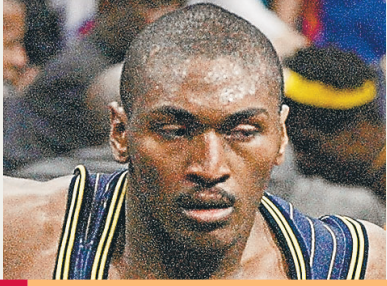


# THE PLAIN DEALER

MONDAY, NOVEMBER 22, 2004

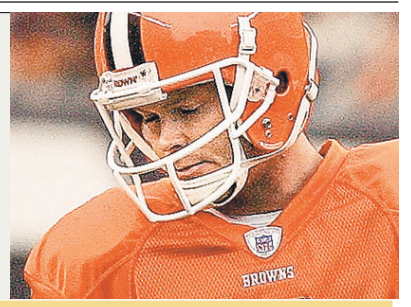
## BASKET BRAWL

NBA suspends Artest for season. **C1**



## BROWNS BOOT ANOTHER ONE

Two missed field goals lead to latest loss. **C1**



PLAY BINGO | NUMBER INSIDE

METRO COMPASS, B2

NASCAR: Kurt Busch captures NASCAR's closest points championship. **SPORTS**

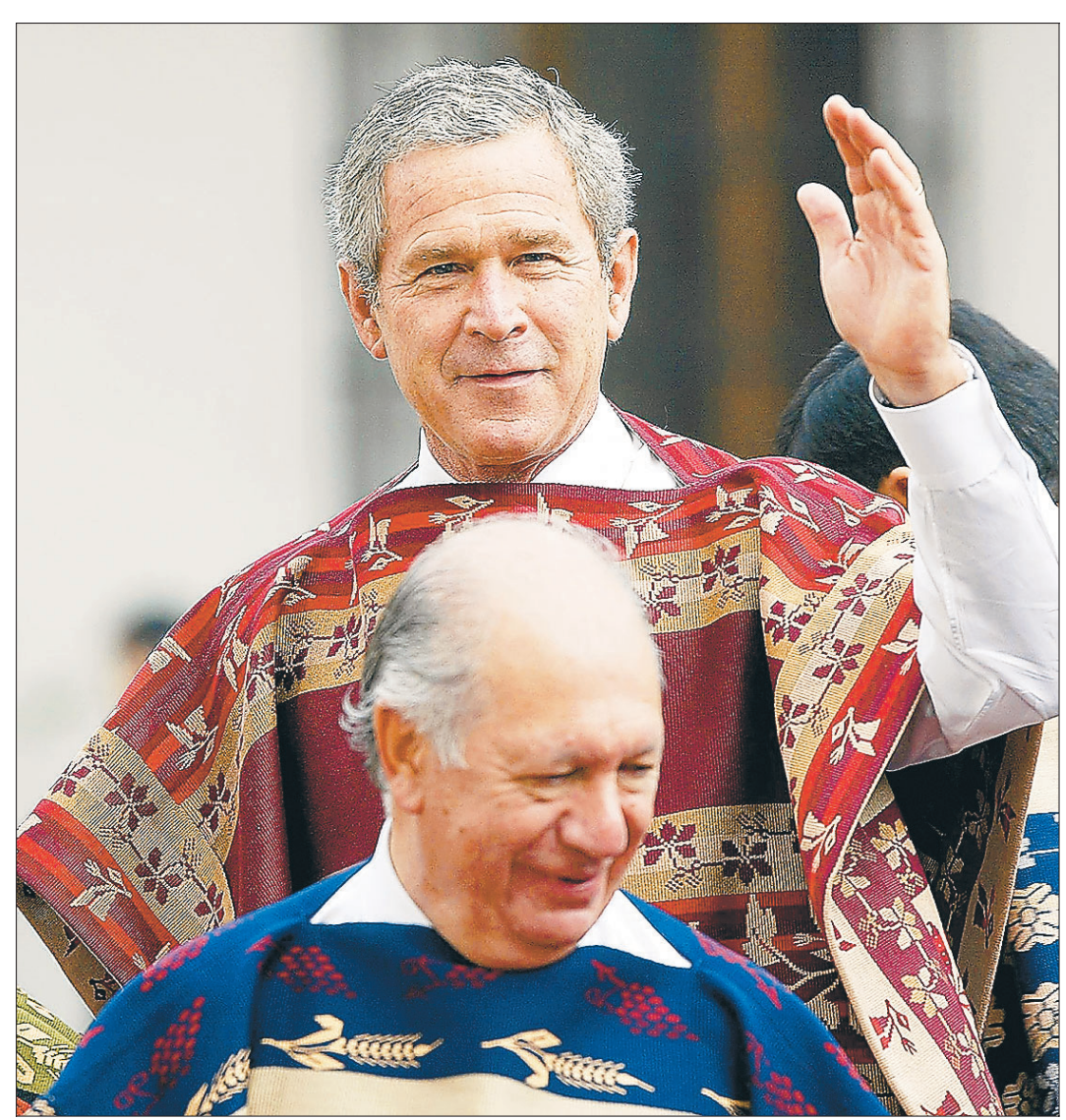
### ARTS&LIFE



## SAY 'NO' TO NUDE NEWS

Connie Schultz feels sorry for nude reporter

## ASIAN-PACIFIC SUMMIT



President Bush, wearing a traditional Chilean poncho, stands behind Chilean President Ricardo Lagos during the official photo session Sunday for the summit in Santiago, Chile.

