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ADVOCATING FOR GENERATIONS AT RISK

Young Adults Speak Out

HIV/AIDS: A Matter of Faith, Justice and Peace

BY THEO SITHER

Access to life-saving medicine is one of the biggest hurdles faced by those living with HIV today.

We began 2007 by looking at God’s creation and exploring ways in which we can advocate for environmental justice. We end this year by looking at a deadly disease that has destroyed many lives and has now entered into the realm of public policy, where the priorities of government officials can affect the quality of countless lives. Justice, however, can come when conscientious people speak up and act.

Human Immunodeficiency Virus, or HIV, was first recognized in the early 1980s when the initial cases were reported in the United States and similar cases were reported in parts of Africa. Doctors had hoped that it wasn’t a widespread phenomenon due to its devastating effects on the immune system. In its early stages, it was seen primarily as a medical problem and did not enter the realm of politics and public policy.

Since then the disease has claimed over 23 million lives. More than 40 million people are currently infected worldwide and the annual death rate has steadily increased, particularly among young women, aged 15–24. Over the past 25 years medical science has greatly improved treatment and prevention options. However, access to life-saving medicine is one of the biggest hurdles faced by those living with HIV

today. According to the Global Health Council, 80 percent of those infected do not have access to proper treatment. Access to this treatment is no longer a matter of medicine and science—it is a matter of life and death, of peace and justice.

MCC’s Generations at Risk (mcc.org/aids/) program touches the lives of millions of people living with HIV/AIDS. Integral to the program is the role of the Washington Office in advocating for sensible policy to effectively prevent and treat the disease.

In this issue of the *Memo* we will hear from Khohlwani Moyo, a young adult from Zimbabwe, who connects economic justice with HIV care and treatment. Tiffani Boerio, a young adult from the United States, reflects on her experience working with HIV/AIDS patients at Joseph’s House, a hospice for the formerly homeless in Washington, DC. Tammy Alexander explores funding for HIV/AIDS programs in Africa. Krista Zimmerman writes on HIV care in the United States and Valerie Ong makes the connections between forced migration and HIV/AIDS.

The final biblical book of Revelation ends with the re-creation of the tree of life, whose leaves will be used for the “healing of the nations” (22:2). By our faith and our actions we also become part of God’s story of re-creation and healing. ■

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BY RACHELLE LYNDAKER
SCHLABACH

**What will be our
response as a church
to these great needs?**

The Personal and the Political

Nine years ago I first joined the staff of the MCC U.S. Washington Office. Growing up in a largely Amish-Mennonite community in Ohio, I hadn't been actively involved in politics up to that point. I wasn't quite sure what to expect.

What I found, amidst the meetings and deadlines, was a deep joy that came from knowing that the work of the office expressed my personal faith in the public sphere. I sensed it was the right place for me to be.

Now, after leaving to pursue a seminary degree, I am back as the office's third director, seeking to build on the strong foundation laid by Delton Franz, Daryl Byler and many others along the way.

As I begin, I pray that our work will be *well-grounded*—in Scripture, worship, prayer and retreats. This grounding keeps us humble. It reminds us that our work is part of a larger enterprise which ultimately does not belong to us, but to God.

I pray that our work will be *welcoming* of different viewpoints. Our member churches are diverse in many ways—politically, theologically, ethnically. This richness informs our policy work.

And I pray for *wisdom* as we choose where best to place our time and energy, and as we advocate on complex issues.

The office's priorities grow out of MCC's work in this country and around the world. MCC workers and partners hear from many who do not otherwise have access to politicians. Part of our role as an office is to provide spaces for those voices to be heard.

One group whose voices have often been forgotten is those with HIV/AIDS. During the 1980s, the AIDS epidemic hit the press. But since then, the disease has continued to spread, with devastating consequences. Women and children disproportionately bear the burden.

In 2002, MCC responded to this silent, worldwide crisis by launching the Generations at Risk campaign. Over the past five years, MCC has worked with partner organizations to provide prevention education, counseling and support for orphaned children. More than 2,000 AIDS care kits have been distributed, and more are needed (see mcc.org/kits/aids for more information).

But the challenge is greater than organizations like MCC can meet. Help is needed on a massive scale from governments, which is why MCC advocates for more funding from the U.S. government to address HIV/AIDS.

