



Rev. Robert J. Vitillo is President of the Board of Directors of the National Catholic AIDS Network and Co-Chairperson of the Caritas Internationalis Task Force on HIV/AIDS.

HIV/AIDS Pandemic Just Beginning

CHURCH AND SOCIETY CHALLENGED TO MORE ADEQUATE RESPONSE

Rev. Robert J. Vitillo

In July 2002, more than 15,000 researchers, clinicians, activists, and affected persons gathered in Barcelona to debate the present and the future impact of HIV/AIDS on our global community.

As one engaged in the response to HIV/AIDS for the past 16 years, I thought I already had faced most of the surprises that AIDS had to offer. But I did a double take at Barcelona when the point was repeatedly made that we are just at an *early* stage of the pandemic. This raises serious questions about the extent of our commitment as the People of God. Despite the Catholic Church's excellent record in HIV/AIDS care and prevention programs, have we really given of our "substance" as Pope John Paul II has repeatedly asked us—or have we merely offered crumbs to the poor man, Lazarus?

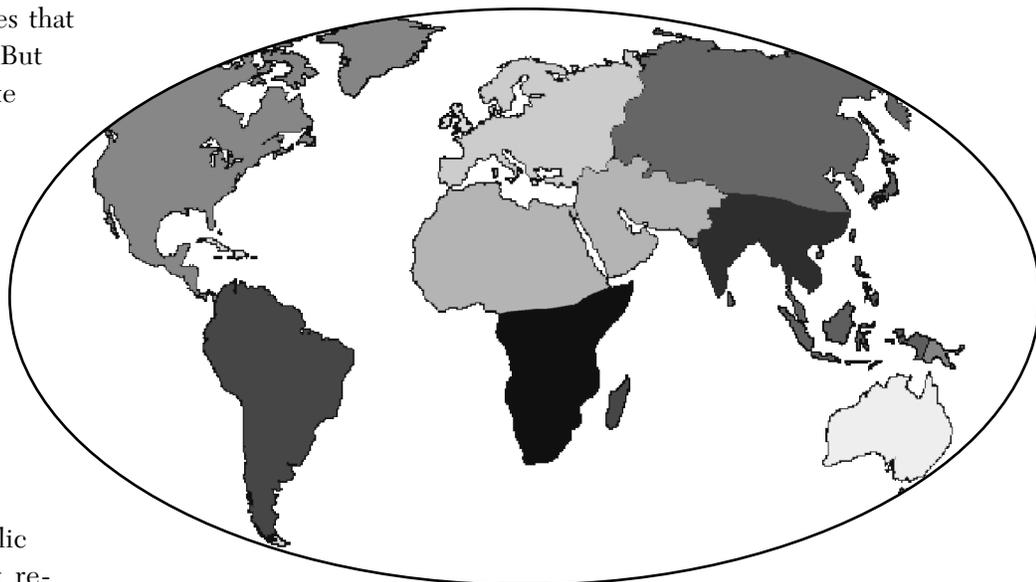
Dimensions of the Global Pandemic

Sub-Saharan Africa remains the worst affected region of the world;

29.4-million people are living with HIV/AIDS.

In Eastern Europe and Central Asia, 1.2-million people were infected with HIV in 2002, and the epidemic is expanding rapidly in the Baltic States, the Russian Federation and several Central Asian republics.

In Latin America and the Caribbean, an estimated 1.9-million adults and children are HIV positive. In several Caribbean countries, the percentage of people with HIV is surpassed only by the rate experienced in sub-Saharan Africa. In Haiti over 6% of the adults have contracted HIV.



In Asia and the Pacific, 7.2-million people now live with HIV. The epidemic is growing primarily in China, where a million people are HIV positive, and there remains considerable potential for growth in India, where today almost 4-million people live with the disease.

In the high-income countries of North America, Western Europe, Australia and New Zealand, the introduction of antiretroviral therapy since 1995 has dramatically reduced HIV/AIDS-related mortality, although this trend has begun to level off in the past two years. Latest data from these countries

show a shift of the epidemic into poorer and marginalized sections of the population. In 2000, African-Americans accounted for an estimated 54% of new HIV infections in the US, yet this group constitutes only 13% of the population.

Current projections suggest that an additional 45-million people will become infected with HIV in 126 low and middle income countries by 2010, unless the world succeeds in mounting a drastically expanded, global prevention effort.¹

Global Impact

As a result of HIV/AIDS, life expectancy in Sub-Saharan Africa is the same now as it was in Tenth Century Europe. HIV/AIDS is expected to kill 10 times more people than conflict in the next decade.² Between 2000 and 2020, an additional 55-million Africans can be expected to die earlier than they would have in the absence of the AIDS pandemic.³

AIDS in the family means increased costs and greater poverty. A study in Côte d'Ivoire indicated that health-care costs quadrupled when a family member had AIDS. Households in Thailand and Tanzania reported spending up to 50% more on funerals than on medical care. In Tanzania food consumption dropped by 15% in the poorest households after the death of an adult to HIV/AIDS.

The drain on health care also must be considered very seriously. Half the hospital beds in Swaziland are now occupied by people with AIDS-related illnesses. Malawi and Zambia report five to six-fold increases in health worker

illness and death rates.

