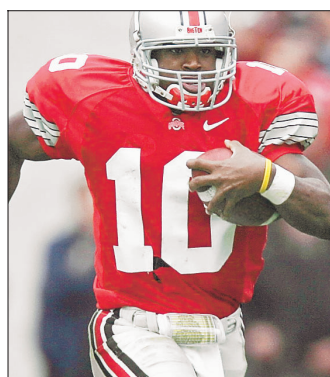


PLAIN DEALER

SUNDAY



MARVIN FONG | THE PLAIN DEALER
OSU quarterback Troy Smith, a Glenville alumnus, rushes for 145 yards and passes for 241 yards in the 37-21 win.

GLENVILLE'S BIG DAY
ALUMS LEAD OSU OVER MICHIGAN
TARBLOODERS TOP IGNATIUS IN PLAYOFFS
SPORTS

HOLIDAY GIFT GUIDE SUNDAY MAGAZINE

MORE THAN \$300 IN COUPONS INSIDE TODAY

NOVEMBER 21, 2004

SUNDAY ARTS: Return of the biopic

BUSINESS: 'Lemon law' leaves a bitter taste



TRAVEL: Tracing roots on 2 continents

NBA: Cavs win; 4 suspended in Pistons-Pacers brawl. **SPORTS**

TEAMING UP AGAINST AIDS

Case battles Uganda crisis



VANESSA VICK | SPECIAL TO THE PLAIN DEALER

Case Western Reserve University and its collaborators in Uganda have conducted 17 years of research into two of history's biggest killers — AIDS and tuberculosis. The partnership is helping patients like Sarah Lubalande, part of a long-running community health study of TB.

In a remote region of East Africa where AIDS was ravaging millions of people, a handful of researchers from Cleveland joined a small band of doctors in Uganda in 1987 to take on AIDS. They never imagined that the epidemic would kill so many or that their struggle would continue for nearly two decades. There is no end in sight for the AIDS crisis.

But the persistence, compassion and, for some, sense of adventure that brought Case Western Reserve University researchers to the fight has earned them worldwide recognition for their accomplishments. They have published close to 100 studies and generated more than \$100 million in research grants. In a three-day series starting today, follow their progress in this scientific endeavor.

— Regina McEnery

About this series

Today: Case and Uganda launch historic partnership to research AIDS. **See A8.**

Monday: Case becomes a world leader in tuberculosis research through its collaborative clinic in Uganda.

Tuesday: Emergency AIDS dollars changing the face of research in Africa.

Online: Follow the series at www.cleveland.com/ugandaaid

Congress OKs huge spending measure

\$25 million approved for Euclid Corridor

ALAN FRAM
Associated Press

WASHINGTON — Republicans whisked a \$388 billion spending bill through Congress on Saturday, a mammoth measure that underscores the dominance of deficit politics by curbing dollars for everything from education to environmental cleanups.

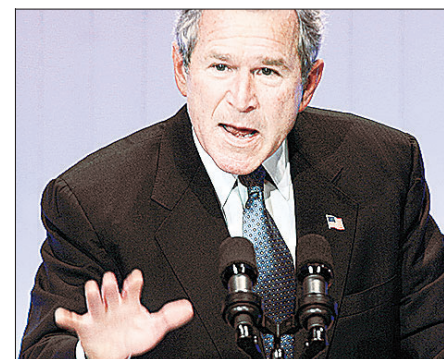
The House approved the measure by a bipartisan 344-51 margin, while Senate passage was by 65-30. The legislation included \$25 million for the Euclid Corridor project.

9/11 PLAN BLOCKED: House Republicans derail legislation to overhaul the nation's intelligence agencies. **A18**

Senate approval took longer because of disputes over provisions dealing with abortions and members of Congress' access to income tax returns.

From its tight domestic spending to the Democratic-backed provisions on overtime and other issues that were dropped, the bill is a monument to the GOP's raw power controlling the White House and Congress.

It is an imposing monument, too. **SEE CONGRESS | A20**



TIM CLARY | AFP/GETTY IMAGES

"The effort is united and the message is clear to Mr. Kim Jong Il: Get rid of your nuclear weapons programs," President Bush warns at the summit in Santiago, Chile.

