



# BUILDING A HEALTH CARE MOVEMENT



PARTNERS IN HEALTH 2003 ANNUAL REPORT

# DIRECTOR'S MESSAGE

## Building a health care movement

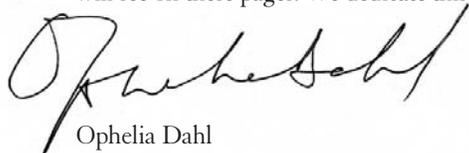
The cover of this Annual Report shows a huge crowd of people who have gathered to celebrate World AIDS Day 2003 in central Haiti. The photograph was taken during a time of great political upheaval and social unrest, but, despite the chaos, an overwhelming number came together to stand in solidarity and make their voices heard. These people are the vanguard of a movement to bring health care to those who would otherwise go without—a movement to promote health as a human right.

This movement brings us back to our roots, to the work that began in Haiti over twenty years ago and remains at the heart of our mission. Haiti is still a place where survival is a daily struggle for most people, but it is also where we have learned our most fundamental lessons from patients and coworkers alike: namely, how best to scale-up comprehensive health care; the importance of providing medicines free of charge; the effectiveness of community-based services; and the necessity of defining health in the broadest terms to include adequate housing, education, potable water, and nutrition. Partners In Health has taken these lessons from Haiti and applied them to our programs in Peru, Russia, and Boston, where we also tackle the twin epidemics of poverty and disease.

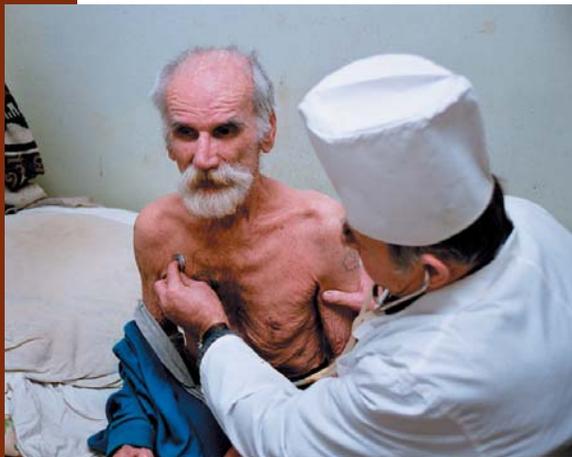
Thanks to increased attention in 2003 to PIH and its model of health care delivery, a groundswell of people are joining the movement to provide health care to those who need it most and to promote health as a human right. NGOs and ministries of health around the world are adopting our treatment initiatives. Schools and colleges across the country are developing health and social justice curricula based on the work of PIH. Through our service, training, advocacy, and research efforts across the world, we hope to prove that the destitute sick should and can be treated.

PIH experienced unprecedented growth last year as we strengthened our response to the health crisis in Haiti. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and in partnership with the Haitian Ministry of Health, we scaled-up our facilities in Cange and expanded to four new locations across the Central Plateau. Our ambitious expansion program addresses not only HIV/AIDS, but also other diseases of poverty, from typhoid to malnutrition. This work would not have been possible without the supporters of PIH who have so generously sustained this comprehensive approach to health care.

We are fortunate to have significant collaborators, old and new, in this health care movement: the Brigham and Women's Hospital, Harvard Medical School, the World Health Organization, and the Global Fund, to name only a few. Our work would also not have been possible without the unwavering support of PIH friend and mentor Thomas J. White. He has shaped and supported the dream which became our vision—the fruits of which you will see on these pages. We dedicate this report and all the work documented herein to Tom.



Ophelia Dahl



# TABLE OF CONTENTS

<i>Mission</i> .....	3	<i>Timeline</i> .....	19
<i>Vision</i> .....	4	<i>Peru</i> .....	21
<i>Haiti</i> .....	5	<i>Russia</i> .....	23
- <i>Scaling up comprehensive care</i> ....	9	<i>United States</i> .....	25
- <i>Providing essential medicines</i> ....	11	<i>Supported Projects</i> .....	27
- <i>Mobilizing and training community health workers</i> .....	13	<i>Selected 2003 PIH Publications</i> ....	28
- <i>Addressing underlying causes of disease</i> .....	15	<i>Financials</i> .....	29
<i>Building a Health Care Movement</i> ..	17	<i>Partners Circle</i> .....	30



# MISSION:



*Our mission is to provide a preferential option for the poor in health care. By establishing long-term relationships with sister organizations based in settings of poverty, Partners In Health (PIH™) strives to achieve two overarching goals: to bring the benefits of modern medical science to those most in need of them and to serve as an antidote to despair. We draw on the resources of the world's elite medical and academic institutions and on the lived experience of the world's poorest and sickest communities. We are dedicated to providing the highest level of clinical care possible while alleviating the crushing social and economic burden of poverty that creates obstacles to health. At its root, our mission is both medical and moral. It is based on solidarity, rather than charity alone. When our patients are ill and have no access to care, our team of health professionals, scholars, and activists will do whatever it takes to make them well—just as we would do if a member of our own families—or we ourselves—were ill. We stand with our patients, some of the poorest and sickest victims of poverty and disease, in their struggle for equity and social justice.*

# MISSION



Samuel, HIV patient



One year after initiating treatment with ARVs



Alcante, extrapulmonary TB patient

# VISION:

*We began in 1983 with a personal commitment to a few villages in rural Haiti. The principle that motivated us was simple: everyone, whether affluent or poor, deserves to benefit from the same high standard of medical care. Our first step was equally direct: we asked our Haitian colleagues what ailed them. The work that followed grew complex—not because our vision was complicated, but because the sources of our patients' illnesses ran so deep.*

*What caused suffering for impoverished Haitians, it turned out, could not be expressed by a simple litany of diseases. Their ills had deeper roots in a legacy of social and economic inequality. To cure the infections, it was necessary to address the conditions that had given rise to them. We fought pneumonia with antibiotics while simultaneously helping people replace their thatched roofs with tin. We cured tuberculosis with antibiotics and also by training community members as doctors, technicians, and health outreach workers, so that they could help diagnose and treat their neighbors. And even as we arranged for Haitian patients to undergo heart surgery in top U.S. hospitals, we enabled our Haitian colleagues to build and equip operating rooms, laboratories, schools, and inpatient facilities.*

*The effectiveness of the community-based model developed in Haiti has been documented in many books and journal articles. We are now employing it in poor communities around the world—in Haiti, Peru, Russia, and Boston.*

*By successfully delivering quality medical care to the poor and the oppressed—those most in need of our services—we demonstrate that allegedly “untreatable” health problems can, in fact, be addressed effectively. In fulfilling our mission, we seek to inspire, enlist, and train others to deliver the same quality of care.*