By 2010, it is expected that some 25-million children will have been orphaned due to the AIDS deaths of one or both of their parents. By that same year, orphans will account for at least 15% of all children in 12 sub-Saharan African countries. The highest rate will be in Lesotho where more than 25% of children will be orphaned.⁴

***The time for
excuses has run
out. It is time
for governments
... to bring
anti-retroviral
treatment to all
who need it.***

Lack of education constitutes a major factor in the spread of the pandemic and in the continuing impoverishment of people in developing countries. A UNICEF study in Sierra Leone showed that more than 40% of adolescent girls had

not heard of AIDS. Just 7% of boys and 6% of girls were reported to know the three ways of transmitting HIV. Among perceived risks were smoking marijuana and sharing a spoon with, or touching a person living with AIDS.⁵

Stigma and discrimination are still among the most common reactions to HIV. Sadly, this occurs in the Church as well. We still have priests and ministers who cast out HIV-affected people from their communities, insist on mandatory pre-marital screening, and refuse pastoral care to those living with the virus.

Throughout the world, women continue to carry the greatest burdens and experience the most serious risks related to HIV. Rape by soldiers is systematic in some conflict-affected countries such as the Democratic Republic of Congo, where 60% of the armed forces are estimated to be HIV infected.⁶

Global Prevention and Treatment Efforts

In July 2001, leaders from 180 countries signed the UN Declaration on HIV/AIDS. By 2003, they promised to have in place policies and programs that address vulnerability to HIV, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, and lack of information. They also called for an overall target of annual expenditure on the epidemic of between \$7-10 billion in low and middle-income countries by 2005.

Some progress has been made. Life-saving drugs are dramatically cheaper, but in developing countries, very few people have access—only 30,000 of the 28.5-million HIV-infected people in Africa as compared to 500,000 of the 950,000 HIV-infected people in North America.⁸ At the Barcelona conference, even the clinicians and scientists from the North were saying the time for excuses has run out. It is time for governments to honor their U.N. commitments, take advantage of recent price reductions in drugs, and work with community activists to bring anti-retroviral treatment to all who need it.⁹

In early 2000, the price of Highly Active Anti-Retroviral Therapy (HAART) for one African AIDS patient for a year ranged between \$10,000 and 12,000. By the end of 2000, prices had dropped to \$500-800 per year for first-line Anti-Retroviral (ARV) treatment in low and middle income countries. By December 2001, certain combinations of medicines cost \$350 per year. Macro-economist, Jeffrey Sachs, maintains that we could save 8-million lives per year

if the “rich world” were willing to set aside 10- cents on every \$1000.¹⁰

A global fund has been established to attract, manage, and disburse additional resources through a new public-private partnership in order to mitigate the impact of HIV/AIDS, tuberculosis, and malaria in countries in need, and to reduce poverty. Regrettably, the response of world governments, including the United States, has been far less than needed.

During his 2003 State of the Union Address, President George W. Bush announced an Emergency Plan for AIDS Relief, a five-year, \$15-billion initiative to combat AIDS in the most affected countries of the developing world. This effort hopes to prevent 7-million new infections, provide ARV drugs for 2-million HIV-infected people, and facilitate care for 10-million HIV-infected individuals and AIDS orphans. Such attention and commitment to this urgent issue is indeed welcome. However, there are serious questions about how much of this money is simply being re-cycled from other budget lines and previous allocations for AIDS spending. Clearly, new money is absolutely necessary. Moreover, the Bush plan calls for a mere \$1-billion in funding over a five-year period to the Global Fund. That is hardly adequate when all experts agree that from \$7-10 billion per year is necessary to adequately fight HIV.

The Church and other non-governmental organizations can boast of excellent service to those struggling with HIV/AIDS. They provide blood safety programs,

in-patient and at-home care, support to orphans, and economic development projects for both infected and affected. They also sponsor effective prevention education that focuses on values and behavior change to stop the spread of HIV/AIDS.

However, greater effort by people of faith and other community activists is needed to advocate for more just access to care and treatment and to overcome the stigma and

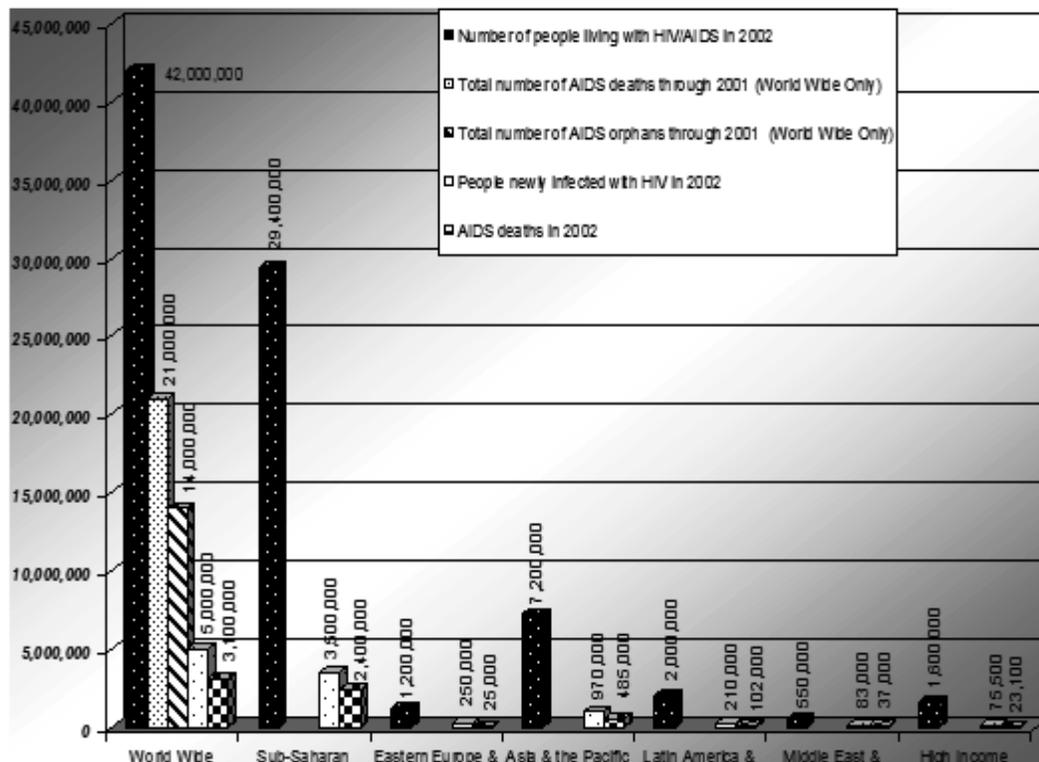
discrimination that prevent those living with HIV/AIDS to enjoy their full human dignity as the children of God. Finally, we must never ignore the power of prayer as scientists continue their quest to develop cost-effective treatments and preventive vaccines and as the rest of the global community works to mount more vigorous action in response to the pandemic.

