

THINK SHARP

Points

The Dallas Morning News

Section P

Sunday, November 25, 2018

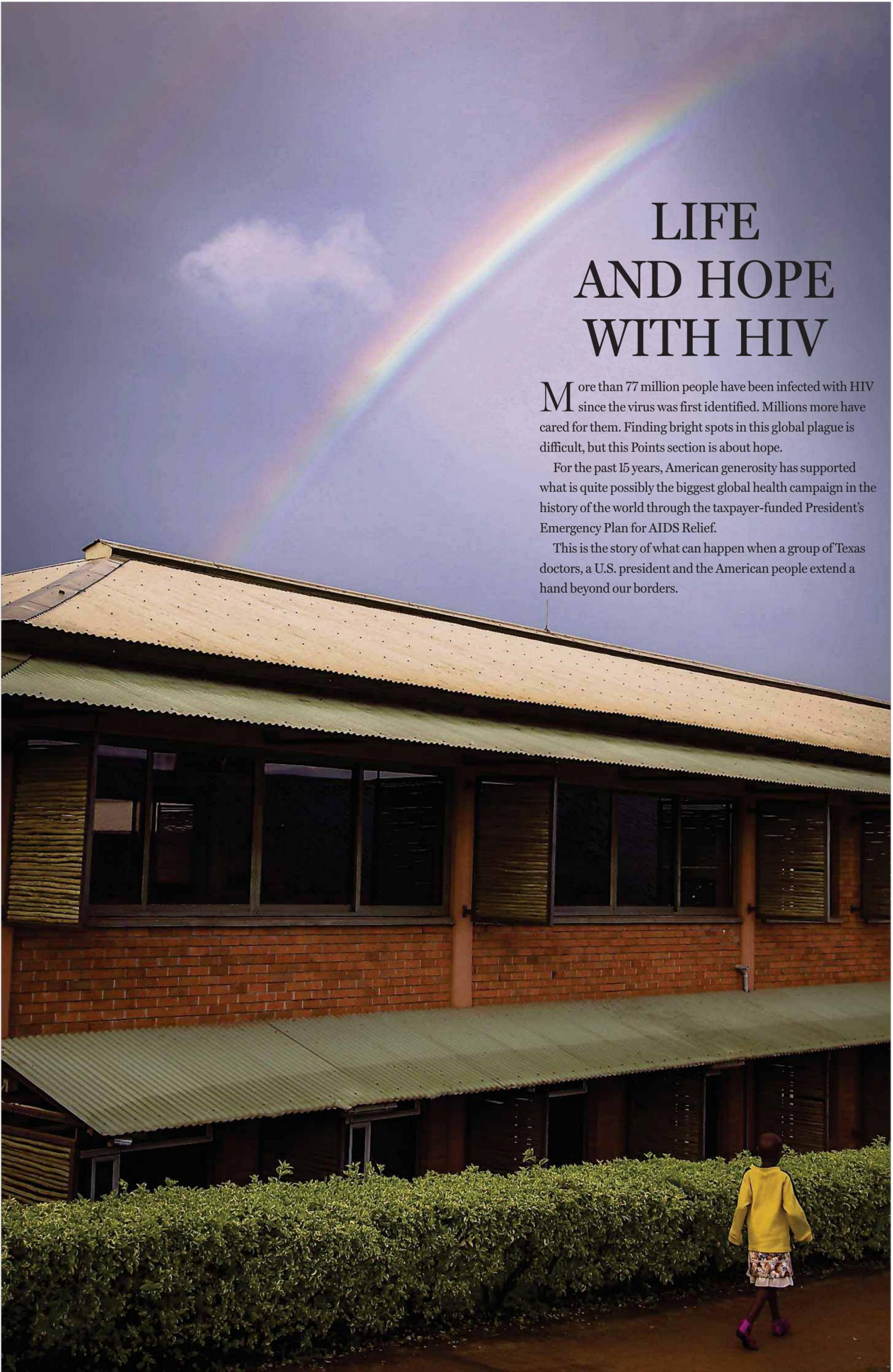
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LIFE AND HOPE WITH HIV

More than 77 million people have been infected with HIV since the virus was first identified. Millions more have cared for them. Finding bright spots in this global plague is difficult, but this Points section is about hope.

For the past 15 years, American generosity has supported what is quite possibly the biggest global health campaign in the history of the world through the taxpayer-funded President's Emergency Plan for AIDS Relief.

This is the story of what can happen when a group of Texas doctors, a U.S. president and the American people extend a hand beyond our borders.



Smiley N. Pool © 2012

A rainbow stretched overhead as a girl walked past the Uganda-Baylor Center of Excellence at Mulago Hospital in Kampala in April 2012. The clinic — like similar clinics in Botswana, Malawi, Tanzania, Lesotho and eSwatini — treats children with HIV as part of the Baylor International Pediatric AIDS Initiative in Africa.