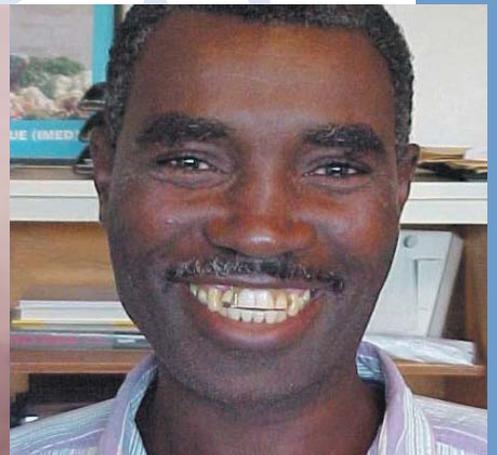
# & VISION



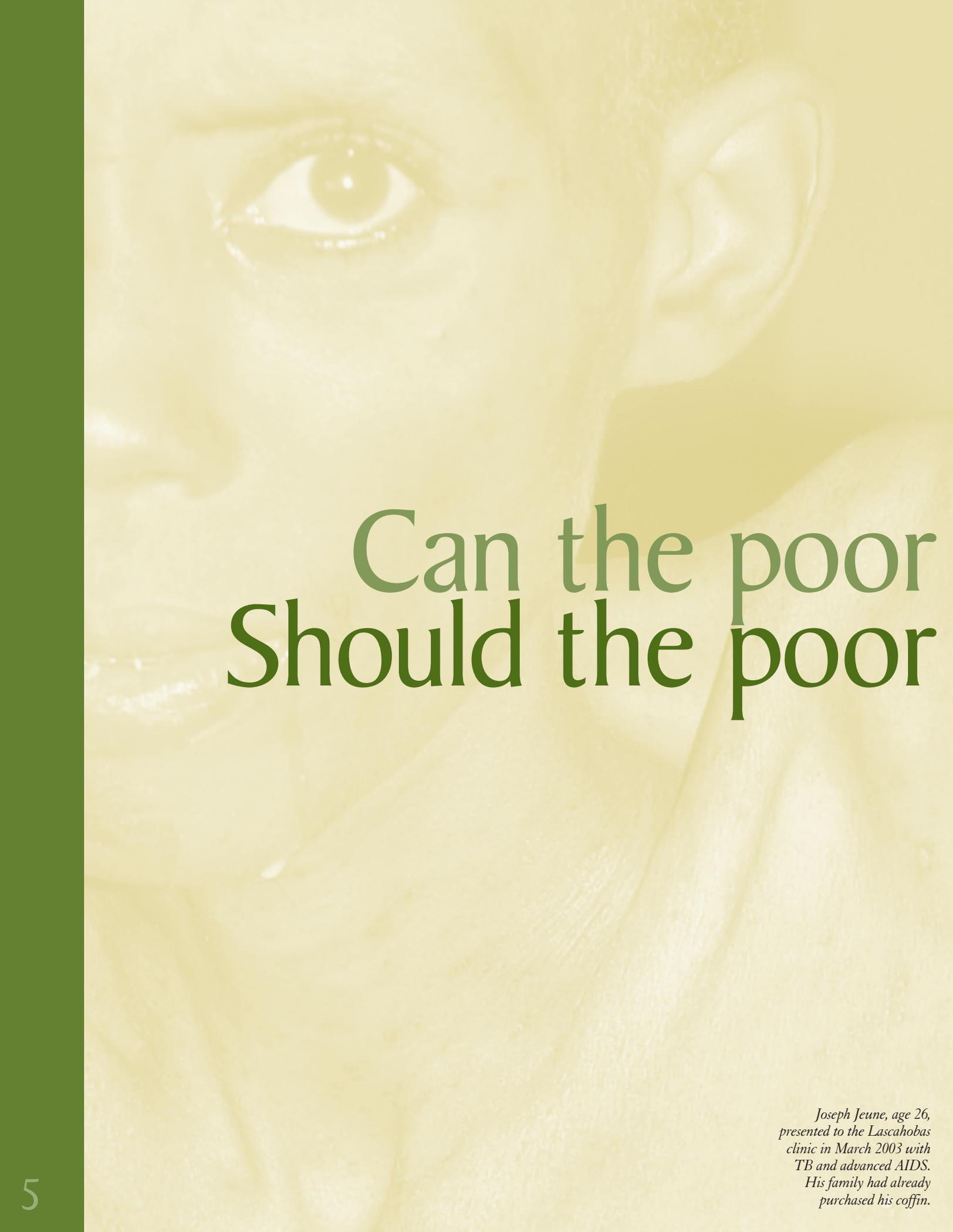
*Two years after initiating treatment*



*St. Ker, HIV patient, 88 pounds*



*One year after initiating treatment with ARVs, 140 pounds*



# Can the poor Should the poor

*Joseph Jeune, age 26,  
presented to the Lascahobas  
clinic in March 2003 with  
TB and advanced AIDS.  
His family had already  
purchased his coffin.*

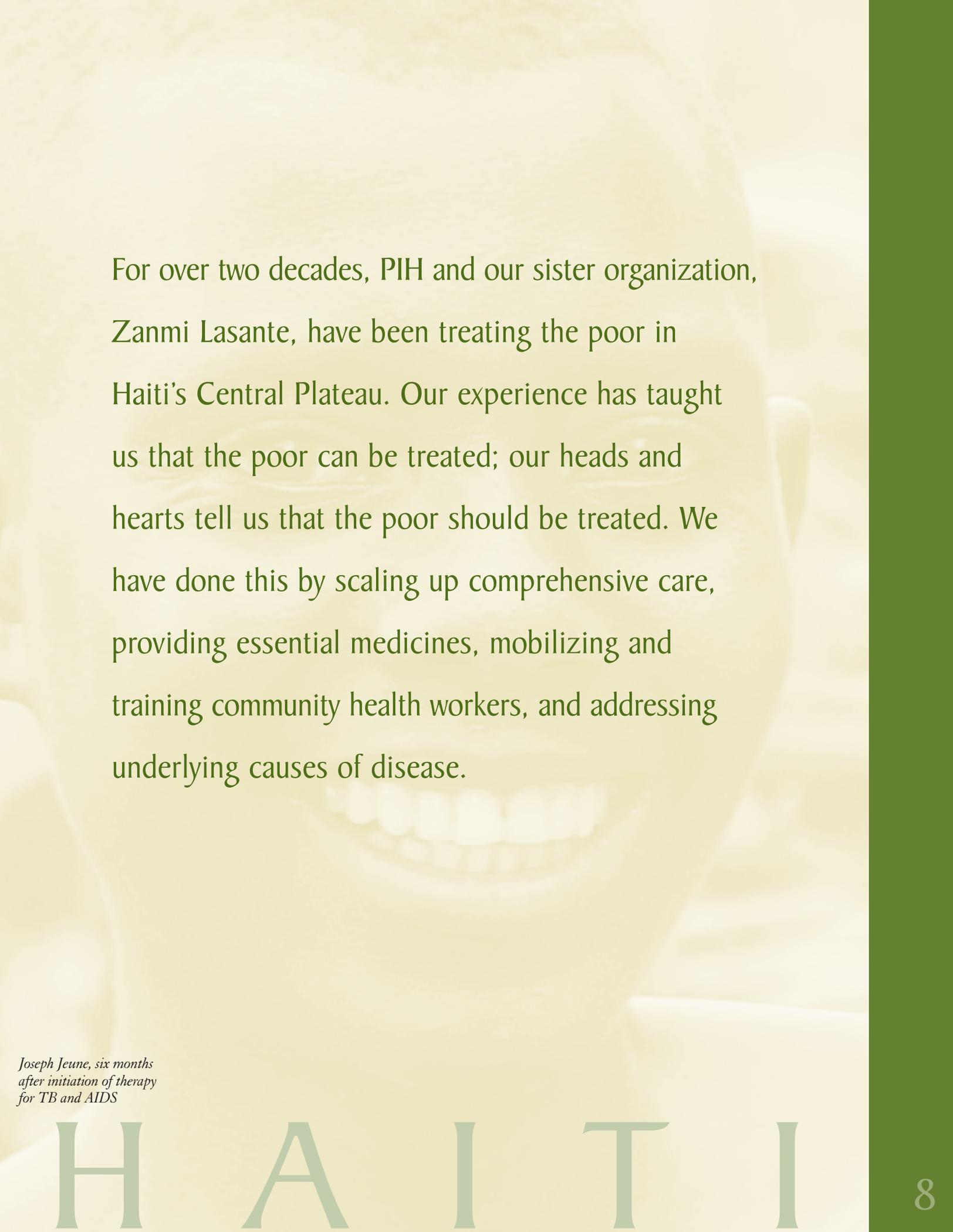


Should she be treated?

BEFORE



AFTER



For over two decades, PIH and our sister organization, Zanmi Lasante, have been treating the poor in Haiti's Central Plateau. Our experience has taught us that the poor can be treated; our heads and hearts tell us that the poor should be treated. We have done this by scaling up comprehensive care, providing essential medicines, mobilizing and training community health workers, and addressing underlying causes of disease.

*Joseph Jeune, six months  
after initiation of therapy  
for TB and AIDS*

H A I T I

# SCALING UP COMPREHENS

*The ZL Sociomedical Complex is home to a 104-bed hospital (Clinique Bon Sauveur), 30-bed infectious disease center (the Thomas J. White Center), outpatient clinic, women's health clinic (Proje Sante Fanm), ophthalmology clinic, laboratory, pharmaceutical warehouse, radiographic services, and school (Ecole Bon Sauveur).*

*Partners In Health's HIV Equity Initiative, which offers lifesaving AIDS care and treatment free of charge to patients like Joseph Jeune, has been hailed by the World Health Organization, the New York Times, and others, as a groundbreaking model for complex health interventions in resource-poor settings. In 2003, with partial funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and in partnership with the Haitian Ministry of Health, this Initiative was expanded across the Central Plateau. In the course of expanding our care of HIV-positive patients and their families, we have also significantly increased our ability to identify and treat patients with other diseases.*

## 2003 ACCOMPLISHMENTS:

### Four new sites across the Central Plateau

At the heart of our accomplishments for 2003 is the expansion services throughout Haiti's Central Plateau. ZL inaugurated rural Haiti's second fully outfitted AIDS clinic in the town of Lascahobas in April 2003. ZL also renovated and equipped an abandoned building in Boucan Carré and clinics in Belladère and Thomonde. The presence of a ZL clinic or hospital in these communities has renewed local faith in the health care system, stimulated demand for primary health care, reduced the stigma of HIV testing and treatment, and enhanced interest in prevention efforts. An added benefit has been the involvement of the community in the provision of health care, as local men and women were recruited as community health workers.



*Clinic before scale-up*



*Clinic after scale-up*

### Increased number of patient visits

With the introduction of adequate staff and essential drugs to previously abandoned public clinics and hospitals, utilization of services has increased ten- to twenty-fold at the new sites. The Lascahobas clinic, for example, saw daily visits increase from 20 to 400 patients in less than eighteen months. By the end of 2003, more than 655,000 visits had been recorded in Cange and at the expansion sites.



*Patients wait at the Lascahobas clinic*

# IVE CARE

## Improved facilities and diagnostics

The medical complex in Cange continues to expand. In 2003, ZL completed construction of a TB isolation wing, a second surgical wing for emergency surgeries and C-sections, and, in collaboration with the Haitian Red Cross, a modern blood banking facility.

With the installation of x-ray machines at Boucan Carré and Thomonde and the addition of another unit at Cange, all the sites now have x-ray capability. To improve clinicians' ability to identify patients in need of antiretrovirals (ARVs) for advanced AIDS, we also acquired rural Haiti's second CD4 count machine and a flow cytometer.



*Visiting doctors perform heart surgery on a patient in Cange*



*Familia, an HIV patient who was given ARVs during her pregnancy, beams after receiving test results that indicate her daughter is free of the virus*

## An emphasis on women's health: Proje Sante Fanm

In 2003, Proje Sante Fanm, ZL's women's clinic, provided clinical services to 15,000 women and served an additional 200,000 others through outreach in the countryside. Clinical services included family planning, pre- and post-natal care, vaccination of women and children, and screening and treatment of sexually transmitted diseases and cervical cancer.