Knowledge has been shared;

commitments have been made. It is now up to the global community—and to each one of us—to assure that action is taken. ~

**New money
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- ¹ *AIDS Epidemic Update*, December 2002, UNAIDS.
- ² *HIV and Conflict: A Double Emergency*, International Save the Children Alliance, London, 2002.
- ³ UNAIDS Barcelona Report, 2002.
- ⁴ *Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies*, The Synergy Project, Washington, D.C., 2002.
- ⁵ *HIV and Conflict: A Double Emergency*, International Save the Children Alliance, London, 2002.
- ⁶ *Ibid.*
- ⁷ *AIDS 2002 Today*, Newsletter of XIV International Conference on AIDS, 8 July 2002.2/11/03
- ⁸ Ms. Irene Fernandez at Plenary Session, XIV International AIDS Conference, 8 July 2002.
- ⁹ Dr. Robert Siliciano at Plenary Session, XIV International AIDS Conference, 8 July 2002.
- ¹⁰ *AIDS 2002 Today*, Newsletter of the XIV International AIDS Conference, 10 July 2002, and Jeffrey Sachs Senior Lecture at XIV International AIDS Conference.





Thomas J. Allsopp is the chaplain at Bailey-Boushay House, a Seattle nursing care facility for those living with AIDS and other life-threatening illnesses.

Moving Toward the Flame:

THE BODY OF CHRIST WITH AIDS IN MALAWI

By Thomas J. Allsopp

She should have been a beautiful, healthy young woman, tilling her garden and caring for her family. Instead, Phyllis, was a fragile creature with black, parchment-like skin stretched tightly over her bones. A bottle of Fanta by her bed, Phyllis lay dying with AIDS in a clinic in Malawi.

As Brother Wladimir and I walked out of the clinic into the South African heat, I told him a story from the Native American community.

There was an evil woman who lived in the forest surrounding the villages. She preyed on children who strayed too far outside the camp. Dashkya, she was called. She was hideous. She had wild, unkempt hair and long dirty fingernails. She lured unsuspecting children, offering them beautiful berries. As the children reached

for her berries, Dashkya smeared their eyes with pitch. Then she put her blinded prey into her bag and took them to her camp where she ate them.

One child, on being brought to the camp, was placed very close to the fire. As he was warmed, the pitch began to melt from his eyes and he could see. He began to move all the children closer to the fire until they too could all see. Then, he gave a signal. With one effort, they charged Dashkya and pushed her into the fire. As she burned, her hair went up in a wild flurry of sparks, and as they flew from her, each spark became . . . a mosquito.

Faced with great evil, a com-

munity working together, moved close to the flame, putting themselves at risk of being burned to mitigate the evil. Together they made a great evil more manageable. Unlike fairy tales such as

Hansel and Gretel, the evil in this story is not totally vanquished by the good. It is, however, transformed.

I spent a month in Malawi, a tiny African country, whose

population is nearly 25% infected with HIV/AIDS. Tens of thousands have already died. Yet I saw the people, pulling together, living very close to the flame, their eyes clearly open to the evil around them.

Brother Wladimir has gathered a group of mostly women, who live close to the flame. Often walking many miles up into the steep hillsides, running with mud in the rainy season, parched and dusty in the dry, they take food, money and spiritual support to villagers living with HIV/AIDS and other diseases.

As dying women sit on mats outside their simple homes, neighbors tend their gardens, sweep their homes, cook for them, and look after their children. While there are no medications, not even aspirin, these caregivers do what they can to help their neighbors. Their local pastor, Fr. Montfort Stima, a native priest, speaks from the pulpit to his community about

Faced with great evil, a community . . . moved close to the flame, putting themselves at risk . . . to mitigate the evil.



