



**Patient patients.** Shortly after sunrise at Zanmi Lasante's Cange campus, long lines form at the clinic door.

end," says Farmer. "We went in for the other 's' word: solidarity."

Increasing demand has burdened GHESKIO, too, which in October 2005 opened a second clinic in a less heavily traf-

ficked part of Port-au-Prince. The pristine clinic abuts a vast, hardscrabble field, and a guard with a shotgun stands at its gate. "The neighbors don't know us here," shrugs Marie-Marcelle Deschamps, a clinician who helped Pape

build GHESKIO. Already, the clinic is treating 400 HIV-infected people with antiretroviral drugs.

Despite all the progress, Pape estimates that at least 10,000 HIV-infected Haitians who need antiretroviral drugs immediately have yet to receive them. Still, like many other Haitians, he's hopeful that the election of René Prével in February will bring a measure of stability to the country—which should make it easier to combat HIV as vigorously as Pape, Farmer, and others would like. "You have to be an optimist here, despite all the odds," says Pape. "Otherwise, pack your bags and leave."

—JON COHEN

doctors who want to work in rural Haiti, skeptics question whether the effort can be sustained. "Even if sustainability raises problems in 20 years, we didn't go in for a set timeline or to have projects with a beginning and an

## DOMINICAN REPUBLIC

# A Sour Taste on the Sugar Plantations

Haiti's wealthier next-door neighbor is struggling to provide treatment to many HIV-infected people, and the problem's especially acute on the *bateyes*

SANTO DOMINGO, SAN PEDRO DE MACORÍS, MONTE PLATA, DOMINICAN REPUBLIC—The Dominican Republic shares the island of Hispaniola with Haiti, but the two countries could be across the globe from each other. Dominicans are Latin and pride themselves on their Spanish roots, whereas Haitians speak Creole and are largely descendents of freed African slaves. As tourists flock to the Dominican Republic each year, Haiti has seen its tourist industry evaporate over the past 2 decades. Dominicans have a vastly higher gross domestic product than their Haitian neighbors, whose average life expectancy is nearly 20 years shorter. And it follows that the two countries have starkly different HIV/AIDS epidemics that have attracted dramatically different responses. In an unusual twist, poorer and less stable Haiti is being celebrated for its pathbreaking AIDS efforts, largely led by two prominent nongovernmental organizations (NGOs). The Dominican Republic, on the other hand, is being lambasted for its shortcomings—the result, critics say, of government disinterest and outright obstructionism.

At the end of 2005, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that the virus had infected 1.1% of the adults in the Dominican Republic—a prevalence less than one-third of Haiti's. But according to insiders and

outsiders alike, the Dominican Republic's HIV/AIDS programs in comparison are sorely lacking. "It's 1000 times better in Haiti," says Keith Joseph, a clinician at Columbia University



who has done HIV/AIDS care in both countries. "It's astounding that a place with so much is unable to get things going."

Nowhere is this more evident than in the *bateyes*, where the Dominican epidemic is disproportionately concentrated. Originally built to house workers from Haiti on the sugar cane plantations, *bateyes* have become shantytowns largely filled with descendents of the original migrants or new Haitian immigrants. "People with AIDS in the *bateyes* are just dying without any kind of help," says Sister Concepcion Rivera, a nurse with the Sisters of Charity who runs a mobile health clinic.

The clinic attempts to care for people living in the many *bateyes* near San Pedro de Macorís, a port city on the southeast coast of the Dominican Republic. Although the van is stocked like a minipharmacy, Rivera, who has a master's degree in bioethics, on this March day has no anti-HIV drugs, nor can she treat tuberculosis, one of the biggest killers of people with AIDS. "On paper, the government does things, but in practice, they really provide nothing," says Rivera, adding that for the past 3 months the government has not even paid the small subsidy it promised her group.

Although the Dominican Republic now offers anti-HIV drugs in major cities such as Santo Domingo, Rivera's complaint repeatedly surfaces in the *bateyes*. Government studies showed that adult HIV prevalence was 5% in the *bateyes* in 2002 and jumped as high as 12% in men between 40 and 44 years old. And even where antiretroviral drugs are available, the government has faced intense criticism for moving slowly. UNAIDS estimates that 17,000 Dominicans need anti-HIV drugs, but as of December 2005, only 2500 received them through public programs.

**Critical care.** Sister Rivera provides *bateyes* with some medicines but does not have the anti-HIV or TB drugs that Miguel "Bebo" de Jesus needs.

## The Sun. The Sand. The Sex.

BOCA CHICA, DOMINICAN REPUBLIC—At the Plaza Isla Bonita bar that stretches from the main downtown street to the beach, the cocktail waitresses dress in campy “Ship’s Ahoy” outfits with sailor hats and midriff tops. When not serving high-octane rum drinks, they dance suggestively to the blaring merengue, bachata, and reggaeton music. Tables and bar stools fill with young Dominican women, who flirt aggressively with American, Dutch, German, and Italian men twice if not three times their age. Sanky Pankies—local young men who favor dreadlocks, bling bling, and tank tops—cruise the perimeter looking for foreign women or men.