# PROVIDING ESSENTIAL ME

*In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti's Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including lifesaving antiretrovirals for advanced HIV/AIDS.*

*ZL's overflowing clinics provide a sharp contrast to nearby medical facilities that stand empty because their services and medications are priced beyond the reach of the local population. As the patient caseload increases, our procurement efforts and drug management systems have become increasingly sophisticated. Instead of buying retail drugs, PIH acquires generic medicines directly from manufacturers or wholesalers such as the International Dispensary Association in Amsterdam. PIH's electronic medical record (EMR) system, developed to centralize patient data, has also helped us manage increased inventories of medicines.*

*In 2000, PIH worked with the World Health Organization (WHO) to establish the Green Light Committee (GLC), an innovative collaboration of pharmaceutical companies, the WHO, and MDR TB programs. With PIH clinicians serving on the committee from its inception, the GLC validates protocols to ensure treatment success without creating drug resistance in exchange for preferential pricing for quality-controlled medications for projects worldwide.*

## 2003 ACCOMPLISHMENTS:

### Stocking four new pharmacies

Our expenditures for medicines more than doubled in 2003 as we stocked pharmacies at each of the four new sites, Lascahobas, Boucan Carré, Belladère, and Thomonde. While the Global Fund paid for the purchase of HIV/AIDS medicines, PIH also provided each pharmacy with other essential drugs and supplies, including antibiotics, antiparasitics, diagnostic instruments, and in some instances chemotherapy.



### Managing patient treatment and drug supplies through state-of-the-art information technologies

The Haiti EMR, accessible over satellite Internet connections and also offline, has been developed for patient care and program management. It currently contains over 1,400 patient records. The EMR monitors warehouse drug supplies and needs, and tracks lab samples. Utilizing a drug inventory system modeled after traditional World Health Organization stock cards, the EMR displays current inventories in the warehouse and provides analyses of predicted usage and costs based on patients' regimens. This is valuable for planning project expansion and advising other groups intending to treat HIV in similar settings.

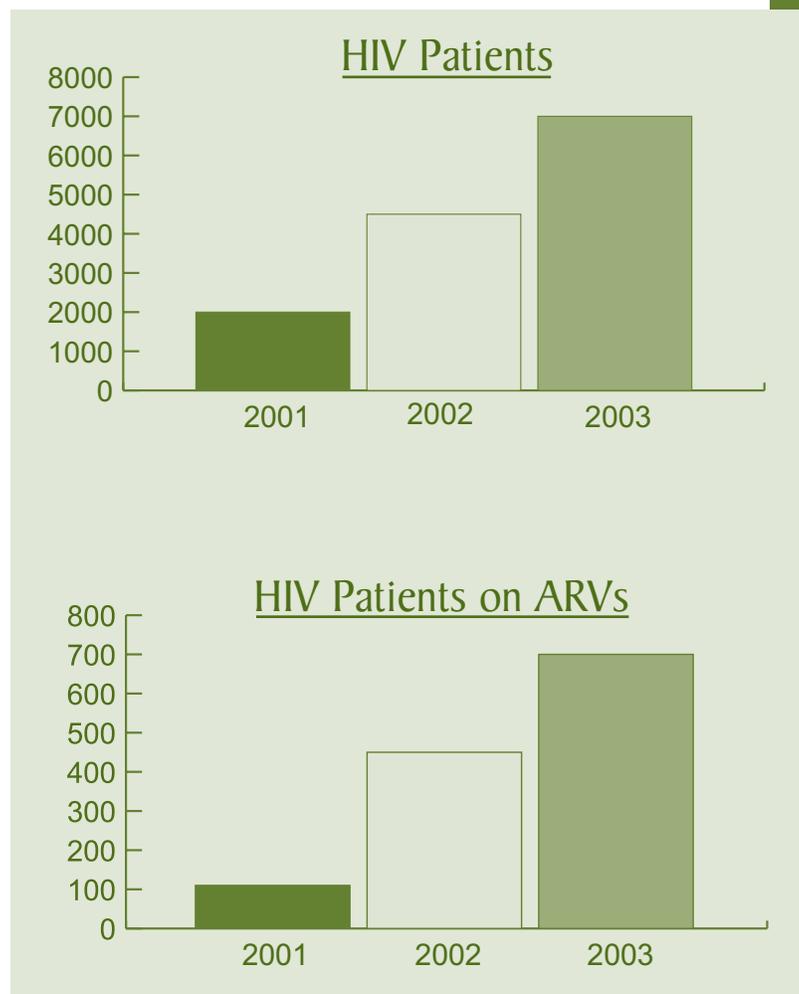
*"Science is for everyone," said one of PIH's AIDS patients. To facilitate communications between our far-flung sites, PIH installed satellites for telephone and Internet connectivity*

# HAITI: ZAN

# DICINES

“Lack of access to antiretroviral treatment is a global health emergency....To deliver antiretroviral treatment to the millions who need it, we must change the way we think and change the way we act.”

– J. W. Lee, Director-General, World Health Organization



## Providing ARVs to hundreds of HIV-positive patients

In most countries, AIDS is a death sentence for the poor. In rural Haiti, ZL has provided lifesaving antiretroviral therapy to patients since 1998. Thanks to the tireless work of activists around the world, we have seen the prices of AIDS medicines drop dramatically. PIH has worked with generic drug manufacturers and procurement agents to obtain antiretroviral regimens at greatly reduced prices. In 2002, the wholesale annual cost of an AIDS drug regimen was \$10,220 per patient. In 2003, PIH obtained the same regimen for approximately \$300. As drug prices decline, we are able to increase the number of patients to whom we provide ARVs. By the end of 2003, ZL was monitoring 7,000 HIV-positive patients. Of these, 700 needed and were put on supervised ARV treatment.

# MOBILIZING AND TRAINING C

*In Haiti's Central Department, where Cange is located, there are fewer than 2 doctors per 100,000 inhabitants. Community health workers (CHWs) are therefore the critical human infrastructure for the delivery of health care. PIH has been employing community health workers for two decades to provide basic medical diagnoses and treatment and, when necessary, referrals to clinics. CHWs also provide a range of associated support services in patients' homes. PIH long ago expanded the CHW model to include delivery of directly observed therapy (DOT) for tuberculosis, and, more recently, AIDS. CHWs have achieved high adherence rates to both these complex drug regimens. We believe that community health workers are the future of health care in resource-poor settings, especially for the management of complex, chronic diseases such as HIV/AIDS and TB.*

## 2003 ACCOMPLISHMENTS:

### Expanding the community health worker program

ZL employs two types of community health workers, accompagnateurs and ajans sante. Accompagnateurs are community members whose primary responsibility is to provide daily DOT for AIDS or TB patients. They receive training on the medicines, possible side effects, patient confidentiality, and the importance of adherence to therapy. Ajans sante are responsible for monitoring the progress of pregnant mothers and the health and nutrition of young children. They take part in an intensive, three-month community health course at a training facility near Port-au-Prince. In 2003, close to 750 ajans sante and accompagnateurs were trained and employed by ZL.



*Accompagnateur Margareth Guerrier hikes many miles each day to make daily visits to 6-8 patients and to observe them taking their medications. She was featured in a November 2003 New York Times article about PIH's innovative AIDS treatment efforts*

# COMMUNITY HEALTH WORKERS

## Referrals for high-risk pregnancies

In September 2003, the *Boston Globe* profiled the role of PIH's community health workers (CHWs) in saving the lives of pregnant women and their babies. In Haiti, women face a 1 in 16 lifetime chance of dying during childbirth; only 24 percent of births occur with skilled attendants present. But CHWs can help fill the gap. "The community health workers are the most important thing in the system," said Dr. Maxi Raymonville, Zanmi Lasante's chief obstetrician. "They are the base of the system. I have no idea what's going on in the villages. I can't be everywhere." By getting women to the clinic, Raymonville said, the CHWs are saving lives: "The maternal mortality rate here in this clinic is zero, because we have everything we need to treat patients. I cannot remember when I last saw a woman die here during pregnancy." (*Boston Globe* 2003)



"No program to treat people in the poorest countries has more intrigued experts than the one started in Haiti by Partners In Health—which has succeeded by enlisting help from hundreds among Haiti's vast pool of unemployed and underemployed workers."

— *The New York Times*, November 30, 2003



Patients, community health workers, and medical staff attend the 2003 health and human rights symposium

## Spreading the word: Zanmi Lasante's annual health and human rights symposium

All community health workers participate in continuing health education meetings on a monthly basis. In August 2003, ZL hosted its annual health and human rights symposium in Cange for over 2,000 health care providers, patients, and social justice activists, one of the largest meetings of its kind in Haiti.

# ADDRESSING UNDERLYING

*PIH has long championed the need for social as well as medical support for our patients. Properly caring for our patients means not just providing them with medication, but also making sure they have potable water, adequate food and housing, schooling, and economic opportunities. Through our Program on Social and Economic Rights (POSER), ZL has worked with numerous partners in Haiti and the U.S. to initiate projects across the Central Plateau to address the social inequalities that put our patients at increased risk of disease.*

## 2003 ACCOMPLISHMENTS:



### Increasing access to potable water

In a 2002 study by the U.K.-based Centre for Ecology and Hydrology, Haiti ranked 147th out of 147 countries surveyed for water quality and supply. Tens of thousands of people, mostly children, die each year from diseases related to the lack of clean water. In partnership with local residents, ZL has undertaken dozens of water projects across the Central Plateau. As of December 2003, spring caps and/or wells were completed in 11 villages.