ILLUSTRATION BY THOMAS ALLSOPP

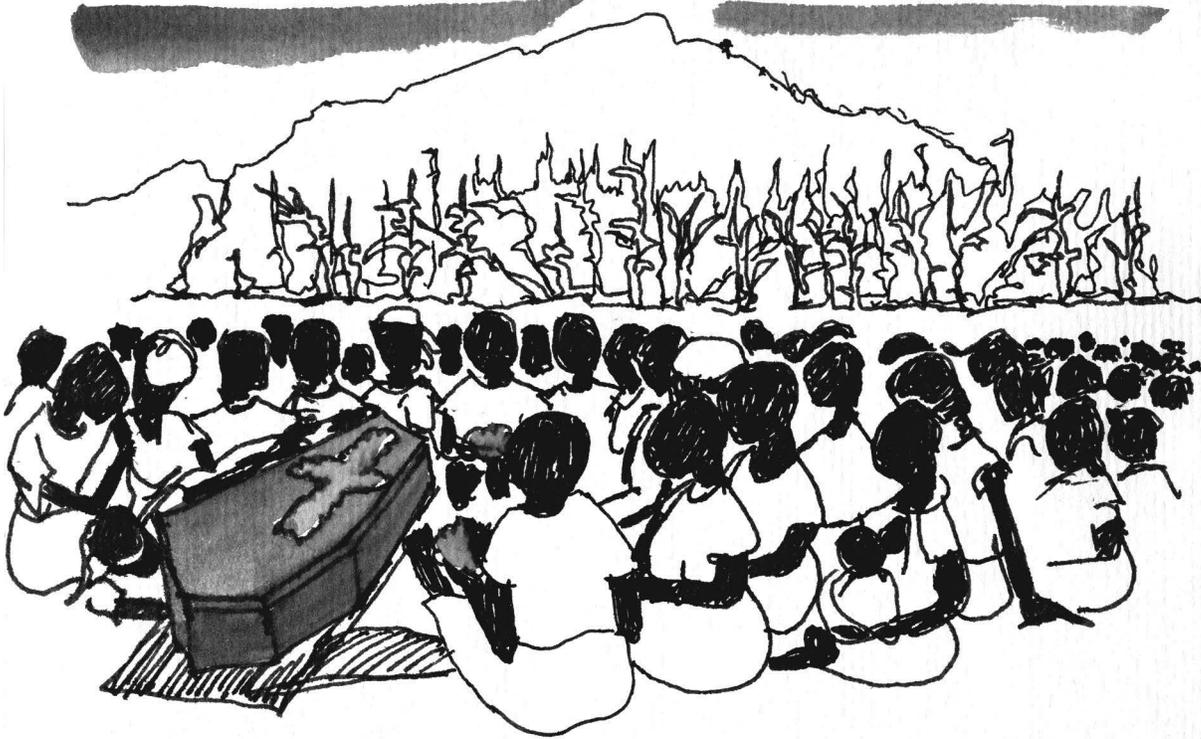


ILLUSTRATION BY THOMAS ALLSOPP

AIDS and the Gospel. He tries to educate his people about the disease, attempting to dispel some of the many myths about HIV/AIDS circulating in his country. As a shepherd, he moves his people to the flame so together they can be nourished around the Table to act.

When Phyllis died, I accompanied Brother Wladimir to her funeral. As we drew close to her home, we heard a great chorus of wails. Hundreds of people were sitting on the ground around the house. Scriptures were read, songs were sung, and prayers were raised. Then the coffin containing Phyllis' body was carried out and placed on palm branches spread on the ground. There was more singing and storytelling. Then, gently, tenderly, her coffin was carried in a long procession to a cluster of new graves, where the men and boys took turns digging her final resting place. After the coffin was lowered into the ground, palm mats were placed over the lid to keep the mourners

from being upset by the sound of stones echoing on the hallow box. Then soil was mounded high, flowers were laid like a mosaic, and the crowd dispersed.

The members of this community had each done their part to make this a time of healing . . . to make mosquitoes. Each had brought his or her gift to the Table. I thought of the instruction of St. Augustine to the Elect when he was preparing them to receive the Eucharist. "When the minister says, 'The Body of Christ,' you are to respond, 'And so are we,' or 'Yes, we are.'" Each of us, who have the body and blood of Christ in our veins are to work together against evil. At our baptisms we were given the "light of Christ, to be kept burning brightly." Let us move toward this flame to have our sight restored.

While those who can work for a cure, the rest of us are called to bring our talents to the Table to be offered, blessed, broken and multiplied for the body. In the words of St. Teresa of Avila:

*Christ has no body now but yours
No hands, no feet on earth but yours.
Yours are the eyes through which He looks
Compassion on this world.
Yours are the feet with which He walks
To do the good.
You are Christ's body,
Christ has no body on earth but yours.*

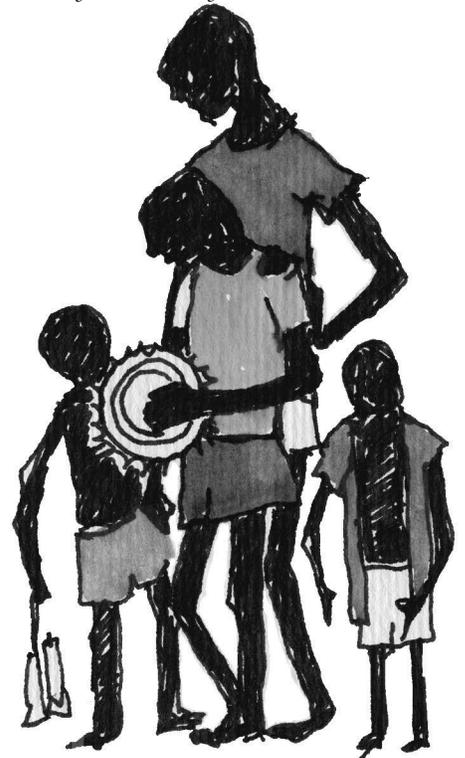


ILLUSTRATION BY THOMAS ALLSOPP



Linda Haptonstall was a member of a Nguludi Mission Parish Home Based Care Team and is currently pastoral assistant at Holy Family Parish in Kirkland, WA.

