

AFRICA'S 'TERRIBLE



HIV-positive Philiswa Jozana, 5, visits her mom's grave near Bizana with her grandparents, Mabuntan (r) & Sixakiwe.

Lack of key drugs, care staggers Harlem doctor

BY JORDAN LITE
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BIZANA, South Africa — The skeletal woman stares pleadingly from the folds of her pillow as Harlem Dr. Wafaa El-Sadr strokes her wrist. Breathless from disease, the 26-year-old's words take on a desperate quality as she tells El-Sadr of the fear that has crept into her.

"I want to take the HIV test," the woman, Nontokozi Majiya, whispers from her hospital bed in this poor, mountainous province. Her mouth is coated white with a bacterial infection that is a telltale sign of AIDS. "I want to know about my life and my health."

To El-Sadr, the shoulder blades poking out of Majiya's nightgown make their point frustratingly clear. At home, groundbreaking drugs have nearly transformed AIDS into a chronic disease; in sub-Saharan Africa, many patients don't learn they have the fatal illness until they fall sick with the same infections that killed HIV-positive New Yorkers a quarter-century ago.

It is that appalling contrast that drives a \$275 million effort by Columbia University to bring AIDS drugs and other care to 14 countries on the besieged continent. So far, 100,000 people are getting treatment, including more than 30,000 who receive free, life-saving medicines.

"It is truly an emergency," says El-Sadr, who used to attend weekly funerals for AIDS victims in New York. Now, as director of the university's International Center for AIDS Care and Treatment programs, she travels about once a month to Africa.

"I feel a terrible sense of urgency. Every day, you're going to lose somebody," says El-Sadr, 55. "If they can get medicines,

there's a chance that they can live. You can save people today. It highlights that we cannot wait for people to be so sick."

The calm, modest doctor still relives the nightmare of lives she could not save during the early days of the epidemic in New York. Those scenes flash back to her as she watches the dying carried into hospitals on makeshift stretchers here.

El-Sadr was born in Egypt, but she has lived in New York for 30 years. Twenty of them have been spent in Harlem, running a clinic for some 800 HIV patients whose own struggles form the blueprint of care for Africa.

"It's so similar, it's just amazing," El-Sadr says on a 17-hour plane ride from New York. Days later, she will take another exhausting, overnight flight that will put her back in the city in time to see her patients. "I hate missing clinic," she says and smiles. "My patients don't forgive me."

The task with which El-Sadr and her colleagues have charged themselves — not just to drop off drugs, but to build lasting AIDS treatment and prevention — is daunting. But seven of them fly to Africa every few months to watch prefab clinics spring up in remote hillsides and to witness philandering men who once brushed off warnings of AIDS drop by to pick up medicines for their sick wives — and condoms for themselves.

"People thought we were crazy: This was an effort that was doomed to fail," El-Sadr recalls critics saying.