### Ensuring education for all

Only half of the children between 6 and 12 years old in Haiti actually attend school. During the 2002-03 school year, ZL employed 32 teachers who taught over 800 students at the ZL school, Ecole Bon Sauveur. In 2003, PIH made it possible for an additional 450 children whose families were affected by TB or HIV to attend school.

In addition, over half of Haiti's adult population is illiterate. Since August 2003, ZL has employed 24 teachers in Cange and the surrounding area as part of a nationwide government adult literacy initiative.

# CAUSES OF DISEASE

## Housing

A large majority of our patients live in substandard houses, often one-room shacks consisting of dirt-floors and thatched-roofs, inadequate for one occupant, much less six to ten. These conditions weaken their already-compromised immune systems and place them at a very high risk of poor health outcomes. When health workers visit patient's homes, they assess the adequacy of living conditions, especially of those patients in the grimmest circumstances or suffering from the worst diseases. Then, depending on need and local resources, we build one of two types of houses, either timber and rock frame or concrete block. In 2003, ZL built 52 houses in the Central Plateau.



*Eight people, several suffering from TB, lived in this hut. Along with treating their TB, ZL built them a new house with a tin roof and a cement floor*

## Combating hunger

Malnutrition, both adult and pediatric, is endemic in rural Haiti. The United Nations Development Programme reports that half of the population is undernourished. At each of its sites, ZL sponsors nutrition programs for patients and their families. In Cange alone, each day 2,000 children and 200 infants are fed through the clinic's nutrition program.



*Saintanie Baptiste before beginning the nutrition program*



*Saintanie Baptiste months later at a follow-up visit*



# Building a Health Care Movement

*Through service, training, advocacy, and research, Partners In Health is building a global health care movement—one that promotes health as a fundamental human right.*

*For over ten years, we have been exporting lessons learned in rural Haiti to projects in Russia, Peru, and the United States. In each setting, social inequalities contribute to unequal burdens of disease and suffering; in each setting, high-quality, free, community-based care, delivered in partnership with local organizations and government agencies, has revitalized deteriorating public health infrastructures and found solutions for so-called intractable problems.*

*In Boston, we work collaboratively with the Program in Infectious Disease and Social Change at Harvard Medical School ([www.hms.harvard.edu/dsm/](http://www.hms.harvard.edu/dsm/)) and the Division of Social Medicine and Health Inequalities at the Brigham and Women's Hospital ([www.brighamandwomens.org/socialmedicine/](http://www.brighamandwomens.org/socialmedicine/)) to produce the research that informs policy and to train a new generation of clinicians and academics to stand in pragmatic solidarity with the destitute sick worldwide.*

*In June 2003, PIH co-founder Jim Yong Kim took a leave of absence from PIH and moved to Geneva to assume a post as senior advisor to the Director-General of the World Health Organization (WHO), Dr. Jong-wook Lee. Jim subsequently became Director of the Department of HIV/AIDS at WHO. In this capacity he is responsible for the design and implementation of WHO's "3 x 5 initiative," which intends to secure antiretroviral treatment for 3 million people living with AIDS in poor countries by the end of 2005.*

1956

The village of Cange, in Haiti's Central Plateau, is submerged due to the building of a dam on the Artibonite River. Designed and funded by international development agencies, the dam is intended to supply electrical power to the capital city of Port-au-Prince, many hours distant. Residents of Cange, all subsistence farmers, receive little compensation for their homes or land, and are forced to move to the barren hillside as squatters.

1962

Father Fritz and Yolande Lafontant begin work to provide schooling to the children of the displaced peasants of Cange. They report levels of illness and death that rank among the worst in the world.

1981

The primary grade school Ecole Bon Sauveur is established to educate youths in Central Haiti.

1983

The Lafontants and their colleagues are joined by Paul Farmer and Ophelia Dahl. Together they establish Zanmi Lasante (ZL) and begin a community health assessment and plans for the Clinique Bon Sauveur.

1986

The first case of AIDS in the Central Plateau is identified in Cange. The disease becomes prevalent in Haiti's urban slums.

1987

Partners In Health is formally founded. Activities in Haiti have grown to include schools, clinics, a training program for community health workers, a mobile unit that screens residents of area villages for preventable diseases, and an ongoing study of sickness and health among the peasants of rural Haiti.

1988

ZL begins providing voluntary HIV screening and counseling to Central Plateau residents.

1989

ZL initiates a community-based TB program.



1987

Partners In Health is formally founded in Cambridge, Massachusetts, continuing the work started in Haiti's Central Plateau.



1993

The Institute for Health and Social Justice (IHSJ) is established as the research, educational, and advocacy arm of PIH, in response to a need for critical analyses of the health problems of the poor. Paul Farmer is honored with MacArthur Award – his prize is used to establish the IHSJ. *AIDS and Accusation: Haiti and the Geography of Blame*, by Paul Farmer (University of California Press), is published.

1994

*The Uses of Haiti*, by Paul Farmer (Common Courage Press), is published.

1996

IHSJ publishes its first book, *Women, Poverty, and AIDS* (Common Courage Press), which wins the Eileen Basker Prize from the American Anthropological Association. The Program in Infectious Disease and Social Change (PIDSC) is formed as the clinical research wing of PIH. Housed within the Department of Social Medicine at Harvard Medical School (HMS), its research includes the dynamics of infectious diseases of global impact such as HIV and TB. Another key program component is the training of students, residents, and post-doctoral fellows in infectious diseases.

1994

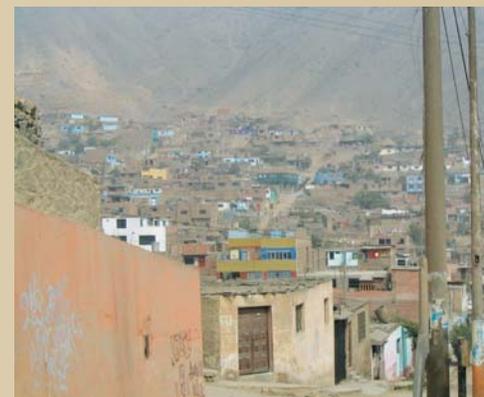
At the urging of longtime PIH supporter Father Jack Roussin of the Society of St. James in Boston, PIH teams up with the poor residents of Carabayllo, a shantytown district on the outskirts of Lima, Peru, and creates Socio En Salud (SES). Following the community-based model developed in Haiti, they conduct a community diagnosis in Carabayllo, discovering persistent barriers to health care. SES begins to fill in those gaps, training residents as community health workers and developing health interventions targeted to community members' needs.

1996

SES begins a project to treat drug-resistant TB patients in Carabayllo. Community residents are trained to deliver the complex drug therapies, which include up to seven different antibiotics, in patients' homes. Approximately 50 patients begin treatment. 'DOTS-Plus' is born.

1998

The first group of drug-resistant TB patients in Carabayllo completes the two-year course of treatment and is cured of tuberculosis. PIH and PIDSC invite international health experts to Boston to discuss clinical findings from the SES project. 'DOTS-Plus' pilot projects are approved.



1998

PIH begins collaborating with a group of nonprofit and government organizations to extend its MDR TB treatment model to Tomsk, Siberia, a large province in Western Siberia with a population of about a million.

1999

PIH staff publish an innovative study on the global impact of drug-resistant tuberculosis, in collaboration with HMS and the Open Society Institute. The report highlights the importance of community-based care in treating this and other emerging infectious diseases. Paul Farmer and Jim Yong Kim are appointed by the World Health Organization to help lead the international response by establishing pilot MDR TB treatment programs and organizing effective delivery systems for antibiotics.



1995

ZL introduces AZT for the prevention of mother-to-child transmission of HIV, causing rates of voluntary AIDS testing and counseling in the prenatal clinic to increase from 30% to 90% in the following year.



1998

ZL and PIH launch their HIV Equity Initiative. Modeled on and integrated with our successful TB program, the HIV Equity Initiative dispatches community health workers to deliver antiretroviral therapy and a range of associated support services in patients' homes.

1999

The Thomas J. White Center, a 30-bed infectious disease treatment center, is built. It is designated by the Haitian Ministry of Health as the primary MDR TB referral site for the entire country.

2000

An ophthalmic clinic is built. A foreign aid moratorium on Haiti paralyzes state agencies—as a result, the patient load in Cange climbs dramatically to over 40,000 per year.



2001

Patient visits to the ZL sociomedical complex increase to over 60,000 a year. Working together with the Haitian government, nonprofit agencies, and local activists, PIH develops an operational plan to apply the lessons of the HIV Equity Initiative across Haiti's Central Plateau.

2002

The Haiti operational plan is endorsed by the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as methods first developed by PIH in the squatter settlements of central Haiti begin to find expression in poor communities worldwide. Working with the Haitian Ministries of Health, ZL opens a new clinic in the town of Lascahobas, near the Dominican Republic border, in an effort to mitigate the effect of the aid moratorium on public services. The number of annual patient visits in Cange alone skyrockets to 200,000.

1999

In Boston, the Prevention and Access to Care and Treatment project (PACT) is started. *Infections and Inequalities*, by Paul Farmer (University of California Press), is published.



2000

IHSJ publishes its second book, *Dying for Growth: Global Inequalities and the Health of the Poor* (Common Courage Press).

2001

The Brigham and Women's Hospital announces the creation of a division dedicated to addressing health disparities through training, education, research, and service. The Division of Social Medicine and Health Inequalities (DSMHI) works in close collaboration with PIH and PIDSC. PIH co-founders Paul Farmer and Jim Yong Kim are appointed as division chiefs of the DSMHI.