The waitresses sing along when a popular song comes on by the band Mambo Violento: *Sin gorrito, no hay cumpleaños*—without a little hat, there is no birthday party. But in this case, a little hat is a condom, and the birthday party doesn’t involve cake.

Sex tourism is booming in several of the resorts here, says Antonio de Moya, an epidemiologist and anthropologist who has long studied the subculture and works with the presidential AIDS program COPRESIDA. In the past 15 years, the Dominican Republic has become a tourist magnet, attracting 3.4 million vacationers in 2004, more than double the number who visited in 1991, according to the Caribbean Tourist Organization. And the Caribbean as a whole entertained more than 21 million tourists in 2004. Today, sex tourism and HIV/AIDS have become hot topics in Jamaica, Cuba, Barbados, the Bahamas, St. Lucia, St. Marteen, and Curaçao.

Deanna Kerrigan, an international health specialist at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, studies sex work in the Dominican Republic. She stresses that outside resorts such as Boca Chica, tourists are not the main clients. “There is a very large local sex-work industry,” says Kerrigan. Sex is sold everywhere, from brothels and rendezvous homes called *casas de citas* to discos and car washes.

HIV prevalence in the country’s estimated 100,000 female sex workers ranges from 2.5% to 12.4%, depending on the locale. Kerrigan says the places with lower prevalence reflect “intensive interventions” by nongovernmental organizations such as the one she collaborates with called the Centro de Orientación e Investigación Integral.

Sex workers of course could have both local and foreign clients, but three women working the main street here this warm winter evening insist that they avoid Dominicans. “A Dominican will pay 300 pesos and be on top of you for 2 hours,” says Aracelis, as the other women laugh and nod their heads. “And they don’t want to use condoms.” Aracelis and her friends insist that *sin gorrito, no hay cumpleaños*, and all say they are HIV-negative. But they still worry. “The first thing I say when I leave the house in the morning is ‘Please, God, take care of me,’” says Aracelis. Then, as though her prayers were answered, she notices an elderly German man. “He’s my boyfriend, not a client,” she says, prancing over to him. “He sends me money every month.”

—J.C.



**Sails job.** The cocktail waitresses at the Plaza Isla Bonita bar attract male tourists, who often then find a sex worker offering her—or his—services.

Still, NGOs have made some headway in both prevention and treatment programs. Family Health International (FHI), which is funded by the U.S. government, supports several of these programs, but its director in Santo Domingo, Judith Timyan, laments that this is necessary. “This country’s relatively rich and has a huge middle class,” says

Timyan, who has since left to do HIV/AIDS work in Haiti. “The Dominican Republic should have grown out of its need for help.”

### Bad blood

In 1821, Haiti invaded the Dominican Republic and ruled for 22 years, creating bad blood that has

yet to disappear. “The Dominican ruling class will tell you everything that’s going wrong with the country is the fault of Haiti,” says Geo Ripley, an ethnographer and artist who is a consultant on *bateyes* to the United Nations.

This bad blood in part explains the government’s limited response to the problem in the *bateyes* and also discourages any attempt to replicate Haiti’s HIV/AIDS successes. “If you say to the Dominican people, ‘We can learn from Haiti,’ they’d say, ‘We don’t have anything to learn from them,’” says Eddy Perez-Then, a clinician who is now completing a Ph.D. dissertation about *bateyes* near the southwestern city of Barahona.

As in Haiti, the Dominican epidemic initially involved men who have sex with men, but it has gradually become more “feminized” and driven by heterosexual sex. This is reflected in the ratio of men with AIDS to women, which in 1986 was 3.63:1 and today is nearing 1:1. Government researchers estimate that 78% of infections now occur through heterosexual sex, some of which is linked to a booming sex trade (see sidebar, at left): Some sex-worker communities have had documented prevalence above 12%.

Cultural mores regarding promiscuity may partly explain why the *bateyes* and Haiti have similarly high prevalences, but many experts suggest that’s too simplistic a view. Nicomedes “Pepe” Castro, who has worked with *bateyes* for 28 years, notes that in the last century the sugar industry primarily attracted male migrants. “*Bateyes* were the only part of the country where the proportion of men was higher than women: 4 to 1.” This, in turn, created more sharing of partners and a greater market for sex workers. With the demise of the sugar cane industry, Antonio de Moya, an epidemiologist and anthropologist who works with COPRESIDA—the presidential commission on AIDS—says an increasing number of young Haitians who immigrate are becoming sex workers themselves. Finally, and perhaps most important, the rampant poverty in the *bateyes* facilitates HIV’s spread, which is tied to a lack of education and less access to prevention tools such as condoms and treatment of other sexually transmitted diseases.