Embracing those with HIV

EDITORIAL: It's been 15 years since President George W. Bush launched America's historic President's Emergency Plan for AIDS Relief, which has helped nearly 2.5 million babies to be born free of HIV. **2P**

Ingrid and Liam

Behind that white door at a clinic in Botswana was hope for both Ingrid and her son Liam and the rest of the world. **3P**

Great joy, great risk

Programs such as Saving Mothers, Giving Life have significantly increased the well-being of mothers and their babies in Uganda. **6P**

Online

Find more photos online at dallasnews.com/life-and-hope

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EDITORIAL

Embracing Those with HIV

From Texas to Botswana, commitment and passion of many have changed lives

It's been 15 years since President George W. Bush launched America's historic President's Emergency Plan for AIDS Relief, which today supports lifesaving HIV treatment for more than 14 million people worldwide and has helped nearly 2.5 million babies to be born free of HIV.

With Dec. 1 marking the 30th anniversary of the first World AIDS Day in 1988, we thought it fitting to recognize the great strides we've made globally in fighting what was once the deadliest pandemic facing the developed and developing world. As Laura Hallas writes in her essay "Fighting AIDS in Africa: How a president's initiative tamped down an epidemic":

"HIV might be the first disease in history eliminated without a vaccine. It could also be a resurging plague, renewed by global apathy."

Hallas rightly points out that it will take "commitment and passion to tip the scales in the right direction."

We're proud to say that our very own Smiley N. Pool, whose photographs accompany Hallas's commentary, has displayed a great deal of "commit-

ment and passion" in raising awareness about the struggles, the isolation and, yes, the triumphs of HIV-positive adults and children the world over.

Robert Frank, one of the most influential photographers of the 20th century, said: "There is one thing the photograph must contain, the humanity of the moment." To his credit, and the great benefit of our newspaper's readers, Pool has been capturing the "humanity of the moment" — whether it be in the

storm-ravaged wake of Hurricane Katrina or the quiet hope of a children's AIDS clinic in Romania — for more than three decades.

In 2006, Pool and other *Dallas Morning News* photographers were awarded the Pulitzer Prize in Breaking News Photography for their "vivid photographs depicting the chaos and pain after Hurricane Katrina engulfed New Orleans." Pool's aerial photographs for that series — some of families spelling out "HELP" on rooftops, others of the sheer devastation of a deluge that went on for miles — are seared in the memories of many Americans.

But those photographs, as moving and memorable as they may be, are in some ways not representative of the way Pool usually photographs a subject. The cliché "up close and personal" doesn't begin to express the degree of intimacy Pool seems to have with his subjects — many of whom he returns to photograph again and again over decades, at different stages of their lives.

The photos accompanying the Hallas piece are more representative of his work and the closeness he develops with his subjects, whether they be adults or children, doctors or orphans, in Africa, the U.S. or Europe.

Indeed, it would be more appropriate to say Hallas's text accompanies Pool's photos, as they were — from the inception — the inspiration for her story and the newspaper's idea to commemorate World AIDS Day.

You'd be hard-pressed to get Pool to talk about it — like most journalists he'd rather explore the lives of others than talk about himself

— but his first international assignment was in 1996 to cover the work of Dr. Mark Kline. The Houston physician was traveling to Romania with a team of medical experts from Texas Children's Hospital to explore different clinical approaches to treating the explosion in the number of children there infected with HIV.

That trip led to decades of photographing HIV-positive kids and their families. But more important, he got to know them and to better understand the physical and emotional world they inhabit. If that "emotional connection" isn't made, says Pool, what appears on the page is "just some suffering in a faraway place."

That connection, whether in Texas, Romania or Botswana (where all the photos with Hallas's essay were taken), is what Pool is addicted to — and what keeps him going back to visit the people in his photos, whether to attend (and photograph) the wedding of a young Romanian woman 15 years after he first photographed her being treated for HIV, or to see a young Botswana woman he first photographed as a little girl compete in her country's Miss Stigma-Free Pageant for HIV-positive women.

In 2003, Pool met Ingrid and Liam Kealotswe, the mother and son featured in Hallas's piece, after traveling to Botswana with Kline and others from the Baylor International Pediatric AIDS Initiative, which Kline founded in 1996. The photos in the piece are just a handful of the tens of thousands Pool says he's taken on his trips to Africa and Romania. "Ingrid," says Pool, was one of only a few patients "willing to blast through the dangers of disclosing her HIV-positive