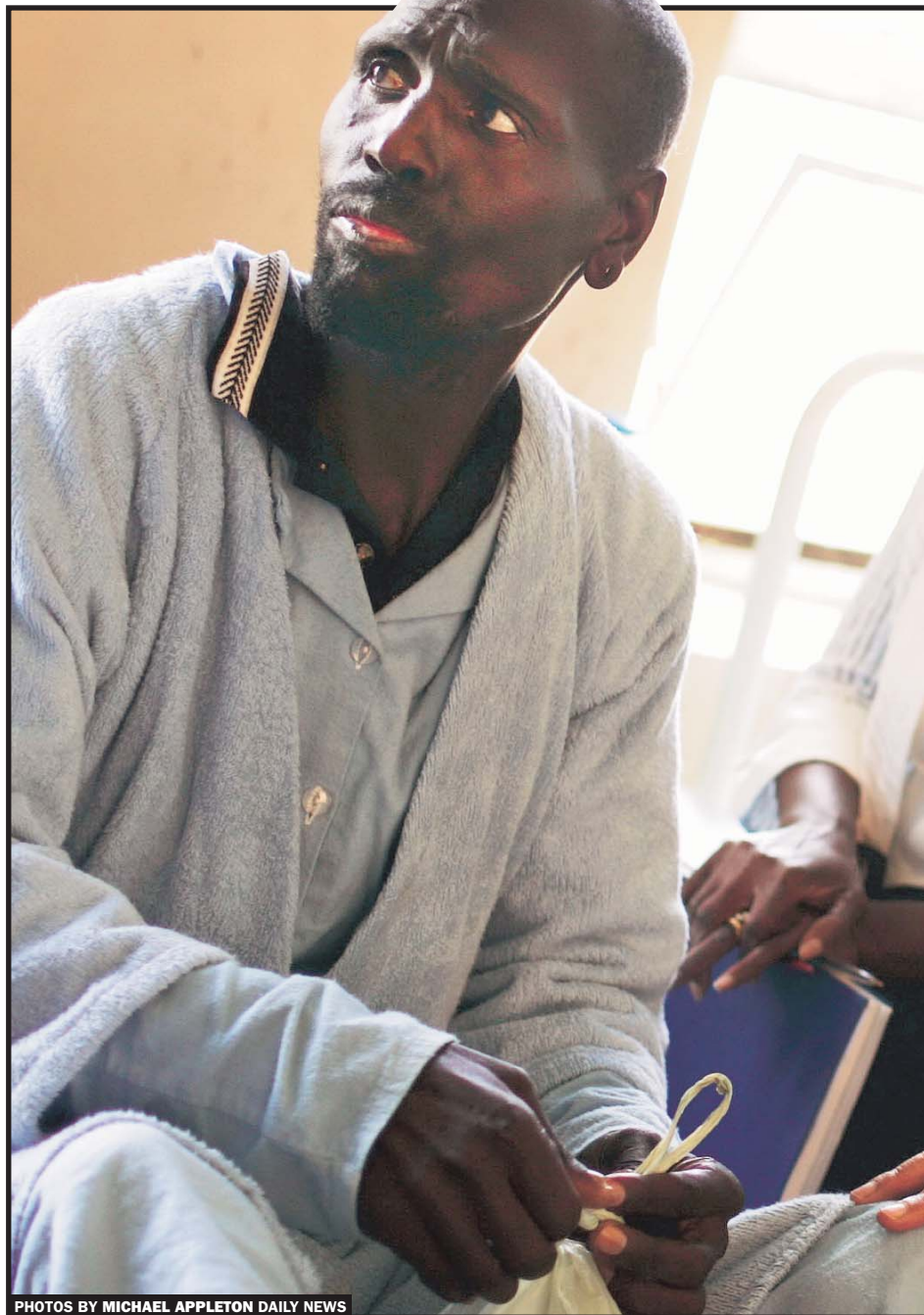
But the alternative was worse. "They were being left to die," she says simply.

In South Africa, where an estimated 5.5 million people have HIV — more than any other country in the world besides India — the help cannot come quickly enough.

South African women and girls bear



Thembi Bokiya is HIV-positive, but drugs protected daughter Debrah.



PHOTOS BY MICHAEL APPLETON DAILY NEWS

the brunt of HIV/AIDS, with more than 3 million infected. In the worst-hit areas, a whopping 38% of pregnant women have the virus.

"If you see the woman, you have to think of her kids. If you treat a man, you have to think of his wife," El-Sadr says.

The ripple effect is staggering. About one in 20 South African children has the disease, and there are 1.2 million AIDS orphans.

Many more are being cared for by grandparents.

When Mabuntan Jozana's adult daughter died of AIDS two months ago, she left behind three orphans. The youngest has just tested positive for HIV.

But as the tiny 5-year-old girl leans on Jozana's knee, the old woman smiles. With medicines just a short walk away, "I'm not worried," she says through a translator. "I will bring them up as my own children."

El-Sadr's success at recruiting husbands and children to get tested for HIV has created a new dilemma — droves of sick patients clamoring for treatment.

At Holy Cross Hospital in the rural town of Flagstaff, 400 people are now waiting for the drugs — not because of

a shortfall of medicine, but because there is no doctor to sign the prescriptions. The vast, remote territory is often unappealing to the kinds of health care workers needed to make programs like Columbia's work.

"There's so few people to do the work. There's so many patients," El-Sadr says, shaking her head. "It's overwhelming. Overwhelming."

The hope provided by the drugs has done little, however, to end the stigma of AIDS.

In the months after she collapsed in a taxi, gaunt and coughing from tuberculosis, Thembi Bokiya did not dare ask her neighbors in the port city of Durban for help.

"They know if you got TB, you have HIV," says Bokiya, 34. "I hid myself in the room."

As more patients recover with the help of drugs, they are reluctant to speak of those who didn't live long enough to benefit from them.

Mamqukelwa Bhayinethe looks proudly at her 7-year-old daughter, Amanda. They were among the first to begin receiving the lifesaving medicines in the green hills of Bizana, and the two are thriving. But Bhayinethe reveals the death of her