What will be our response as a church to these great needs? My hope is that Anabaptist congregations will respond in a generous, tangible way, putting together AIDS care kits and raising money for the Generations at Risk campaign.

But in order for that generosity to be multiplied many times further, I hope that church members will also take the time to contact Congress, to let them know that they want their tax dollars to be used to care compassionately for those affected by HIV/AIDS.

After all, our faith is not meant to be kept to ourselves. Our personal commitments affect who we are in the public sphere.

And I have found that joy results when the two meet. ■

WASHINGTON MEMO is written by Mennonite Central Committee U.S. Washington Office staff. It interprets national legislation and policy, seeking to reflect biblical concerns for justice and peace as represented in the work and statements of MCC U.S. and Mennonite and Brethren in Christ churches. All biblical quotes are from the New Revised Standard Version, unless otherwise noted.

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To contact the MCC U.S. Washington Office, please see our address on the back page. See our commentary at thirdway.com and visit our web site at mcc.org/us/washington.

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HIV/AIDS Policy: PEPFAR Renewal

The President's Emergency Plan for AIDS Relief (PEPFAR) is up for renewal in 2008. This important part of the global effort to fight HIV/AIDS has funded Antiretroviral Treatment (ART) for 1.1 million people. Still, only about 30 percent of adults and 15 percent of children in Africa needing ART are receiving it.

The president has proposed \$30 billion for PEPFAR for the next five years. While \$30 billion is a large amount, the figure would need to be closer to \$50 billion or even \$60 billion to meet the goal of universal access to ART by 2010.

In addition to increasing funding for PEPFAR, several other factors must be considered in the renewal. First, the critical shortage of health care workers in Africa is a serious obstacle to scaling up prevention and treatment programs. It is important that programs such as PEPFAR do not pull qualified workers away from already strained local clinics and hospitals. Additionally, many of those working to treat people with HIV/AIDS are volunteers. Expanding programs to offer workers training, a living wage, and advancement opportunities is critical in order to sustain and expand the response.

The lack of access to basic health services means that many people are not being tested for HIV and that many women lack access to prenatal care and mother-to-child transmission prevention options. The shortage of health care workers and facilities contributes to general poor health, poor nutrition, and inadequate treatment of other diseases, all of which contribute to the spread of HIV/AIDS.

Second, the PEPFAR renewal should include funds dedicated to help orphans and vulnerable children, and to increase research on pediatric ART options.

Third, in order for PEPFAR programs to have a long-term, sustainable impact, it is important to integrate prevention and treatment efforts not only with the strengthening of health systems, but also with economic development, food security and the promotion of gender equality.

Poverty, gender, and nutrition affect the spread of HIV/AIDS in many complex ways. Girls are often pressured to have sex with older men in exchange for school fees or food for their family. Men working hundreds of miles away from home due to a lack of local jobs are more likely to solicit sex workers. Issues of food security and nutrition impact both susceptibility to the disease and the efficacy of treatment regimes.

And last, no debate on HIV/AIDS policy is complete without talking about debt relief. While the United States gives over \$5 billion each year through PEPFAR, African countries pay \$11 billion each year in debt payments. Debt cancellation would free up money to strengthen health care, education and other public programs.

Contact your legislators and the White House today and urge them to craft a PEPFAR renewal bill that is effective and sustainable. Urge them to strengthen health care systems, provide resources for vulnerable populations, address debt relief, and improve the integration of PEPFAR with other programs that combat the spread of HIV/AIDS, such as economic development, education, nutrition and the empowerment of women. Urge them also to provide adequate funding to reach the goal of universal access to ART by 2010. ■

BY TAMMY ALEXANDER

Only about 30 percent of adults and 15 percent of children in Africa needing Antiretroviral Treatment are receiving it.

WORLD AIDS DAY—DECEMBER 1, 2007

Resources for local churches:

- World AIDS Campaign: worldaidscampaign.org
- Advent in a Time of AIDS: e-alliance.ch/hivaids_adventcal.jsp

Beyond the Statistics

BY TIFFANI BOERIO

Tiffani Boerio was a Mennonite Voluntary Service worker at Joseph's House, a hospice for the formerly homeless in Washington, DC, from 2006–2007. She is currently studying in Texas to become a registered nurse.

