

HIV/AIDS in Chimbote, Peru

When the first case of AIDS was reported in Chimbote, Sister Germaine Conroy was asked to visit the man who had been admitted to the Regional Hospital in New Chimbote. She discovered that the personnel had very little training or information about the disease and the poor man was kept in total isolation while those who had any type of contact with him cleansed their hands with muriatic acid and avoided him as much as possible. Since that time nearly 850 cases have been reported in Chimbote and 80,000 victims have been estimated in Peru.

During our February stay in Chimbote this past year, I was honored to meet with two Peruvians who have personal knowledge of the effects and consequences of HIV/AIDS among the population of Chimbote. Liliana Diestra works at the Caleta Hospital in the port district of Chimbote and with COREMUSA, a multisector coordination of institutions – state, civil society, affected persons - concerned about the struggle against tuberculosis and HIV/AIDS.

Founded as a mutual response to HIV/AIDS, TB, and malaria in Peru, it includes institutions such as hospitals, the diocesan department for Pastoral Healthcare, the Institute for Health and Education, Holistic Health Care Service, Maternity Hospital (Dominicans of Grand Rapids), Hospice, Women's Support Center, Rotary Club, diocesan Social Justice Commission, Nurses College, various local universities, HIV/AIDS support groups (GAM), municipalities, the Police Clinic, etc. As a joint venture it has assumed the responsibility to plan local policies and strategies in the fight against TB and HIV/AIDS in the Chimbote area.

Through COREMUSA Chimbote, many persons affected by HIV/AIDS are able to receive antiviral medications from TARGA, which is supplied by CARE. It is estimated that since 1983 when AIDS was detected in Peru, 80,000 cases have occurred in the country. While the number of HIV/AIDS cases reported in Chimbote number 847 (AIDS – 402 and HIV – 445), it is suspected that there exist five times that amount of cases that are neither reported nor diagnosed. The lack of normal resistance among poorer populations is complicated by the need for proper nutrition. Although the antiviral medication is available, without proper nutrition and with the constant threat of TB, the medicines cannot be as effective.

There has been a change in the typical profile of the HIV client. The first sufferers of AIDS were homosexual men who were from a more affluent level. At that time the ratio of men to women was 7 to 1 but growing male-to-female and mother-to-child transmissions have changed that ratio to 2 to 1. The persons who are HIV+, some wives or widows of infected men, some not, are now more often from a poorer economic level, and hence also threatened by the effects of poverty and lack of proper nutrition as well.

Chimbote is a seaport, visited by many international naval crews, and home to many women who provide sexual activity. For many of the women it is their only way to provide for themselves and any family or dependents they have.

In Chimbote the transmission of HIV/AIDS has affected a younger population with 60.4% of the cases in persons between 20 and 35 years of age. Adolescent sexual workers as young as 15, are now carriers of HIV/AIDS because of their lack of knowledge and their understandable need to feed their families.

I met with a young man who was diagnosed with HIV while he was studying nursing and who now works with GAM, a support group for persons who are HIV+ and who speaks to adolescents and young adults about the danger and prevention of AIDS whenever there is an occasion to do so. A year after he was diagnosed and given medication, he was told that he had no more symptoms. Although since that time he has felt well and has no clinical evidence of the disease, he knows that one day it will be found in his system again. While he can, he works tirelessly in the fight to prevent more persons from contracting the disease, as well as counseling those who are HIV+ or have contracted AIDS.

Here in the United States, there seems to be less concern about the spread of AIDS because of the antiviral “cocktails” now available to treat persons with HIV/AIDS and their children. Meanwhile in many African countries and those of other continents where the disease is destroying generations of populations, the medications are not as easily available and conflicts over intellectual properties complicate matters even more. Peru is one of the fortunate countries where the medications can be made available to those who need them, although it is still difficult to reach everyone who is in need.

And there are other problems.

- Without diagnoses, persons who are HIV+ will pass on the disease to their partners or clients and their children and will, themselves, die of the disease.
- Those reported with the disease, who live in poverty, still need money for nutritious foods and medicines for secondary diseases such as TB or malaria.
- Persons who know they have the disease and who can work, need to be taught how to be sexually responsible and to save money for future needs and circumstances.
- The entire population must be made aware of the continued dangers of HIV/AIDS and how to prevent any further spread of the disease.