2002

Modeled on Haiti's HIV Equity Initiative, PACT begins offering directly observed antiretroviral therapy to poor residents of the Roxbury and Dorchester districts in Boston.

1999

SES sponsors the first-ever MDR TB psychotherapy support group. Led by a psychiatrist, the group integrates specialists, community health workers, patients and their family members in an effort to address the debilitating psychological effects of treatment.



2000

PIH receives a \$22.7 million subcontract as part of a five-year grant to HMS from the Bill & Melinda Gates Foundation to fund MDR TB treatment and research. Under this grant, PIH will expand their community-based treatment program throughout Peru and train health personnel from other countries with high rates of MDR TB, including Russia.



2002

SES completes its expansion into 5 districts in Lima. The Electronic Medical Records (EMR) system is implemented in Peru to assist in the monitoring of patient data. The Bill & Melinda Gates Foundation-supported program has over 800 patients in treatment, integrated in some cases with antiretroviral therapy for HIV. Over 200 patients have completed treatment with a full cure.

2000

PIH receives a \$22.7 million dollar subcontract as part of a five-year grant to HMS from the Bill & Melinda Gates Foundation to fund MDR TB treatment and research. Under this grant, PIH will expand their community-based treatment program throughout Peru and train health personnel from other countries with high rates of MDR TB, including Russia. By the end of the year, the first cohort of 40 'DOTS-Plus' patients is enrolled in the prison.

2001

Expansion of TB treatment efforts accelerates. With funding from the Open Society Institute, PIH assumes responsibility for program development and coordination of the MDR TB project. By the end of the year, 144 patients are enrolled, including 96 patients in the civilian sector.

2002

The Bill & Melinda Gates Foundation-supported PIH treatment program for drug-resistant TB enrolled 296 patients with individually tailored drug therapy. 'DOTS-Plus' programs are proposed for over 200 different countries.

# PERU: SOCIOS EN SALUD

*Carabayllo, at the northern fringe of Lima, is home to some of the region's poorest and most uprooted urban populations. Since 1994, PIH has been working with their Peruvian branch Socios En Salud (SES) to train community members in preventive health measures, screen local residents for infectious diseases and other illnesses, and treat those in need. Since 1996, SES has focused on treating multidrug-resistant tuberculosis (MDR TB).*

*After uncovering an MDR TB outbreak in northern Lima in 1996, PIH applied our experience with community-based TB treatment in rural Haiti to the conditions of an urban shantytown. PIH-trained outreach workers administered drugs in patients' homes and also provided psychological and social support. Community health workers were taught to gather important medical data and socioeconomic information. At the time, the MDR TB project in Lima was the only one of its kind in the world. By proving that MDR TB patients in resource-poor settings could be cured, PIH helped change the strategy of international public health agencies regarding MDR TB treatment in poor countries.*

*Four years ago, SES became the hub of a multinational treatment project for patients with MDR TB (PARTNERS) funded by the Bill & Melinda Gates Foundation through a grant to Harvard Medical School, PIH, the U.S. Centers for Disease Control, the World Health Organization, and the Task Force for Child Survival and Development. Now entering its final year, this project was designed to establish a community-based treatment program throughout Peru, to build the infrastructure to support this program, and to train health personnel from other countries with high rates of MDR TB.*

## 2003 ACCOMPLISHMENTS:



### Increased patient enrollment

In September 2003, SES enrolled the last of the 1,450 MDR TB patients under the PARTNERS project. Thereafter, SES began helping the Ministry of Health enroll an additional 250 MDR TB patients to be supported with resources from the Global Fund. By the end of 2003, more than 1,900 patients had been enrolled, with some 1,000 in active treatment.

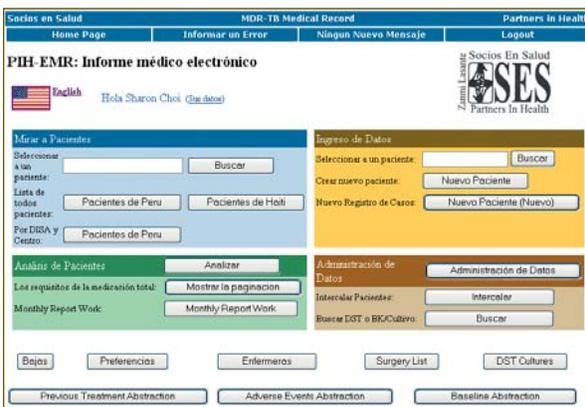


### Expanded training and outreach

In 2003, SES and the Peruvian Ministry of Health increased the training of physicians, nurses, and outreach workers throughout Peru. The SES MDR TB program expanded to five major cities beyond Lima: Ica, Trujillo, Chiclayo, Chimbote and Arequipa.

### Exceptional treatment outcomes

Treatment outcomes continue to be exceptional: cure rates range from 75% to 85%, depending on the number of previous failed regimens, a rate rivaling those in the U.S. In 2003, PIH and SES collaborators published the treatment outcomes for the first cohort of Peruvian patients in the *New England Journal of Medicine*.



### Completion of Electronic Medical Records (EMR) System

During 2003, the EMR system was largely completed. Over 2,700 electronic medical records are now registered. Data entry takes place daily from Lima and Boston. Nurses and physicians use the EMR regularly for patient care; researchers have limited-use access for data extraction; and program managers use the EMR to forecast and manage drug supplies.

# RUSSIA

*When the Soviet Union collapsed in the late 1980s, so too did the strong public health system that had cared for the basic health needs of its citizens. Poverty and illness skyrocketed, and an increase in petty crimes led to an explosion in the prison population: Russia's incarceration rate, 606 per 100,000 population, is second only to that of the United States. In addition, what had previously been an internationally renowned system of TB care and control crumbled as funding disappeared. Rates of TB and MDR TB climbed rapidly across the former Soviet Union. In the prisons, approximately one out of every ten inmates is infected with TB, with more than 20 percent of those patients affected by drug-resistant strains. In some prisons, TB is reported to account for up to 80% of inmate deaths.*

*This deadly combination of factors led to an outbreak of MDR TB in the Russian prison system and subsequently in the civilian sector. In 1997, public health experts realized the urgency of developing a plan for containment and treatment. In 1998, PIH provided consultation and services for prisoners and civilians with MDR TB. We collaborated with a group of nonprofit organizations and government agencies to extend our successful MDR TB treatment model to Tomsk Oblast, a large province in Western Siberia.*

*In 2001, PIH assumed primary clinical responsibility for the first on-the-ground MDR TB project in Russia, for both the prison and civilian sectors. With funding from the Bill & Melinda Gates Foundation, the Open Society Institute, and the Eli Lilly Foundation, PIH currently trains TB doctors, nurses, and feldshers (mid-level health care providers); as well as equips laboratories; provides medications and social support to patients; transports health care workers to patients' homes to ensure directly observed therapy; and conducts research projects.*

## 2003 ACCOMPLISHMENTS:



### Increased patient enrollment

In the Tomsk project, 165 new patients were enrolled, bringing the total number of patients to 462. PIH is committed to funding the treatment of 630 MDR TB patients in Tomsk Oblast.

Unfortunately, due to steady rates of transmission, this is only about half of the patients needing treatment today.



### Training held for health care workers in Tomsk

Fifteen training sessions were held for 49 tuberculosis doctors, 53 nurses, and 145 feldshers in nine regions of Tomsk Oblast. Training sessions covered the epidemiology and diagnosis of TB and MDR TB, development of MDR TB, medications, regimen design, side effect management, directly observed therapy, and adherence to therapy.

### Training held for health care workers beyond Tomsk

In 2003, PIH began to expand Russia's capacity to curb the MDR TB epidemic in regions beyond Tomsk. With financial support from the Eli Lilly Foundation, PIH and the Division of Social Medicine and Health Inequalities at Brigham and Women's Hospital launched a two-week training session for 16 prison doctors from seven other oblasts. The training program has been endorsed by the Russian Ministries of Health and Justice. Physicians completing the course are awarded Continuing Medical Education credits and a certificate from the Novosibirsk TB Research Institute. PIH plans to train 35-40 physicians during each of the next two years.



# UNITED STATES

## Prevention and Access to Care and Treatment (PACT) Project

*Based in the Division of Social Medicine and Health Inequalities at the Brigham and Women's Hospital, the Prevention and Access to Care and Treatment project is designed to ensure that residents of Boston's lower income neighborhoods receive adequate HIV-related care and services.*

*Through a program named DOT-Plus, which combines health promotion with directly observed therapy (DOT) of ARV medications, DOT workers observe daily HIV medication therapy and work with health promoters in providing comprehensive support and education to their patients. This DOT project began in 2002 with eight patients who were administered free medications by DOT health promoters and monitored by a primary care physician.*

*In 2002, PACT also initiated a program called Fuerza Latina ("Latin Strength"), a comprehensive HIV and substance abuse prevention initiative targeted at Latino injection drug users. The Fuerza Latina curriculum leads its participants through stages of personal recovery, leadership development, and community organizing.*



## 2003 ACCOMPLISHMENTS:

- Twenty participants received DOT-Plus therapy through the PACT program.
- An additional 55 participants received health promotion, harm reduction counseling, and case management services.
- Program results indicate dramatic reductions in viral load and increased CD4 counts in the patients participating in DOT-Plus.
- AIDS-related hospitalization for the 15 patients for whom six-month data is available decreased from 48 to 5 days, demonstrating that DOT-Plus might decrease medical costs by improving health and averting costly emergency room visits and hospitalizations.
- Sixteen men were enrolled in the Fuerza Latina year-long program. In July, three participants began a more advanced leadership development phase to learn to conduct street outreach and educational activities focused on HIV and substance abuse prevention as well as harm reduction within affected communities.
- PACT expanded the Fuerza Latina model to include youth from Boston's inner-city communities.