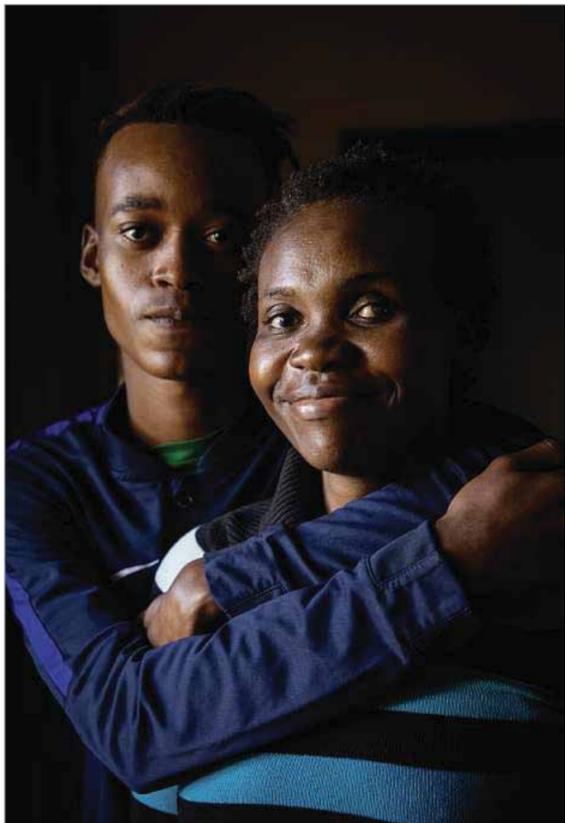
status and speak in front of the TV cameras in Botswana." Soon after that, first lady Laura Bush and her daughter Barbara visited the newly opened Botswana-Baylor Center of Excellence, the state-of-the-art clinic made possible by the Baylor International Pediatric AIDS Initiative and funding from the President's Emergency Plan for AIDS Relief, where Kealotswe, her son and more than 4,000 other HIV-positive children and families receive care.

"The day I met Liam," Pool says, "is the day he literally sat there in a turtleneck sweater playing with toys in the lobby of the center waiting for the assembled world media to take his picture."

In May, Pool went back to Botswana and met Liam, now 19, and his mother again. Among his photos is a portrait of the two — Liam's healthy arms warmly embracing his beaming mother.

Kline's ongoing commitment to giving HIV patients in Africa and around the world the same quality of care as those in the U.S. is nothing short of "remarkable" says Pool. It is also a "remarkable thing that President Bush committed the American people to save a generation — save an entire continent — from immediate medical disaster." The staff on the ground is equally important, says Pool, and they too deserve the world's thanks.

As for Ingrid and Liam Kealotswe, he says, "I just wish they had more opportunities to follow their dream. But they understand that every day is a blessing."



Smiley N. Pool © 2018

Liam Kealotswe wraps his arms around his mother, Ingrid. Both are HIV-positive and receive care through a clinic in Botswana supported by a U.S.-backed AIDS initiative.

TIMELINE: FIGHTING A PANDEMIC

1981

■ The U.S. Centers for Disease Control and Prevention issues a warning about a rare form of pneumonia among a small group of gay men in Los Angeles.

1982

■ The CDC establishes the term "acquired immune deficiency syndrome."
■ The first AIDS case is reported in Africa.

1984

■ The virus that causes AIDS is isolated by Luc Montagnier of the Pasteur Institute and Robert Gallo (right) of the National Cancer Institute; it is later named the human immunodeficiency virus.



1985

■ Ryan White, 14, is denied admission to school in Kokomo, Ind., because he has AIDS. He becomes the poster child for the horrors of HIV/AIDS in America.

1986

■ The drug AZT is used in clinical trials.

1987

■ AZT is the first drug approved by the Food and Drug Administration for the treatment of AIDS.
■ The AIDS Memorial Quilt is displayed on the National Mall.
■ President Ronald Reagan makes a public speech about AIDS after broad criticism for not speaking the name of the disease. More than 4,000 deaths due to AIDS had been confirmed in the U.S.

1988

■ The World Health Organization declares Dec. 1 to be World AIDS Day.

1989

■ First lady Barbara Bush visits Grandma's House, a home for children with HIV. She hugs and holds the children and plays with them.

1990

■ Ryan White dies in Indianapolis at 18. His death galvanizes Congress to pass the Ryan White Care Act.
■ The FDA approves AZT for use in children.



1991

■ Magic Johnson announces he is HIV-positive and retires from basketball.

1992

■ The eighth International AIDS Conference moves to Amsterdam from Boston due to a U.S. ban on immigration and travel to the U.S. by people with HIV/AIDS.

1994

■ The U.S. Public Health Service recommends use of AZT by pregnant women to reduce perinatal transmission.
■ AIDS becomes the No. 1 cause of death for all Americans ages 25 to 44.

1995

■ The FDA allows an open label study of saquinavir for the treatment of HIV infection and AIDS. Saquinavir, manufactured by Hoffmann-La Roche, is the first protease inhibitor made available outside of clinical trials.
■ The FDA approves the first protease inhibitor, beginning a new era of highly active antiretroviral treatment (HAART). Once incorporated into clinical practice, HAART reduces AIDS-related deaths and hospitalization by 60 percent to 80 percent in countries that can afford the treatment.

