

# Record

## Advocacy Partnerships in East Africa Making Gains

### PHR'S PARTNERSHIPS IN

East Africa continue to engage health workers to improve AIDS policies and respect human rights.

In Uganda, our partner, the Action Group for Health, Human Rights, and HIV/AIDS (AGHA), has mobilized a network of over 600 doctors, nurses, pharmacists, researchers, students and social scientists to advocate for improved AIDS response and health rights. With support from PHR, AGHA is driving major campaigns on health rights, funding, and anti-stigma (see box on p. 5).

**Health rights are now on the agenda in Uganda:** The Uganda Human Rights Commission has created a Right to Health desk, the Ministry of Health is integrating human rights into its work, and AGHA has helped

WHO train Parliamentarians in health, human rights and policy.

**The paradigm of medicine is changing to embrace human rights:** The Uganda Medical Association has started a human rights committee, chaired by AGHA. AGHA's health student leadership program—Students for Equity in Health Care (SEHC)—now boasts more than 300 members, with chapters at all public medical schools in Uganda. This spring, SEHC held its second national AIDS advocacy conference, and the flagship SEHC chapter, at Makerere Medical School in Kampala, held its third AIDS Week of Action—with Weeks of Action at Gulu University in war-torn Northern Uganda and at Mbarara University to follow later this year. The AGHA Stigma Task Force has



Vanessa Vick

Patients at Mpumudde Clinic, Uganda, receive newly available medications

trained over 150 health workers on stigma and how to prevent it.

**Better protection in health settings:** As a result of SEHC activism, Ministry of Health officials promised to vaccinate all health workers against Hepatitis B and to improve provision of post-exposure prophylaxis for patients and providers at Mulago Hospital.

**Increases in the health budget:** In April 2007, thanks in part to AGHA's advocacy,

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## New Initiative Targets Health Workforce *Presses for Sustainable Financing*

**INTERNATIONAL ADVOCACY** for an expanded, motivated, well-equipped health workforce took a step forward when advocates from seven countries met this past July to form the Health Workforce Advocacy Initiative (HWAI). Developed and chaired by PHR, the HWAI is the civil society-led network of the Global Health Workers Alliance (GHWA). The GHWA is dedicated to advocating for a health workforce capable of realizing the Millennium Development Goals (MDG's) for health and assuring universal access to essential health services.

More than a dozen advocates from Kenya, Uganda, Nigeria, Thailand, the United Kingdom, Switzerland, and the United States convened in Washington, DC, to chart a course for the HWAI, followed by a productive day educating members of Congress about the dire need to fund and strengthen the health workforce and health systems in sub-Saharan Africa.

As its first initiative, the HWAI launched the Campaign for Sustainable Financing for the Health Workforce, recognizing that the

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### Pat Daoust, MSN, RN



Health  
Action AIDS  
Director

**FIVE YEARS AGO**, while working with the Harvard AIDS Institute and the AIDS Action Committee on projects in Botswana, PHR's Susannah Sirkin and Eileen Campbell invited me to meet with them. PHR had recently launched its Health Action AIDS Campaign, and the three of us traded ideas on how to mobilize US and African healthcare professionals around the international AIDS crisis.

Little did I know then that I would have the opportunity to help lead what has become a vitally important human rights initiative that has had significant impact on the most devastating epidemic of our time.

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# Record

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## From Pat Daoust

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I have worked in the field of HIV/AIDS for over 20 years—as a nurse, educator and activist. In the early days of the epidemic, when discrimination and stigma against those with HIV disease was rampant here in the US, I was fortunate to work with Larry Kessler, founder of the AIDS Action Committee in Boston. I learned the importance of advocacy within the framework of social justice and human rights, and about the vital role health professionals can play in ensuring access for all to quality health-care. In 2000 I took those lessons to Botswana, Swaziland and Ethiopia.