HIV/AIDS is the tragic symptom of much greater societal ills, not the least of which are the continued racial disparities that mark our U.S. cities and hearts.

The very real and tragic HIV/AIDS epidemic in Africa is now on the hearts and minds of many Americans, thanks to celebrities and increased news coverage. While Americans should care for their global neighbors, they need look no further than our nation's capital to see the ramifications of this disease in a life, a community, a city, a nation.

My Christian upbringing did not tackle most of the issues of social justice that are hallmarks of the Mennonite faith. When I moved to Africa in 2000, I ignorantly considered HIV/AIDS primarily a white, gay man's disease. Personal encounters with Kenyan lives affected by AIDS upended my perceptions, and I began to wonder how this disease was impacting the United States. Mennonite Voluntary Service provided an opportunity for me to explore these questions firsthand.

2007 found me at Joseph's House in Washington, DC, sitting at the bedside of a young woman. We were close to the same age and shared a love for "The Price is Right," chocolate and family. She loved her mother, but her mother was high on drugs and did not return her calls. There was a husband at some point, but he was long gone. Now she lay in bed, twisted from contractured legs, pained by an open bedsore, weak from disease.

With help from the other staff I fed and bathed her, kept her comfortable and enjoyed her company. We tried to help her take her HIV meds, but she was unable and unwilling to swallow the cupful of foul-tasting pills twice a day.

On the street, in society, our paths would have been unlikely to cross, and many people in the United States would still frown upon our friendship. But we shared stories and laughter; I listened as she talked about her mom, her fears, her life. She was excited when I showed her pictures of my pregnant sister and sent her a postcard when I visited home. Slowly, quietly, her body grew weaker and then, one day, she was gone.

Now AIDS has affected my life. I will never be the same. Most of the men and women who come to Joseph's House are infected with HIV/AIDS, and though a few—with love, medical care, nutrition and medicine—are able to transition out of the house, many come to die. They come to die with the dignity, peace and compassion that elude them out on the streets and in the shelters of D.C.

One in 20 Washingtonians has the HIV virus. African-American men, women and children have contracted the disease at startling rates. Structural injustices, such as inadequate education and health resources, together with poor individual decisions have only compounded the effects of this disease in D.C. and around the nation.

Many infected and stigmatized men and women are dependent on the government and social service agencies to help pay for their medical bills, housing, food and basic needs. HIV/AIDS is the tragic symptom of much greater societal ills, not the least of which are the continued racial disparities and inequalities that mark our U.S. cities and hearts.

My time in D.C. often left me feeling far too inadequate to bring hope and justice to lives and communities ravaged by this disease. But, I can know and love one person at a time. ■

I Still Ask Why

In Zimbabwe, one person gets AIDS about every three minutes. If you are not infected with HIV, you are affected by HIV.

Consider the story of my two friends. They used to live well in the city, and then after they lost their parents to AIDS, they had to move to a rural area to be taken care of by their grandparents. This meant that their education was compromised and therefore their future.

There are high levels of infection in society in general and within the Anabaptist Brethren in Christ Church community. Those of us who are not infected are affected by those who are because they are our brothers, teachers, sisters, pastors, youth and people in our extended families.

Someone who is suffering from AIDS doesn't just need precious medication (Antiretrovirals, or ARVs). They also need food and clean water. That demands that we address the economic crisis in Zimbabwe. Hospitals are understaffed because people are moving out and do not receive their salaries. The next generation of intellectuals, who, after receiving their high school diplomas find very few good job opportunities in their native land, are leaving the country in search of a better life.

As well as having a shortage of ARVs, my city is running out of water. We sometimes go for days without water because of the rations. To eat, I sometimes have to stand in line from sunrise to sunset for one kilogram of meat. Why is it, in a world that has so much, some of God's children have so little? We in the church continue to put our trust in God's power, but sometimes, I must still ask, why?

The United States is the most powerful country in the world. The president often talks about "fairness" and "family values." One consequence of the AIDS crisis and a failing economy is that it divides families—people flee the country and more young women enter the sex work industry. When families are divided, the infection risk rate increases and children suffer. Lacking a guiding presence to teach the values that are so sorely needed for a society to be cohesive, these kids do not get a "fair" start. The church seeks to provide this guidance, but we cannot do it alone.