## Role reversal: Bush plucks his bodyguard from scuffle

MIKE ALLEN  
*Washington Post*

SANTIAGO, CHILE — For President Bush, it must have been like going out without his wallet. He turned around and the presidential shadow — his Secret Service agent — was gone. Moments later, Bush single-handedly rescued the agent from a boisterous scuffle between U.S. and Chilean security forces. The role reversal became the talk of an international economic summit that was studded with bizarre incidents in which diplomacy took a beating, in some cases, literally. And in a final summit twist,

**MEXICO:** President will support plan to grant legal status to guest workers. **A3**

Chilean authorities canceled an elaborate state dinner for 200 that had been planned for Sunday night as the summit's climax after President Ricardo Lagos would not agree to the Secret Service requirement that his guests pass through metal detectors. The event was downgraded to a small working dinner for the two presidents and their staffs. The incident involving the bodyguard Saturday evening began when Nick Trotta, the No. 2 agent on Bush's security detail, opened the door of a

black Cadillac limousine for the president and first lady Laura Bush when they arrived at a former train station that was the site of the closing dinner of the Asia-Pacific Economic Cooperation (APEC) forum. Bush and the first lady walked into the beaux-arts banquet hall. Then, Chilean officers, who appeared to be waiting for the moment, stepped in front of Trotta, blocking his entrance. U.S. officials said Chilean police had been chafing for a week about a demand by Secret Service agents that they control the president's space, even when he was on sovereign turf. Now, it was payback time. **SEE BUSH | A3**

## More troops likely in Iraq as insurgents flee Fallujah

BRADLEY GRAHAM  
*Washington Post*

BAGHDAD, IRAQ — Senior U.S. military commanders in Iraq say it is increasingly likely they will need a further increase in combat forces to put down remaining areas of resistance in the country. Convinced that the recent battle for Fallujah has significantly weakened insurgent ranks, commanders here have devised plans to press the offensive into neighborhoods where rebels have either taken refuge after fleeing Fallujah or were already deeply entrenched. But the forces available for these intensified operations have become limited by the demands of securing Fallujah and overseeing the massive reconstruction effort there — demands that senior U.S. military officers say are likely to tie up a substantial number of Marines and Army troops for weeks. "What's important is to keep the pressure on these guys now that we've taken Fallujah from them," a high-ranking U.S. military commander said, speaking on condition he not be named because of the sensitivity of the deliberations on adding troops. "We're in the pursuit phase. We have to stay after these guys so they don't get their feet set." The possibility that more troops would be required to battle the insurgency in this critical period preceding the Iraqi elections has been signaled for weeks. The Pentagon took an initial step in this direction last month, ordering about 6,500 soldiers in Iraq to extend their tours by up to two months. Some fresh U.S. forces already are arriving in Iraq. **SEE TROOPS | A4**

## Nationwide vote scheduled for Jan. 30

MAGGIE MICHAEL  
*Associated Press*

BAGHDAD, IRAQ — Iraqi authorities set Jan. 30 as the date for the nation's first election since the collapse of Saddam Hussein's dictatorship and pledged that voting would take place throughout the country despite rising violence and calls by Sunni clerics for a boycott. Farid Ayar, spokesman of the Independent Electoral Commission of Iraq, said voting would push ahead even in areas still wracked by violence — including Fallujah, Mosul and other parts of the volatile Sunni Triangle. The vote for the 275-member National Assembly is seen as a major step toward building democracy after years of Saddam's tyranny. But the violence, which has escalated this month with the U.S.-led offensive against Fallujah, has raised fears that voting will be nearly impossible in insurgency-torn regions — and that Sunni Arabs, angry at the U.S.-Iraqi crackdown, will reject the election. Either event would undermine the vote's legitimacy. Ayar insisted that no Iraqi province will be excluded, "because the law considers Iraq as one constituency, and therefore it is not legal to exclude any province." U.S. and Iraqi troops have been clearing the last of the resistance forces from Fallujah, the main rebel bastion that was stormed Nov. 8 in hopes of breaking the back of the insurgency before the election. **SEE ELECTION | A4**

## Saintly voters still love their sinful TV

BILL CARTER  
*New York Times*

The results of the presidential election of 2004 are still being parsed for what they say about the electorate's supposed closer embrace of traditional cultural values. But for the network television executives charged with finding programs that speak to tastes across the nation, one lesson is clear. The supposed cultural divide is more like a cultural mind-meld. In interviews, representatives of the four big broadcast networks as well as Hollywood production studios said that the returns on display in the nightly television ratings bore little relation to the message apparently sent by a significant percentage of voters. The television choices of viewers, whether in Los Angeles or Salt Lake City, New York or Birmingham, Ala., are remarkably similar. And that means the election will have little impact on which shows they decide to put on television, these executives say. It is possible that some secondary characters on new television shows will exhibit strong religious beliefs. **SEE VOTERS | A2**