For the last seven years I have worked side-by-side with African nurses and doctors as they attempt to care for those struggling to live with HIV (and other preventable and treatable diseases such as TB and Malaria). Although I've witnessed some significant progress, there is so much more that must be done. I've seen the challenges firsthand—too few healthcare workers; healthcare delivery systems that lack the basics; promised ARV medications that are in short supply, and continued HIV-related stigma and gender inequality that impedes equal access to prevention and care. *PHR's Health AIDS Action Campaign is working to change all that.*

## Recent Accomplishments

PHR's recently released report, *Epidemic of Inequality: Women's Rights and HIV/AIDS in Botswana and Swaziland*, documents the gender inequities that perpetuate the HIV/AIDS pandemic. The report bolsters our demand that PEPFAR's strategic plan must address gender inequality.

Our work in East Africa is bringing AIDS advocacy opportunities and health rights awareness to health workers across the region. Our partner in Uganda, the Action Group for Health, Human Rights and HIV/AIDS (AGHA), helped secure an increase in the national health budget, and in Kenya, PHR and our local partners organized the first AIDS Week of Action at the University of Nairobi. Other equally important projects and initiatives are highlighted throughout this special AIDS edition of *The Record*.

## Challenges Ahead

As long as we have 8,000 people dying unnecessarily of AIDS on a *daily* basis, as long as we have people who are denied access to life-saving medication simply because they are poor, and as long as we have healthcare workers unable to provide quality care because of lack of resources, we must continue to mobilize health professionals to speak with passion and determination about these essential human rights.

I am energized by the challenges ahead, by the prospect of working with the dedicated team at PHR, and by your ongoing support. ■

## JOIN US!

[physiciansforhumanrights.org/hiv-aids](http://physiciansforhumanrights.org/hiv-aids)

## Welcome Pat Daoust!

**WITH THIS ISSUE**, we are very pleased to welcome Pat Daoust as the new Director of PHR's Health Action AIDS Campaign. Pat comes to PHR with a wealth of hands-on experience with HIV/AIDS—as a clinician, program developer, trainer, administrator, and activist. Moreover, Pat brings to the position the perspective and skills of a health professional, having spent much of her nursing career specializing in the challenges of HIV/AIDS prevention and treatment, both in the US and in resource-poor settings.

Pat was Director of the International AIDS Project for the AIDS Action Committee, during which time she worked extensively in Botswana, developing and implementing training programs for healthcare providers and people living with AIDS. She was also on the faculty of the Harvard AIDS Institute, is a senior consultant for International Training and Education Center on HIV, and directed the CDC-funded Nursing Capacity Building Initiative in Ethiopia.

Pat's first-hand experience, her health professional perspective, and her leadership skills position her well for her new role. She is poised to take PHR to a new level of impact in the fight against global AIDS. ■

# Health Professionals Released in Libya; Questions Remain about Deal

## *PHR Calls for Full Exoneration*

ON JULY 24, 2007, PHR welcomed the release of the five Bulgarian nurses and Palestinian medic who were imprisoned for eight years in a Libyan prison, accused of infecting more than 400 children at the Benghazi Children's Hospital with the HIV virus. Their sentences were commuted the previous day and they were subsequently relocated to Bulgaria, where President Georgi Parvanov issued pardons. Those actions, while welcome, fall short: PHR calls for full exoneration of the health professionals by the Libyan government.

The health professionals were freed in a controversial deal that involved \$400 million in payments to Libya. According to PHR's Deputy Director of International Policy and Advocacy, Susannah Sirkin, "This is really an outrageous case in which the lives of these nurses and medic were literally ransomed. The charges were fabricated; the nurses were tortured into confessing; there was no due process."

The deal may have set a precedent that endangers health and humanitarian

workers around the world. Holding foreign health workers hostage for huge payments also threatens to undermine international collaboration in response to health crises.

