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Haitians Dispel AIDS Myth with Harvard Researcher

INTERVIEW WITH DR. MAX ESSEX AT HARVARD SCHOOL OF PUBLIC HEALTH (NOV. 2011)

In the early 1980s there was a new cluster of ailments sometimes referred to as “the 4H disease” a syndrome named for four groups thought to be at high risk of developing the strange illness—*homosexuals, hemophiliacs, heroin users, and Haitians*. However, even after the disease was named Acquired Immune Deficiency Syndrome (AIDS), persons of Haitian descent remained stigmatized, marginalized and even blamed for bringing the virus to North America. As a result unjust public health policies were enforced prohibiting Haitians from donating blood in the USA due to their national origin, a supposed risk factor for AIDS. This historical event underlines the racial stereotypes and cultural ignorance at play in risk assignment—which simultaneously marked Haitians as risky ‘others’. However, a recent study conceptualized by the National Haitian-American Health Alliance dispels the myth that Haitians have a higher AIDS rate than other groups.

Then in 2007 the origins of HIV were again linked to Haiti by scientists stating that the HIV-1 Subtype B virus likely moved from Africa to Haiti in or around 1966, and then on to the United States (Authors: M. Thomas Gilbert and colleagues, *Proceedings of the National Academy of Science* 2007, 104, 18566-18570). More recently in a New York Times book review of “The Origins of AIDS” published by Cambridge University Press (2011) it describes that:

‘...a virus, against all odds, appears to have made it from one ape in the central African jungle to one Haitian bureaucrat leaving Zaire for home and then to a few dozen men in California gay bars before it was even noticed...’

However, other scientific evidence suggests that HIV-1 Subtype B is not known to exist in Zaire. **So why after 30 years are Haitians inexplicably linked to the origins of the AIDS epidemic**, asks Yanick Sanon Eveillard, the Co-Chair of the National Haitian American Health-Alliance (NHAHA)?

To help shed light on this question NHAHA contacted Dr. Max Essex, Chairman of the Harvard AIDS Initiative at the Harvard School of Public Health. Essex is one of the first scientists to link animal and human retroviruses to immunosuppressive disease, to suspect that a retrovirus was the cause of AIDS. He is also a pioneer who helped to determine that HIV could be transmitted through blood and blood products to hemophiliacs and recipients of blood transfusions; and with others he provided the first evidence that HIV could be transmitted by heterosexual intercourse.

Essex recently met with a NHAHA Board member in his office.

NHAHA: We are interested in your perspective on claims that HIV-1 Subtype B likely moved from Africa to Haiti in or around 1966, then to North America.

Essex: In Africa HIV-1 Subtype B is predominantly found in South Africa amongst Caucasian men who have sex with men. Haitians were known to be in Africa in the 1960s and 70s however Subtype B has never been shown to be in the Democratic Republic of Congo (formerly Zaire) to my knowledge. Subtype B is the dominant form in Europe, the Americas, Japan, Thailand, and Australia. To my knowledge there had also been a series of scientific papers reporting on patients with tuberculosis in the 1950s who may have had subtype B or D (subtype D is the closest relative of subtype B). Nevertheless, Subtype D is known to exist in Eastern Africa (e.g., Uganda, Kenya). To my knowledge subtype B is not known to exist in Zaire.

NHAHA: Then how was Subtype B introduced to Haiti if it did not exist in the Congo where Haitians had migrated to in the 1960s?

Essex: I think it's well known that in the 1970s and 80s men who have sex with men (MSM) traveled to Haiti.

NHAHA: Is it plausible that the Subtype B virus was introduced to Haiti by MSMs from other countries, including North America, which explains the Haiti-North America link?

Essex: I honestly don't think we will ever know because there is no evidence of where Subtype B exists in sub-Saharan Africa other than in Caucasian men who have sex with men, living in South Africa. Amongst heterosexual couples in Africa, Subtype C is prevalent.

NHAHA: This brings me to my next question regarding the myth that Haitians have a higher rate of AIDS than other groups. NHAHA conceptualized a study in collaboration with researchers at the Centers for Disease Control and Prevention (CDC) and with an Haitian-American researcher at Harvard, to examine 22 years of national AIDS surveillance data to compare rates across all ethnic groups (Authors: Linda Marc and colleagues, *AIDS*, 2010, 4(13): p. 2089-2097).

Essex: What were the findings?

NHAHA: Findings show that the AIDS rate amongst Haitian immigrants is similar to trends in the African-American population, which dispels the myth that Haitians have a higher rate of AIDS than other groups.

In the NHAHA study the CDC reported that Haitian-born immigrants made up 1.2 percent of AIDS cases in the US, but they accounted for only 0.18 percent of the US population. That amounts to a seven-fold overrepresentation of AIDS among Haitian immigrants compared to the US population as a whole. But when higher population figures from Haitian consulates in US cities were used (double the population estimates from Census), that over-representation of AIDS cases fell to four-fold, which is about the same level as among African-Americans. In fact, the Census Bureau acknowledges the foreign-born persons are hard to count especially if they are undocumented. In contrast, Consulates may have higher population estimates based on the number of passports, birth certificates, and other services they provide to documented and undocumented Haitian immigrants. This may be where the discrepancy in population estimates exists.

NHAHA: Many Haitian-American scientists would like to be more involved conducting research with in-country Haitian scientists and established American scientists.

Essex: Yes, this is always a dilemma even with African Diaspora regarding collaborative efforts.

NHAHA: Yes. NHAHA has been particularly impressed with the model used by Dr. David Bangsberg, the Director of the International AIDS Program at the Harvard Center for AIDS Research. Bangsberg has an active Global Scholars Program focused on training the next generation of African scientists. Since 2009 the program has brought early-career researchers from Uganda to train and mentor them at Harvard on how to conduct HIV research, with the goal to return home becoming future public health leaders.

Essex: Certainly, this is an excellent program with a model that might benefit Haiti's future.