Bush warns Iran, N. Korea on weapons

TERENCE HUNT
Associated Press

SANTIAGO, CHILE — Facing nuclear challenges on two fronts, President Bush warned Saturday that Iran's suspected weapons program is "a very serious matter," and he stood united with leaders of Asia and Russia in demanding North Korea's return to stalled disarmament talks.

Iran and North Korea, two nations in what Bush has branded an "axis of evil," dominated the president's attention along with trade and economic issues at the opening of a 21-nation summit of Asian-Pacific leaders. Bush tried to ease global concerns about the sinking value of the dollar, a drop based in part on investors' fears about the huge U.S. trade and budget deficits.

Fresh from his re-election, Bush met in rapid succession in his hotel with the leaders of Japan, South Korea, China and Russia, his partners in the talks with North Korea, which is led by the mercurial dictator Kim Jong Il.

SEE SUMMIT | A10

U.S. workers overworked, overstressed

A world of vacation time, except in U.S.

Long hours threatening our health, family time

ALISON GRANT
Plain Dealer Reporter

If you're feeling crispy around the edges on the job, perhaps you are. Americans, the world's workaholics, put in an average of 1,815 hours in 2002, surpassing the Japanese, who logged an average 1,800 hours. Other industrialized countries dip as low as 1,325 (the Netherlands). Couples have less free time for families. The average combined weekly work hours

for dual earners with children jumped from 80.7 in 1977 to 90.9 in 2002.

As the year winds down, employees who hoarded vacation days may decide not to take them: A study by Expedia.com shows that U.S. workers leave three vacation days on the table, on average, up from two in 2003.

The demands are coming at an early age: The Girl Scouts have a "Stress to Success" badge, focusing on stress-reducing techniques for today's frazzled youth.

But pressure to get out of the rat race is also growing.

Advocates of a slower lifestyle say it would lessen the job burnout that is crisping the edges of so many, provide more

time for the joys and demands of home life, counteract unemployment, even be kind to our waists because we wouldn't be gobbling all those fat-laden fast foods.

Kerry Aldridge, 50, eased out of the time trap when she left a second-shift hospital job on a surgery ward where piles of paperwork, staff turnover and a nursing shortage made for overload. The registered nurse switched to the Lutheran Home in Westlake, where she coordinates Medicare and Medicaid assessments of residents.

"It's a really caring situation," she said. "I feel like I never want to change jobs." **SEE WORKERS | A19**

Country	Paid-leave days dictated by law	Average paid-leave days
Australia	20	25
China	15	15
France	25	25-30
Germany	24	30
Ireland	20	28
Italy	20	30
Japan	10	17.5
Sweden	25	25-35
United Kingdom	20	25
United States	0	10.2

SOURCES: Work to Live; Families and Work Institute
THE PLAIN DEALER

Breast-feeding in the Capitol

Woman nurses baby before testifying on bill about nursing in public

TED WENDLING
Plain Dealer Bureau

COLUMBUS — It was near lunchtime, and the legislators' and lobbyists' stomachs were rumbling. So was 6-month-old Liam Yeung's walnut-size tummy, and he was beginning to fuss.

So Liam's mother, Ahmie, a small-business owner from Cleveland's Old Brooklyn neighborhood, discreetly lifted her

blouse and fed Liam some human milk, from its original container. Some of the women in the room smiled or cooed. Most of the men averted their eyes and fiddled with their briefcases or their Palm Pilots.

Liam's lunch was the prelude to an extraordinary hearing Wednesday on a bill co-sponsored by 11 House members — none of them men. The bill would allow women to breast feed their children in restau-

rants, stores and other public places of accommodation, preventing businesses such as Wal-Mart and Wyandot Lake water park from forbidding their customers from nursing.

This summer, the 6th U.S. Circuit Court of Appeals in Cincinnati ruled that Wal-Mart's refusal to allow women to breast feed in its stores does not violate an Ohio law that prohibits sex discrimination in public places.