PHR has advocated for the release of the health professionals since 2002. In 2005, in conjunction with the International Federation of Health and Human Rights Organizations, PHR sent a physician and prison health expert to Libya to evaluate the medical condition of the imprisoned nurses and doctor. Late last year, PHR coordinated a sign-on letter to Colonel al-Qhadafi from major medical, public health, AIDS and nurses' associations opposing the death sentences and urging the government to confront the true cause of infection. The likely cause of transmission, according to research conducted at the hospital, was reused, unsterilized medical equipment. That research also showed that the infections began before the nurses and medic began working there, and continued thereafter. The Libyan court refused to allow the scientific evidence.

This spring, PHR led a delegation of distinguished experts to meet with State Department officials, urging the US to prioritize the case in its diplomacy with the Libyan Government.

PHR has had a prominent role in keeping the case in front of the world community, and received extensive press coverage when the health workers were released: PHR's Susannah Sirkin was quoted on the front page of the *New York Times*; she also appeared in coverage by the *Washington Post*, *National Public Radio*, *Al Jazeera English*, and other press outlets. *The Wall Street Journal* wrote an editorial about the case based on PHR's work.

*"There is nothing to prevent future scapegoating of foreign health workers and holding them hostage in exchange for aid."*

Susannah Sirkin  
PHR Deputy Director

PHR continues to provide public analysis of the human rights aspects of this case. In addition to calling for the complete exoneration of the health professionals, PHR calls for human rights protections for all health workers, whether working abroad or in their home countries. ■

## G8 Drops the Ball on Global Health

### *Fails to Make Specific Commitments*

#### THE GLOBAL HEALTH COMMUNIQUÉ

released at the close of the 2007 Group of Eight (G8) meeting held June 6-8 in Heiligendamm, Germany, fell far short

of the mark. PHR and other advocates had urged G8 leaders to reaffirm their 2005 commitments to double aid to Africa and meet the Millennium Development Goals (MDG's), but the G8's closing policy document offered only a vague promise to add \$30 billion to US commitments to AIDS, malaria and tuberculosis programs over an unspecified number of years.

G8 leaders had previously committed to achieve universal AIDS treatment access by 2010, but with only three years to go, there are no clear plans for keeping that promise. Millions of people with AIDS in sub-Saharan Africa are now aware that treatment exists, and are waiting for it to appear.

PHR mounted a high-visibility media campaign to call attention to the need for the G8 to take concrete action, including running ads in the *New York Times* online edition and hosting a forum on the PHR website. PHR and the Global Health Workforce Alliance called on the G8 to make specific commit-

ments to achieve health workforce goals: training and systems planning; health systems strengthening; financing to fully fund health systems and meet MDG's; access to health care for those unable to pay for essential services, and curbing health workforce migration.

New UNAIDS estimates put the number of people urgently needing AIDS treatment by 2013 at 12 million. This leaves a massive gap of more than eight million people who will likely die without treatment unless the US Congress expands upon the President's targets and other G8 countries fill a large portion of the remaining gap.

Africa is facing a catastrophic lack of health workers, many of whom are immigrating to Western countries. In countries like Malawi, Kenya, Lesotho, Uganda, Nigeria, and others, hundreds of thousands of people are dying from lack of medical attention. By World Health Organization estimates, at least one million more health workers are needed. ■

*Lesotho has only 89 doctors for its 2 million citizens*



PHR's ad in the *New York Times* online edition

# Epidemic of Inequality

## *Women's Rights and HIV/AIDS in Botswana & Swaziland*

*“National leaders, with the assistance of foreign donors and others, are obligated under international law to change the inequitable social, legal, and economic conditions of women's lives which facilitate HIV transmission.”*

Karen Leiter, JD, MPH  
PHR Senior Research Associate

**PHR CONTINUES TO CALL ATTENTION** and urge remedies to the disproportionate impact of the HIV/AIDS pandemic on women in southern Africa. In May, PHR released its landmark study, *Epidemic of Inequality: Women's Rights and HIV/AIDS in Botswana & Swaziland—An Evidence-based Report on Gender Inequity, Stigma and Discrimination*. At events in Mbabane, Swaziland and Gaborone, Botswana, PHR and local partners presented the four key factors found to contribute to women's vulnerability to HIV:

