



# Yon sèl dwèt pa manje kalalou

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

Tulane/MARCH Newsletter, Issue #4, February 21, 2006



## Building Support Networks

by Jana McDonald

I was walking down the main road in Mirebalais in December when two women called out my name. They rushed to greet me and I was delighted to see them, having been absent from Mirebalais for many months due to political instability. I was sure these two HIV+ women had not been acquainted with each other previously. I wondered: how did they know each other?

They told me that they had become friends in a recently formed HIV/AIDS support group. They talked excitedly about how much they enjoy the monthly meetings and informed me of their plans to attend a national gathering of people living with HIV/AIDS in Port-au-Prince.

With the financial support of PEPFAR (President's Initiative for AIDS Relief) our program has expanded to include two branches of support groups. One is a community-based group composed of *accompagnateurs*, community leaders, and people living with HIV/AIDS. This group's purpose is health education, and decreasing the stigma surrounding HIV. The other group is a more informal association of people living with HIV/AIDS who come together to support one another and also learn more about their health. The community group lays the groundwork so that HIV infected individuals feel comfortable to later form their own group.

To strengthen these support networks in the many far flung areas where our patients live, 7 field workers were hired and given training on HIV, malaria and tuberculosis. In the photo above, a field worker named Louis is shown conducting a community educational session. He is speaking about the basics of HIV. Besides teaching about how the AIDS virus is transmitted, he likes to emphasize to his audience that a person with HIV is not "finished." His message is that if a person with HIV goes to the doctor and takes medicine, he or she can look forward to a long life.

In the photo to the right, Josephine stands up to introduce herself during the first support group meeting in her area. The group discussion covered essential health information about HIV, justice, human rights, and how HIV/AIDS is perceived in the community. Another woman, Fanya, spoke eloquently and inspired the others to disclose their HIV status to their loved ones. Fanya's family and friends know that she is HIV positive and she is pleased to report that no one treats her differently.

It is the goal of Tulane-MARCH and the participants of the support groups to assist people living with HIV over a broad range of needs. Together we can dispel the stigma associated with HIV and empower people to be proactive in their communities, to seek treatment, and to resume productive lives.



## **New Technology for Diagnosing Pediatric HIV is Introduced to the Mirebalais Laboratory** By Dr. Ruth Berggren

Diagnosis of HIV in babies born to HIV- infected mothers is complicated by the fact that when they are born, their mother's HIV antibodies are transmitted to them across the placenta. So regular HIV screening tests are uninformative in newborns. Until recently, Tulane-MARCH has resorted to transporting specimens from Mirebalais babies to a laboratory in New Orleans where their blood is screened for HIV by a PCR (polymerase chain reaction) test which can identify the actual virus, rather than just the antibodies.



With new funding from CDC-Haiti through President's Emergency Program for AIDS Relief (PEPFAR) initiative, CDC-Haiti and MARCH will be embarking on a 2006 Operational Evaluation concentrated on evaluation of methods amenable for resource-limited settings for the rapid diagnosis of HIV in infants. The focus will be on implementing an Ultrasensitive p24 (Up24) assay on-site at the recently renovated laboratory at Mirebalais Hospital. The Up24 test results will be used for clinical management of the infants and will be compared to the gold standard of nucleic amplification (RNA or DNA PCR) as part of the evaluation process.

What does this mean for our project and for our patients? The Tulane-MARCH Mirebalais initiative now has a new and powerful diagnostic tool, bringing earlier treatment to HIV infected babies much sooner than before the technology was available. Implementing this technology in Mirebalais is an important demonstration of what is feasible in resource limited settings around the globe.

Our new PEPFAR-supported team member Cathlen Poulard (pictured above), is heading up the program for its initial nine months. Cathlen, who earned a Master's degree in Public Health, and who has volunteered for Tulane-MARCH in the past, is embracing this unique opportunity to return to her native Haiti and make a difference. We wish her all the best!