And she said “Zikomo”

By Linda Haptonstall

Each year since 1998, I have visited the small African country of Malawi, where the HIV/AIDS infection is pandemic. As one might imagine, hospitals and clinics are overflowing. Free clinics have hundreds of people lined up during open hours. There is little medicine or hope for people suffering from AIDS. People who do not respond to treatment are simply sent home to die. Many do not seek treatment at all.

Women in Malawi are often exposed to HIV in their teen and pre-teen years, when men who are infected come to the villages seeking “safe” sex. By the time a woman has developed AIDS, she may have several children who will be orphaned when she dies. Prenatal clinics estimate one third of pregnant women seeking care are HIV positive.

When I visit people who are sick and dying in the villages and in the hospitals of Malawi, they always ask, “How is America?” They are honored by my visit because they feel I am bringing America with me to their bedside.

I often think of one woman I visited. Her name was *Mphatso*, which means *Gift*. She was dying in the home of her mother.

In central and southern Malawi, people identify who they are through their mother. When they are sick and dying, they return to their mother’s village to be cared for by their relatives. These close bonds provide tremendous support to those who are ill and to

their family.

On the day I visited, a group of Malawian women had come to pray with Mphatso. As we were leaving, Mphatso grabbed my hand and said something to me that I couldn’t understand. I knew so little Chiche-wa, I could return no words of comfort in her own language. Finally she said *Zikomo* or *thank you*. She was thanking me for

country, no one ever dies or is buried alone.

When a mother dies, her children are considered orphans, even if the father is still living. Mphatso’s five children went to live in their mother’s village, where they will be cared for by their extended family. Earlier this year, Mphatso’s two sisters also died of AIDS, leaving behind six children. They, too, will be raised by Mphatso’s mother, who represents another of the many faces of AIDS: grandmothers who raise

She was thanking the people of America for their care.

my visit and prayers, and she was thanking the people of America for their care. I felt bound to her in an inexplicable way.

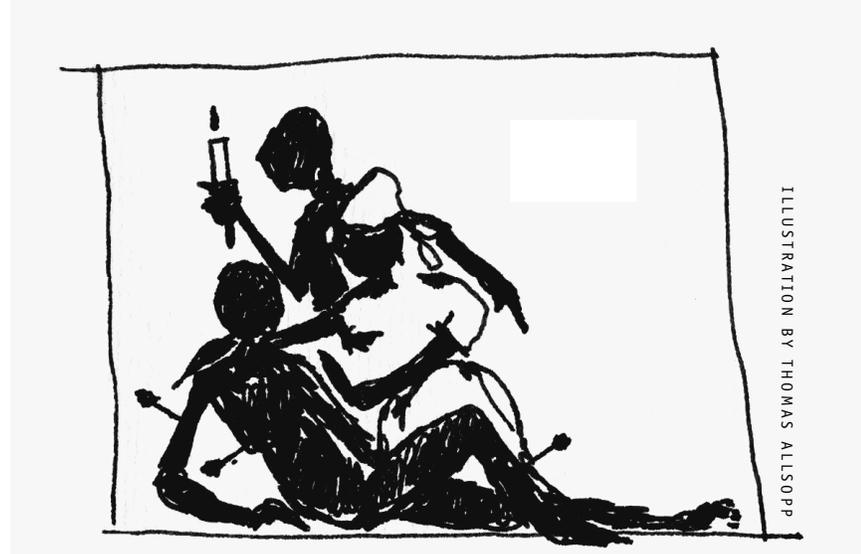


ILLUSTRATION BY THOMAS ALLSOPP

Mphatso died a few days later. At her funeral, hundreds of family members, friends and villagers came to mourn together.

In Malawi, there is a saying, “If one member of your family is sick, the whole family is sick.” In this

family. their grandchildren because all their children have died.

If one member of the family is sick, the whole family is sick.

Mphatso was a Gift. She was a gift who helped me enter into the rhythm of birth, life and death. She showed me that we are all part of the same village; we are all affected by the suffering and dying of any single member of our worldwide

family. *Zikomo Mphatso, Zikomo!* ~

AIDS Orphans in Africa

By Susan Weissert, MMAF

Imagine reading in your local paper that in your town one out of every 14 children has been orphaned, losing one or both parents to AIDS. Would you know who they were and how they were being cared for? Would these orphaned children themselves be HIV positive? How would your community react and who would pay for their housing and care?

In Sub-Saharan Africa, these are only a few of the issues facing families, communities and governments. Worldwide, by 2001, AIDS had killed one or both parents of 13.4-million children under the age of 15, and by 2010, the total number of children orphaned by AIDS is expected to reach nearly 25-million. Of the current numbers, 75% of these children live in Sub-Saharan Africa, the region of the world hardest hit by this pandemic.

But the problem is larger and more complex than numbers. In any society or culture, the loss of a parent is emotionally traumatic for every child. In the case of African children who lose a parent to AIDS, many face shame, stigma, and discrimination, and many must become the sole caretakers for younger siblings.

Assuming care giving roles can mean dropping out of school and attempting to parent younger children while working to earn enough to keep them fed and clothed. Girls, who are particularly vul-

nerable to sexual abuse, may turn to prostitution as the only source of income.

In African cultures, the extended family plays a central role in assuming the care of orphans, but in many countries, such as Botswana, Uganda and Swaziland, that is no longer a viable option because so many adults are ill with AIDS or have already died. Albert Shabangu, Minister of Housing and Human Development in Swaziland comments: "How can the old grandparents expect to start parenting small children so late in life? They are frail . . . [they] cannot go back to work to support perhaps many grandchildren who have nowhere else to turn."