- Women's lack of control over sexual decision-making, including the right to use a condom
- The prevalence of HIV-related stigma and discrimination

- Gender-discriminatory beliefs, associated with sexual risk-taking
- Failure of traditional and government leadership to promote women's equality and economic independence

Advocates for people living with AIDS (PLWHA) and women's rights, government officials, representatives from PEPFAR and CDC, UN representatives, researchers and local press attended the events.

At the Swaziland event, participants cited the slow pace of legal reform, the lack of a national movement of women, and the need for a national umbrella body to advance women's issues. As a direct result of the report, Thembisile Gama, chief legal officer of NERCHA, the national AIDS coordinating agency, agreed to host the first meeting of a new gender consortium of government and civil society.

At the University of Botswana, Nthabiseng Phaladze, Senior Lecturer in the Department of Nursing Education and PHR's co-investigator for the report, cited the pressing need to bring gender inequality and the social constructions labeled “culture” that harm women to the forefront of HIV/AIDS policies and interventions. Christine Stegling,



Lead author Karen Leiter and local partners release “Epidemic of Inequality” in Gaborone, Botswana.

Director of the Botswana Network on Ethics and Law (BONELA) and Grace Sedio, Botswana Project Officer of the International Community of Women Living with HIV/AIDS, reinforced the need to take action on the report's findings, in particular women's poverty and food insufficiency and their relationship to sexual risk-taking.

*Epidemic of Inequality: Women's Rights and HIV/AIDS in Botswana & Swaziland* is the culmination of a population-based study conducted by PHR and local field partners at the University of Botswana and the Swaziland chapter of the Women and Law in Southern Africa Research Trust (WLSA). The full report is available at [physiciansforhumanrights.org/library/report-2007-05-25](http://physiciansforhumanrights.org/library/report-2007-05-25). The published report is available for purchase; please contact PHR at [phrusa@phrusa.org](mailto:phrusa@phrusa.org) or 617.301.4200. ■

Read more at:  
[physiciansforhumanrights.org/hiv-aids](http://physiciansforhumanrights.org/hiv-aids)

## US Poised for Role in Africa's Health Workforce Crisis

**THE SHORTAGE OF HEALTH WORKERS** in Africa, combined with inequitable internal distribution and poor management of existing health workers, is now widely recognized as perhaps the greatest obstacle to sustained and significant progress against AIDS, maternal death, and other critical health challenges on the continent.

*“Working with our own policymakers, the US initiative will touch millions of people who would have otherwise been unable to access basic health care.”*

Ambrose Agweyu  
Kenyan medical student

In March, Senator Richard Durbin and five co-sponsors introduced the African Health Capacity Investment Act of 2007, S. 805. If passed, it will be the first piece of US legislation to specifically address the health worker crisis in Africa. The bill authorizes \$600 million over three years to assist countries in sub-Saharan Africa to develop and implement comprehensive strategies to expand the capacity and effectiveness of the health workforce. The bill addresses health workers' financial, health, and professional development needs and would provide the basic tools health workers need to do their jobs. It would also provide funds to train new health workers, support community health workers, and provide incentives for health workers to serve in rural areas. Since Senator Durbin introduced the bill, an additional 23 Senators have joined as co-sponsors. A House version

of the legislation seems likely to be introduced soon.

Health officials and activists in Africa are following the bill closely. Dr. Lola Dare, Executive Secretary of the African Council on Sustainable Health Development (ACOSHED), presented the legislation to a high-level meeting in Botswana attended by officials from 48 African countries. She said it “is a comprehensive bill which identifies real solutions to a very real problem, and rings true in the African context.”