SEE NURSING | A16

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Soldier killed in ambush: Insurgents battle American troops in the streets of Baghdad. **A12**

The race for mayor: Several candidates are considering a run for mayor of Cleveland. **Metro**

The right stuffing: Experts give their advice for packing it away on Thanksgiving. **PDQ**

Call of the wild: It's the birds that bring men and their best friends back to Pelee Island each year to hunt, bond and bark at the moon. **Sunday Magazine**

TEAMING UP AGAINST AIDS

In 2003, an estimated 3 million people in sub-Saharan Africa contracted HIV.



PHOTOGRAPH COURTESY OF DR. THOMAS DANIEL

The tuberculosis ward at Kampala's Mulago Hospital, where Case's early epidemiological studies were conducted. As many as 75 percent of the patients were also co-infected with HIV.

A call to arms against Goliath of disease

REGINA MCENERY
Plain Dealer Reporter

KAMPALA, UGANDA — Dr. Laura Guay worked her way through the throng in the dimly lit Entebbe International Airport terminal, past the soldiers with AK-47s, where a nurse from Minnesota was waiting to take her to the country's capital, Kampala.

The 29-year-old physician from Cleveland no longer had her suitcase full of clothes. But the airline hadn't lost the other, more important, bag, the one she had crammed with syringes, office supplies, alcohol swabs and enough test tubes to store about 50 vials of blood.

Guay, a pediatrician who had trained in a state-of-the-art children's hospital, felt as though she'd landed in a war zone. It was 1988, two years since a coup — Uganda's third in 16 years — had rocked the East African country. Military roadblocks were part of the landscape. Children in rags sported rocket launchers.

But as the car swerved over the battle-scarred highway, more jolting was the pyramid of unsold coffins being hawked along the smoky highway. It was one thing to listen to colleagues talk about the AIDS epidemic sweeping Africa. It was quite another to see the effect of the world's highest prevalence of HIV/AIDS. She felt her stomach lurch.

The trip from the airport was taking forever because of the awful roads. She was grimy and tired from the 20-hour flight. She could hear the rat-a-tat of gunfire in the distance.

But she was glad to be here. She'd been waiting years for this moment.

Guay had come to Uganda to be the on-site director of one of the world's first international collaborations for AIDS research. Case Western Reserve University School of Medicine formed the partnership with Uganda's Makerere University in 1987 after data suggested that the AIDS epidemic was going to be huge and devastating.

Case had no school of public health and no AIDS division, but still it took the unusual step of pursuing small research grants from the U.S. government. It won one of the five \$500,000 grants that the National Institutes of Health and Infectious Diseases made to set up AIDS collaborations in developing countries.

Under the leadership of Dr. Fred Robbins, Case's former dean of medicine and Nobel laureate, a small crew of researchers decided to tackle four issues:

- The intertwining of HIV and tuberculosis (TB)
- Behavioral health issues
- AIDS-related cancers
- And the heartbreaking number of children acquiring HIV from

their mothers.

But not even the prescient Cleveland scientists who sent Guay to Uganda realized they were heading into one of the worst pandemics in human history.

By 2004, an estimated 25 million people in sub-Saharan Africa alone would be living with HIV/AIDS. More than 2.2 million would be dead from AIDS-related infections. The epidemic would destroy economies, orphan millions and drop life expectancies.

The Case project, cobbled together in months and launched on a shoestring in 1987, has become the longest-running academic AIDS collaborations in the developing world. By 1992, while the epidemic in the rest of the region continued to escalate, Uganda's AIDS rates began to decline.

Fred Robbins saw the tidal wave approaching. He knew that the impoverished continent was ill-prepared to stop the cycle of heterosexual transmission or the devastating effect that AIDS had on infants and unborn children.

It was why Robbins, an icon in polio research, led a delegation to Uganda in 1987 to tour the country's shattered laboratories and hospitals, and why he pushed Case to establish the research partnership.

After returning, Robbins assembled a team that spanned tuberculosis, malaria, anthropology, oncology and pediatrics. He also put TB scientist Dr. Jerrold Ellner in charge of the AIDS project.

"I'm too old to be the principal investigator, so you can do it," the 70-year-old Robbins proposed after walking into Ellner's laboratory with two cups of coffee in the spring of 1987.

From polio research to confronting AIDS

By fall, Case had submitted a grant request to the National Institutes of Health listing a half-dozen AIDS-related studies that the researchers wanted to launch with Ugandan colleagues.