## TEAMING UP AGAINST AIDS

### Tracking a killer's apprentice

Studies of tuberculosis help the fight against AIDS in Uganda

STORY BY REGINA MCENERY | PLAIN DEALER REPORTER

KAMPALA, UGANDA — It's the tail end of Kampala's biannual dry season. In a few weeks, the steep path leading to Charles Kasaija's one-room hut will become a thick icing of mud, barely passable on foot. But at noon on this breezy July day, the white SUV moving up the hill merely kicks up a fog of red dust that mingles with the dying embers of a burning refuse pile. Five feet from the edge of the cliff, the vehicle bearing the name Makerere University-CWRU comes to a halt. The city's thriving downtown can be seen in the distance, but it's the slum growing down the side of the hill

#### About this series

**Today:** 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.  
**Sunday:** Case, Uganda join forces against AIDS.  
**Online:** Follow the series at [www.cleveland.com/ugandaaids](http://www.cleveland.com/ugandaaids) that beckons Kasaija and Joseph Nakibali. Kasaija, 24, is a fruit seller who has just enrolled in a study designed to shorten treatment time

for people in the early stages of tuberculosis. Nakibali is not Kasaija's doctor or his nurse, but his job keeping track of Kasaija and others is just as important. Because even minor interruptions in treatment can cause a TB patient to relapse or skew the outcome of a study, the 56-year-old supervisor and his crew of four slog through Kampala's slums making sure hundreds of patients faithfully take medicine. In Kasaija's case, that's four drugs daily for the first two months, followed by two drugs daily for the last two months. **SEE TB | A6**



Sophia Namakula, 21, right, has tuberculosis. She lives in this special room with her sister, Farida Nankinga, 22, her 4-year-old son, Shafik Segawa, and her niece, Vivian Nampijja.



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### Boost for Cleveland

Cleveland planning officials approve proposed developments in the Detroit-Shoreway and North Collinwood neighborhoods. **B1**

### A bunny lover

Patty Crites, who raised prize-winning rabbits at Pat's Bunny Farm in Spencer Township for 30 years, dies. She was 63. **B3**

# TEAMING UP AGAINST AIDS

More than 250,000 children die worldwide every year of tuberculosis in Africa.



PHOTOGRAPHS BY VANESSA VICK | SPECIAL TO THE PLAIN DEALER

Eighteen-month-old Farida Nabanja, held by her mother, Barbara Nazibanga, 21, must undergo periodic blood tests as part of a Case collaborative study of tuberculosis at Komaboga Health Center, a rural clinic outside Kampala, the Ugandan capital.

## TB

FROM A1

### Research helps fight against AIDS

Case Western Reserve University and Makerere University launched the Tuberculosis Research clinic in 1994 after the bacterial infection that generally attacks the lungs emerged as the biggest threat to the faltering immune systems of Africa's spiraling AIDS population.

Case's studies have led to more effective ways of tracking and treating the disease and a better understanding of how TB can accelerate the progression of the AIDS virus. The research helped devise strategies for attacking the epidemics. In September, the World Health Organization and UNAIDS said that the lives of up to 500,000 HIV-positive Africans could be saved if African countries started simultaneously testing for and treating TB and HIV.

### A deadly dance between diseases

TB has long been endemic in developing countries like Uganda, where families without access to medical treatment live in poorly ventilated, crowded homes that foster the spread of disease. But in ways that scientists don't completely understand, TB, a centuries-old scourge, and HIV, a modern virus, have become intertwined in a pathological dance in which each accelerates the other's progress.

Close to half of Uganda's TB population is HIV-positive, and TB is among the most common causes of death for Africans who have AIDS.

With no AIDS vaccine in sight, Case's researchers in Uganda are focused on TB, the one disease they know they can cure. About 9,000 men, women and children from Kampala, the East African country's capital of 1.2 million, are enrolled in studies seeking to control and prevent TB.

Kasaija is one of the latest recruits. Nakibali met Kasaija only that morning, but he already knows his six-digit research number by heart. Nakibali is hoping to meet Kasaija's neighbors and the storeowner who will supervise the young man during the drug study.

But first, the two must walk past a goat munching on discarded vegetables, behind crouching men, and women vigorously washing clothes by hand, as well as a maze of cottages you would never find using Mapquest.

It takes them 10 minutes to reach the room Kasaija shares

with a friend. Kasaija motions Nakibali to an old wooden bench, the only piece of furniture besides his bed. Kasaija's spotless white shirt nearly lights up the room, which has no electricity or windows.

