die in a car accident, a guy with HIV. Didn't die from HIV, he died in a car accident. The roads are terrible.

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**NARRATOR:** While Dr. Farmer's outspoken, particularly in criticizing U.S. foreign policy toward Haiti, his urban counter part, Dr. Paup [misspelled?] takes a more resigned view of the socioeconomic problems.

**DR. PAUP [misspelled?]:** We will not be about to change the conditions. So frequently the conditions are things that we have no power. We found very early that even though the socioeconomic conditions are not the best or our worst thing, there is specific intervention that you can do to reduce the impact for the mobility and the mortality of terrible diseases such as diarrhea, HIV, AIDS, tuberculosis. This is a counseling unit where we see about 500 people a day, and people come for pre-test and post-test counseling.

**NARRATOR:** The hallmark of Dr. Paup's [misspelled?] approach is close surveillance and early intervention.

**DR. PAUP [misspelled?]:** And once they are enrolled, we do tests for HIV, syphilis, and tuberculosis. So if they're sickened with a disease, we take care of it the same day. If it's a pregnant woman, we do a rapid test and then we have them come back in 7 to 10 days for their post-test counseling. And then they are referred to the virus clinic - HIV clinic, SP clinic, TB clinic, and we also provide nutritional support. We started testing here in 1985. In 1985, almost 100 percent of people were very sick. Uh, they would come in with AIDS practically. I would say now we would have only 10 to 20 percent of people who are symptomatic, and among those, maybe

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half would have AIDS. The majority of people come in as symptomatic. If somebody feels that they've had a risky behavior, that person would then need to come and be tested.

**NARRATOR:** That's a huge public health gain, is it not?

**DR. PAUP [misspelled?]:** Yes, definitely, definitely.

We see them very early and we, I think that this is why volunteering, counseling, and testing centers offer the opportunity to do prevention and offer care as well. Anti-retrovirals, or ARV drugs, have been scarce here, rationed to a handful of children, not even to their mothers, says pediatrician Dr. Francine Noel.

**DR. NOEL:** One of the mothers actually told me that she could take some of the drugs of her child herself ...

**NARRATOR:** She wanted to take them ...

**DR. NOEL:** Yeah, yeah, she wanted to break a piece and take it herself. And we had to explain to her and make sure that she was not taking the drug of her, of her child.

**NARRATOR:** Global fund dollars will provide many mothers with ARV drugs. Dr Paup [misspelled?] hopes to negotiate their cost down to about \$500 a year, a third of the current discounted prices offered by drug makers.

**DR. PAUP [misspelled?]:** We have determined national guidelines for here. It is the right time to do that, before there is a wide massive use of ARV drugs – so we know exactly the type of regiment that we want to give and the reason why we want to give them first-line, second-line drugs, so this is

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very, very important. So once the drugs come in to the global distribution program, we'll be able to use them in a very rational manner.

**NARRATOR:** Global fund dollars will provide antiviral drugs for some but not all patients. The drugs are only part of the overall strategy. Most of the new money will be used to open 25 new testing and counseling centers across the country. First Lady Aristied says many more people will get HIV tests, and that will greatly help in prevention.

**FIRST LADY ARISTIED:** I think the most important tool that the, the global fund project brings is its capacity because in Haitians, women specifically, because the women in my, in my estimation have been the most vocal in wanting to know their status ... could be active agents of prevention, information, education, and passing that on to their children. They need to know, and right now we don't have the capacity for the folks to be able to be tested.

**NARRATOR:** Her biggest worry: People's rising expectations.

**FIRST LADY ARMISTIED:** If we achieve you know, for instance, having, being able to, to increase the percentage of the population that can be tested, okay, now what? Now what do you provide these women, and the obligation in terms of healthcare, in terms of nutritional care, and all the other social services to which they must have access to? That becomes an obligation now to continue.

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**NARRATOR:** Mrs. Aristied heads the government's AIDS effort, and she's won widespread praise. Solid government support was one factor that won Haiti its global fund award. Despite two decades of political turmoil, successive governments have always supported the anti-AIDS effort with buildings, logistics, coordination, and doctors say, accountability.

**DR. PAUP [misspelled?]:** To us, it's a matter of national pride. Because you know we were a link, we've been justly, to the HIV epidemic from day one. And for us it is very important to get this disease under control.

**NARRATOR:** Dr. Paup [misspelled?] hopes that the living number of patients with the AIDS virus can be cut by a half. That will control, if not eliminate the epidemic until a vaccine provides the answer. Just down the hall from him, 40 people are enrolled in one such vaccine trial.

**DR. PAUP [misspelled?]:** We used to say that only the thinnest people live in Haiti, so you are talking to an optimist person.

[END RECORDING]