Brazil Issue

Greetings, Fogarty Scholars! Welcome to our issue on Brazil.

Recently, I wrote to ask if you plan to attend the AIDS 2008 Meeting in Mexico City in early August. This meeting will mark the 40th anniversary of the Fogarty International Center (FIC) as well as the 20th Birthday of the AIDS International Training and Research Program (AITRP), which has funded your studies at UC. Many of you plan to attend.

I was gratified by the number of responses to my e-mail, not only because it tells me that you are getting access to this newsletter, but also because it provided me with updates from our Brazilian alumni (see page 5).

My best to all of you,

Roberta Myers, Editor

Recent Fogarty Scholars from Brazil:

Lilian de Mello Lauria, MD, MPH, PhD, 2002
Katia Alves, MD, MPH, 2002
Fernanda Leasa, MPH, 2004

1519 map of Brazil

Iguassu Falls
“Brazil,” says graduating Epidemiology MPH student Joao Miraglia (above, second from left, with indigenous patients in his homeland), “is a country full of contrasts and significant inequalities in wealth and income distribution. The socio-economic elite live in ‘islands of welfare’ that make it easy to forget the precarious life conditions of the majority of the population.”

When Joao was four years old, his family lived in Nigeria for a year, and he was exposed to a culture quite different from his own; from that point on, people from many parts of the world had an influence on his development and led to his acceptance of and appreciation for diversity. As a child of nine, Joao started to participate in track and field, an sport practiced in Brazil mainly by lower income people. “Because of that, I ended up establishing lifelong friendships with persons from different social and economic backgrounds and transitng to different areas of the city besides the more wealthy neighborhoods where my home and school were. These experiences and bonds permeated every aspect of my life and were central to the direction that my will to work and to perform research has taken.” Later, during medical school, he coached the male and female high, long, and triple jumpers—his first teaching experience.

During Joao’s childhood, Brazil was run by a military dictatorship. He feels that living through that era and the changes that followed the regime’s end in 1985, when a popular movement achieved a new constitution and direct elections, led to his becoming a combative and critical person. His education through elementary and high school honed these traits, as students in Brazilian schools were encouraged to be critical and to form their own ideas about the surrounding world. These strengths have helped him achieve some goals of his own—like earning his M.D., deciding to specialize in Infectious Diseases, and then earn an M.P.H. at Berkeley.

Meanwhile, the new Brazilian federal constitution was written specifically stating that the government’s duty is to provide health care to every citizen—so the public health care system (SUS) was founded on the principle of universal coverage, despite the fact that Brazil is a developing country with many low income citizens. The federal government created an indigenous health care subsystem, organized in Special Indigenous Sanitary Districts (DSEI), comprising one or more indigenous lands. The objective was to implement SUS in these remote areas.
When he was at the teaching hospital, in addition to being a co-investigator in a clinical trial of a preventive HIV vaccine and participating in the Working Group on Influenza, Joao became involved with the Xingu Project, in an indigenous land north of Mato Grosso, Xingu Park, where Joao led an active search for tuberculosis cases in 27 villages while also working as a family physician at an outpatient clinic dedicated exclusively to indigenous peoples. Joao also spent the three years before coming to Berkeley as an infectious disease medical resident at the Federal University of Sao Paulo, the leading HIV/AIDS research center in Brazil where he had received his M.D.

As a medical resident in a federal and public institution, Joao “could experience the challenges and the great benefits of the implementation of such a democratic health care system . . . . In addition, it also allowed me to have a vast and rich clinical experience, given that I was [expected] to make diagnoses and to treat HIV infected patients with a great variety of problems and in many different settings.” In this setting, “the Professors and almost every attending doctor directly involved with the training of medical students and medical residents perform some type of research.”

All these experiences led to reflection. “It was exactly my work as a doctor working in a public hospital that made me reflect constantly about public health issues. The gap between the private and public health sectors . . . increased my attention to the field of public health.” Joao decided to get an MPH degree and came to Berkeley with support from the Fogarty International Center.

Family has also been an important force driving him toward the decision to perform research related to social issues. Both his sisters are social anthropologists. One has a masters degree and studies sustainable development; the other has her PhD degree; her work deals with forming public policies for violence prevention among youth.

Joao wants to share and pass on what he has learned and contribute to the improvement of research quality in Brazil. “My plans now are to go back and start my PhD at the School of Public Health of the University of São Paulo, and work with the female population of inmates in São Paulo, focusing on STIs and HIV.”
By Sheri Lippman, Epidemiology Ph.D. candidate (with son Diego, above)

Most of my pre-doctoral research has focused on prevention of sexually transmitted infections (STI) and HIV, including research of combined clinical and community-based social programs. From working with varied communities mostly in Brazil over the past 8 years, I have come to believe that mobilization of communities and working to create enabling environments in which individuals can practice safe behaviors is the key to HIV prevention. My dissertation research is the evaluation of an intervention project which aimed to reduce incident sexually transmitted infections, including HIV, in a population of sex-workers in Central-Western Brazil bordering Bolivia. This HIV prevention project, called Encontros (coming together) included provision of both clinical services and community-mobilizing strategies in partnership with the local sex workers. To combat social barriers, which discourage participation in public life and forging of cohesive communities, our project focused on facilitating sex workers integration into the community by creating diverse partnerships and establishing educational and cultural workshops.