As Kasaija explains, in the soft-spoken tone characteristic of many Ugandans, that his TB symptoms started with a chronic cough and fever, the two men are interrupted by one of Kasaija's neighbors, a kind of elder for the enclave. Nakibali explains the study and its sponsors to the older gentleman, an important formality if the researchers are to be welcome in the coming weeks.

### Making strides against TB

Since 1995, Case Western Reserve University and its collaborators in Uganda have tracked tuberculosis in households and communities where the incidence of disease is greatest. Now one of the longest-running community health studies in the world, it has provided valuable clues in the prevention and treatment of TB. The research has:

- Identified factors associated with treatment failure, relapse and death from TB.
- Described the intertwining of HIV and TB.
- Calculated the rate of TB transmission in households.
- Identified which strains of TB travel fastest.
- Aided the search for a more effective vaccine for TB.

Then Nakibali and Kasaija walk around the corner to a drug shop to find the woman Kasaija has chosen to supervise his daily pill taking. But the door to the shop is bolted, and no one is sure when the woman will return.

Nakibali's face stares at the shuttered business, not much larger than a tool shed, and he shakes his head in frustration. After 10 years he is used to delays like this. He has a hunch the woman will have to be replaced.

Nakibali tells Kasaija he will stop back in a few hours. Then he quietly works his way out of the maze of huts and up the hill until he reaches the SUV.

From a distance, Case's blue-roofed research clinic looks like a cross between a beach bungalow and a tiny schoolhouse. Patients and their families hang wet laundry on bushes while a health educator at a blackboard teaches a dozen patients about prevention and treatment of TB. The pa-

tients, wearing surgical masks, sit on wooden benches in the clinic's outdoor waiting room.

Stuck on the front lawn, in view of kiosks selling fresh fruit, bottled water and phone cards, is a tin sign that announces the building's purpose: Uganda-CWRU Research Collaboration. The sign was posted in 1988, around the time Case researchers started with a chronic cough and fever, the two men are interrupted by one of Kasaija's neighbors, a kind of elder for the enclave. Nakibali explains the study and its sponsors to the older gentleman, an important formality if the researchers are to be welcome in the coming weeks.

With its academic partner, Makerere, Case began experiments that centered on four key areas in the escalating AIDS epidemic: human behavior, TB, mother-child transmission of HIV, and AIDS-related cancers.

Since then, Case's work in TB has blossomed, surviving early years when scientists battled supply problems, power failures, equipment breakdowns and dust storms to search for a quicker method of diagnosing TB.

### Controlling TB key to AIDS fight

Dr. Jerrold Ellner, who oversaw the AIDS collaboration in Uganda during the first 10 years, is largely responsible for Case becoming a leader in international TB research. Before the AIDS epidemic struck, Ellner spent most of his time holed up in his Cleveland laboratory studying the cellular interactions of mycobacterium, the organism that triggers TB.

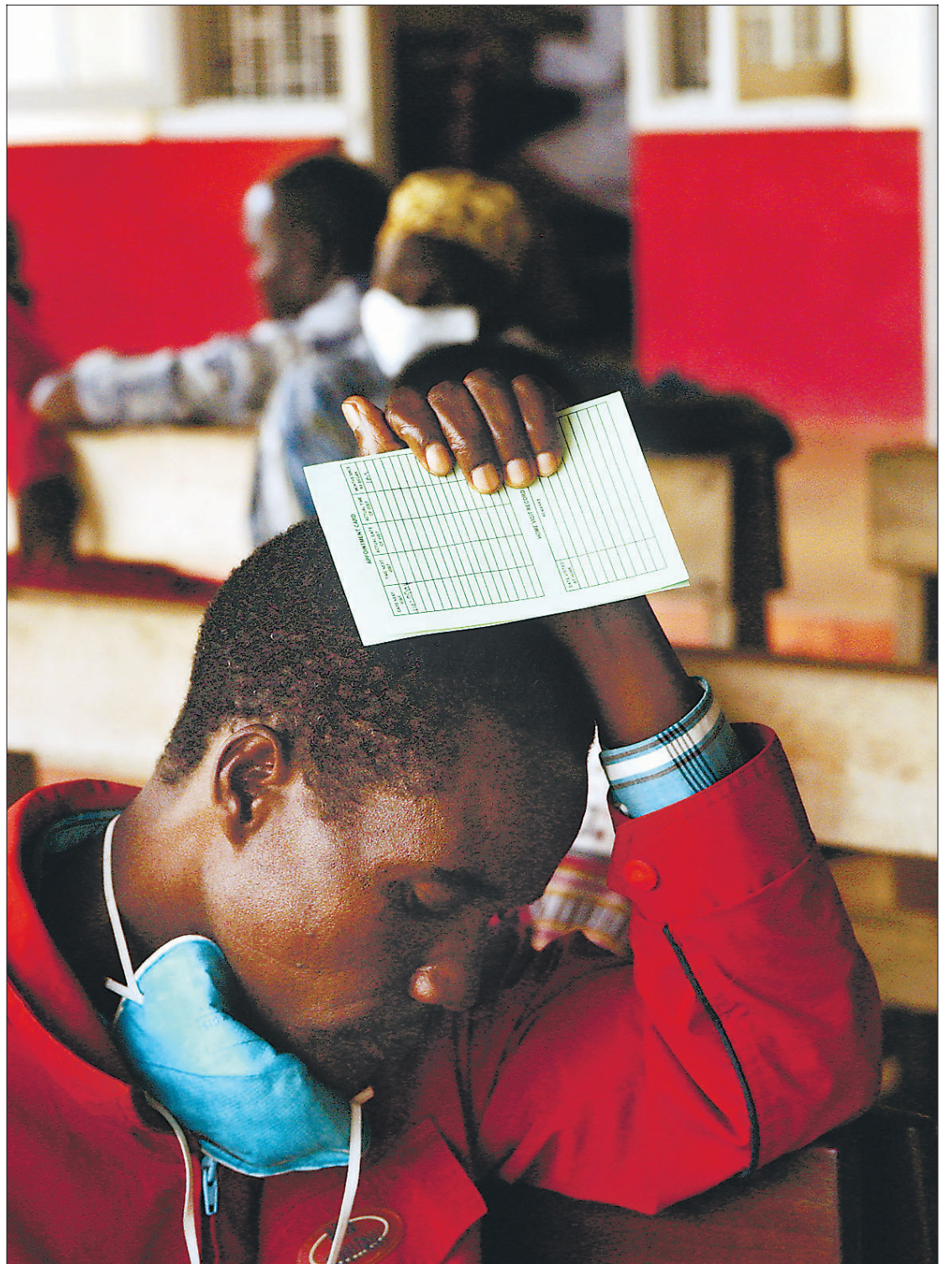
Ellner realized that reducing the rate of TB was key to controlling the AIDS epidemic in Africa. In some parts of the continent, as many as two-thirds of the patients with tuberculosis were also infected with HIV.