1996

■ Dr. Mark Kline travels to Romania with a team from Texas Children's Hospital.
■ AIDS is no longer the No. 1 cause of death for all Americans ages 25 to 44, but it remains the leading cause of death for African-Americans in that age group.
■ Media reports declare "AIDS no longer a death sentence" thanks to the introduction of highly active antiretroviral therapy.
■ HIV incidence peaks. The estimated number of people living with HIV is 23 million.

1997

■ The FDA grants accelerated approval for Viracept (nelfinavir), the first protease inhibitor for use in children as well as adults, and the FDA approves pediatric labeling for the protease inhibitor Norvir (ritonavir).
■ AIDS-related deaths in the U.S. decline by more than 40 percent from the previous year, largely due to highly active antiretroviral therapy.
■ New infections begin to slow with the introduction of HAART, but UNAIDS still estimates that about 16,000 new infections occur each day.

1999

■ The Baylor Pediatric AIDS Initiative receives funding from the Sisters of Charity of the Incarnate Word to renovate a building in Constanta, Romania, for a pediatric HIV clinic.
■ The World Health Organization announces that AIDS is the fourth biggest cause of death worldwide and No. 1 killer in Africa. Total deaths rise to 14 million.

2000

■ Botswana President Festus Mogae warns

at the World AIDS Conference in Durban, South Africa, that his country is "threatened with extinction."

■ The Baylor Pediatric AIDS Initiative begins talks about building a center in Botswana.

2001

■ The Baylor Pediatric AIDS Initiative officially opens the Romanian-American Children's Center in Constanta, Romania.
■ The 20th anniversary of the first reported AIDS case is marked.

2002

■ AIDS becomes the leading cause of death worldwide among people ages 15 to 59, and the leading cause of death in sub-Saharan Africa.

2003

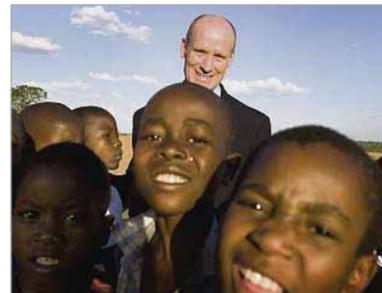
■ President George W. Bush announces the President's Emergency Plan for AIDS relief, a \$15 billion, five-year plan to combat AIDS, primarily in countries with a high number of HIV infections.
■ The Botswana-Baylor Center of Excellence opens in Gaborone to replace the tiny BANA clinic.
■ First lady Laura Bush visits Botswana-Baylor Center of Excellence.

2005

■ Retroactively, 2005 is widely cited as the "peak" of HIV/AIDS deaths, with 1,900,000 AIDS-related deaths that year.
■ Baylor International Pediatric AIDS Initiative expands in Africa, opening the Baylor-Bristol-Myers Squibb Children's Clinical Center of Excellence in Maseru, Lesotho.

2006

■ The Pediatric AIDS Corps of the Baylor Pediatric AIDS Initiative launches to place 50 doctors per year in Africa.



■ The Malawi-Baylor Center of Excellence opens. Dr. Kline (above) attended the opening.
■ The mortality rate at the Romania center drops to less than 1 percent.

2008

■ The Uganda-Baylor Center of Excellence opens.
■ Congress reauthorizes PEPFAR for an additional five years, with an authorization for up to \$48 billion and a focus on integrating HIV response into countries' health systems. This shift marks the transition from a fight for survival to one of sustainability.

2009

■ President Barack Obama lifts the travel and immigration ban on people with HIV, a restriction he cites as being rooted "in fear rather than fact."
■ Former President George W. Bush and Laura Bush receive the 2009 Leadership Award from the Baylor International Pediatric AIDS Initiative.

2011

■ Baylor Centers of Excellence open in Mwanza and Mbeya, Tanzania.
■ The 30th anniversary of the first reported AIDS case is marked.

2012

■ The FDA approves PrEP for HIV-negative people to prevent the sexual transmission of HIV.
■ With 54 percent of people clinically eligible for treatment now receiving HIV therapy, the majority of identified HIV patients now have access to care.

2013

■ Botswana-Baylor celebrates its 10th anniversary and launches an adolescent center to address the specific needs of HIV-positive patients.
■ AIDS-related deaths have fallen more than 30 percent from their peak in 2005.

2014

■ The end game is in sight for HIV, as UNAIDS launches the 90-90-90 targets, which aim for 90 percent of people living with HIV to be diagnosed, 90 percent of those diagnosed to be accessing antiretroviral treatment and 90 percent of those accessing treatment to achieve viral suppression by 2020.

2016

■ In expansion of their mission, the Botswana-Baylor Children's Center of Excellence and the government of Botswana agree to build the first children's hematology and cancer center of excellence in Gaborone.

2017

■ For the first time, more than half of the global population living with HIV are receiving antiretroviral treatment, a record of 19.5 million people.

2018

■ Dec. 1 is the 30th World AIDS Day.