While the personal plight of the child orphaned by AIDS is dire enough, for a society it is truly devastating. What does it mean for a town to have hundreds or thousands of children with no care and no income? What does it mean for the stability and security of a society? What about the generation of teachers, medical

and other professionals, laborers and future government leaders who are being lost in this pandemic? How will orphans of the street be nourished, educated, trained and prepared to be the parents and adults of the next generations?

Another challenge communities face is the lack of access to medicines that could keep parents alive to raise their children. The drugs which block the transmis-

sion of the virus from mother to infant are slowly being made available around the world, allowing more children to be born virus free. But the majority of pregnant women who are HIV positive have no access to the antiretroviral drugs which would permit them to live longer and raise their own children. Less than 2% of people living with AIDS have access to AIDS drugs.

While predictions are overwhelmingly dire, there are international and local efforts to prevent, cure and alleviate HIV/AIDS. These include community based organizations, governments, faith based groups, and the children and young people themselves.

Here are examples of efforts we must encourage and support:

- Namibia is considering legislation to ensure that orphans from AIDS continue their schooling.
- In Uganda, a women's organization is working to empower orphan families through savings and credit programs as well as vocational training.
- In Swaziland, OrphanAID matches orphans with care givers in their community.

African societies have always taken care of their children. Now the global community must look for ways to support programs that care for orphans, those most vulnerable of children. We must advocate for access to medicine and solutions to systemic poverty to ensure that all children can live out their lives in caring and healthy communities. ~



Susan Weissert, MMAF, is a lay missionary and the coordinator of the Maryknoll AIDS Task Force.

What does it mean for a town to have hundreds or thousands of children with no care and no income?

HIV/AIDS Resources and Volunteer Opportunities

WASHINGTON

Multifaith Works

Mobilizes faith communities to respond to the AIDS crisis. 206-324-1520. www.multifaith.org. Programs include the following:

- **Housing** - Five residences for people with AIDS.
- **Shanti** trains volunteers to provide one on one emotional support to people living with AIDS and other life threatening illnesses.
- **AIDS Careteam** trains faith-based volunteer teams to provide practical and emotional support to people living with HIV/AIDS.

Bailey-Boushay House

Offers residential care and day health programs in Seattle for people living with AIDS and other life-threatening illnesses. Volunteer opportunities for drivers, office workers, meal servers, care givers, gardeners, musicians and artists. 206-322-5300. www.virginiamason.org/dbbailey-boushay/default.htm.

Lifelong AIDS Alliance

Works to prevent the spread of HIV and provides support services and advocacy for those affected by HIV/AIDS. Merged from the Chicken Soup Brigade and the Northwest AIDS Foundation, 206-329-6923. www.lifelongaidsalliance.org.

The Diocese of Spokane HIV/AIDS Ministry

Promotes prayer, dialogue, education and action with individuals, families and caregivers of those affected by HIV/AIDS. Coordinates Spokane Multifaith AIDS Careteams. Bill Stanaway bsstanaway@msn.com, or Scott Cooper 509-358-4250. scooper@dioceseofspokane.org.

OREGON

Catholic Charities AIDS Ministry

Provides sacramental ministry, spiritual counseling, support groups, retreats, hospital and prison visitation, and bereavement counseling for all people affected by HIV/AIDS. 528 NE 52nd Avenue, Portland, OR 97213. 503-963-8102 info@catholiccharitiesoregon.org.

OREGON (continued)

Women's Intercommunity AIDS Resource (WIAR)

Founded by six Catholic women's religious communities in 1994, WIAR addresses the needs of HIV positive women and their children in Oregon and Southwest Washington. The drop-in center offers counseling, advocacy, education, support groups, prevention outreach, referrals and other services. 1608 SE Ankeny Street Portland, OR 97214. 503-238-4420. www.wiar-nw.org.

NATIONAL

Maryknoll AIDS Task Force

PO Box 311, Maryknoll, NY 10545. Coordinator: Susan Weissert, 914-941-7636, Ext. 5727. sweisert@mksisters.org.

Little Sprouts

Founded by Maryknoll Lay Missioners, provides support services to Cambodian children living with HIV/AIDS, hospital visitation, and small group homes. MMAF at P.O. Box 307 Maryknoll, NY 10545-0307.

The National Catholic AIDS Network

Established in 1989, NCAN is the only national organization devoted exclusively to helping the Catholic Church respond in an informed and compassionate manner to the HIV/AIDS pandemic, offering support, education, referral and technical assistance and information about how to start an AIDS ministry program in your community. P.O. Box 422984, San Francisco, CA 94142-2984. 707- 874-3031. www.ncan.org/us/index.html.

VIDEO

Maryknoll Productions. *Coming to Say Goodbye: Stories of AIDS in Africa*. 30-minutes. Borrow from IPJC at 206-223-1138 or purchase from Maryknoll at 1-800-227-8523.

Investing in the Common Good

WHAT THE EYE DOESN'T SEE, DOESN'T MOVE THE HEART

by Judy Byron, OP

forty-two million people in our global family are living with HIV/AIDS, 70% of them in sub-Saharan Africa. Every day 5000 people die from the disease in Africa. In some areas in Africa, one out of every three children is an orphan.

These statistics and the suffering, despair and tears they represent are incomprehensible. How does one begin to address a pandemic which will take the will and resources of the whole world community to stem?