The collision of TB and HIV was draining Uganda's resources. TB caseloads in some hospitals grew from 800 to 4,000 a year.

Even when the infection was latent and asymptomatic, TB hastened death in people with AIDS by wearing down the body's arsenal of infection-fighting CD4 cells.

So in 1994, shortly before Case became involved in Africa's first AIDS vaccine study, Ellner secured a \$19 million U.S. federal grant to establish the tuberculosis research unit. A \$28 million grant followed five years later. Ellner left Case in 1999 to run the New Jersey Medical School's Department of Medicine, but the TB research unit remained under Case's watch.

Among Case's many research projects is one of the world's longest-running and most complex community health studies tracking the deadly TB bacteria. The school has joined in the hunt for a more effective TB vaccine



Susani Nsubuga comes to the Tuberculosis Research Unit in Kampala to get TB drugs. He is part of a major international Case study evaluating a new-generation antibiotic in the treatment of pulmonary tuberculosis.

and new treatments.

The TB research unit, headquartered in Cleveland, has academic partners around the United States. But it does virtually all of its clinical and laboratory work in Brazil, the Philippines and Uganda, with Uganda the oldest and, by far, the busiest of the three.

Its clinical site in Kampala sits high on a hill overlooking the maze of single-story wards known as Old Mulago Hospital, and the Makerere University Medical School. They are spread out, barracks-like, their foundations stained with the ubiquitous red dust. Some units are decayed; others have new coats of paint and brand-new roofs. In July, the campus opened a three-story infectious-disease unit

whose modern furnishings are in stark contrast to the simplicity of the rest of the buildings, where scores of patients sit on wooden benches and cement floors waiting for an appointment.

Because the financially strapped public hospital is chronically understaffed and short of supplies, families camp outside during the day cooking food and washing laundry for their hospitalized loved ones. Some families even bring their goats and chickens. Yet the medical campus has a sense of tranquility and order, disrupted mostly by wails coming from the obstetrics and pediatrics wards.

In the TB clinic's crowded waiting room, 30 men, women and children wait to be seen. Some wear the long African

dresses that seem more suitable for a wedding or a formal dance. Some of the people are enrolled in studies; others are candidates. Some have just TB; others also have HIV.

### Signs of progress after years of despair

Here is where the process begins for the dozens of studies and papers that Case and its collaborators in Uganda have published over the years.

TB scientists track reinfection rates and patterns of transmission in one of the capital's poorest suburbs. Two of the earliest accomplishments weeded out a cheap TB drug, which was too toxic in patients with HIV, and an ineffective drug combination.

SEE UGANDA | A7

TEAMING UP AGAINST AIDS

Between 2000 and 2020, one billion people will be infected with TB.



Ahmed Sentongo, 18, and his father both enrolled in a tuberculosis study a month ago run by the Case Western Reserve University-Uganda collaboration. Sentongo's community of tin roofs and dirt roads is typical of this urban Capital.

UGANDA, FROM A6

And in a part of the world where access to AIDS drugs is improving but still is largely a luxury, researchers look at whether a short course of anti-retroviral therapy will slow the progression of HIV in patients also infected with TB.