Sources: Avert; Kaiser Family Foundation; Baylor Pediatric AIDS Initiative; Elizabeth Glaser Pediatric AIDS Foundation; Houston Chronicle; Food and Drug Administration; UNAIDS

Compiled by Smiley N. Pool, edited by Laura Hallas

LIFE AND HOPE WITH HIV

Photos by **SMILEY N. POOL**/Staff Photographer

Story by **LAURA HALLAS**/Special Contributor and **SMILEY N. POOL**/Staff Photographer

Fighting AIDS in Africa



Ingrid Kealotswe had blood drawn as her son, Liam, looked on during a visit in June 2005 to the Botswana-Baylor Center of Excellence in Gaborone. Both mother and son are HIV-positive. The clinic opened in Botswana after a speech by President Festus Mogae at an AIDS conference in 2000 focused attention on the epidemic in his country. "We are threatened with extinction," he said.

How a president's initiative tamped down an epidemic

Ingrid Kealotswe vividly remembers the despair in Botswana's Princess Marina Hospital. Her 6-month-old son, Liam, had tested positive for HIV and joined dozens of children on the ward who existed in unimaginable limbo. As an adult, Kealotswe had been able to get treatment for her own HIV, but the same virus that had been subdued in her body raged unopposed in her child. Without treatment, parents watched as their children slipped from life.

"It was like a storm of death," Kealotswe said in an interview nine years ago. "I would sit and wonder, 'Am I going to go back home without Liam?' There were so many mothers coming into the hospital with their children and going back home without their children. You listen to those mothers crying every time a child dies. It was horrible."

But a current of hope was coursing through Princess Marina Hospital. Word spread in the children's ward. Kealotswe heard the whispers among other mothers of a "white door." A door where skeletal, listless children entered, and emerged baby-plump and happy. Stigma and fear kept the abbreviation "HIV" from entering the conversation. But the parents could talk about the white door.

Behind that white door was hope for both Kealotswe's family and the rest of the world. The imagination and grit of a Texas pediatrician, the concern of the president of Botswana and his people, and the humanitarian commitment of a U.S. president all combine in the story of this clinic.

Dr. Mark Kline and his team with the Baylor International Pediatric AIDS Initiative, or BIPAI (pronounced bee-pie) had been treating kids with HIV, first in the U.S. and then in Romania. Kline had begun

planning for expansion into Africa, and a transformative speech by Botswana's President Festus Mogae at an AIDS conference focused his attention on Botswana.

If BIPAI could partner with the efforts of Botswanan physicians and Ministry of Health, the doctors could expand the model that had worked in Romania. And if it worked in Botswana, it just might work elsewhere in the Africa.

So through private donations from the Bristol-Myers-Squibb Foundation, the BIPAI team approached Botswana's Ministry of Health with a proposal and a commitment: to build a clinic where Botswana children could access life-sustaining care for the rest of their lives. The ministry agreed. BIPAI would start with a small clinic, with construction of a free-standing building on the way.

They called it the BANA clinic (Botswana-Baylor Antiretroviral Assessment) — "bana" means "children" in the Setswana language. It was little more than an old store closet fitted with an exam table and some basic equipment, but at the time of its founding it was the only source of treatment for HIV-positive children in sub-Saharan Africa.

Housed behind an inconspicuous



During a tour of the Botswana center in July 2003, first lady Laura Bush talked with Kealotswe (left) as Liam, then 4, played with a toy. The center was the first of its kind on the African continent, serving children infected with HIV.



Liam, then 6, sleeps with his mother in their home in the village of Mapoka. Botswana is a country of about 2.3 million people in southern Africa.

LIFE AND HOPE WITH HIV

Children's clinic slows a plague in Botswana

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white door, the clinic offered hope above all else.

Kealotswe took Liam to the white door in a step of faith. Sure enough, Liam began to get better.

By the time BIPAI opened the Botswana-Baylor Center of Excellence in 2003, the public-private partnership was the largest provider of pediatric HIV care in sub-Saharan Africa. Such an outcome was never supposed to be possible. Now, there was a model that worked. BIPAI just had to find a way to expand.

More than 77 million people have become infected with HIV over the years. Millions more have cared for them. In a plague of this magnitude, it is difficult to find the bright spots, and more difficult still to see how you relate to an HIV patient half a world away. But by examining the impact of a Texas physician and a Texan president's plan, we can better understand the moral necessity of extending a hand beyond one's own borders.

You have a place in this story, too. Everyday Americans are silent yet vital partners to the researchers, physicians and governments around the world who joined forces to end a plague. For the last 15 years, American generosity has led what is quite possibly the biggest global health campaign in the history of the world through the taxpayer-funded President's Emergency Plan for AIDS Relief.

Threatened with extinction

Nearly two decades ago, the president of Botswana had a dire message to share with the world. His words at the International AIDS Conference in Durban, South Africa, were a major marker in the epidemic.

"We are threatened with extinction. People are dying in chillingly high numbers. We are losing the best of young people. It is a crisis of the first magnitude," Mogae told the audience of world leaders in 2000.