Two years ago religious shareholders, recognizing that access to antiretroviral (ARV) medications was essential to saving lives, began to address the issue of access with the pharmaceutical companies. Only a small fraction of the people who need drug therapy is receiving it. The reason is simple—cost. A yearly supply of brand name drugs in the United States costs from \$12,000 to \$15,000. Even when a pharmaceutical company discounts its drugs to \$650, they are not affordable in sub-Saharan Africa where the annual income of many families is less than \$400.

In April 2002, Miles White, the chairman and CEO of Abbott Laboratories, traveled to Tanzania and Uganda to see for himself the impact of HIV/AIDS on the people. He said, “It was a business trip unlike any other, and one of

the most informative, productive, humbling and uplifting trips I have ever made.” Religious shareholders had been telling him that the people could not afford Abbott’s life-saving drugs. His journey fulfilled the Haitian Proverb: *What the eye doesn’t see, doesn’t move the heart.* What he saw on his trip moved him to reduce the price of Abbott’s drugs in order to make them more accessible in developing countries.

Abbott, Bristol-Myers Squibb,

GlaxoSmithKline, Merck and Pfizer are the major companies with HIV/AIDS drugs. They have spent millions of dollars to treat HIV/AIDS in developing countries by donating or reducing the price of the drugs and helping to build a medical infrastructure.

But the majority of the people still cannot afford treatment. Therefore, religious shareholders continue to dialogue with the pharmaceutical companies about how we can make ARV drugs available for every infected person. As faith-based investors we collaborate with the drug companies, of which we are owners, to achieve more than a financial return on our investment. We are committed to the common good and our goal is to have our companies strive to serve our global family.

In the case of Africa, a whole continent is at risk while pharmaceutical companies, which have life-saving drugs that people can-

not access, top the list of the most profitable Fortune 500 companies. Is it time for stockholders to tell our companies that we are willing to take less-than-maximum profits because we believe that we have a moral responsibility to come to the assistance of our brothers and sisters who are suffering with HIV/AIDS?

If I am an investor, do I make decisions based on my faith and/or my values?

Members of the Northwest Coalition for Responsible Investment¹ are among the religious investors who have filed shareholder resolutions asking the major pharmaceutical companies to make their drugs more accessible. In addition, we are in dialogue with the corporations that have operations in Africa, requesting that they provide health care coverage for their employees and their families. We encourage shareholders to vote their proxies on issues related to HIV/AIDS.

How will my eyes be opened and my heart be moved to do something about this disease that is killing the African people? If we experienced the people, we would see their beauty, their dignity, their suffering, their hope and their belief in the goodness of people. We may not be able to travel to Africa, but Maryknoll has produced a video, *Coming to Say Goodbye*, in which the people of Africa tell their stories. Borrow it from IPJC, gather a group to view it, and reflect on what you see.

For *what the eye doesn’t see, doesn’t move the heart.* ~

¹ See page 10 for information on the Northwest Coalition for Responsible Investment and shareholder advocacy on access to HIV/AIDS drugs.



Judy Byron, OP is the Program Director of the Intercommunity Peace & Justice Center and the Coordinator of the Northwest Center for Responsible Investment



WOMEN'S JUSTICE CIRCLES SPRING SCHEDULE

Call and Join Us

Bellevue—Catholic Community Services • 206-223-1138

Eugene, OR—(en Español) St. Mary Church • 541-342-1139

Forest Grove, OR (en Español) Adelante Mujeres • 503-992-0078

Lynnwood—Lincoln Way Apts. Community Center • 425-741-9171

Mount Vernon—Skagit Unitarian Universalist Fellowship 360-419-9014

Portland—Women's Intercommunity AIDS Resource (WIAR) 503-238-4420

Seattle—(five locations) 206-223-1138
Angeline Day Center
Compass Cascade Women's Program
Chief Seattle Club
Sojourner Place
Our Lady of Guadalupe, West Seattle

Silverton, OR—(en Español) Silverton Together • 503-873-0405

Spokane—Women's Drop-in Center 509-455-4249

Tacoma—Tahoma View Apartments 253-537-3133

Toppenish—Yakama Nation: Health Annex Bldg. • 509-930-2914

Vancouver—Rise & Star Community Center • 360-258-6508

Northwest Coalition for Responsible Investment

SHAREHOLDER ADVOCACY FOR HIV/AIDS

NWCRI, in collaboration with members of the Interfaith Center on Corporate Responsibility, have filed shareholder resolutions and been in dialogue with companies on two issues related to the HIV/AIDS pandemic.

- ❖ Standards of Response to HIV/AIDS: We are asking pharmaceutical companies to respond to HIV/AIDS with more affordable prices, with support of the Global Fund, and with immunity from liability for generic manufacturers of drugs needed in developing countries. Resolutions were filed with Bristol-Myers Squibb, Lilly, Merck, Pfizer and Wyeth. We are in dialogue with Abbott.
- ❖ Report on Impact of AIDS on Operations: The HIV/AIDS pandemic is threatening the economy and U.S. companies doing business in Africa. We are asking these companies to provide comprehensive workplace health coverage, including counseling, testing, treatment and antiretrovirals. Resolutions were filed with Chevron Texaco, Colgate Palmolive, ExxonMobil, Ford and PepsiCo.

We are in dialogue with all of these companies and resolutions have been withdrawn where we have made progress.

The issues of access to drugs for HIV/AIDS are complex. Informative websites on the issues of price, the Global AIDS Fund and patents include:

www.unaids.org

www.kaisernet.org/spotlight/hivaid

www.worldbank.org/aids

www.globaltreatmentaccess.org



When you plan your United Way pledge, please write in Intercommunity Peace and Justice Center to designate a contribution.