The entire crew of 144, from the woman who hands out free soda to patients to the doctors who run the studies, has been affected by the epidemic.

Many are deeply spiritual people who sought relief in science after losing many relatives and friends to AIDS or the string of infections that the virus cultivates. No one, it seems, is untouched by the epidemic.

The clinic's longtime educator, Kate Katiliwa, is raising two nieces orphaned by AIDS. Dr. Mary Nsereko, the 42-year-old clinical director and a mother of two, lost two colleagues to AIDS before they even graduated from medical school.

The clinic's staff is proud of Uganda's success in fighting AIDS and TB. The country's AIDS rate is now one of the lowest in Africa, where once it was the highest in the world. TB patients used to face a year of injections and a long hospitalization. Now the therapy is given orally and lasts about six months.

Team must cope with trying conditions

But the job isn't easy. The Uganda research team juggles nearly a dozen studies under trying working conditions that scientists in the United States rarely, if ever, encounter.

Research analysts sit at wooden desks that date back years before the dawn of AIDS to log on to laptops with faulty high-speed connections. Space is so tight that three

physicians share a desk. Nsereko shares her office with the pharmacy director, the secretary, the copy machine and a refrigerator that stores the TB skin tests. Stacks of X-ray film threaten to spill onto the floor.

Frequent power surges wreak havoc with the daily grind of data analysis, and dust keeps jamming the printer. Most of the offices don't have telephone jacks, so practically everyone carries a cell phone.

It's not comfort that's at stake. The clinic can't afford to let physical drawbacks jeopardize the program's research and thus its grants and reputation.

Time is money when something like the biohazard hoods suddenly go on the blink.

"If biomedical equipment breaks down in my laboratory in Cleveland, I call an 800 number in Ohio," said Dr. Henry Boom, the 51-year-old Shaker Heights immunologist in charge of Case's TB operations around the world. "Sometimes the repairmen are right on site. Sometimes they have to drive in from Toledo or Columbus. In Kampala, you have to fly someone in from South Africa or Europe."

Boom became interested in unraveling the secrets of TB more than 20 years ago. But it wasn't until he took over the Case research unit in 1999 that he shifted his studies overseas.

He admits that practicing Western science under Third-World conditions can be as daunting as the research itself.

The language barrier is a challenge, said Boom. Consent forms have to be translated into the local dialect, often in longhand, then translated back into English to avoid any confusion.

Kampala's mix of old and new technology also can be a challenge. Case's air-conditioned microbiology laboratory on the outskirts of the city is a high-tech

operation that does DNA fingerprinting. But the national laboratory still cracks its own eggs to culture the TB bacteria and uses an old-fashioned wooden incubator to store the specimens.

Nothing is taken for granted in this environment, where only a fraction of the country's AIDS and TB patients can afford treatment. Workers talk as passionately about the need to conserve the supply of rubber gloves as they do about the state of HIV and TB.

"We're grateful for the U.S. dollars being spent on research and the training that has been offered and the fact that researchers haven't merely published their papers and left," said Dr. Alphonse Okwera, director of Uganda's National TB Control Program and a Case collaborator. "But when we see what other academic institutions have provided, some of us feel depressed. We want to see some physical presence here."

Clinic staff members aren't the only ones complaining about the lack of space. A contractor for the National Institutes of Health, brought up the congestion during one of the agency's periodic visits to monitor the studies.