Yet when Guay put in for the assignment, the young pediatrician had no idea who Robbins was or that in 1954 he had shared the Nobel Prize for polio vaccine research.

All the Richmond Heights resident wanted to do, she told pediatrician Dr. Karen Olness, was work in Africa for a year. "Do you know of any programs available?" she asked.

Guay approached the Rainbow Babies & Children's Hospital specialist because Olness and her husband, Hakon Torjesen, director of Case's new Center for International Health, were longtime refugee camp volunteers. The two helped restore a health center battered during Uganda's long civil war in the 1970s. Olness was now involved in Case's new AIDS collaboration in

Uganda.

Olness looked at the petite University Hospitals physician with the unflappable nature and had a hunch that Case's search for an on-site director was about to end. She knew that Guay was a hard-working problem solver with a good sense of humor.

Guay's background in pediatrics was also a plus, Olness thought. While the Case sci-

entist wasn't trained in research and had never managed a laboratory.

Yet Guay couldn't stop thinking about the medical school course that took her to a missionary hospital in Zaire in 1985, and her desire to return to the continent that had captivated her since her girlhood days when she watched the 1960s television series "Daktari."

And when she met Robbins,

Not even the prescient Cleveland scientists who sent Guay to Uganda realized they were heading into one of the worst pandemics in history.

tists had plans to tackle HIV/TB, behavioral health and AIDS-related cancers, the most immediate concern was to set up a study to track the impact of mother-to-child transmission of AIDS. Olness would oversee the research.

"Why don't you contact Dr. Robbins and Dr. Ellner," Olness told the third-year medical resident. "We need a pediatrician willing to move to Uganda."

Guay felt torn as she left Olness' office. She had already lined up a hematology/oncology fellowship in Rochester, N.Y. She didn't have a background in HIV,

Guay felt inspired. She cottoned to his idea of a global medical community working to eliminate stubborn epidemics like malaria and TB. They had a mutual interest in Africa and children.

In the end, when she broke the news to her worried parents and postponed her oncology fellowship, the decision felt like fate.

A medical system in complete chaos

In 1988, Uganda's medical system, famous for discovering the cancer Burkett's lymphoma and

for isolating the West Nile virus, was in chaos.

In the aftermath of war, the cavernous 1,000-bed Mulago Hospital had anemic electricity and at times no running water. Faculty members at Makerere University Medical School had fled during Idi Amin's brutal dictatorship. Basics like syringes, gauze and thermometers were in short supply. Finding gasoline could be a challenge.

The tiny office for the Case project, across from the TB ward, didn't have a telephone, let alone a fax machine, so Guay called her Cleveland researchers once a week from the home of a Ugandan physician.

In the office, Guay immediately installed metal doors, shutters and a metal ceiling to prevent theft of payroll and supplies.

The laboratories were also in disarray. There was nowhere to store the TB skin tests and HIV blood samples used in the research because someone had stolen the condensers from the refrigerators.

Several Case scientists and administrators joined her during her first month in Kampala to meet their Ugandan collaborators and set up the research. They bought a rusty white VW to navigate Kampala's dilapidated roads, rented a house about 20 minutes from the medical school and nailed down the best exchange rates in Uganda's high-inflation economy.

But there was no place nearby to cash or deposit checks — a real headache if the research facility was to pay its staff. And the equipment, sent by boat from Tanzania, could take up to four months to arrive. So Case scientists started bringing supplies and household products with them during their flights to Uganda.

Patients, however, were not in short supply.

The hospital had been transformed by AIDS. HIV-infected patients flooded the emergency room and the maze of barracks-like wards.

Nearly three-quarters of the tuberculosis patients were infected with HIV. Kaposi's sarcoma, a cancerous lesion that in the United States is found almost solely in gay men with AIDS, was striking heterosexual men and women. Pregnant women were routinely passing HIV to their unborn babies.

With no drugs or treatment, children withered from the disease.

A week after arriving in Kampala, Guay began to feel the weight of responsibility after sparring with Uganda's top obstetrician. Case hoped to make inroads into the prevention and treatment of pediatric AIDS. To launch the project, they needed to find HIV-infected pregnant women willing to enroll themselves and their infants in a long-term study.