## **WE NEED YOUR HELP!**

Dear friends:

Katrina has had many effects on life in New Orleans. One of them is that Tulane-MARCH has been unable to host previously planned fundraisers. We are continually writing grants and looking for corporate donations, and have an upcoming Music for Haiti concert in Colorado this spring. Nonetheless we have just enough to cover our budgetary requirements through mid-year.

We are appealing to you to help us immediately raise \$12,000 to support an additional 3 months of *accompagnateur* salaries, patient transport expenses and social assistance needs. If each recipient of this newsletter could make a \$30 donation, we could easily reach our goal. If each of you could also solicit one friend to make a donation, we could cover expenses through the end of the year. As they say in Haiti, "men anpil, chay pa lou." Many hands makes the load light.

Please consider making a tax deductible donation to Tulane-MARCH today. Send a check to:

*Tulane-MARCH  
Tulane Adult Infectious Diseases  
1430 Tulane Avenue, SL-87  
New Orleans, LA 70112*

As a special thank you, any donation over \$50 will receive a beautiful Libby Goff print!



## Patient Profiles by Jana McDonald

Tulane-MARCH now has 175 HIV infected individuals and 86 HIV-exposed infants in care. For the first year of our program almost all of our patients were women that were diagnosed with HIV during pregnancy. Our program has gradually grown to include non-pregnant women, men and children. Two of our newer patients, Lenny and Jonas, agreed to share their stories.

A few months ago, at age 15, Jonas showed up at the hospital extremely sick. His HIV test was positive, and doctors learned that he had contracted HIV from his mother at birth.

In addition to starting Jonas on triple therapy and pairing him with an *accompagnateur*, Tulane-MARCH staff helped Jonas continue his education. He desperately wanted to go to school, but had no means as his mother is deceased, and his father recently lost his job. HIV Program Manager Murrielle Tulme negotiated a scholarship for Jonas at one of the local schools, and our social assistance program paid for his books.

Jonas comes to the clinic once a month for check-ups and has already put on a few pounds. He is studying hard and has aspirations to be an engineer.

Lenny is a 21 year-old who would like to sell beauty products. He went to school until the age of 10. Lenny suspected that he might have HIV because he had bad diarrhea. His suspicion was correct. Now he has monthly appointments at Mirebalais Hospital and is in good health.

Lenny is gay and does not hide it. Neither does he hide his HIV status. "Any person can get it. I am not ashamed. Life is beautiful."

Being gay is not easy in a rural village in Haiti. Lenny gets beaten up almost every week and is often the object of cruel jokes. "People don't want to accept me, but I have friends who help me out."

Lenny encourages his gay friends to get tested for HIV. Unfortunately, most avoid testing as they fear expulsion from their homes. Lenny can understand their fear, having experienced this outcome himself. Luckily, Tulane-MARCH was able to step in and help him rent a house. Lenny is on our waiting list for a one-time grant of \$40 to help him to start a small commercial enterprise (selling beauty products) that will give him a critical boost onto the economic ladder towards independence.

Jonas and Lenny exemplify how Tulane-MARCH strives to help people break the vicious cycle of poverty and AIDS. Your donations help us to ensure our patients' economic, educational, and housing needs are met.



## A quick glance at Tulane-MARCH's first 30 months

By Dr. Holly Murphy

In the first 30 months (July 2003 to December 2005) of the Tulane-MARCH PMTCT program implementation 11,331 women were tested for HIV with a seroprevalence of 1.4%. 119 of 160 women diagnosed with HIV received care with Tulane-MARCH and a majority of the other 41 received care with Partners in Health. Mother-to-child transmission of HIV was reduced from historical controls of 30% for Haiti to less than 3%.

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 infectious disease doctors at Tulane University Department of Tropical Medicine 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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(504)587-7316*

This newsletter was compiled by Jana McDonald  
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Haitians often resort to creative means to get their kids to school. Many of the children in the Tulane-MARCH program do not have the opportunity to go to school. If you are interested in supporting an HIV-affected child in school (\$120/year), please contact Jana at [jmcdona2@tulane.edu](mailto:jmcdona2@tulane.edu) or (504) 988-7361.