If passed, it will thrust the United States into a leadership role among wealthy nations in supporting health workers on the front lines of Africa's fight against disease. ■

## East Africa

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the parliament announced an 8 billion Uganda shilling increase in the health budget—small in the face of a 200+ billion shilling deficit, but significant because the health budget was in fact slated to be cut by billions.

**Health rights activism is spreading across Africa:** Together with the International Federation of Health and Human Rights Organizations (IFHRO), AGHA held a training and networking meeting for over 30 health rights activists from across Africa and has been chosen to host the IFHRO “focal point” secretariat for African regional collaboration and information exchange.

### Kenya

The Kenya Health Rights Advocacy Forum (HERAF), a joint initiative of PHR and the Kenya Human Rights Commission, is working to convince the Kenyan government to prioritize the right to health in its HIV/AIDS policies and programs

Health rights is a relatively new field in Kenya, and HERAF has created a niche for itself with its unique constituency. Health professionals, NGOs and PLWHA organizations, along with others, come together through HERAF to advocate for HIV/AIDS policies that are consistent with the best human rights and public health principles.

The network has been up and running since last November and is on its way to building a health rights movement across the country through three major campaigns: improved health financing, increased support for the



PHR President Len Rubenstein and HAA's Sarah Kalloch and Lissy DeSantis meet with medical student leaders from Uganda, Rwanda and Burundi in Kampala.

health workforce, and an end to stigma and discrimination.

HERAF kicked off its health financing campaign in June with a budget literacy forum. Representatives from national health associations, including the Kenya Medical Association, National Nurses Association of Kenya, and Kenya Clinical Officers Association, came together with leading NGOs and PLWA groups to discuss how budget policies affect health-care delivery and how health workers can influence the budget. Next steps include intense education and mobilization around key entry points for civil society advocacy in the budget process to ensure the voice of health workers is heard by those setting the national health budget.

July also saw health professional students at the University of Nairobi and Kenya Medical Training College organize their first AIDS Week of Action, with the theme “*Health Students Uniting towards Excellence in the Health Workforce.*” The event united students from all health disciplines, including those training to be nurses, doctors, pharmacists, dentists, and clinical officers. Students learned the skills necessary to advocate for increased support for the Kenyan workforce. They organized advocacy training, a “white coat” demonstra-

tion, a press event at the national hospital, and an interactive forum with key health leaders to share concerns and solutions on health rights and AIDS in Kenya.

This is an exciting beginning for HERAF, as it plans to launch its health workforce and stigma and discrimination campaigns later this year. Health professionals and students are speaking out, placing health rights at the center of the fight against HIV/AIDS, and pressing policy makers to listen and act. ■

### AGHA Campaigns

**Anti-Stigma Campaign:** To combat stigma in health settings, AGHA has trained a Stigma Task Force of more than 50 health workers who have reached hundreds of health workers and community members with messages on how to stop stigma.

**The Health Rights Leadership Campaign** coordinates outreach and training to health workers, the general public and the media to change the paradigm of medicine and health to one that embraces human rights.

**AGHA's Health Funding Campaign's** objectives are to increase the health budget to at least 15% of the national budget, to promote efficient use of funds, and to ensure that infrastructure and human resources are in place for a functioning health care system in Uganda.



University of Nairobi and Kenya Medical Training College students during their AIDS Week of Action in July

Lissy DeSantis

# Can PEPFAR Keep Pace with the AIDS Pandemic?

## *Activists Call for Expanded Program*

**THE PRESIDENT'S EMERGENCY PLAN** for AIDS Relief (PEPFAR) has one year left of its original mandate. PEPFAR is the US HIV/AIDS program that provides money for AIDS treatment and other services to more than 100 countries, focusing on 15 especially hard-hit nations—12 in sub-Saharan Africa plus Haiti, Vietnam, and Guyana. The five-year, \$15 billion program is geared primarily toward saving the lives of those already infected with HIV by providing antiretroviral (ARV) treatment, although it also supports some prevention and care efforts. PEPFAR has treated—and thereby saved the lives of—800,000 people since its inception.