Bishop Felton Edwin May of the United Methodist Church in the United States said, "religions, denominations and churches cannot conquer AIDS alone, but it cannot happen without us." There is much spiritual conflict related to AIDS. It impoverishes people, breaks their hearts and wreaks havoc on their bodies and spirits. AIDS sheds light on horrible conditions in community life, revealing our inhumanity to one another, our broken relationships and unjust structures.

We appreciate the amount of money already directed towards mitigating the HIV/AIDS crisis that comes from the United States. However, we know that there are still more funds that are available. War takes away these funds. It would be appreciated if the United States drew back from war and focused on the immense human needs that are currently in the world.

For now, the church will work on ending stigmatization of HIV-positive people and we will continue to educate and hope in Christ. ■

YOUNG ADULTS SPEAK OUT

BY KHOHLWANI MOYO
(with Sarah Thompson)

Khohlwani Moyo is the African representative to AMIGOS, the Youth and Young Adult Committee of Mennonite World Conference. He lives in Bulawayo, Zimbabwe. Sarah Thompson is the AMIGOS representative from the United States. She currently lives in Argentina.

In Zimbabwe, one person gets AIDS about every three minutes. If you are not infected with HIV, you are affected by HIV.

Pontius' Puddle



Accessing Care in the United States

BY KRISTA ZIMMERMAN

HIV/AIDS patients without health insurance often experience delayed diagnoses, life-threatening complications and premature death.

Throughout the United States people are concerned (and upset) about healthcare. They believe their coverage costs too much, is too fragile and remains inconsistent. And a significant number of individuals, increasingly middle class, live without any health insurance whatsoever. The only medical treatment many can obtain is the care hospitals are required to provide in emergency rooms. And accessing such care can result in bankruptcy for patients who cannot pay their bills.

At this time, more than 45 million Americans lack health insurance. Many more are underinsured—a term used to describe individuals who forego needed care (or incur significant financial loss) because their insurance coverage is inadequate.

Last year, about half of adults in middle-income families reported serious problems in paying for their healthcare. Forty-eight percent of individuals in families earning between \$35,000 and \$49,999 said they had a “somewhat serious” or “very serious” problem paying medical bills, according to a study by The Commonwealth Fund. Fifty percent of adults in that income bracket said they had difficulties affording their health insurance.

While many in the United States experience some level of difficulty obtaining healthcare and health insurance, individuals with HIV/AIDS are particularly likely to go without. The Centers for Disease Control and Prevention estimate that up to 59 percent of those living with HIV/AIDS in the United States do not receive needed care. Inadequate insurance and a confusing patchwork of government programs are partly to blame.

Criteria for public assistance programs (like Medicaid and the Ryan White C.A.R.E. funds) are strict and confusing. Some require a poverty level income, have age or ability requirements, suffer from limited funds and/or experience varied availability. They would present an overwhelming hurdle for anyone but are especially taxing for the sick.

Private insurance, on the other hand, is expensive and difficult to obtain after a person is already sick. Furthermore, many private plans restrict coverage, limit doctor choice and impose lifetime maximum spending limits (which AIDS patients can exceed).

According to a report released by the Institute of Medicine (“Care without Coverage: Too Little, Too Late”) HIV/AIDS patients without health insurance often experience delayed diagnoses, life-threatening complications and premature death. It estimates that lack of insurance translates into 1,200 to 1,400 deaths annually among HIV-positive adults.

For these reasons, and many others, Mennonite Church USA delegates recently affirmed a series of talking points that Mennonites can use to advocate to government policymakers on behalf of improved access to healthcare. The talking points themselves do not mention HIV/AIDS. But the above facts and figures suggest that quality healthcare for all would go a long way towards ensuring that individuals with HIV/AIDS receive needed care.

“We urge Congress,” the talking points begin, to:

1. Support a healthcare system in which the risks, costs and responsibility are shared by all.
2. Eliminate financial and health status as barriers to healthcare access.
3. Strengthen public health systems in order to help create healthy communities.
4. Support and strengthen public insurance programs for vulnerable populations while comprehensive reform is being enacted.
5. Openly address issues of quality, efficiency and limits.