He described a world that is almost unimaginable today. More than a third of the adult population in Botswana faced HIV/AIDS in 2000, and without widespread availability of the lifesaving medications known as antiretrovirals in use in the U.S., HIV was practically a death sentence.

Death touched everyone. Teachers. Members of parliament. Doctors. Parents. The situation was even more grim for children. The drugs that were slowly approved for use in adults didn't get the same green light for use in children right away. HIV threatened the very fabric of society across sub-Saharan Africa.

The introduction in the U.S. of a triple combination antiretroviral therapy in 1996 transformed AIDS from a death sentence to a survivable lifelong disease. The transformation was near-biblical, with a name to match. The new drugs allowed skeletal figures, wasted by AIDS, to regain critical CD4 immune cells, pulling patients back from the brink of death. People called it the "Lazarus effect."

But those life-saving medications weren't widely available in sub-Saharan nations right away. Barriers ranging from the lack of pharmacy freezers to a dearth of physicians trained in HIV care prevented access to lifesaving drugs for entire countries. Many HIV experts and donors viewed the African HIV/AIDS epidemic as hopeless, a region-wide illness that must take its course.

The attitude was more befitting to a case of the sniffles than a killer epidemic. Kline, who is now physician-in-chief of Texas Children's Hospital, knew the world could do more to help kids with HIV.

The Houston pediatrician had conceived of BIPAI somewhere over the Atlantic Ocean, sitting in a coach seat on his flight back to Houston from Bucharest. He couldn't shake the image of HIV-positive kids abandoned in Romanian orphanages and begging on the streets. With the support of donors such as the Abbott Fund and Houston's Sisters of Charity of the Incarnate Word, and strong partnerships with the Romanian government, he helped build the infrastructure necessary to provide the state-of-the-art HIV medications available to American children.

It was the right thing to do in Romania in 1996. And in 2000 when he read about Mogae's plea in *The New York Times*, he knew he had to take



Liam Kealotswe (third from left) played tug-of-war with children in the yard outside his home in Mapoka, Botswana, in June 2005. Six years earlier, when he tested positive for HIV as a baby and was sick, his mother feared she would lose him.

action again.

"A lot of experts had sort of written Africa off," Kline said. "But I had seen the power of highly active antiretroviral therapy. I had seen the impact that it could have, and I felt like there was so much more that we could do."

The BIPAI network began preparing to expand to Botswana.

'A work of mercy'

As Kline and BIPAI worked from Houston to figure out how to expand HIV/AIDS care in Africa, President George W. Bush mulled over the same question in the Oval Office.

Bush was well aware of the HIV/AIDS epidemic by the time he began his term. His father, George H.W. Bush, served as vice president to President Ronald Reagan at the height of America's HIV/AIDS epidemic — the senior Bush had actually been booed on stage at the 1987 International Conference on AIDS, a reaction to Reagan's lacking HIV response.

Once he became president, George H.W. Bush accelerated federal spending for HIV research and response, but there simply weren't enough affordable drug options at the time for any kind of widespread global health initiative. At about \$20,000 a year, even that highly effective drug cocktail from 1996 was way too expensive to offer in low- and middle-income countries in any sustainable or widespread way.

But in 2002, research showed that a single dose of an affordable drug called Nevirapine given to both the mother and the newborn could greatly reduce the risk of mother-to-child HIV transmission through birth and breastfeeding. For policymakers, this was huge.

President George W. Bush called on Dr. Anthony Fauci, an HIV/AIDS expert at the National Institutes of Health who had already advised Bush's father on the disease. The president wanted officials from the NIH and the Department of Health and Human Services to visit Africa and put together a program to reduce mother-to-child transmission with these affordable drugs.

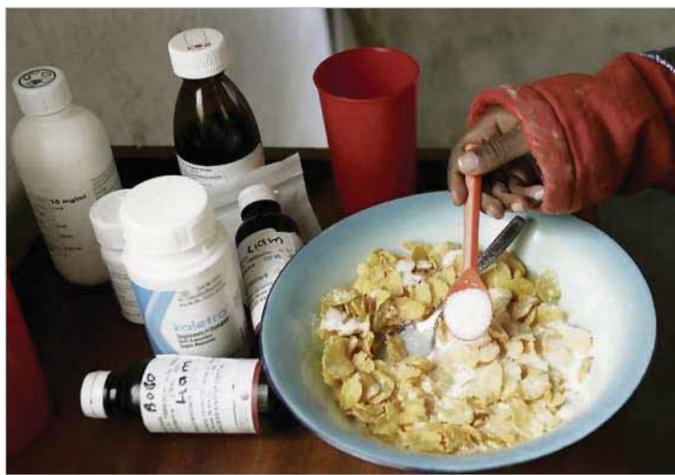
The job was simple: They would design the program, he would take care of the funding.