The legislation authorizing the program is due to expire on September 30, 2008, and advocates are gearing up to support its reauthorization for another five years. At least 30 organizations, including PHR, are seeking improvements to the program, particularly with regard to prevention and women's disproportionate vulnerability to the virus due to denial of their rights.

### **PHR Urges Evidence-Based Services**

Other issues with the existing PEPFAR program include mandated spending on abstinence-only campaigns; failure to aggressively promote condom use; requiring fund recipients to sign an anti-prostitution pledge, thereby limiting services to this at-risk group; and refusing to pay for clean needles to stem epidemics among drug users, despite overwhelming evidence that needle exchange curtails the spread of HIV. Advocates are also calling for transparency and accountability in PEPFAR budget management.

In addition, PHR is urging PEPFAR officials to allocate funding to bolster African health systems and alleviate the health worker shortage that is crippling PEPFAR's ability to save more lives.

Earlier this year, President Bush announced that he would support a doubling of the program to \$30 billion. While this seemed at first to be a promising next step, advocates soon realized

that because the epidemic is escalating, the additional funding would expand the program to only 500,000 new patients. Given that 3 million people die each year from the pandemic, advocates are campaigning for an increase to \$50 billion.

### **Bipartisan Support**

While some advocates were concerned that global AIDS would take a back seat to pressing domestic health needs under the current Democratically-controlled Congress, in fact Congress has shown an encouraging interest in improving and expanding PEPFAR. President Bush seems to view PEPFAR as an important part of his legacy. He has provided important, though limited, support by publicly promoting PEPFAR in speeches, by calling for a doubling of the budget,

and by recently sending First Lady Laura Bush on a tour of AIDS-stricken countries.

PHR is currently working closely with policy makers, US NGOs, religious groups, African healthcare workers and students, and policymakers, to propose changes to PEPFAR that would save more lives, address the human rights issues that put women at extra risk, and strengthen African health systems. PHR is optimistic that PEPFAR will be reauthorized, but the questions remains: in what form, and how many lives will it save? ■

### **Health Workforce Advocacy Initiative**

Continued from page 1.

necessary, dramatic strengthening of the health workforce and health systems cannot be achieved without sustainable financing, and that the necessary level of funds will not come easily.

The Campaign will take place at both the global and country levels. Initial activities include developing a white paper analysis and critique of major bilateral and multilateral health initiatives in the context of what is required to fund an adequate health workforce, developing an advocacy toolkit to support in-country advocates seeking sustainable financing for these initiatives, and contributing to ongoing health workforce and systems planning. HWAI will also engage with international funders, including the Global Fund and others, to facilitate appropriate disbursement of external funding needed to implement human rights-based national health systems strategies.

HWAI will also focus some of its work at country level, initially in support of advocates in Uganda, including PHR's



Lissy DeSantis

**Empty white coats at the University of Nairobi Medical School symbolize the health worker shortage in sub-Saharan Africa.**

partner and HWAI member, Action Group for Health, Human Rights and HIV/AIDS (AGHA). This aspect of the Campaign will leverage a significant opportunity for raising the profile of major health workforce needs when the Global Health Workforce Alliance holds its first Forum in Kampala in March, 2008.

In September, HWAI will begin a concerted effort to expand its membership and nurture a broader international network of health workforce advocates. ■

# Injection Drug Use Fuels New Wave of HIV/AIDS

## *PHR Calls for Evidence-Based Programs to Combat Spread*

**INCREASED HEROIN USE** and related unsafe injection practices are driving the emerging HIV epidemics that are spreading rapidly across Eastern Europe and Asia. Political upheaval, lack of opportunity, and increased drug trafficking have created drug dependent economies, which in turn have facilitated the spread of HIV. These epidemics move quickly because of the efficiency of blood-to-blood transmission and lack of access to health care, including HIV prevention and treatment, among the highly marginalized users. Where prevention and treatment programs do exist, many do not include needle exchange programs, in spite of the fact that numerous studies have shown that such programs do not lead to increased drug use and are essential to stem the spread of infection.