But the day Guay walked into the busy prenatal clinic at Mulago Hospital, its diminutive director, Dr. Francis Mmiro, had no idea who she was or what she was doing there.

"This is my prenatal clinic, and no one will come in and do anything without my permission," Mmiro told a startled Guay.

The normally jolly-faced Mmiro belonged to a cadre of stoic Ugandan physicians and researchers whose careers had been redefined the day they had traced Africa's first documented cases of HIV to Rakei, a trading center about three hours from Kampala.

They would later come to view the collaboration with Case as a valuable weapon. Their relatives and friends were dying or dead from AIDS, and it was impossible to find a Ugandan untouched by the epidemic.

But for now, the Case scientists seemed like naive travelers who had crossed an international boundary without the proper papers. Mmiro looked at Guay and asked pointed questions about the data the scientists needed and who would have access to the records.

Mmiro finally told Guay he needed time to review the project.

After three months of negotiations, Guay got permission to screen pregnant women for HIV.

SEE UGANDA | A9



PHOTOGRAPH COURTESY OF DR. LAURA GUAY

Dr. Laura Guay at work in the pediatrics AIDS clinic at Mulago Hospital around 1990. The clinic was where the Case collaboration launched its pediatrics project studies of maternal-child transmission of HIV.

Only 7 percent of AIDS patients in developing countries have access to life-prolonging AIDS drugs.

The great epidemic

UGANDA, FROM A8

Her staff moved into a room next to the hospital's noisy obstetrics ward, where 1,000 babies were delivered each month. Case's early data showed that about one in four pregnant women were infected with HIV, but only a few wanted to know the results of their test. Guay wasn't surprised.

The weight of discovery could cost these women their husbands, their homes and their lives. Government officials dissuaded doctors from disclosing the diagnosis unless a person had symptoms because they were afraid people would commit suicide or be ostracized.

And what could Guay offer the women in return for full disclosure? AZT, the world's first AIDS drug, had barely made it onto the shelves of U.S. pharmacies and was not available in Uganda.

By January 1989 the first infants to be enrolled in the study were born. Within a year Case was tracking close to 700 women and children. Case first looked at infant immune responses to the TB vaccine and the pregnancy outcomes of HIV-infected mothers. Later, scientists would test drugs to try to prevent mother-child transmission of AIDS.

As AIDS cases multiplied, Guay became both family doctor and scientist to the women and children, treating their ailments while honoring their wishes not to be told they had the virus.

By the fall of 1990, close to one-fifth of the babies enrolled in the project's first phase had died before their first birthdays. The clinic assumed that the deaths were from AIDS, but Guay would never know for sure because HIV is hard to detect in infancy.

Those who were diagnosed with AIDS began dying despite the clinic's efforts to treat the infections.

Cleveland team pulled into crisis

The Cleveland scientists who joined Guay from time to time were an eclectic lot. Some peered into microscopes; others waded through data. Still others tended to the research project's AIDS patients. They were runners and hikers, suburbanites and city dwellers.

They had joined forces with a goal that at times seemed unattainable given the aftermath of Uganda's civil war, the poverty and the Goliath-like strength of the virus.

Case's early data showed strikingly high rates of HIV. These statistics collided with the harsh realities of trying to practice Western science under Third World conditions. They struggled to find those willing to pay for the studies. Supply shortages and equipment failures created untold delays.

Janet McGrath, a young anthropologist from Case, had been sent to Uganda to delve into the behavioral and cultural patterns that put women at risk for HIV. As she followed Guay through one of the clinics, women and children were stretched out on the floors waiting to see a doctor.

Dr. James Kazura had been paired with Uganda's chief oncologist to look closely at the roots of Kaposi's sarcoma.

The night Kazura arrived in Uganda, the sound of gunfire sent him diving to the floor. He didn't have the nerve to tell his wife that it wasn't fireworks she heard when she called from Cleveland Heights.

Dr. Thomas Daniel, a TB scientist from Shaker Heights, had spent a year in the mountains of Bolivia during the 1970s working alongside Peace Corps volunteers and had worked in Haiti.

He went to Uganda hoping to mail down a rapid, reliable blood test for the infection. Most TB patients with HIV couldn't seem to produce telltale antibodies so physicians were forced to rely on more labor-intensive methods to diagnose TB.