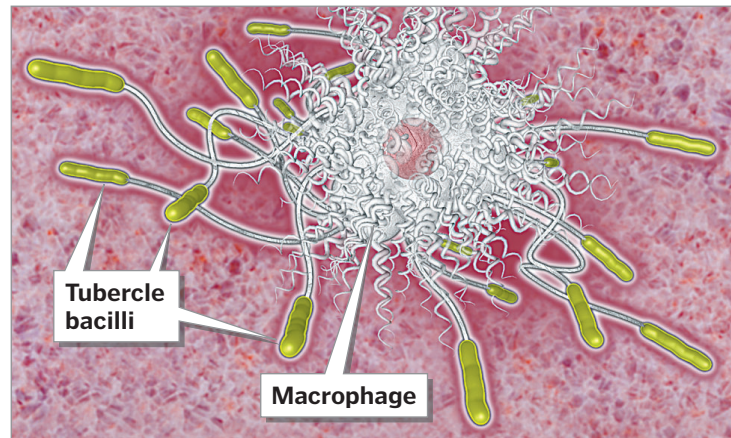
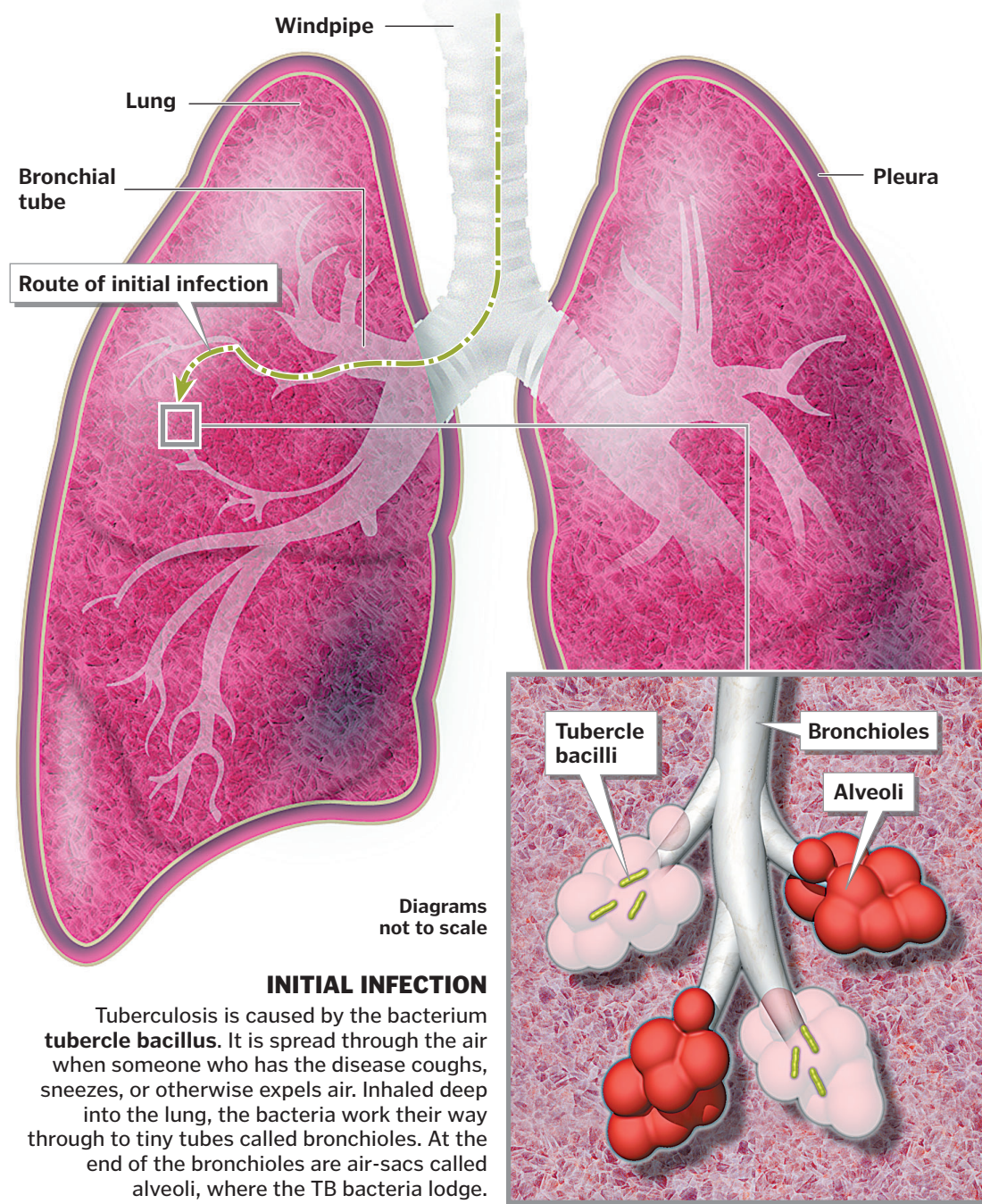
Relief may be on the way. Dr. Ralph Horowitz, the dean of the Case medical school, said in August that the university may invest in a building either independently or with another collaborator for its Uganda projects.

"We have had a long, distinguished presence overseas in TB and HIV research," said Horowitz. "We were the first to establish a collaboration in Uganda, and we want to guarantee that we remain a leader in that area."

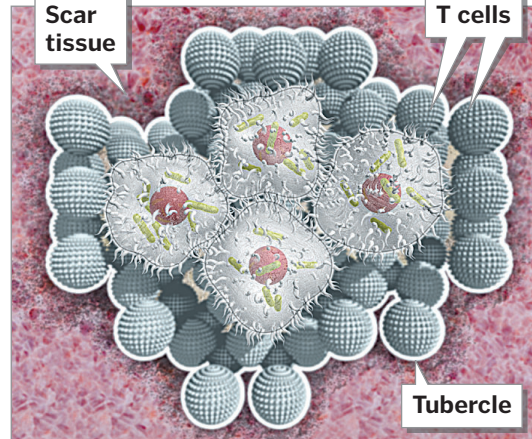
To reach this Plain Dealer reporter: rmcenery@plaind.com, 216-999-5338

TB and HIV: A deadly dance

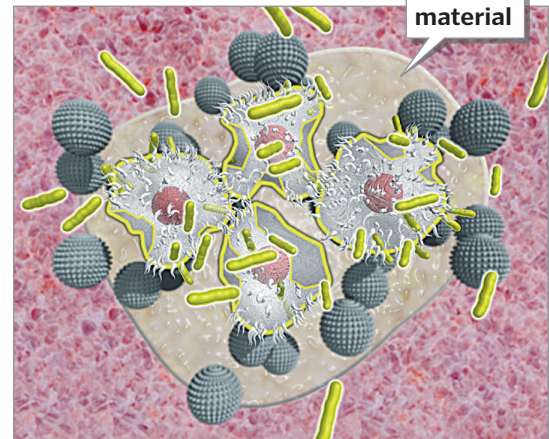
AIDS does not kill its victims directly. By destroying a person's white blood cells, it prevents its victims from fighting off disease. And one of the most endemic of these diseases in Africa is tuberculosis. Long after the era of antibiotics, tuberculosis remains a concern in the developing world because of crowded living conditions and lack of access to treatment.



