

HIV Journey to Harlem, Africa, and Home

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I was getting bored. Twenty years had lapsed since I left corporate world, became a broom maker and with Nancy started Joyful Noise Windchimes. We had grown the business but knew that we did not want to expand more. So what was ahead? Our children were grown and now it was time to give back.

I realized I could be of most service helping others with healthcare. So in 1992, I moved to New York City to train at the Harlem Hospital / City College Physician Assistant program

I wanted to go to South Dakota and work with the Lakota people and treat tuberculosis. When I came home on a school break; I came to the Unitarian Church, sat in the pew there on the right, and tried to make sense of everything that I was doing.

Then HIV chose me. I would take care of people with HIV and AIDS in the Harlem Hospital Infectious Diseases Clinic. I would try to treat the virus, but no medicines worked. I saw patients who were vulnerable for pneumonia; I would give them an antibiotic; it would keep the infection at bay for awhile, but it would fail and they would die. I found that I could not cure them but I could help heal them. My patients were from what was called the dregs of society. They had used heroin and gotten infected sharing needles. To get the heroin they would steal or prostitute themselves. They would do anything to get a fix. Somehow, before they overdosed they hit bottom and decided to stop shooting up. They went into Methadone Treatment Programs and got clean – well maybe not clean but they substituted crack for the heroin. This was a more manageable drug. Of course, they were sick and had no skills to make money so they lived in SROs (Single Room Occupancy Hotels) on welfare.

They would be admitted to the hospital with a related illness. I would visit them in their room and insure they got treatment. Sometimes they were cured and were discharge, but soon they would be back again. Admission after admission until one time they didn't make it. Somehow with each one, I had connected and I felt sorrow with their death. I lost a patient every week. One day three died. I was heartbroken.

I would come up to Ithaca sit in that right-hand pew as the tears ran down my cheeks. I knew that I had a beloved community that would support me in my grief.

Then in 1995, the day after Thanksgiving, an effective medication was approved. It would be the backbone of the HIV Cocktail. I gave it to my patients and they lived!

Now they would have to figure out how they would live. They had been living with HIV and watched their comrades die knowing they too would die. What were they thinking now? They had to get on with life. I was part of their deciding, supporting them as they struggled with living.

One patient, Stanley, was in the hospital dying. His former wife brought his son to see his father for the first time in 13 years before he died. But Stanley got the cocktail, rallied and left the

hospital. His former wife asked me if I would be her doctor too. They came on different days but then one switched and they would sit together in the waiting room before seeing me. Stanley said they were not living together, but she was holding his welfare check so he didn't spend it all on crack. He continued to get better but one day had a severe lung infection and died. I seldom went to funerals, but I knew Stanley, his wife, and his son so I went. We stood there looking down at Stanley and his wife said, "He was clean and sober for 3 months". He lived a good life.

Then there was Chris, he was homeless. A bachelors degree from Ithaca College and masters from Cornell and had written the novel for the movie Philadelphia. He was living under a bridge and smoking crack. I found him a room at the Y and started treatment the day it was approved. As he got better he started writing again. His working title was "Gay White Crackhead Homeless in Harlem". Then he fell in love, got a job, and eventually retired from Columbia Medical School as the financial manager for research projects.

In 2002 I retired from Harlem Hospital. My mentor Dr. Alan Berkman (Alumnus of Cornell, Columbia Med School, and multiple federal penitentiaries – for his Vietnam work) said that I needed to go to South Africa. If Africa was to be saved, South Africa had to take the lead. He said that other HIV experts could leave their jobs for a few weeks, but I could go for longer. In July he sent us an email saying we were expected in Durban SA at the Nelson Mandela School of Medicine in October for three months. We bought our tickets, packed our bags and flew off.

We asked Obstetric Chairman Dr. Moodley what we could do for him. He was surprised. Most American clinicians knew what they should do and never asked what Africa wanted or needed. He asked us, "Now that medicines are available to prevent the spread of HIV from mother to child, why don't women test?" We had to find out how many women were tested. We reviewed the charts of hundreds of women and found barriers to testing. When these were removed, the rate of testing went up. Dr. Moodley asked us to survey another hospital and the Kwa-Zulu Department of Health joined in and wanted us to test 3 hospitals and 5 clinics. We spent several trips doing the study and found multiple institutional barriers. As our study ended there was an election and Mbeki's ANC won. They were not interested in the results since they thought HIV didn't cause AIDS

We were very discouraged but we heard that there was an active interest in treatment in Lesotho. We interviewed the Director of the Clinton HIV Initiative. She was a physician from Lesotho who had gotten a grant from Elton John to treat HIV. We told her we would come to Lesotho for four months and then return again. When we arrived the government asked us to go to a very rural town as an experiment. Could a Nurse-run clinic treat HIV without a doctor? The Sisters in Semongkong said their people were dying. We arrived one evening with four boxes of medicines to help. We started teaching the nurses how to test for HIV. When we got the first positive results we needed to get a CD4 count. The nearest place was the Maseru hospital 75 miles and 4 hours by bus from Semonkong. The nurses figured out a way to get the blood samples there and the results back. The first person we tested needed treatment so we taught the nurses how to decide which treatment and how to start it. We did not treat the patients; we taught the nurses how to treat them. They were the ones that would have to sustain the program. We came to love Lesotho and wanted to come back. It is an independent country surrounded by South Africa. They have never had apartheid.

We went home and left them to try to do the treatment alone. We were welcomed back into this Unitarian community. After 3 months we headed back to Lesotho.

Semonkong is at the end of the road. To go beyond you walked or rode a horse. Our patients would travel for hours to get to the clinic and they would have to admit that to their community that they were infected. We expected that we would have to take treatment out into the distant rural communities but we found that the people came to the clinic. They had seen miracles; people, who were dying, had been treated, and came back to life.

We thought that we would be in Semongkong for a short while, but the government decided we should be there for four months. As we drove up the awful road we knew we were heading to our African home. The graves along the road held our neighbors.

When we left after four months, the nurses had a sustainable way of treating the people. Today they have over 2000 people on treatment.

The government and the Clinton Foundation asked us to come back. They sent us to a district at the other end of the country. It had two tiny hospitals and 5 clinics (one was only accessible by boat and another 2 hours drive away). We were supposed to help the clinics start testing, but we got the whole district providing treatment.

Each time when we came home from Africa, we sat there in our pew marveling at being home surrounded by this Beloved Community. We took our strength from here on our journey.

Our last trip to Africa was to Malawi. It was a difficult trip. We were six volunteers and a goat living in a communal house. The temperature was 95 degrees and malaria was rampant. We slept under a mosquito net. The electricity went off and the fan stopped. We stewed in our own juices. I said, "I want to go home and get a dog then. I can't travel anymore."

We did. When we came home the last time it was different. We still sat in that pew surrounded by friends, but we were home. I volunteered at the Recycle Sale. I sorted women clothes with some elderly women who are no longer with us. They joked saying "How can a man do this kind of work". I did it happily and went home in the evening to my dog Amy. Life is good!