Daniel also helped Guay develop a system to track the thousands of specimens stored in the laboratory's subzero freezers.

The samples reflected tidbits of data on Case's expanding patient study base that Guay and her technicians recorded painstakingly by hand in a giant log.

It was through this massive catalog of stored blood that Case was able to document the rates and progression of HIV infection.

The laboratory operation was crude. Weeks of inventory could be destroyed in a flash if the freezer lost power for any length

Despite poverty and political instability, Uganda has led a successful prevention campaign against AIDS and fostered strong relationships with researchers around the world. Uganda's longest-standing academic partnership has been with Case Western Reserve University. Launched in 1988, when Uganda had the highest AIDS prevalence in the world, the partnership is still growing strong and Uganda's AIDS rate is now among the lowest in Africa.

Uganda at a glance

Independence: 1962
Capital: Kampala
Population: 26.4 million

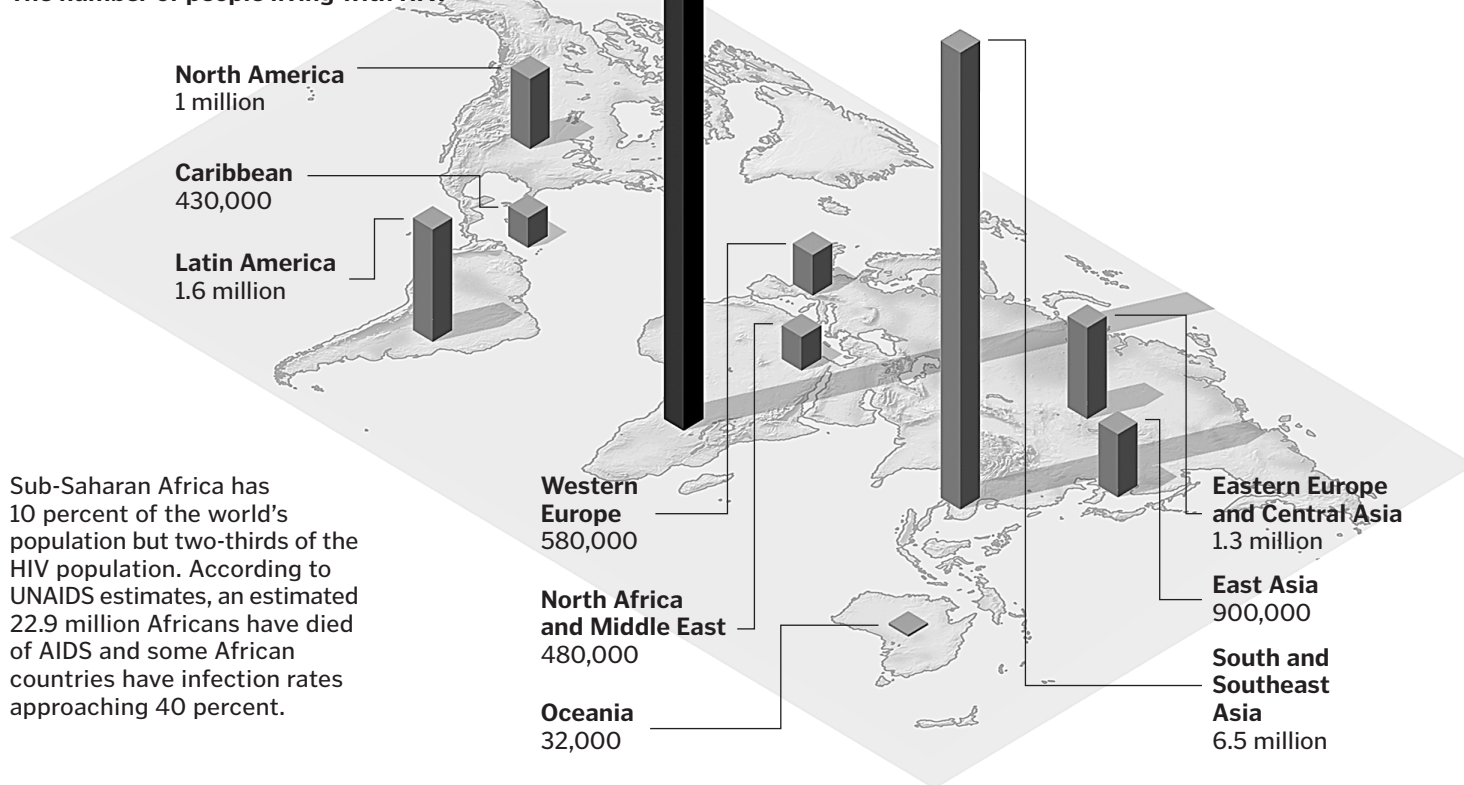
Since gaining independence from Great Britain, power in Uganda has been largely in the hands of three men. The first two, **Milton Obote** (1966-1971; 1981-1985) and **Idi Amin** (1971-1979), seized absolute power for themselves and plunged the country into chaos. The economy collapsed, as many as 100,000 Ugandans died in a civil war during Obote's second reign, and Amin is believed to have had as many as 300,000 of his opponents killed. The third man, **Yoweri Museveni** (1986-present), put an end to the chaos of his predecessors. During his time in office he has improved the economy, ended human rights abuses and provided the kind of stable government and society that has made the Case project possible.



