



Local Doctor Aims to Wipe Out AIDS Here and Abroad

WORDS LISA POISSO

et's be frank: Dr. R. Doug Hardy is one of those doers who would undoubtedly balk at being called a hero. Still, it's hard to think of a more suitable moniker for a man who does so much and impacts so many.

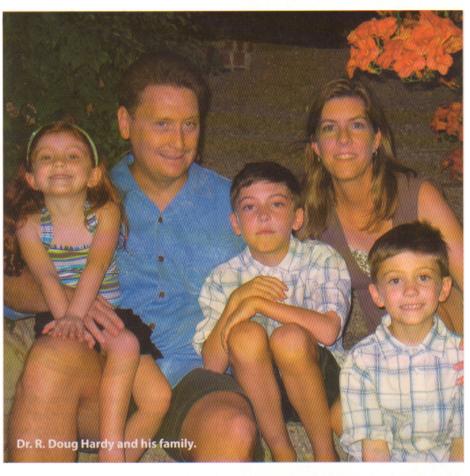
The infectious disease specialist and associate professor at the University of Texas Southwestern Medical Center has aided the establishment of a local HIV/AIDS clinic for Dallas teens. Beyond the city limits (and our nation's borders), he's served as director of UT Southwestern's South Africa Clinical Fellowship program, uniting an international effort to fight the HIV/AIDS epidemic ravaging the South African bush. And, as a father of three with wife Michelle (Brandon, 9; Ethan, 7; and Ashley, 5), he matter-of-factly shares his experiences, compassion and determination with his family.

What sparked your passion for fighting against HIV/AIDS? Taking care of HIV/AIDS patients was a very large part of my training. When I joined the faculty of UT Southwestern Medical Center, I was involved in establishing an adolescent HIV/AIDS clinic at Parkland Hospital. Having the opportunity to get involved in Africa, where the HIV/AIDS epidemic is many magnitudes larger than in the United States, was important to me.

This incredible opportunity was made possible by the vision of the Wilson Foundation, created by Dallasite Trisha Wilson, with Tori Mannes as the foundation's executive director. Trisha Wilson connected the Waterberg Welfare Society (WWS) Clinic in South Africa with UT Southwestern Medical Center. UT Southwestern President Dr. Kern Wildenthal enabled UT Southwestern to become involved in addressing the HIV/AIDS epidemic in South Africa. Of course, without the support of Dallas philanthropy, this would have never gotten off the ground or remained a sustainable project.

How many trips to Africa have you made? Any plans to return? I have made two visits to the Waterberg region of South Africa so far and have also visited other HIV clinics in the region, as well as Botswana. I am planning to return next year. What I do in Dallas to help organize our program is likely more important than what I do in Africa. However, it's important for me to visit in order to keep abreast of the challenges and the evolution of the epidemic, as well as to meet with our WWS partners.

What other HIV/AIDS efforts are you currently involved with? The Parkland Adolescent HIV/AIDS Clinic and the UT Southwestern Youth Angle Program, both of which address the prevention and treatment of adolescent HIV/AIDS in the Dallas area.



What's your take on HIV/AIDS treatment in North Texas? What we really need to do is to decrease the new cases of HIV/AIDS in North Texas that occur daily. We need to educate the community (this includes physicians) that HIV/AIDS has become a disease that affects all parts of our local society. It has broken loose of its stereotypical bounds. The heterosexual population, young and old, urban and suburban, rich and poor, black and white are now at risk and are becoming infected.

Are there any milestones or trends you've seen in the past year that you're especially proud of? What many people don't know is that the treatments for HIV have greatly improved. Most HIV-positive individuals are now able to live long, productive lives if they stay in medical care. I tell most newly-diagnosed patients, who're devastated, that they can still do whatever they wanted to do prior to their diagnosis. They can still finish school, have a career and fulfill their goals. We talk in decades of life now, not years – again, that is if they stay in medical care, which can be very challenging.

What does your family think about your work with HIV/AIDS? They think it's kind of neat that I get to be involved in something that helps people here and abroad. Of course, we all want to go to Africa together someday.

While your children are still fairly young, have you discussed any of the larger implications of your work with them? Often, they like for me to tell them about the patients I see during my time at work. We talk about different illnesses and diseases that I encounter, including HIV. They know that HIV is a deadly virus that's difficult to treat and for which there's much research being done. They also know that Africa is in much worse shape regarding HIV than the United States due to lack of resources.