If you would like to receive a copy of the MC USA booklet “Healthcare Access: Public Policy Advocacy Guide,” please contact the MCC Washington Office or Mennonite Church USA at (574) 294-7503. ■

A Dual Crisis

Two infamous humanitarian crises facing our world today are HIV/AIDS and forced migration. Some who are infected by HIV struggle to survive because of high costs and limited access to treatment. Others, who have been forced to flee their homes, struggle to survive because they lack food and shelter. Both crises are complex and require specific attention. Unfortunately, they are not mutually exclusive. What happens to those who face both crises?

The correlation between HIV/AIDS and forced migration is particularly strong in sub-Saharan Africa, with its large number of conflicts creating displacement and its high HIV/AIDS prevalence rates. While forced migration does not directly cause HIV infection, the nature of an environment in which people are displaced and where social fabric is torn, increases one's *vulnerability* to HIV infection.

Most refugees in hosting communities face higher exposure to HIV infection because of the lack of stability and structure. Similarly, those displaced within their home country find themselves in poor conditions that are often lacking in access to health care, security, economic resources and educational systems.

Many who are forced to migrate may not be able to reap the benefits of Antiretroviral Treatment (ART) which helps provide a longer lease of life to those infected. Monitoring ART is a challenge among the displaced and refugees who are living in limbo. ART relies on continuity; it is a life-long treatment, which requires medical check-ups and counseling. Additionally, ART requires a supply of expensive medication. The need for aid in refugee camps is already so great that often multimillion dollar HIV/AIDS programs do not reach these populations.

Female refugees may face higher exposure to infection from sexual violence. Out of desperation for survival, some women may feel they have no other option and are forced to trade sex, exposing them to greater risks of infection. Additionally, displaced nursing mothers have greater chances of transmitting HIV to their nursing infants.

Effective HIV/AIDS education may lower the rates of vulnerability to infection, reduce stigma and discrimination and help better the quality of life for the infected. However, basic educational structures and opportunities for displaced persons and refugees are limited and inadequate. In addition, refugees may choose not to seek HIV/AIDS testing or treatment if they fear a positive diagnosis will bring about negative consequences to their refugee status.

While the international community and various organizations are working to alleviate the epidemic, already vulnerable refugees and displaced persons are often overlooked. Forced migration is frequently viewed as a separate crisis. Efforts and attention must take into account the precarious situation of the displaced, a population who is notably vulnerable to the epidemic. A well-structured human rights framework, which provides a basis for understanding and addressing the vulnerability of refugees and displaced people to HIV/AIDS, is a vital step in responding effectively to the dual crisis, in which we all play a part. ■

BY VALERIE ONG

For further study and reflection on HIV/AIDS:

Isaiah 53:3-9

Luke 8:42b-48

Luke 16:19-31

CAPITAL QUOTES

"We cannot deal with AIDS by making moral judgments or refusing to face unpleasant facts—and still less by stigmatizing those who are infected and making out that it is all their fault."

—Kofi Annan, former Secretary General, United Nations.

"I have never seen an issue that has inflamed the passions of the American people the way the issue of immigration reform has—ever—including Iraq. We have never received death threats before like I received."

—Sen. John McCain (R-Ariz.), who is seeking the Republican nomination for president.

"We should find ways through which we can bring countries to work together for the benefit of all . . . This constant drum beat of conflict is . . . not helpful and not useful."

—Adm. William Fallon, head of U.S. Central Command, responding to those who are urging war with Iran.



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Announcements

Wednesday Vigils for Iraq

The MCC U.S. Washington Office and the Peace and Justice Support Network of Mennonite Church USA are encouraging individuals and congregations to hold prayer vigils for Iraq on Wednesdays. For more information, see christianpeacewitness.org.

New Guide to Christian Advocacy

We have a new two-page "Guide to Christian Advocacy"—available in PDF form online or call us to request print copies.

High School Essays

Remind your favorite teenager that the deadline for our high school essay contest is Nov. 30. To learn more, contact us or visit our Web site (mcc.org/washington).

DREAM Act

Also on the Web is a fact sheet on the DREAM Act, legislation to allow immigrants who grew up in this country access to higher education.

A Prophetic Call

View "A Prophetic Call, Edition 2: Colombian Churches Document Their Suffering and Their Hope" online as well. This resource details the situation faced by Colombian churches during the year 2006.

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