Museveni

Global AIDS cases

The number of people living with HIV



SOURCES: Case Western Reserve University School of Medicine; Joint United Nations Programme on HIV/AIDS; CIA World Factbook; http://en.wikipedia.org/wiki/History_of_Uganda

REID BROWN | THE PLAIN DEALER

of time. Guay held her breath every time the lights went out.

Finally, the lab got a computer. But it was still a primitive operation when Dr. Brooks Jackson, a Case pathologist, arrived in 1990 to evaluate the facilities. Robbins had recruited Jackson soon after the collaboration began to set up clinical trials on mothers and babies. Jackson took one look at the laboratory and felt like he had stepped back in time.

"Laura, you have to take a break," Bagenda would often tell Guay.

Bagenda and Guay worked side by side for two years, first in the prenatal clinic and then at Ward 11, a ranch-style building given to the Case collaboration about a year after Guay arrived in Kampala.

The long process of collecting and analyzing data was painfully juxtaposed against the rising death toll, rattling the steady hands of Case's scientists on the front lines.

AIDS patients wasted away from diarrhea. They contracted

thought Guay a little crazy for moving to his country. Guay even wandered around after dark despite the lack of security. But he liked the American from the start. She went out of her way to socialize with the staff. She laughed easily. She was usually the last one out at the end of a long day. She would even steal onto the floors of the intensive-care unit at 3 a.m. to check on her tiny patients.

It became so draining that Guay added counselors to help her stoic nurses cope with the deaths.

It became so draining that Guay added counselors to help her stoic nurses cope with the deaths.

Uganda was supposed to be a 12-month detour for Guay, a way of assuaging a stubborn curiosity about Africa. But it was nearly three years before she headed home. She never thought she

would stay that long. But research had a way of sucking you in deeper and deeper until you couldn't let go.

The oncology fellowship she had postponed in 1988 had given way to a new interest in AIDS. She would return to University Hospitals for advanced training in infectious diseases.

A year before leaving Uganda, with the Case collaboration growing rapidly, Guay gave up her job as the on-site director to concentrate full time on the pediatric project.

Would the research make a difference? It was too soon to tell. Robbins wanted the collaboration to set up clinical trials with mothers and babies so they could find ways of reducing perinatal transmission of HIV. But those studies were several years off.

After three years, all the Case collaboration could say for sure was that the epidemic was getting worse. The percentage of pregnant women coming into the prenatal clinic infected with HIV had grown from one in four to nearly one in three.

