

Duke doctors treating AIDS in Tanzania

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BY ANDREW MOON Guest columnist

MOSHI, TANZANIA -- Every morning scores of HIV-positive patients wait to be seen in a crowded hallway at Kilimanjaro Christian Medical Center (KCMC) here. Nestled close to Africa's tallest peak, Mt. Kilimanjaro, the Kilimanjaro Christian Medical Center is hosting several doctors from Duke University Medical Center as part of a global research and clinical collaboration started in 2001 to produce regionally relevant research.

On a recent day, a young woman struggled to walk into a small, concrete-floored office in the internal medicine department at KCMC. She grimaced as she took a seat and faced Dr. John Bartlett, a Duke infectious disease specialist.

The scarring that covers her head and upper back suggests shingles, which are strongly linked with HIV, and the associated pain is indicated by a hunch in the woman's posture. Her fatigue shows as she explains through the interpreter that night sweats, fever and constant pain have prevented her from a full-night's sleep for months.

After the physical exam administered by Dr. Bartlett with Meghan Mayhood and Travis Reeves, two Duke medical students, the woman sits back down and her stern composure finally dissolves. She begins to sob as she tells of her difficult situation at home. After testing positive for HIV, she advised her husband to go for testing. Instead her husband decided to move away, leaving her alone to care for their eight children.

Dr. Bartlett suggested several medications for the woman, including several antiretroviral (ARV) drugs. Although first and second line ARVs are now free in Tanzania, many of the accompanying drugs are often too expensive for many patients. This woman's bill comes to 500 Tsh (around \$0.40), which is out of her reach financially. Dr. Bartlett opens his wallet without hesitation and removes enough money to cover the bill.

When such problems arise, hospital workers try to identify third parties such as family members, local non-governmental organizations (NGOs) or the doctors themselves to cover the cost of medications. Despite these efforts, Dr. Bartlett says that patients are often unable to receive the treatment they need.

While HIV/AIDS becomes a wedge between family ties for some, for others it tightens familial bonds. For instance, another woman being seen by Dr. Bartlett on this day came into the office accompanied by her 8-year old son, who is also HIV-positive. After the

woman received her prescription slips, her son carefully placed them in his mother's purse and listened intently as Dr. Bartlett delivered instructions through the nurse interpreter. The woman explained that her son reminds her every day to take her medications while he takes his own anti-retroviral regimen.

Dr. Bartlett gave the boy a thumbs-up as he beamed with pride for his efforts.

These visits highlight the stark contrast between the social stigmas and strong supports that emerge as a result of the HIV epidemic. The unique nature of the disease made Tanzania a perfect location to begin work in infectious diseases for Dr. John Crump, an assistant professor of medicine at Duke and full-time coordinator of Duke's collaborative research efforts at KCMC.

"I have a general philosophy that if you want to work or contribute to understanding about a disease, you should go where the disease is."

With a national HIV rate of about 7 percent, Tanzania is a country heavily affected by the HIV epidemic.

For five years, Dr. Crump has acted as leader of the KCMC-Duke Collaboration, which has been able to make and reinforce policy changes nationwide. For instance, in 2004 Tanzanian President Benjamin Mkapa announced that first and second line ARVs would be distributed free to HIV-positive citizens. In 2006 the KCMC-Duke Collaboration published a study concluding the best adherence, the best virologic responses and the least resistance to ARV medications was observed with people who had access to free medications. Crump says that these findings underscore the importance of an ongoing governmental support for anti-retroviral treatment.

Dr. Crump adds that free ARVs have completely changed the attitude towards HIV here in Tanzania. "Availability of free ARV therapy has contributed to reducing the stigma because it has taken HIV in Tanzania from being a disease with a poor prognosis leading to death in a few years to one where there is hope for an extended life or even a normal life."

As the KCMC-Duke Collaboration continues to chip away at clinically oriented and regionally specific research, Dr. Bartlett keeps an eye on the future. "The most important long-term goal that we have is to advance scientific knowledge about the treatment of HIV/AIDS. That is a lofty goal that will take many decades to fully comprehend and achieve."

Andrew Moon was born and raised in Durham and graduated from Durham Academy and Rutgers University. He studied pre-med at N.C. State, and is currently applying to medical school. He is spending the year volunteering as a study coordinator for the KCMC-Duke Collaboration in Moshi, Tanzania.