Our Recent Events



Young Adult Immersion
Discerning the call to service and justice.
January 24-25



Jeanne Porter
Leading Ladies:
Transformative Images
for Women's Leadership
February 8



Church Advocacy Day
Salem, OR
Meeting with
Rep. Deborah Kafoury
February 17

peace & justice center

WOMEN'S INTERNATIONAL SPEAKERS SERIES

solidarity

Seattle, April 5 10:00 am - 1:00 pm

Mary John Mananzan, OSB

Solidarity: Towards Women's Empowerment

Mary John has a passion for the liberation of the whole person from everything that dehumanizes—exploitation, oppression and poverty. She is a prolific writer and educator, and is the president of St. Scholastica College in Manila.



Schedule for the Event

- Prayer, Ritual & Music
- Keynote Speaker
- Reflection
- Light Lunch

Pre-registration \$50.00

Limited scholarships

(206) 223-1138

e-mail: ipjc@ipjc.org

Mary John Mananzan, OSB

Portland

Spokane

April 1, 2003

April 3, 2003

Location: TBA

Gonzaga University: COG

7:30 - 9:00 pm

8:00 - 9:30 pm

free-will offering

free-will offering

Lent

Stations of the Cross in the Lives of Women: A resource for parishes, small groups and individuals in support of justice for women, both locally and globally

This powerful booklet has been used in three women's detention facilities and by parishes around the Northwest and across the country. Its value extends beyond Lent to any context in which your group seeks to reflect on the situation of women in our world.

Cost: \$2 each plus shipping; quantity discounts available.
To order: call 206-223-1138 or e-mail ipjc@igc.org.

Washington Tax Fairness

In collaboration with the Washington State Catholic Conference and the Justice and Peace Office of the Seattle Archdiocese, we are providing education on the Washington State tax system.

Call IPJC to schedule a presentation for your church or community group.

206-223-1138

A MEDITATION ON THE WAY OF THE CROSS

by Kay Lawlor MMM, Kitovu Hospital, Masaka, Uganda

1. JESUS IS CONDEMNED TO DEATH

He sits shocked, unable to speak. His hands tremble. He's just been told he has AIDS. "I'm going to die," Mario says.

2. JESUS TAKES UP HIS CROSS

He's weighed down with the knowledge that he has AIDS. How will he tell his family? What will happen to his children. It's a hard, heavy cross Vincent carries.

3. JESUS FALLS THE FIRST TIME

He cannot stand alone; the abscesses are too painful. Peter is too weak. With help he makes it home to bed where he picks up the cross of living with AIDS.

4. JESUS MEETS HIS MOTHER

Regina lies there, waiting for her mother. She's just learned she has AIDS. With a look of pain, she says, "I'm dying." Her mother takes her in her arms and they weep.

5. SIMON HELPS JESUS CARRY HIS CROSS

Richard has so many decisions to make. When his brothers come, he tells them he is too scared to go on. They comfort him, arrange to take him home, and plan transport so he can return for treatment.

6. VERONICA WIPES THE FACE OF JESUS

She lies there, too weak to clean herself. Her clothes dirty and soiled because the diarrhea is almost constant. She's alone, pushed into a corridor so the smell won't disturb others. A young nurse comes, washes her, changes her clothes. Rose smiles.

7. JESUS FALLS THE SECOND TIME

He's begun to have diarrhea, no longer wants to eat. Sleep doesn't come and he's afraid. The illness is getting worse. Peter has to stop work. It's hard to keep living with AIDS.

8. JESUS MEETS THE WOMEN OF JERUSALEM

Jane has no land. Mary has no milk for her baby. Scovia's husband sent her away. Juliet was put out

of her rented room. Betty works in a bar to support her children; to get food for them she provides favors for men. The plight of poor women and AIDS. Jesus weeps.

9. JESUS FALLS THE THIRD TIME

His head is bursting; nothing brings relief. Peter lies in bed, unable even to open his eyes. As the end nears, relatives arrive to move him from his rented room, where he's suffered alone for many months. One more step along the way.

10. JESUS IS STRIPPED OF HIS GARMENTS.

They put her out of the house and kept her clothes, saying they wouldn't fit her wasted body. They told her to go to her grandmother's to die. Once there, Juliet was again rejected, stripped of all, even her right to belong.

11. JESUS IS NAILED TO THE CROSS.

He cannot move; he finds it hard to breathe and must wait for someone to care for him. An AIDS related brain tumor has nailed James to his bed. His mother keeps watch.

12. JESUS DIES ON THE CROSS

Rose, Peter, John, Alecha, Kakande, Joseph, William, Grace, Paulo, Gorreth: Jesus' body dying of AIDS.

13. JESUS IS TAKEN DOWN FROM THE CROSS

The wailing begins; the car reaches the homestead; as men rush forward to carry Paulo's shrouded body, a woman comes from the house. She reaches out to touch the body of her son.

14. JESUS IS PLACED IN THE TOMB

A grave is dug on hospital land. Staff are the only mourners. Her nine-month-old child cries, not understanding. The grave is filled. All go away. Rose is dead.

15. THE RESURRECTION...

We wait!

*We adore you, O Christ,
As you carry your cross*

Along the dusty roads of Masaka, Uganda.

We make the way of the cross

in the homes and at the bedside of those with AIDS.

*We bless you because through this suffering
you have redeemed the world.*

A Matter of Spirit
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