I have been busy over the last 3 years analyzing the data from my dissertation project and others from the time I spent in Brazil as well as learning new methods to respond to the challenges of prevention research. In my current work at UC Berkeley, I have been focusing on acquiring interdisciplinary skills. My desire to learn rigorous evaluation methods for observational studies is paralleled by a need to better understand underlying processes of how prevention works and reach a deeper understanding of the community level processes that shape behavior and how
HIV/STI Prevention and Community Building in Brazil, continued

these processes impact health. To build an interdisciplinary approach to HIV prevention, I have taken courses in the sociology department and in the education department, as well as courses in social epidemiology. I hope that reaching out beyond my discipline of epidemiology will give me the tools I need to understand social environmental processes and create programs that will best serve communities in HIV prevention. Of course, I have also been busy building a family and being a new mother. My husband Victor and I are fortunate to have an 8 month old son, Diego, who was cooperative in arriving after I passed my oral examinations, but got here just in time to slow down my dissertation! He is wonderful and healthy and he makes our world magical.

On another note, I feel very fortunate to be a member of the Fogarty International Center and get to know the international students, who are an amazing resource. My very astute doctoral advisor (and director of the Fogarty program) once said to me that my greatest teachers would be my fellow students. At the time I thought it a bit odd that someone who had contributed so much to my education would diminish his role in my progress, however, through my years of interacting and working with other students, I have come to see the wisdom in his assertion. The Fogarty students have indeed been great teachers and collaborators. During my masters' program I met a Brazilian student, Maria Amelia Veras, who is a professor of infectious diseases at an institute in Sao Paulo, Brazil. Amelia and I ended up working together on various studies in Brazil. Not only did she work as a consultant on my dissertation project, but we co-investigated a study to test the feasibility and acceptability of women self-screening for reproductive tract infections at home and at the clinic using rapid point-of-care testing. Fogarty has provided me with a cohort of allies and teachers, like Amelia, who remind me above all never to forget to listen closely for the ingenuity and wisdom that comes out of the so-called developing world.

Where are Berkeley's Brazilian Fogarty Scholars now?

The following alumni replied to my e-mail query about attending the AIDS 2008 Meeting in Mexico:

Paula de Araujo, AIDS Control Program, City of Sao Vicente (IEPAS)
Hugo Barbosa, Medical Physician, Immunology Lab, Sao Paulo
Reghna Barbosa and Vera Paiva (Dir). NEPAIDS, University of Sao Paulo
Jorge Casseb, Lab Researcher, Faculty of Medicine, University of Sao Paulo
Heracillo de Carvalho Barbosa, Professor, Preventive Medicine Dept., University of Sao Paulo
Esmeralda Cosia, Epidemiology Adj Prof, Inst of Public Health Studies, Fed Univ of Rio de Janeiro
Eucar Gir, Escola de Enfermagem de Ribeirao Preto
Lilian Lauria, National AIDS/STD Program
Luiz Loures, Director, Strategic Country Intelligence, Programme Branch, UNAIDS
Regis Kreitschenmann, Coord. HIV/AIDS Research, Irmandade da Sa Casa de Misericordia, Porto Alegre
Mauro Ramos, Executive Coordinator, Center for AIDS Studies, DST do Rio Grande do Sul
Elisangela Reghelini, Police Chief, Dept of Justice, Rio Grande do Sul
Ester Sabino, Head, Dept of Molecular Biology/Assoc Prof, Dept of Hematology, Univ of Sao Paulo
Elisa Yoshida, Key Board Mgr, Inst of AIDS Research Studies (IEPAS)
BERKELEY. Marcos Espinal Fuentes (MPH 91, DrPH 95) will receive the Elise and Walter A. Haas International Award for his contributions toward the global control of tuberculosis in a ceremony on May 13, 2008, on the Berkeley campus.

Dr. Espinal was a pediatrician from the Dominican Republic when he began to conduct research as a doctoral student concerning the intersection of the HIV/AIDS and tuberculosis epidemics in his native country. He was able to complete his post-graduate degrees with funding through Fogarty AITRP. The International Union Against Tuberculosis and Lung Disease selected one of his studies as the most important and outstanding scientific contribution of the year in 1996. In fact, his dissertation research produced half a dozen original research publications in leading international journals, including the Lancet. Since then, he has published over 50 papers concerning tuberculosis, including several concerning multi-drug resistant strains.