"The president expressed this feeling that we need to see if we could do something for the developing world," Fauci said. "His words will stick with me forever: 'We as a rich nation have a moral obligation to help people who don't have access because of lack of resources.' He felt it was a moral obligation."

Fauci presented the initial results to the president, proposing a relatively modest \$500 million program to prevent mother-to-child transmission. The presentation went well, and



Ingrid Kealotswe bathed her son in a plastic tub in their home. Liam has thrived through the continuing care of the children's clinic in Gaborone.



Liam sprinkled sugar on his morning bowl of corn flakes in June 2005 next to bottles of medicine prescribed for him and his mother.



Kealotswe laughed with Liam as they snuggled under a blanket at her mother's home in Gaborone in June 2014.

LIFE AND HOPE WITH HIV

U.S.-backed AIDS effort transforms lives

Continued from Page 4P

Fauci prepared to leave the Roosevelt Room. But as he turned to go, the president pulled him aside. Fauci remembers Bush saying the U.S. could do something even more “transformative, yet accountable.”

“I got goose pimples,” Fauci said. Bush wanted to lead the global HIV/AIDS response on scale that no other nation would even dare to imagine.

To Fauci, this request seemed almost too good to be true. Every presidential administration, before and since, approached any sort of aid initiative in the same general way. A project proposal arrives on the president’s desk; if he approves, the appropriate implementing agency carries it out. If a program required a vote through Congress, the path dragged on longer.

This time, a president was leading the charge. What Bush envisioned required entirely new understanding of what government could do.

Treatment for HIV/AIDS entails a lifetime struggle of medication and therapy to keep immunity at a normal level. A lapse in funding or a future president’s cold feet would condemn millions. America had to get this right.

Fauci worked furiously with Bush’s chief of staff, the Department of Health and Human Services, his assistant Dr. Mark Dybul, and a host of other actors to build just such a program. Which countries should they include in the first 15 focus countries? India? China? What about the Caribbean? The budget people were getting antsy about the \$15 billion price tag — would the president say no to it all? The back-and-forth continued for months until they had a final proposal.

Bush approved. In January 2003 in his State of the Union address, the president laid out the largest-ever commitment by a single country to the cause of global health.

“Ladies and gentlemen, seldom has history offered a greater opportunity to do so much for so many. We have confronted, and will continue to confront, HIV/AIDS in our own country. And to meet a severe and urgent crisis abroad, tonight I propose the Emergency Plan for AIDS Relief, a work of mercy beyond all current international efforts to help the people of Africa.

“I ask the Congress to commit \$15 billion over the next five years, including nearly \$10 billion in new money, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean.”

Congress erupted into applause.

The President’s Emergency Plan for AIDS Relief, or PEPFAR, was born.

‘We are not alone’

Bush’s announcement of PEPFAR put the program and BIPAI on a kind of positive humanitarian collision course.

Shortly after Bush’s State of the Union address, Laura Bush and daughter Barbara Bush arrived in the lobby of the Botswana-Baylor Center of Excellence, the standalone successor of the one-room BANA Clinic. The first lady painted dolls and played with healthy kids, a far cry from the bleakness of the early days of the AIDS epidemic.

“When Laura Bush came, it meant the world to me,” Kealotswe said. “Because to me what it told me is that we are not alone.”

Congress granted the original \$15 billion request and has continued to sustain the program, averaging nearly \$6 billion a year in financial commitment. The list of focus countries was expanded from 15 to 60, including countries with stories as dire as Botswana’s.

Today, PEPFAR operates through U.S. agencies ranging from the Centers for Disease Control and Prevention to the Department of Defense, partnering directly with recipient governments and health care providers every step of the way.

PEPFAR supports more than 14 million people on HIV treatment globally, and it has enabled more than 2.2 million babies to be born HIV-free to HIV-positive women.

It’s a familiar refrain in the HIV/AIDS care community that it is nearly impossible to travel without seeing the benefits of PEPFAR, sometimes accompanied with fine print that says “sponsored by the American people.”

As for the BIPAI network, Kline says PEPFAR had a catalytic effect in expanding the program’s reach. The mechanism of converting U.S. money to care in Africa is a function of more than a little legalese, but the basic formula is the same. BIPAI sought to meet children’s needs wherever it could, establishing training and treatment. PEPFAR amplified the impact of BIPAI’s partnership.

BIPAI’s operations quickly expanded to other sub-Saharan countries hard hit by the HIV/AIDS epidemic, especially Malawi and Uganda, where incidence rates remain stubbornly high.

As far as Kline is aware, the BIPAI network remains the largest single provider of pediatric HIV/AIDS care and operates in 12 countries, treating more than 250,000 children and



Ingrid Kealotswe was comforted by her son, Liam, in May as she teared up while recalling being on the ward filled with sick children when he was an infant. Liam is now 19. Ingrid is an activist for HIV/AIDS patients.

their families.

