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OVERSEAS/AIDS; U.S. H.I.V. Groups Reach Beyond Borders

By DAVID KIRBY

SOME of the groups that have been providing services for Americans with AIDS from the beginning of the epidemic have begun to extend their efforts overseas.

But doing so has not been a simple decision, despite the obvious need. "We took some criticism," said Pat Christen, the executive director of the San Francisco AIDS Foundation, which last year created a spin-off organization called the Pangaea Global AIDS Foundation, a group that supports programs for H.I.V. treatments, vaccine development and training doctors in Rwanda, South Africa and Uganda.

"Some people say we shouldn't be involved in the developing world, when people here are still in need," Ms. Christen said. "But we have the ability to assist in the global effort, without distracting from our effort in San Francisco. And we have the obligation to do it."

Like many AIDS organizations, the San Francisco group began in the 1980's, mostly by serving gay men. But its mandate grew as the virus invaded minority neighborhoods.

"Back then, we argued that we couldn't turn our backs on those communities, in our own backyard," Ms. Christen said. "And now we're applying the same logic and ethics to the global pandemic. It would be very hypocritical to let millions die, to turn our back on the developing world, just because those backyards are farther away."

Ms. Christen was interviewed by telephone from Kampala, Uganda, where Pangaea is working with the Makerere University to build the Infectious Diseases Institute, a two-story, 30,000-square-foot center that will house clinics, labs, training facilities and offices.

The San Francisco foundation diverted \$1 million of its money to help establish Pangaea, an affiliate with its own board and Ms. Christen as president. Pfizer, the pharmaceutical company, and its philanthropic wing,

meanwhile, committed \$11 million over three years to the Uganda project. Private donations, including 25 percent of the proceeds from marathon races, added another \$3.8 million to this year's budget.

Ms. Christen said some people at the foundation were wary about telling donors that money was being spent overseas. "But we've always been very honest with our donors about what we do with our resources," she said. "You can take the risk if you make the case."

On a far more modest scale, the AIDS Action Committee, a social-service group in Boston, in collaboration with the Harvard AIDS Institute, has been providing financial and technical assistance for two years to the Coping Center for People with AIDS, an organization in Botswana where H.I.V.-positive women "get support and find the company of others in the same situation," said Michael Thomas Duffy, the executive director of the AIDS Action Committee.

"We have two ways to share what we have learned," Mr. Duffy said. "We set up a buddy program, which we first developed for gay men in Massachusetts who were isolated because of their illness." And the committee started an H.I.V.-positive speakers bureau in Botswana, where nobody at the time publicly revealed their H.I.V. status.

The program, which cost about \$100,000 over the last two years, was financed with grants from the State Department and Bristol-Myers Squibb Company. Mr. Duffy said his group would like to expand to countries like Cuba and Haiti, eventually raising money from private donors.

At groups like AIDS Project Los Angeles, the AIDS Foundation of Chicago and the Whitman-Walker Clinic in Washington, international work is focused on shaping United States government policies "that are favorable toward the international AIDS effort," said Craig E. Thompson, the executive director of the Los Angeles group. "We've done that, because that's what we know how to do. We're working with Congress to increase federal appropriations beyond what the president asked for, as much as possible of the \$10 billion needed globally."

In New York, the Gay Men's Health Crisis has begun to provide technical assistance and to help AIDS orga-

nizations abroad.

“We’re interested in exporting our programs overseas,” said Gregg Gonsalves, G.M.H.C.’s director of treatment and prevention advocacy. He recently went to Kampala to conduct treatment advocacy training, but, he added, “Much can be done without ever leaving New York.”

Last November, for instance, G.M.H.C. organized a meeting, in conjunction with government and private sponsorship, on developing cheaper and simpler blood monitoring techniques for H.I.V. patients in poor countries. During the United Nations General Assembly on AIDS, in June 2001, the group co-sponsored a forum on carrying out antiretroviral therapy in the developing world.

“Some people say, ‘Why think about Africa when we have our own epidemic here?’ “ Mr. Gonsalves said. “But we can make an impact that’s disproportionate to the money we put in. Besides, it doesn’t cost money for me to set up meetings.”

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GRAPHIC: Photos: INTO AFRICA -- The Pangaea Global AIDS Foundation supports programs like a children’s hospital and a H.I.V. testing clinic, both in South Africa. (San Francisco AIDS Foundation)