When I sat down with him recently to discuss his career, he said he was surprised and honored to receive the Haas Award. He says that his father never travels but will come to Berkeley to see the award ceremony.

In 1997, Dr. Espinal agreed to head the World Health Organization’s Global Project on Tuberculosis Drug Resistance Surveillance. Three years later, he took over leadership of the Green Light Committee, a partnership between WHO and other key international organizations to manage multi-drug resistant tuberculosis in over 40 countries. In 2003, he became the Executive Secretary of the Stop TB Partnership, a global movement hosted by WHO to speed up social and political action to stop the spread of TB worldwide. Since then, the Partnership’s financial resources have tripled. He is also leading the Global Drug Facility, a project of the Partnership that has delivered over 10 million treatments for TB in the past six years in over 80 countries.

Dr. Espinal reminisced that he chose his doctoral dissertation research area in consultation with his mentor, Art Reingold, and said that his entire career path has grown out of that choice. Reaching his position has not been easy for someone from a poor country. Modest and soft-spoken, Dr. Espinal comes across as a person with a sharp sense of irony and good humor. He says he is very grateful for the Fogarty funding that enabled him to come from a developing country and eventually rise to a position where he makes major international policy decisions and meets with “people like Bill Gates and the President of Nigeria.”

He says that his years at Berkeley have made him “a better professional and a grown-up human being.” He is thankful to Art, who he says has been a wonderful mentor, influential in getting him into the competitive international arena — “He has heart!”

He obviously enjoyed his time on the Berkeley campus among the Fogarty Scholars. “The ambience of Berkeley is open to outsiders, and the diversity on campus makes it easier for foreigners.”

Dr. Espinal said that receiving the Haas award has inspired him to resolve to continue doing his best to excel in his field.
UGANDA: Martin Okello Entertains Royally

Martin Okello, Fogarty alumnus and researcher, shown with Prince Charles of Great Britain (left) and Canadian Secretary of State Hellenne Helguergi (right), on their visit to Uganda.

Okello’s organization, the Kawempe Community Health and Development Program (KCHDP), is sponsored by the African Medical and Research Foundation (AMREF), an international non-profit organization originally founded as the Flying Doctors of East Africa, which implements over 100 projects in Africa to mitigate health problems. KCHDP’s main emphasis is on reducing the incidence of HIV/AIDS among commercial sex workers by empowering them with skills and knowledge so that they can earn a living by another means.

INDIA: Purnima Madhivanan published twice this month

Purnima Madhivanan (MPH 03, PhD 07), has had two papers published this month:

“Acceptability of male circumcision among mothers with male children,” Madhivanan et al., Epidemiology and Social: AIDS 22(8):983-988, May 11, 2008, addresses the issue in India, where circumcision could play an important role as a way to decrease risk of HIV infection in men, provided it is acceptable. A broad range of women in Mysore at various economic and educational levels were interviewed. The majority of women in the study are Hindus (78%), with a substantial minority of Muslims (18%) and a few (4%) Christians. Most women with uncircumcised children (81%) said they would definitely circumsice their male children if the procedure were offered in a safe hospital setting, free of charge, and a smaller number (7%) said they would consider the procedure. Only 1% said they would not consider male circumcision, and 9% were undecided.

“Empowering the people: Development of an HIV peer education model for low literacy rural communities in India,” Van Rompay et al., Human Resources for Health 6:6, 2008, describes a pilot program in rural Southern India to raise AIDS awareness, using 20 NGO outreach workers, 52 barbers, and 102 women’s self-help group leaders, all trained to be peer educators, using cartoon-based materials and street theater to teach about AIDS and suggest ways to reduce risk. The program reached 30,000 villagers and distributed twice that many educational materials as well as 70,000 condoms. The study concludes that “ordinary people... Can be empowered to... Become extraordinary peer educators and voices for change...” Other positive changes: barbers involved began to use disposable blades, and the women enjoyed a sense of pride and increased social recognition, which researchers hope can sustain the peer dialogue on HIV/AIDS.
"Our daughter, Annika, was born on February 23, 2008, in the wee small hours of morning. She weighs 2.15 kg and appears to be a tiny bundle of energy." Madhukar Pai (MPH 00, PhD 04) and Nitika Pant Pai (MPH 03, PhD 07), McGill University, Montreal, Quebec.

Remember, the content of Berkeley's AITRP News depends on you, so keep those e-mails coming! This issue has been a lot of fun to produce. Till next time . . .

Hello from the Epidemiology staff, left to right: Roberta Myers, Diane Hinkley, Ron Jeremicz, Susan Meyer, Juanita Cook. (Photo credit: Madhukar Pai)