



Yon sèl dwèt pa manje kalalou

You cannot eat okra with one finger. (We must collaborate).

Tulane/MARCH Newsletter, Issue #2, July 19, 2005

Despite renewed upheaval in Haiti, Tulane/MARCH is able to continue providing health care and assistance to people living with HIV in the Central Plateau. Our system of patient-selected advocates (accompagnateurs) who live within walking distance of our patients, allows us to maintain contact even if there are road blocks and other barriers to transportation.

While we are saddened by the increasing incidence of kidnappings, carjackings, and other acts of violence in Haiti, we are committed to support our staff and patients in their time of need. As a Haitian proverb states, “Tet pa koupe, toujou gen l’espwa, mete chapo,” translated as “If your head is not cut off, you still have hope and put on a hat.”

The picture to the right embodies that “forge-on” attitude that Haitians possess despite difficult circumstances. The photo is of Tata, courageously speaking about being HIV positive to a crowd of more than 500 people in Mirebalais. The event, held on March 29th, 2005, was sponsored by Management Sciences for Health to educate people about HIV and to encourage people to get tested.

Tata journeyed two hours in the rain, on a rough, muddy road with her baby, to talk about HIV/AIDS. She wasn’t ashamed. “I have to speak. I found medication. The medication was good for me. People who have AIDS hide. It’s a hiding disease. If you don’t get tested and get treatment, you will be sick.”

Tata was diagnosed with HIV at one of our mobile clinics in May of 2004. She showed up at Mirebalais hospital for her first consultation, and ended up staying and giving birth that very same day. She was given anti-retroviral medication (AZT-3TC) during labor, and her baby received AZT prophylaxis for one week. Her child, Jean Abner, recently celebrated his first birthday, happy, healthy and HIV-free. Tata had clinical AIDS as well as tuberculosis and received treatment for both. Her husband Andres is also HIV positive.

But HIV is not their most pressing concern. Rather, a daily struggle to feed and support their family consumes their energy. Tata and Andres have one child together, but their combined household consists of five children from previous marriages. Andres works a grueling job of busting up rock to make gravel. He has a back problem that sometimes prevents him from working. Tata used to sell pots and pans in her village, but had no means to continue, until Tulane/MARCH assisted her. For two months, she went to Port au Prince, and bought clothing to sell in her village. Unfortunately, in September 2004, it became too dangerous for her to travel, so she stopped.

Political problems and general instability have made life harder for Haitians. Tata commented, “We have a lot of problems. I can’t



even explain well how hard life is now.” All food is more expensive. For example, in little more than a year, the price of black beans doubled, and the price of corn meal rose by 50%.

Tata’s family’s house is in disrepair. Thatched roofing allows water to enter, turning their dirt floor into mud. Her floor becomes a perfect breeding ground for mosquitoes. Ironically, she has to buy water (at 13 cents a bucket) because she has no basin for collecting rain water. Tulane/MARCH recently gave her money for tin-roofing, and her name is on the list to receive money for cementing her floor, as well as for the construction of a basin. Tata is grateful for the help she has received. “I will cover the house now. And next time the floor.”

She sends a message to our donors “Thank you very much for what you did for us. Good God will help us prosper. God bless you. Everything and anything you can do for us is good, because things in Haiti are rough.”

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Medical student Guesley Delva relates his experience, volunteering in Mirebalais in December 2004.

I was born in Gonaives, Haiti, a city that recently suffered the tragedy of Hurricane Jeanne. While growing up there, I saw many people suffer and die due to lack of medical care. People routinely travel great distances just to get basic medical care, sometimes succumbing en route. Even I, at the age of 17, had to travel in desperation to different towns seeking emergency treatment for an open fracture of my left arm. Although I ultimately received care a full day later, I can honestly say that this is rarely the case for the majority of my fellow countrymen in similar situations. These experiences fueled a strong desire in me to become a physician.

Since moving to the United States in 1994, I have been working arduously toward that goal. Throughout medical school at the University of Medicine and Dentistry of New Jersey, I explored many career options, always with the dream to practice medicine in Haiti. As the completion of training drew near, I became increasingly interested in tropical medicine.

Seeking to learn about tropical medicine, I checked the Tulane University website and stumbled upon the opportunity to do an HIV/AIDS prevention and treatment elective in Haiti. Participating in HIV prevention and treatment in Mirebalais seemed a great way to experience medicine in the setting where I eventually plan to practice.

