

Global Strategies for HIV Prevention



We Owe Them Hope

November, 2005

*"Learn to do good; seek justice, rescue the oppressed, defend the orphan, plead for the widow."
Psalm 117:17*

Many of us have experienced a moment when an injustice becomes so clear, we cannot turn our backs. For Dr. Larry Peiperl, a friend and fellow physician caring for HIV patients, that moment came during a National Institutes of Health (NIH) sponsored meeting on HIV vaccines. The international meeting brought together researchers from around the world to discuss the latest ideas and progress toward a vaccine that will stop the march of this worldwide epidemic. In addition to professional researchers, the NIH also pays the cost for countries hosting vaccine studies to send a representative. These representatives typically provide advice to HIV research sites in their communities and offer insight into the real-world issues of HIV.



At this particular meeting of researchers discussing clinical studies, Dr Peiperl noticed that one of the community representatives from Africa seemed very ill. Dr. Peiperl delicately asked if he was on HIV treatment and was stunned to hear the young man say that there was not much point in being tested for HIV, because, like others in his community, he had no access to HIV treatment.

An immediate issue of justice emerged. Due to a bureaucratic tangle of regulations, a young volunteer dedicated to helping HIV patients could not afford the lifesaving drugs that he himself so desperately needed. Instead, despite advanced illness, he flew to an all-expense-paid government meeting to help develop an AIDS vaccine. What would it cost to save his life? Less than \$350 for a year, perhaps 20 percent of what it cost for the airline ticket that brought him to the United States for the meeting.

Deeply troubled by the experience, Dr Peiperl returned to San Francisco and proceeded to contact meeting participants asking if they would donate to pay for the young man's drugs. While some were willing to contribute as individuals, the organizational replies came back, "...this is not the

U.S. Government's responsibility; this is not the responsibility of researchers; if we started with one there will be no end to it; we would be distracted from our mission to develop an AIDS vaccine..." and other excuses that absolved personal responsibility. Leaders in the US research effort suggested that Dr. Peiperl pursue the issue with the research site in Africa. Meanwhile, the young man died in Africa two months later, apparently from AIDS complications a stinging indictment on inaction reminiscent of the Good Samaritan story.

One man. Many men and women.

This tragedy runs far deeper than one young community worker's unnecessary death. The sad irony is that there are countless health care workers infected with HIV and untreated, yet they are the single most critical link in the chain of delivering antiretroviral therapy (ART) to millions who need it. It might come as a surprise to learn that the lack of available therapy may be why the World Health Organization estimates that fewer than one in eight of the world's population who needs ART can receive it. It could be that there are not enough health care workers to dispense therapy and care for the sick.

"...the greatest obstacle now facing these large scale initiatives (i.e., getting people on drugs to treat HIV) is a critical shortage of qualified health care workers..." The Institute of Medicine

"Today the biggest limiting factor for AIDS treatment in the developing world is the paucity of trained health care workers." Washington Post editorial by Holly Burkhalter, U.S. Policy Director, Physicians for Human Rights

While there are many reasons for the shortage, one of the leading reasons is that many health care

workers in developing countries are themselves HIV infected and dying.

At the Faith Alive Clinic in Jos, Nigeria (a faith-based clinic) approximately 70 percent of the health care workers and support personnel are HIV positive. For many patients, Faith Alive provides the only access to medical care. The staff is under a great strain having lost several members to AIDS in the past year, leaving dwindling numbers to struggle with emotional sorrow and the added burden of care.

Hope Rises from Despair

The situation at Faith Alive is far from unique; it is regrettably common in clinics throughout developing countries. We hope that the solution being carried out at Faith Alive becomes equally common. Out of Dr. Peiper's concern and unwillingness to turn away from the crisis of senseless deaths came the birth of the Adopt a Health Care Worker program. Friends of Drs. Edy and Tom Welty made the first contribution and within a short time the program raised enough funds to treat more than 20 HIV-infected health care workers within the Cameroon Baptist Convention's HIV programs. Next, Bayside Church in Sacramento contributed funds to begin a program for an additional 26 health care workers at Faith Alive. In addition to drugs to treat HIV, funds collected provide medicines to prevent secondary infections and tuberculosis.

Today, through the Adopt a Health Care Worker program, Global Strategies, Bayside Church of Granite Bay, Faith Alive Clinic, and Cameroon Baptist Convention have partnered to provide antiretroviral therapy for more than 46 health care workers. But this worthy start is only the first step of a long journey. At present, Africa is thought to have only one-third of the one million health care workers the continent needs to combat the blight of HIV. Adopt a Health Care Worker programs can at least help sustain those currently providing care.

We need many more churches to "adopt" health care workers. The process is simple and the cost is remarkably low. All it takes is a commitment to provide a staff member with antiretroviral drugs to treat HIV, Cotimoxazole (to prevent opportunistic infections), and anti-tuberculosis medication (if needed) for two years. Using generic fixed-dose drug combinations, the cost for each health care worker is less than \$300 a year. After two years, the hope is that the health care worker with improved health will have developed income to help offset his or her medication costs, freeing up space in the program for another infected health care worker.

This is a good start, but we need more "Samaritans" like Bayside Church and the Cameroon Baptist Convention who look at HIV-infected caregivers with compassion that results in action.

"But a Samaritan, as he traveled, came where the man was; and when he saw him, he took pity on him. He went to him and bandaged his wounds, pouring on oil and wine. Then he put the man on his own donkey, took him to an inn and took care of him. The next day he took out two silver coins and gave them to the innkeeper. 'Look after him,' he said, 'and when I return, I will reimburse you for any extra expense you may have.'" Luke 10:32-35

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur J. Ammann". The signature is fluid and cursive, with a large initial "A" and "J".

Arthur J. Ammann MD, President