## Institute for Health and Social Justice

*The Institute for Health and Social Justice (IHSJ) — the research, educational, and advocacy arm of PIH — celebrated its 10th anniversary in 2003. Established in response to a need for critical analyses of the health problems of the poor, the Institute examines the influence of poverty, and other inequalities, on disease by linking scholarly analysis with community-based experience.*

### 2003 ACCOMPLISHMENTS:

- In January 2003, the IHSJ screened the PIH-underwritten documentary *Voces de la Tierra: La Guerra Sucia en Guatemala (Voices from the Earth: The Dirty War in Guatemala)* by director José Luis Reza. The film documents the exhumation of mass graves in the northern Guatemalan province of Huehuetenango, where the number of executions, torture, and forced disappearances peaked between 1978 and 1985.
- A seminar held in February 2003 examined the challenges to implementing TB control in Peru under much political change and ensuing health systems reform. A second seminar, held in April, analyzed differential pricing strategies for global access to essential medicines.
- In June 2003, the IHSJ hosted a screening of *A Closer Walk*, written and produced by Oscar-nominee Robert Bilheimer.
- In October 2003, PIH and the IHSJ hosted our 10th annual symposium, “Life Sentences: Justice, Medicine, and the Modern Plagues,” with Bryan Stevenson, Executive Director of the Equal Justice Initiative of Alabama, and PIH co-founder Paul Farmer.

## PIH and RFK Memorial Center for Human Rights Collaborate on Haiti Advocacy

Together with the RFK Memorial Center for Human Rights, PIH has pressured key international financial institutions, the U.S. government, the Organization of American States, the European Union, and relevant local and international nongovernmental organizations to release and disburse long-promised loans for humanitarian relief in Haiti. PIH believes that withholding the loans is a human rights violation. In July 2003, Paul Farmer testified before the Senate Foreign Relations Committee, calling for an end to the United States-led de facto sanctions against the Haitian government. He faults the sanctions for further exacerbating the desperate health and human rights situation in Haiti.



*In 2002, Loune Viaud, Director of Operations at Zanmi Lasante, received the Robert F. Kennedy Human Rights Award which paved the way for our Haiti advocacy work in 2003*

# SUPPORTED PROJECTS

*PIH lends technical and financial support to projects that are fighting against human rights abuses. We are allies in their groups' long, painful, and often lonely struggles to achieve equity in rights that we believe should be universal: food, clothing, housing, education, and medical care.*

## Guatemala: Equipo Técnico de Educación en Salud Comunitaria (ETESC)

Since 1998, PIH has worked with a group of community health workers—themselves the victims of government-sanctioned violence—committed to serving the needs of survivors of the Guatemalan genocide. The Equipo Técnico de Educación en Salud Comunitaria (ETESC, or Technical Team for Education in Community Health) provides legal, psychological, and logistical assistance to the survivors of Guatemala's Civil War (1960-1996) in the highland communities around Huehuetenango, as they exhume the mass graves and rebury their dead.

The Guatemalan Truth Commission, established by the Oslo Peace Accords in 1996, documented over 40,000 separate human rights violations during the period from 1962-1996. Over half of these were murders, and the total number of dead and “disappeared” is estimated at over 90,000. ETESC has been working with the repatriated community since 1996, when it



became safe for thousands of refugee Guatemalans to return to their homes. ETESC workers meet publicly and privately with survivors, apprising them of their legal rights in bearing witness to the murder of their relatives, friends, and neighbors. They serve as a link between families and forensic specialists working in Guatemala to ensure that victims' bodies are exhumed and buried properly, giving at least some sense of closure to families.

## Chiapas: Equipo de Apoyo en Salud y Educación Comunitaria (EAPSEC)

For many years, the poor residents of southern Mexico—many of them indigenous peasants—have suffered discrimination and acts of violence by army units and state-supported militias. The impact has been especially devastating on access to health care and other basic social services. Since 1986, the Equipo de Apoyo en Salud y Educación Comunitaria (EAPSEC, or Health and Community Education Support Team) has worked in the rural communities of southeast Mexico, particularly in Chiapas, to improve the lives of the poor and those who suffer from injustice and disease.

Despite years of threats from the Mexican army and an unstable political situation, EAPSEC has trained hundreds of community health workers who now work throughout southern Mexico to provide health care to the sick. In order to facilitate the health workers' training, EAPSEC has written more than 20 training manuals on health-related topics. In one community, where there is only a part-time physician for a population of 18,800, EAPSEC has helped open a clinic to offer medical care to the underserved.

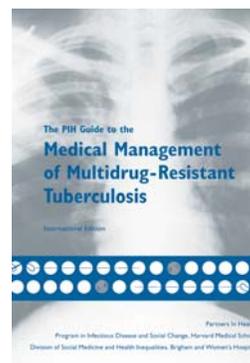
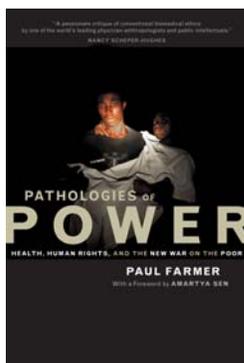
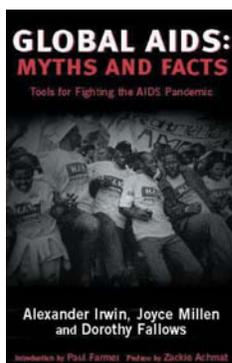
# SELECTED 2003 PIH PUBLICATIONS

## Books and Chapters:

- Castro A, Farmer P, Kim JY, et al (eds). *Scaling up health systems to respond to the challenge of HIV/AIDS in Latin America and the Caribbean*. Washington, DC: Pan American Health Organization, 2003.
- Farmer P. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press, 2003.
- Farmer P, Walton D. The Social Impact of Multidrug-Resistant Tuberculosis: Haiti and Peru. In: Gandy M, Zumla A (eds.). *Return of the White Plague*. London: Verso, 2003:163-77.
- Irwin A, Millen J, Fallows D. *Global AIDS: Myths and Facts*. Cambridge: South End Press, 2003.
- Kim JY, Shakow A, Castro A, Vanderwarker C, Farmer P. Tuberculosis Control. In: Smith R, Beaglehole R, Woodward D, Drager N (eds.). *Global Public Goods for Health*. New York: Oxford University Press, 2003:55-72.
- Partners In Health. *The PIH Guide to the Medical Management of Multidrug-Resistant Tuberculosis*. Boston: Partners In Health, 2003.
- Shin S, Bayona J, Farmer P. DOTS and DOTS-Plus: Not the Only Answer. In: Davies PDO (ed.). *Clinical Tuberculosis*, 3rd ed. London: Arnold, 2003:211-23.

## Journal articles:

- Bayona J, Chavez-Pachas AM, Palacios E, Llaro K, Sapag R, Becerra MC. Contact investigations as a means of detection and timely treatment of persons with infectious multidrug-resistant tuberculosis. *International Journal of Tuberculosis and Lung Disease* 2003;7:S501-9.
- Blower S, Farmer P. Predicting the Public Health Impact of Antiretrovirals: Preventing HIV in Developing Countries. *AIDS Science* 2003;3 [online].
- Blower S, Ma L, Farmer P, Koenig S. Predicting the Impact of Antiretrovirals in Resource-Poor Settings: Preventing HIV Infections Whilst Controlling Drug Resistance. *Current Drug Targets - Infectious Disorders* 2003;3:345-53.
- Farmer P, Fawzi MC, Nevil P. Unjust Embargo of Aid for Haiti. *Lancet* 2003;361:420-3.
- Farmer P. AIDS as a Global Emergency. *Bulletin of the World Health Organization* 2003;81:699.
- Farmer P. Haitian Refugees, Sovereignty, and Globalization. *America* 2003;189:11-3.
- Farmer P. SARS and Inequality. *The Nation* 2003;276:6,24.
- Farmer P. Suffering That is "Not Appropriate at All." *Revista* 2003;3:42-7.
- Gastineau Campos N, Farmer P. Partners: Discernment and Humanitarian Efforts in Settings of Violence. *Journal of Law, Medicine, & Ethics* 2003;31:506-15.
- Kim JY, Mukherjee JS, Rich ML, Mate K, Bayona J, Becerra MC. From Multidrug-Resistant Tuberculosis to DOTS Expansion and Beyond: Making the Most of a Paradigm Shift. *Tuberculosis* 2003;83:59-65.
- Mitnick C, Bayona J, Palacios E, et al. Community-Based Therapy for Multidrug-Resistant Tuberculosis in Lima, Peru. *New England Journal of Medicine* 2003;348:119-28.
- Mukherjee JS, Farmer PE, Niyizonkiza D, et al. Tackling HIV in Resource Poor Countries. *British Medical Journal* 2003;327:1104-6.
- Mukherjee JS, Joseph JK, Rich ML, et al. Clinical and Programmatic Considerations in the Treatment of MDR-TB in Children: A Series of 16 Patients from Lima, Peru. *International Journal of Tuberculosis and Lung Disease* 2003;7:637-44.
- Mukherjee JS, Shin S, Furin J, et al. New Challenges in the Clinical Management of Drug-Resistant Tuberculosis. *Infectious Diseases in Clinical Practice* 2003;11:329-39.
- Mukherjee JS. HIV-1 Care in Resource-Poor Settings: A View from Haiti. *Lancet* 2003;362:994-5.
- Shin S, Guerra D, Rich M, et al. Treatment of Multidrug-Resistant Tuberculosis During Pregnancy: A Report of 7 Cases. *Clinical Infectious Diseases* 2003;36:996-1003.
- Shin SS, Hyson AM, Castaneda C, et al. Peripheral Neuropathy Associated with Treatment for Multidrug-Resistant Tuberculosis. *International Journal of Tuberculosis and Lung Disease* 2003;7:347-53.
- Smith Fawzi MC, Lambert W, Singler JM, et al. Prevalence and Risk Factors of STDs in Rural Haiti: Implications for Policy and Programming in Resource-Poor Settings. *International Journal of STD & AIDS* 2003;14:848-53.