Epidemiologist William Duke, who works with FHI, says it’s unclear whether the Dominican epidemic is growing, shrinking, or stabilizing. “In general, our surveillance is very weak in the public health sector,” says Duke. “When you go outside of the capital, it’s difficult to catch the data.” Although Haiti’s surveillance surely has gaps, NGOs, government-run prenatal clinics,

and outside consultants have reliably tracked that epidemic.

Whereas Haiti in 2002 marshaled the strong support of then–First Lady Mildred Aristide and became one of the first countries to secure a grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria to buy anti-HIV drugs, the Dominican Republic did not make a similar deal until 2004. Haiti exceeded its targets for delivering antiretroviral drugs to people in need; the Dominican Republic, in contrast, has repeatedly lowered its sights.

Even today, one NGO in Santo Domingo, the Instituto Dominicano de Estudios Virologicos, provides care for 20% of the people receiving anti-HIV drugs. Ellen Koenig, an American clinician who has lived in the country since 1969 and started the institute, assails the attitude of the government that recently left office. “There were more people in the country living from AIDS than with AIDS,” charges Koenig. “It was ridiculous.”

Perez-Then says about 25% of the *bateyes* do have government clinics nearby, but the residents don’t use them much. “They’re afraid to go,” he says. In some cases, they are recent Haitian immigrants who only speak Creole. Others do not have proper documentation or fear discrimination.

Perez-Then worries, too, about the complexity of treating HIV-infected people and the quality of care available at government-run programs. The Dominican Republic has one of the highest rates of drug-resistant tuberculosis in the world, which occurs when people start treatment but then miss doses of their pills. The same could easily happen with antiretroviral drugs, he says.

### Taking it home

Weeds and scrub brush have overgrown the old sugar cane fields near Batey Cinco Casas, located in Monte Plata province a few hours’ drive from Santo Domingo. But there’s some new growth that has thrilled the residents: a clinic built by the Batey Relief Alliance. Similarly, the Christian relief group World Vision has built a clinic in Batey 6 near Barahona. Both clinics have a limited ability to help HIV-infected people, but they do what they can. In March, for instance, the Batey Relief Alliance was regularly transporting 28 HIV-infected people from the Monte Plata area to Santo Domingo to receive anti-HIV drugs. Many more need transportation, says Maria Virtudes Berroa, who runs the relief association’s Santo Domingo office, but the organization doesn’t have enough money. One of those is an emaciated man they recently found dying from late-stage AIDS. Like hundreds of thousands of Haitians before him, Jean-Claude Delinua, 31, moved to the Dominican Republic 11 years ago to cut cane. Delinua now lives on the edge of a fallow sugar cane plantation in a

one-room shack. He rarely leaves his hammock, which is made from a pig-feed sack. He has no job, no family, no possessions beyond the clothes he wears, toiletries, a paperback, and a photograph of himself 8 months earlier when he was buff and hale. Delinua, who speaks in Creole, says he knows about the care offered in his home village in Haiti’s Central Plateau. “I’d like to go back,” says Delinua. “But I don’t

have the money, and I’m not sure my family would receive me.”

Graham Greene, author of the classic novel about Haiti called *The Comedians*, once wrote that it was impossible to exaggerate the country’s poverty. For HIV-infected people like Jean-Claude Delinua, it’s all too easy to exaggerate the prosperity of the Dominican Republic.

—JON COHEN

## PUERTO RICO

# Rich Port, Poor Port

Good HIV/AIDS care and strong research in this U.S. commonwealth often mean little to the island’s many heroin addicts

SAN JUAN, PUERTO RICO—If Viviana Valentin lived on any other Caribbean island, she’d likely be dead by now. Diagnosed with an HIV infection in 1990, Valentin has developed resistance to several antiretroviral drugs and once had a CD4 count of zero, an indicator that HIV had decimated her immune system. She has two children and no job. Yet today, Valentin is receiving T-20, the most expensive anti-HIV drug, which retails for more than \$20,000 a year and requires twice-daily injections. She’s also benefiting from state-of-the-art care at the University of Puerto Rico (UPR), where she is enrolled in a clinical trial studying neurological complications of the disease. “I have the best doctors,” says Valentin, who was born and raised in New York City and moved to Puerto Rico when she was 21. “They’ve done a wonderful job.”

As a commonwealth of the United States, Puerto Rico enjoys one of the strongest economies in the Caribbean, which supports not only the top-notch care many HIV-infected people receive but also a burgeoning research community. But that’s the rosy picture. There are thorns as well. Puerto Rico’s per capita income is lower than that of any state on the mainland. Because it is a U.S. territory, HIV/AIDS prevalence figures are lumped with those on the mainland, a practice that many experts think masks the extent of Puerto Rico’s epidemic. “We’re submerged into the U.S. statistics,” says virologist Edmundo Kraiselburd, who directs both UPR’s NeuroAIDS research program and the Caribbean Primate Research Center.

And unlike the epidemics in the rest of the Caribbean, Puerto Rico’s is driven primarily by



**Prickly issues.** Injecting drug users at this San Juan shooting gallery have severely limited access to health care and drug substitutes such as methadone.