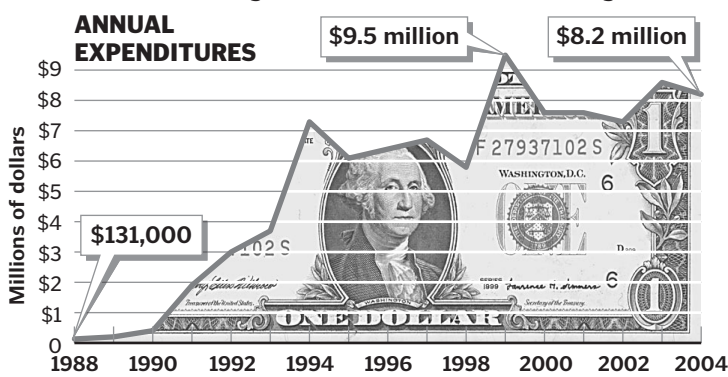
In 1994, the collaboration shifted its focus more toward TB, by then the biggest infection preying on Ugandans with AIDS. A \$19 million federal grant would put the Case group on the road to international dominance in the field.

But for Guay, it was about the children. It would always be about the children.

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17 years of research

Case projects in Uganda have generated more than \$100 million in AIDS and tuberculosis grants since the collaboration began in 1987.



Three key grants

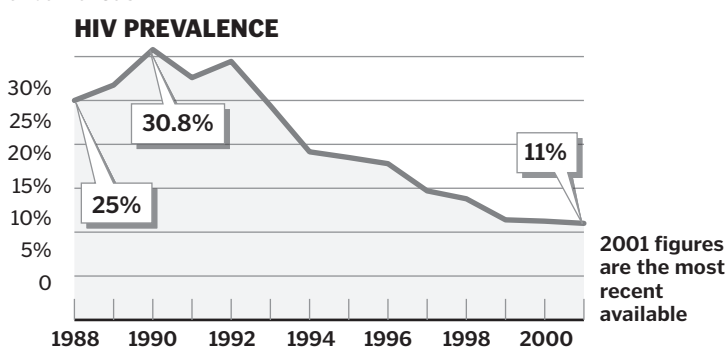
1991: AIDS International Training and Research Program launched (\$14 million through 2008)

1994: Tuberculosis Research Unit established (\$47 million through 2006)

1997: Case begins work on Africa's first AIDS vaccine trial (\$3.3 million one-time grant)

HIV declines in Uganda

AIDS experts believe a public education campaign contributed to drops like those shown below among pregnant women in Uganda's urban areas.



Sub-Saharan Africa 25 million

Case researchers forged partnership to study AIDS

Dr. Fred Robbins led a delegation to Uganda in 1987



that spurred creation of one of the world's first international collaborations for AIDS research. Robbins selected a research team at Case, helped obtain a \$525,000 grant from the National Institutes of Health, and established a partnership with Makerere University in Kampala and the Uganda Ministry of Health. Robbins died last year at 86. **Major projects:** Shared the 1954 Nobel Prize for Medicine and Physiology for his polio research; former director of the Institute of Medicine in Washington and former dean of the Case Western Reserve University School of Medicine.

Dr. Karen Olness, 68, is a pediatrics professor with the



Rainbow Center for International Health. She and her husband, Hakon Torjesen, Case's director of the center, approached Robbins in 1987 about forming the collaboration. A year later, Olness helped launch studies that estimated that a quarter of the pregnant women in Uganda's urban areas were infected with HIV. **Major areas of research:** Brain development of HIV-infected children; effects of malaria on children with HIV.

Janet McGrath, 45, an anthropologist, was recruited



by Robbins to study the socioeconomic forces driving AIDS. When she made her first visit in 1988, patients were lying on hospital floors waiting to see the doctor, and few could afford an HIV test. **Major areas of research:** Sexually risky behaviors of Ugandan women, AIDS vaccine trial education.

Dr. James Kazura, 57, is an oncologist and malaria expert



who studied whether Kaposi's sarcoma was linked to a virus endemic in the developing world that also gave rise to adult leukemia. Kazura didn't find a connection, so the study ended in 1991. He is now director of Case's Center for Global Health and Disease. **Major areas of research:** Kaposi's sarcoma.

Dr. Thomas Daniel, 76, spent a year in Bolivia with the Peace Corps during the 1970s, so Uganda seemed tame in comparison.



An infectious-disease physician and tuberculosis expert, Daniel documented how ineffective blood tests were in detecting TB in people with HIV, but efforts to find a more reliable test eluded him. Daniel retired from Case in 1994. **Major areas of research:** TB immunology.

Footnote

Kaiser Family Foundation in California awarded reporter Regina McEnerly a travel grant to help research this project.

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