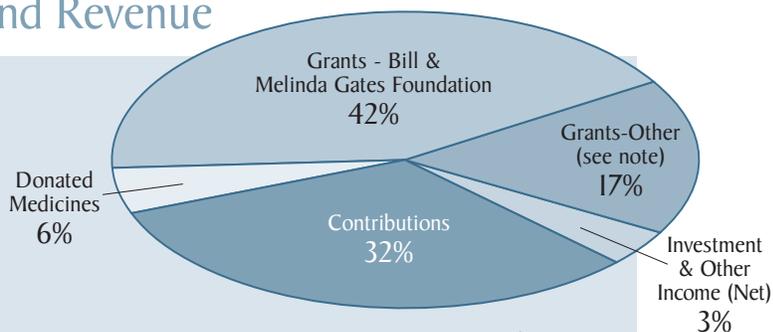


# FINANCIALS

## PIH 2003 Total Support and Revenue

### NOTE

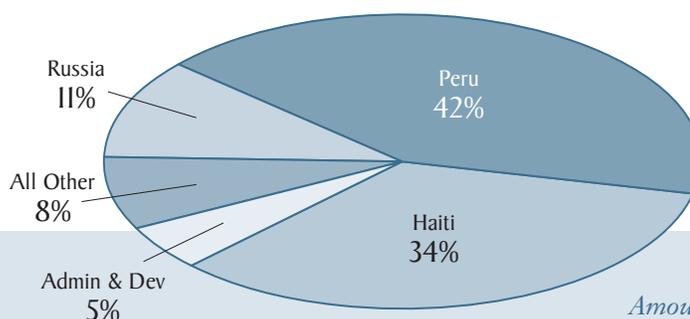
Other grants received in 2003 include awards from the David Rockefeller Center for Latin American Studies, the Eli Lilly Foundation, the Izumi Foundation, the John E. Fogarty International Center, the John M. Lloyd Foundation, MERLIN, the Open Society Institute, Partners HealthCare System, Pittsfield Anti-TB Association, the Rockefeller Foundation, and the RX Foundation.



### Category

Category	Amount
Contributions	\$ 5,621,543
Donated Medicines	\$ 957,163
<b>Total Contributions</b>	<b>\$ 6,578,706</b>
Grants - Bill & Melinda Gates Foundation	\$ 7,432,216
Grants - Other	\$ 2,967,784
<b>Total Grants</b>	<b>\$ 10,400,000</b>
Investment and Other Income (Net)	\$ 549,427
<b>Total Support and Revenue</b>	<b>\$ 17,528,133</b>

## PIH 2003 Total Expenditures

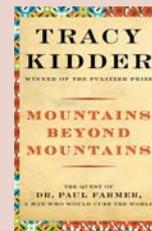


### By Program

By Program	Amount
<b>Haiti:</b> Programmatic expenses	\$ 2,291,515
Medications	\$ 2,674,547
<b>Subtotal Haiti</b>	<b>\$ 4,966,062</b>
<b>Peru:</b> Programmatic expenses	\$ 3,583,636
Medications	\$ 2,498,790
<b>Subtotal Peru</b>	<b>\$ 6,082,426</b>
<b>Russia:</b> Programmatic expenses	\$ 709,510
Medications	\$ 866,321
<b>Subtotal Russia</b>	<b>\$ 1,575,831</b>
<b>All Other Programs</b>	<b>\$ 1,145,953</b>
<b>Administration and Development</b>	<b>\$ 776,418</b>
<b>Total Expenditures</b>	<b>\$ 14,546,690</b>
<b>Increase in Net Assets</b>	<b>\$ 2,981,443</b>
<b>Total</b>	<b>\$ 17,528,133</b>

# PARTNERS CIRCLE

We are indebted to Tracy Kidder, whose book, *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World* (Random House, 2003) has attracted new friends to our cause and reconnected us with many longtime supporters. To recognize and honor our invaluable donors of \$1,000 or more, we inaugurated the *PIH Partners Circle*. We are grateful to the following charter members of the Partners Circle who, through their generosity, have become part of our story.



Audrey Ades  
Michael Albert  
Alice Alexander  
Duke Collier and Maren Anderson  
Elizabeth Good Angle and Frank King  
Anonymous  
Timothy D. Armour  
Alfred and Patricia Austin  
Mark and Peggy Austin  
Lenore Azaroff  
Martha Baer  
Roberto Bajandas  
Mary Jo Bane  
Devon J. Baranski  
Steven and Joanne Bauer  
Carol Beasley  
Mercedes Becerra and Salmaan Keshavjee  
Joseph W. Berkeley  
Robert Schoen and Nancy Bernstein  
Lynne Bertrand  
Robert and Heidi Bilheimer  
Paul J. Birmingham  
Timothy and Patricia Blank  
Sally Blower and Nelson Freimer  
April Bodman  
Philip and Maureen Bonanno  
Boston Foundation  
Sarah and Shamel Boulos  
Richard and Brenda Boyce  
Harold Brehm  
Alex Brown and Karen Weisgerber  
Hilary Brown and Charles Read  
Earl and Adelaide Burch  
Richard Busemeyer  
Chris and Ann Butler  
Paul and Catherine Buttenweiser  
Carola Cadley  
Luke and Louise Carlson  
Michael Reilly and Debbie Carson  
Margaret W. Casey  
Cathedral of the Sacred Heart of Jesus - Knoxville, Tennessee  
Pat Ryan and Ray Cave  
John Chaves and Karen McIlvena  
Christ Church of Oyster Harbors, New York  
Christ Church of Greenville, South Carolina  
Stewart and Laura Chritton  
Ann F. Clark and Peter M. Nicholas  
Bennett and Alice Clark  
Buck Close  
Andrew Cohen  
Faith Coleman  
Community Foundation of New Jersey  
Congregation of the Holy Ghost  
John and Stephanie Connaughton  
John and Eileen Connors  
Alfred and Elizabeth Coyle  
Marilyn Fife and John Cragin  
James and Sherrie Croker  
Gerald and Jeanne Curtis  
Felicity Dahl  
Lucy Dahl  
Ophelia Dahl  
Edward F. Danielski  
Charles Davies  
Sally and Bob Davis  
Lesley and Gerald Dawson  
Guido Deboeck  
Virginia Deknatel  
Edmund P. DeLaCour  
DeLaCour Family Foundation  
Joanne and Jonathan Demme  
Linda DeYoung  
Adele Diamond  
Annie Dillard

Kendra and Paul DiPaola  
Doylestown United Methodist Church  
Robin A. Dumas  
Edith Hendrickson Family Foundation  
Kevin and Susan Egan  
Elizabeth Eisler  
Samuel and Maryann Ellsworth  
Steven and Marilyn Emmanuel  
Episcopal Diocese of Upper South Carolina  
Bruce and Bridgett Evans  
Everado Foundation  
Rupert Everett  
Paul Farmer  
Faucett Family Foundation  
Wafaie Fawzi and Mary Kay Smith-Fawzi  
Robert and Marie Fehribach  
Carol Fier  
Paul Fingersh  
David Finkbeiner  
First Parish in Lincoln  
First Unitarian Church of Orlando  
Janice and Arthur Fiske  
Thomas Flatley  
Leslie Fleming  
Marc Franklin  
Lisa Frantzis  
Jeremy Freedman  
Jennifer Furin  
John and Susan Furse  
Steve Gabbard  
Josiane and Etienne Gabel  
Karen Kames and Chris Gaffney  
Monica Gallagher  
Neil Gallagher  
Shirley Gamble  
Herbert M. Gardner  
Michael G. Gaynor  
Mary E. Glass  
Byron and Mary-Jo Good  
Daniel and Carol Goodenough  
Grace Jones Richardson Trust  
Gregory C. Carr Foundation  
David Griffin  
Hale Foundation  
John and Barbara Hanify  
Laura Hanson and David Cecelski  
Jennifer Harbury  
Joyce Millen and David Harrison  
Francis and Bambi Hatch  
Mary Alice Hatch  
Mary and Robert Heine  
Julie and Bayard Henry  
Hershey Family Foundation  
Mary Claire Doyle and Patrick Herson  
Carl and Feni Hiaasen  
Howard and Doris Hiatt  
Susan and Jeffrey Hill  
Benjamin and Francine Hiller  
Joe Hime  
Mary Hogan  
Caswell F. Holloway and Marie Holloway Foundation  
Kim Hopper and Nancy Travers  
Bryan Hotaling  
Patricia and Bob Huiskamp  
Kimberly Hult and Robert Pasnau  
Mark and Annmarie Hunter  
Nicole Hynes  
Anne Hyson and Matt Southworth  
Rosemary Hyson and David Junius  
Irving S. and Allwyn N. Johnson Family Foundation  
J.F. Maddox Foundation  
Helen Jacoby and Peter Cannavo  
Sigrid Jakob