Dr. Adeodata Kekitiinwa, a Ugandan physician and executive director of Baylor-Uganda, is part of BIPAI’s growth. She was drawn to HIV work after she lost family members to AIDS, and now she is seeing her 14 years of experience in PEPFAR-funded work influence national Ugandan health policy.

“Many people do ask me what has kept me motivated for the last 14 years,” Kekitiinwa said. “I say, seeing the children that we treated as babies, seeing some of them now almost graduating. Some of them are volunteers here; they are helping us to care for the others. It’s very motivating. You walk in and someone comes running, they say, ‘Oh Dr. Addy, you can’t even remember me.’”

Liam Kealotswe, the sick 6-month-old in Botswana, is 19 today. A painter, he hopes to re-create the image of his younger self with Laura Bush. His HIV diagnosis is no longer a death sentence, a reality he credits in part to PEPFAR.

“I would thank [the Bushes] for what they have achieved, in the fight against HIV and AIDS,” Liam said. “If it wasn’t for their contributions and their work, I wouldn’t be here. I wouldn’t be talking to you right now.”

Looking to tomorrow

There has been immense progress in the past 15 years, but the fight against HIV/AIDS is only half over.

There are more than 36 million people living with HIV/AIDS worldwide, with the burden disproportionately affecting East and Southern Africa. About 25 percent of the people in this group don’t know they are infected.

And while Congress has kept funding relatively constant over the years, both former President Barack Obama and President Donald Trump proposed cuts to PEPFAR that put a squeeze on the program. Spending on HIV/AIDS is going down around the world, reflective of the AIDS fatigue some voters (and donors) feel after hearing about the same disease for more than 30 years.

HIV might be the first disease in history eliminated without a vaccine. It could also be a resurging plague, renewed by global apathy. It will take commitment and compassion to tip the scales in the right direction.

But Dr. Deborah Birx, the U.S. global AIDS coordinator and ambassador-at-large, sees cause for hope.

“Our taxpayer dollars are not only transforming the lives of others in combating this major disease, but it’s changing how they view America and it’s changing how people see us, as a generous, humane, compassionate country,” Birx said. “I get to see that every day because that’s how we are received in all countries where we work, and I wish that they could see it. It’s taking what they would naturally do in their community and bringing that to others who are in the greatest need.”

“Community” can be difficult to visualize in an increasingly globalized world. The challenges we see firsthand, in our own lives, tend to take center stage. That’s just human nature. But once and a while, we can step outside of ourselves and see that African parents love their kids just as much as American parents love theirs, that American dollars have the potential to revive a generation, and that extending a hand in friendship and support is never wasted effort.

The walls of Houston’s St. Regis hotel were alive with a photo presentation during a visit this year of the president of Botswana to honor his country’s partnership with the U.S. The slides showed a doctor bent over an exam table, figures in white coats and suits digging shovels into brown earth, the blue crest of the Republic of Botswana prominent in the background. Another slide showed a child in a hospital bed, smiling brown eyes turned toward the camera.

A collection of these images, bound into a bright blue book, was given by Kline and Texas Children’s Hospital representatives to Mokgweetsi Masisi, president of Botswana. Sealed with a handshake, the gift celebrated more than 15 years of partnership.

“From the very bottom of my heart, I give a sincere thank you to the people of the United States of America,” Masisi said that night, adding: “We need to make sure that we keep our eyes on true north, for the sake of human survival.”



The Kealotswes walk across a field on land where Ingrid dreams of building a home in the country a few miles from where her father lived in the village of Dikgonnye, Botswana. Liam says he’s grateful to former President George W. Bush and Laura Bush for their support in the fight against AIDS in Africa.



As part of the **Saving Mothers, Giving Life** initiative in Uganda, villagers respond to help a woman in labor move from her mountain village to a hospital in about 30 minutes. The program, launched by former Secretary of State Hillary Clinton, has helped reduce the maternal mortality rate in the African nation.



Some women live a three-hour walk to the nearest facility with obstetrical services, so transportation is critical.

Giving birth in Uganda

Giving birth is among the greatest joys that can carry the greatest risks. In Uganda, for example, infant and maternal mortality rates can be dozens of times greater than in the U.S. What's more, if a mother is HIV-positive, she can transmit the virus to an otherwise healthy baby. Programs such as Saving Mothers, Giving Life have significantly increased the well-being of mothers and their babies.

In Uganda, according to the program's website, Saving Mothers, Giving Life has delivered a 97 percent increase in newborns receiving HIV preventative medications and 44 percent decrease in the maternal mortality rate.

Photos by **SMILEY N. POOL**/Staff Photographer



In this case in June 2014, villagers prepare to carry a woman in labor from her village as she tries to reach a child-birth facility.



Motorcycles, called **boda bodas**, are contracted to respond immediately when a woman goes into labor.



Trusted village members identify pregnant women in their communities and help them access care, transportation and other needs.



After being checked by a midwife, the mother waits while a bed is prepared so that she can rest before the birth.