The extent of the crisis is vast. Injection drug use accounts for an estimated 30% of HIV infections outside of sub-Saharan Africa. Without sufficient health interventions, the virus has begun to spread to the partners and children of drug users; regions of Russia, Vietnam and China are experiencing generalized epidemics initially contained to injection drug users

PHR is working to raise awareness about this public health and human rights crisis. PHR organized a Health Professional Summit on US Global AIDS Policies for Injection Drug Users this past spring in Washington, DC. Together with the Foundation for AIDS Research and the HIV Medicine Association (amFar), PHR co-sponsored a Congressional briefing, *Confronting Rapidly Emerging HIV Epidemics in Asia*

*and Eastern Europe: A Special Focus on Vietnam.* In addition, 23 health professionals from 15 states met with staff from 46 House and Senate offices to educate them about the need for comprehensive, evidence-based HIV prevention and treatment for drug injectors.

While HIV infection rates among drug users are as high as 70% in a number of countries, research shows that infection rates can be reduced, even in resource-poor settings. PHR calls for a comprehensive approach to HIV prevention, including access to condoms and sterile syringes, addiction treatment, outreach and education. ■

Visit [physiciansforhumanrights.org](http://physiciansforhumanrights.org) to read about model programs that have been effective in curbing the spread of this latest onslaught of the pandemic.

## News Briefs

### GoodSearch Registers PHR

Now you can browse the web and support PHR at the same time!

PHR was recently registered on GoodSearch, the web search engine with a unique social mission. GoodSearch donates 50% of its advertising revenue to the non-profits and schools selected by its users. PHR receives a direct donation every time one of our supporters uses GoodSearch to search the Internet. GoodSearch is powered by Yahoo, so you get the same great search results—and PHR gets a donation!

So go ahead and search the web—just be sure to use GoodSearch and identify Physicians for Human Rights as your chosen recipient organization. Please tell your friends to use GoodSearch, too. And thank you!

### JEHT Challenge Grant

A reminder that the JEHT Foundation has generously offered to match any new or increased gift to PHR, dollar

for dollar, up to \$1,000! It's a wonderful opportunity to double the impact of your gift! Simply visit our website, [www.physiciansforhumanrights.org](http://www.physiciansforhumanrights.org), and click on *Join/Donate*, or call 617-301-4211.

PHR, co-recipient of the 1997 Nobel Peace Prize, has received the top rating from Charity Navigator.

### HAA Reaches Out to New Constituents

PHR's Health Action AIDS Campaign hosted three successful "house parties"—in Chicago, Boston and Hanover, NH, this past spring. PHR members, including doctors, nurses, medical students, and other health professionals, together with PHR staff, discussed their important roles in influencing a health and human rights-based approach to US global AIDS policy.

The events focused on the massive health workforce shortage in Africa, a crisis that the Institute of Medicine calls the single greatest obstacle to

combating the global AIDS epidemic. They also provided an opportunity to engage new constituents in PHR's Health Action AIDS Campaign.

### Students Rally for Essential Meds

On April 18, PHR took part in a National Day of Action for Access to Medications. PHR's Student Program partnered with Universities Allied for Essential Medicines and held actions at 50 universities, including 10 PHR student chapters. Students gathered nearly 2000 petition signatures on the Philadelphia Consensus Statement, which calls on universities to promote equal access to lifesaving drugs and promote research and development into neglected diseases.

#### *Is your Chapter registered?*

Would you like to start a PHR Chapter at your school? Contact Peter Witzler ([pwitzler@phrusa.org](mailto:pwitzler@phrusa.org)) or Danielle Fox ([dfox@phrusa.org](mailto:dfox@phrusa.org)) for more information. ■

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