Tatiana and Todd James  
John Jarcho and Jean Cummings  
Beth Jenkins  
Jocarno Fund  
John M. Regan Jr. and Prudence S. Regan Foundation  
Philip Johnson and Donna Gordon  
Walter Johnson  
Judith and William Jones  
Kristin and Nathaniel Jordan  
Anona and Keith Joseph  
William Paly and Amy Judd  
Rowan O'Riley and William Kaiser  
Kalamazoo Foundation  
Albert and Diane Kaneb  
Kapoor Charitable Foundation  
William and Judith Kates  
Robert and Julie Kebartas  
Steven and Kathryn Keefe  
Thomas and Julie Keenan  
William Kenney  
Nannerl and Bob Keohane  
Scott Keske  
Madeleine Keville  
Kevin D. Gorter Memorial Foundation  
Reine T. Kidder  
Tracy and Frances Kidder  
The Kid's Fund  
David and Linda Kierstead  
James and Elizabeth Kilbreth  
Seung and Nancy Kim  
Lesley King  
Janet Kinnane and Conrad Smith  
Ruloff F. Kip, Jr.  
Anne Kleinman and Thomas Wong  
Richard Koenig  
Serena Koenig  
Mark and Donna Kozin  
Myra and Robert Kraft  
Elizabeth Kunkel  
Lanny Lake  
Sidney Landau  
Tim Landes and Sierra Valuation  
Joseph and Mary Lapointe  
Steven Lauryn  
Helaine Lerner  
Ethel Levy  
Kathy and Phil Lieberman  
Linda C. Wisniewski William Collatos Family Foundation  
Lincoln-Sudbury High School  
Kelly Link and Gavin Grant  
Sandy and Mark Lipten  
Dorothy Lloyd  
Charles Logan  
Edith Ann Lohman  
R. Keith McCormick and Eva B. Lohrer  
Brinck Lowery  
Peter and Carolyn Lynch  
Mary Lyons  
James and Heather Magliozzi  
Jon, Leslie, and Alexander Maksik  
Jim and Brenda Manzi  
James and Angela Margolis  
Nancy and Richard Marriott  
Carl Martignetti  
Joseph and Rachel Martin  
Joseph Martingale  
Michael and Suzanne Masters  
Max and Bessie Bakal Foundation  
John and Netilia McArthur  
Malcolm and Lee McComb  
Nancy McCormack  
McCormack Foundation  
Todd and Anne McCormack  
Bill and Mary McKay  
Peter and Elizabeth McKelvey  
Allen Morgan and Patricia McLung

Memorial Congregational Church  
Kirby Family Foundation  
Bill and Diane Millen  
Harris Miller  
Tricia Miller  
Carole Mitnick and Chris Johnson  
Jamaluddin Moloo and Janice Ricci  
Jack Mommson  
Pat Mukherjee  
Joia Mukherjee  
Judith Munzig  
JoAnne Yates and Craig Murphy  
Christine and Patrick Murray  
Arthur Naiman  
Patricia Neal  
David and Kathy Neely  
Paul L. Newman  
Norcross Wildlife Foundation, Inc.  
Oberod Foundation  
Charles and Marie O'Brien  
J. M. and Jane S. O'Neal  
Charles T. O'Neill and Mary E. Neylon  
O'Reilly Foundation  
Terence and Sandra O'Rourke  
Kelly Orringer  
Anne and Peter Parker  
James Perkins  
Samuel Peters  
Kathryn Peyton and Tyler Brown  
Timothy and Katherine Philip  
Donna Pignatelli  
Donna and David Potts  
Fredric Price and Ellen Wilson  
Kathleen Quinn  
Mary Rabion  
Jonathan Cohen and Jeanne Raisler  
Margaret Randall  
Random House, Inc.  
Reach Out To Haiti  
Adrienna Baker Reilly  
William P. Reynolds, Sr  
Bruce M. Rich  
Walter and Judy Rich  
Robert Richardson  
Wendy Riches  
Michael Ripps  
Philip Rittenberg  
River Street Development Foundation  
Harrison L. Robinson  
Pam Moore and Charles Rose  
Max Rosen  
Jim, Sharon, and Peter Rosenfeld  
Margaret Rosenfeld and Daniel Weld  
Henry J. Kaiser Family Foundation  
Lewis and Esther Rowland  
Alan Ruby  
Peninsula Community Foundation  
Ryan Revocable Trust  
Daniel and Barbara Rylko-Bauer  
Haun and Yu-lin Saussy  
Rob Schiller  
Edward and Laura Schmidt  
John J. Schumacher  
Ruah and Frank Schwamb  
Alessandra Crapanzano and John Schwartz  
Timothy Searchinger  
Erin Segal  
Olga and Lee Scham  
Roger Stix and Jane Share  
Jack Shaughnessy  
Wallace Shawn  
Florence Sheikh  
Sonya Shin and Andy Ruddles  
Helen and Leroy Sievers  
Sarah Elizabeth Sievers  
Edwin Smith and Martha Friend

Susan Smith and Joe Yevak  
Nancy and George Soule  
St. Andrew Presbyterian Church  
St. John's Episcopal Church  
Anne Stack and Tim Dunnbier  
Jolie Stahl  
Vincent and Mary Alice Stanton  
Roseanne Stead  
Mark Dibble and Anne Stetson  
Jonathan Strongin and Ellen Seely  
Carol Sullivan  
Roger Sullivan  
Sunshine Foundation  
Ralph and Christina Sweetland  
Patricia and Alan Symonds  
T. Rowe Price Program for Charitable Giving  
Lou Talento  
Nisa Geller and Jeffrey Tannenbaum  
Kevin Tansey  
Arnold Teasdale  
Anne and Don Teddlie  
Tedlow Family Trust  
Jane and John Terlesky  
Kathleen Sullivan and James Terrell  
Gerard and Margery Thomas  
Pamela Thompson  
Susan Thorndike  
Alex Tibbetts  
Angelo Tomedi  
Daniel C. Tosteson  
Diane Traiger  
Robert Turcott  
Winona Tyler  
Organic & Ideo  
Amy and Paul Vargo  
Brian and Jennifer Vosburgh  
Maury Wald  
Michael B. Wallace  
Wang Foundation  
Yichun Wang  
Peter and Sharon Wasik  
Alisse Waterston and Howard Horowitz  
George and Sarah Wattendorf  
Weatherspoon Charitable Foundation  
Nancy Weaver  
David Webb  
Steven Wegman  
Ken and Audrey Weil  
Sanford and Anne Weiss  
Steven Weiss  
Patricia Maher and Michael Wessels  
Carol White  
Christina White  
Denise M. White  
Kevin and Eileen White  
Michael and Elizabeth White  
Peter and Joan White  
Stephen and Melissa White  
Thomas and Lois White  
Hunter and Christen Wiggins  
Lynne Wilkinson and David Connery  
Ellen Williams and Lawrence Miller  
Jacquelyn Williams  
Fiona Wilson and Tor Archer  
David Winner  
Marshall and Katharine Wolf  
Thomas Wright, Jr.  
Timothy Wyant  
Paul Zintl and Lisa Frost

*Partners In Health would like to thank our legal counsel, Bingham McCutchen LLP, for their unstinting patience, wise counsel, and gracious voluntary support of our mission to treat the underserved in Boston and abroad.*

*On the front cover:  
The residents of Lascahobas  
participate in ZL's World AIDS Day  
celebration in December, 2003.*

## PIH OFFICERS

*Ophelia Dahl, President and Executive Director  
Paul Zintl, Chief Operating Officer  
Craig Kaplan, Chief Financial Officer and Treasurer  
Edward M. Cardoza, Vice President for Development  
Paul E. Farmer, M.D., Ph.D., Executive Vice President  
Robin A. Dumas, Esq., Clerk and outside legal counsel*

## PIH BOARD OF DIRECTORS

*Ophelia Dahl, Chairperson  
Paul E. Farmer, M.D., Ph.D.  
Howard Hiatt, M.D.  
Diane E. Kaneb  
Jim Yong Kim, M.D., Ph.D.  
Joseph B. Martin, M.D., Ph.D.  
John H. McArthur  
Todd McCormack  
Amartya K. Sen  
Bryan A. Stevenson*

## PIH ADVISORY BOARD

*John Ayanian, Brigham and Women's Hospital  
Jaime Bayona, Socios En Salud  
Rose-Marie Chierici, State University of New York  
Marie-Flore Chipps, Zanmi Lasante  
Jean Gabriel Fils, Zanmi Lasante  
Father Julio Giuliatti, Boston College  
Jody Heymann, Harvard School of Public Health  
Marie-Louise Jean-Baptiste, Cambridge Hospital  
Philip Johnson, Philip Johnson Associates  
Father Fritz Lafontant, Zanmi Lasante  
Yolande Lafontant, Zanmi Lasante  
Anne McCormack, Partners In Health  
Patrick Murray, Winston and Strawn, LLP  
Guitèle Nicoleau, Harvard University  
Haun Saussy, Stanford University  
Loune Viaud, Zanmi Lasante  
Thomas J. White, Partners In Health*



## PARTNERS IN HEALTH

641 Huntington Avenue, 1st Floor • Boston, MA 02115  
617-432-5256 • Fax 617-432-5300 • [www.pih.org](http://www.pih.org)