**INITIAL DEFENSE**  
White blood cells protect the body from illness, and those called **macrophages** attack, engulf and isolate the bacilli. Unlike most bacteria, TB bacilli resist digestion by the macrophage, and can thrive and multiply inside the cell.



**FURTHER DEFENSE**  
Other white blood cells, called **T cells**, surround the macrophages, forming **tubercles** and further isolate the bacilli. Scar tissue forms around the tubercles, adding another layer of protection. Ironically, the lung cells that die inside the tubercle form **caseous** material, a cheeselike substance that provides a breeding ground for the bacilli should they become active again.



**BREAKDOWN**  
A healthy person infected with the bacilli might go years with no symptoms. An immune system weakened by HIV/AIDS, however, produces fewer and fewer white cells to fight off infection. When bacilli break out of the macrophages and tubercles, and spread, more weak tubercles form and die, leaving more caseous material. The bacilli multiply and eventually destroy the lung.

How TB amplifies HIV

TB doesn't increase a person's risk of contracting HIV, but it seems to amplify progression of the virus once people acquire it. Active TB causes the AIDS virus to begin replicating faster in the body's already vulnerable supply of infection-fighting lymphocytes and macrophages. Researchers believe this twisted relationship pushes victims on a faster course to full-blown AIDS.

How HIV amplifies TB

Even when TB infection becomes full-blown, treatment can usually kill the disease within six months. But when HIV strikes, it destroys infection-fighting cells and permanently weakens the immune system, leaving the person more vulnerable to killer diseases. Progression to active TB is 10 times more likely in a person with AIDS than in one with a fully functioning immune system.

Key tuberculosis researchers

**Jerrold Ellner, 59**, an internationally recognized tuberculosis researcher, was selected by Dr. Fred Robbins to head the Ugandan AIDS collaboration in 1987. He caught malaria during one of his many visits to Uganda. He now chairs New Jersey Medical School's Department of Medicine.

**Major areas of research:** Africa's first AIDS vaccine study; started Case's Tuberculosis Research Unit, an international team of scientists with outposts in Uganda, the Philippines and Brazil.

**Henry Boom, 51**, took over the Tuberculosis Research Unit five years ago. With approximately half of Uganda's AIDS population infected with TB, the work of the unit has increasingly centered on developing better ways of managing and treating TB. Boom's laboratory in Uganda is more high-tech than in the days when Case researchers used sunshine to power microscopes, but repairmen are still flown in periodically to fix the equipment.

**Major areas of research:** TB immunology, TB vaccines

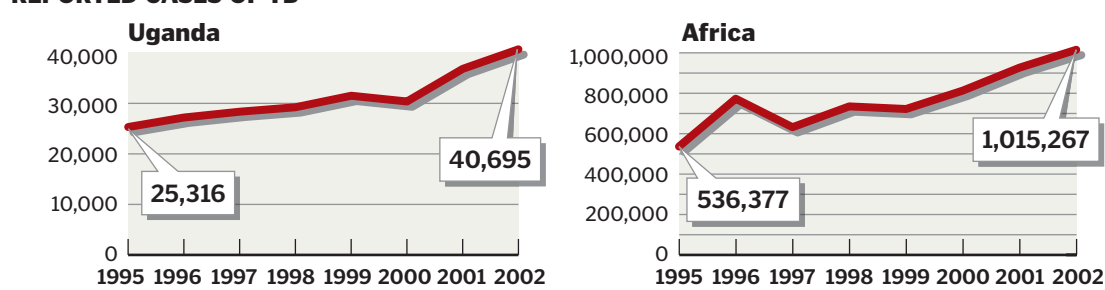
**Christopher Whalen, 48**, a medical epidemiologist, was recruited by Dr. Fred Robbins to study TB, which infects about half of Africa's AIDS population. His findings showed that early treatment

of TB could slow progression of HIV. He also heads an international training program for scientists and health-care workers in developing countries. **Major areas of research:** TB epidemiology, interaction of HIV and TB

A growing threat

Since 1995, the number of reported TB cases grew 61 percent in Uganda and 89 percent in Africa. Per capita, the continent has the highest incidence and mortality of TB in the world.

REPORTED CASES OF TB



SOURCES: Case Western Reserve University Tuberculosis Research Unit, Patient Education Institute; World Health Organization/World Book Encyclopedia  
REID BROWN | THE PLAIN DEALER