In Mirebalais, I had the chance to learn about the process of Voluntary Counseling and Testing (VCT). I have gained a new perspective on AIDS treatment in Haiti and I now see the epidemic in a different light. Before, I used to think that becoming HIV positive in Haiti was a death sentence. Moreover, I had always thought AIDS treatment in Haiti was experimental and selective. My involvement in the Tulane/MARCH initiative helped me appreciate the real impact the program has on people's lives, hopes and dreams. I was really moved to see people receiving HIV medications in a dignified and humane manner. In addition, as I observed the process of counseling HIV positive women, I was subjected to conflicting sentiments. I felt deep sorrow for the people receiving bad news. Knowing that they would receive the correct treatment eased the pain of witnessing such a life-changing diagnosis. HIV is no longer a death sentence in Haiti, as it was before the life saving treatment became available.

In conclusion, my experience in Mirebalais was tremendously rewarding, as well as challenging and overwhelming. I came across many situations that taught me about humility and encouraged me to better equip myself with knowledge, open-mindedness, creativity and most importantly, compassion. Those situations also helped me solidify my career goals of obtaining combined training in internal medicine and pediatrics with infectious disease and tropical medicine specializations. **I believe that the work necessary to improve the quality of life and the delivery of healthcare in Haiti is achievable.** The work undertaken by the dedicated people of Tulane-MARCH is promising. That is why I feel so energized to prepare myself to contribute to this cause. I am proud and very excited to say that in July 2005, I started my residency with Tulane University in internal medicine and pediatrics.



Dr. Delva with fiancée Cathlen Poulard, MPH, also a Tulane/MARCH volunteer.

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All in a Day's Work:

One Day at Mirebalais Hospital,

May 11, 2005

9 adult HIV consultations

3 baby consultations

2 new HIV positive patients (for first visit)

6 hospitalizations (3 adults, 3 babies)

1 birth at home (accompagnateur brought in newborn for weighing to determine antiviral dosing)

1 birth at hospital (active tuberculosis patient from Savanette)

19 patients came for their monthly food ration

4 accompagnateurs stopped by for formula

2 accompagnateurs stopped by for medications

7 HIV genotypes (blood tests) taken to monitor for resistance to HIV medicines

1 cesarian section

4 virologic tests (PCR on whole dried blood) taken to determine babies' HIV status

1 woman received family planning

10 HIV negative pregnant women were monitored (for infant mortality comparison study)

Whew! A big thanks to our wonderful staff:

Dr. Jean Claude Ulysse, Dr. Girvede Alexandre,

Miss Odine Charles, Miss Erlande Pierre,

Miss Ludovia Orcel, Eddy Philogene,

Miss Julie Meronnis, Miss Millande Tulme

NUMBERS UPDATE: As of June 2005, we have now screened 7,627 pregnant women for HIV, and found 118 to be positive. We currently have 245 patients in care, including men, women, children and infants exposed to HIV.

MESI ANPIL!

June was a busy month of fundraising for Tulane/MARCH. On June 13th, the New Orleans Association of Nurses in AIDS Care hosted a lecture by Dr. Ruth Berggren and matched the funds collected at the event. On June 16th, Bill and Ledee Sachs opened their home in Dallas, Texas for a cocktail party and discussion with Dr. Berggren and Jana McDonald. On June 19th, Music for Haiti held a piano concert at the Little Lone Star Barn in Evergreen, Colorado, featuring pianists Dr. John Raimo and Matthew Serna.

Due to these efforts and yours, we are now able to support our accompagnateurs and other programmatic expenses through November 2005. Please help us keep this program growing, and **Thanks again!**



Our staff often provide unexpected services for their community. Here Miss Julie removes an insect from a woman's ear!

Tulane/MARCH
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New Orleans, LA 70112



Tulane/MARCH is a 501(c)(3) not-for-profit organization founded in 2003 to provide access to health and HIV care to the rural poor in Haiti. It is the result of collaboration between Tulane University infectious disease specialists and a Haitian organization called MARCH (Management and Resources for Community Health).

Please send your comments and donations to the following address. Checks may be made out to Tulane-MARCH.

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All photos by Jana McDonald, except the photo of Guesly Delva.
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Anjali (Dr. Murphy's daughter) and Jenni give each other a hug in Mirebalais. These children beautifully embody the Tulane/MARCH spirit of giving...not just from one's purse, but from one's heart.