Unit 6: Living with TB Today
Activity 2: Letter to a TB patient

Description:
Students will read the blog entries of one of the bloggers on the Medecins Sans Frontieres "TB and Me" site (http://blogs.msf.org/tb/). After learning about their personal experience with TB, the student will compose a letter to Phumeza, Athong, or Churchill. Alternatively, the teacher may ask that each student comment on one or two of the blog entries.

Time:
Site review: 30 minutes
Written composition: 45min-1hour+

Objectives:
- To learn about and empathize with the personal experience of one TB patient.
- To demonstrate a clear and appropriate writing style.

Curriculum Links:

Reading	1. Reading for Meaning	1.4 demonstrate understanding of a variety of texts by summarizing important ideas and citing supporting details
		1.6 extend understanding of texts by connecting the ideas in them to their own knowledge, experience, and insights, to other familiar texts, and to the world around them
		1.8 make judgements and draw conclusion about the ideas and information in texts and cite stated or implied evidence from the text to support their views
Writing	2. Using Knowledge of Form and Style in Writing	2.1 write longer and more complex text using a variety of forms

Materials:
Blog: MSF "TB and Me" http://blogs.msf.org/tb/
Paper and Pen

Procedure:

1. Ask students to read-through the blog entries of one MSF blogger, Phumeza, Athong or Churchill, and to make-note of events or comments that interested or surprised them.
2. Have the students compose a letter to their blogger responding to some of the events or feelings they read about. Alternatively, you might have the students comment directly on the blog posts.

Background Info:
Living with TB Today

One third of the global population has been infected with tuberculosis. Though some will be able to fight off the infection themselves, many will develop cases of active tuberculosis. Roughly one person is infected with TB every second and one in ten people infected will develop active TB. There were 9.4 million new cases of TB in 2009.

Side-Effects of TB Drugs

In many communities a tuberculosis diagnosis is considered a death sentence, though it need not be. Some patients can be treated in their homes and continue to live a normal life while on TB medications, while others must be treated in hospital.

The drug regimen used to treat TB involves a cocktail of tablets and injections that must be taken for between six months and two years. Patients will take as many as twenty tablets a day (and possibly more!) depending on the type of TB they have been diagnosed with, for up to six days a week. The side effects of these drugs are serious. Gastric problems, diarrhea, headache, loss of hearing, and liver or kidney dysfunction are but a few of the common problems that arise because of TB treatment.

> "I get terrible headaches, dizziness and loss of appetite. It is better now, but there were times in the past when I just wanted to die, I felt so low and depressed. Maybe it was the drugs, or maybe the length of treatment, but it all just seemed too much."

> "It's not easy taking all the drugs. I take two tablets for my TB every morning at 6 am and then for my HIV I take one in the morning and three at night. I get pains in my legs and headaches and sometimes I just don't want to take the drugs, but I do my best."

Quoted in Medecins Sans Frontieres, "Tuberculosis: New Faces of an Old Disease" (23 March 2009) *align right (?) and make previous a hyperlink to < http://www.doctorswithoutborders.org/publications/article.cfm?id=3507>

Drug Resistant TB

Because of these debilitating side effects and the length of treatment programs, some people choose to end their TB treatment early. This can lead to drug-resistant strains of

the bacteria, strains that do not respond to most available treatments. Drug-resistant strains can develop within a person infected with TB, or be passed on to infect a new person. New treatments plans for multi-drug resistant (MDR-)TB are available, but they take several years to complete and cost much more than drug-susceptible TB treatment plans.

In 2008 an estimated 440,000 cases of MDR-TB existed worldwide. An estimated 3.3% of all newly diagnosed TB cases had MDR. 150,000 people died from MDR-TB in 2008.

In an attempt to maximize treatment success and limit treatment dropout and the development of MDR strains, the World Health Organization endorses the DOTS (Directly Observed Therapy Short-course) strategy. Under this program, patients take their medication while supervised, ensuring compliance with their treatment plan. In practice, though, daily supervision is difficult to enforce and the strategy is often modified to better fit the specific conditions of the location and patient.

HIV/AIDS & TB

A significant number of new TB cases are people with HIV whose weakened immune system cannot contain TB. The correlation between HIV and tuberculosis is staggering; being infected with either disease makes you more susceptible to the other. In developing countries, TB is the leading cause of death among people who are infected with HIV; up to 50% of deaths of HIV patients are due to TB. In more industrialized countries, about 10% of HIV patients also have TB.

Multiple drugs are required to treat both TB and HIV. Some cause negative interactions and some drugs used to treat one disease diminish the efficacy of those taken to treat the other. An integrated treatment plan is necessary for a cure.

The social consequences of TB

There is a great social stigma attached to TB. Afraid to contract the disease, many people avoid those with TB, isolating them within the community. This is particularly true of people with MDR-TB. Additionally, many TB patients must travel outside of their home communities to obtain treatment. Beyond the loneliness of this separation from family, the financial strain of travelling to clinics is often difficult to bear when a wage-earner is too ill to work.

Some countries (or states and provinces) approve the detention and isolation of people with active TB in an effort to limit the spread of disease. Infectious patients who do not comply with treatment plans or, in some cases, who are perceived to be a future threat of non-compliance may be detained in the custody of health officials. Those in favour of this policy argue that it enforces the patients' social responsibility when they prove unwilling to do so voluntarily, while those opposed to it argue that detention violates patients' human rights.

The cost of living with TB goes beyond physical discomfort and pain. Many patients suffer the mental pain of isolation, the guilt of not providing for their families, and the stress of poverty. Improved medical treatments that tackle the problems of HIV and drug-resistant TB are needed, as are social programs that respond to the social and pyschological consequences associated with the disease.