

THE JEWISH COMMUNITY'S RESPONSE TO THE GLOBAL AIDS PANDEMIC

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The enormity of the global HIV/AIDS pandemic often tempts us to retreat to hopelessness, to feel that because nothing can be done, there is nothing to do. As Jews, however, we are living proof that nothing is hopeless and that action is required to help save lives. There is plenty that can be done and that must be done.

That is why the American Jewish World Service (AJWS), inspired by both Jewish values and history, has become the hand, heart, and voice of the American Jewish community in the developing world and now works extensively in communities where women, children, and men—both the infected and the affected—are facing the challenge of this preventable and treatable disease.

AJWS demonstrates every day through our work in the developing world that even the most complex problems can be tackled, that solutions do exist, and that those solutions are most often created by the people directly involved. With the HIV/AIDS pandemic it is no different.

In Africa, where HIV/AIDS rates are highest, many communities and some entire countries have been and are being decimated by deaths and infections. The United Nations recently estimated that in some areas nearly 40 percent of all pregnant women are HIV-positive and risk passing on the infection to their babies. Whether or not these infants are themselves HIV-positive, they are likely to become "OVC," the term used to describe the hundreds of thousands of orphans and vulnerable children who need care and attention because of the toll the pandemic is taking on their families. In Africa, and in Asia and Latin America, impoverished women and children exploited as prostitutes must

accept AIDS as yet another occupational hazard.

Of course, the stories of the world's nearly 40 million people living with HIV/AIDS are as complex and varied as the people themselves, and so are the stories of those working to organize against the disease, such as former AJWS volunteer Lucy Steinitz.

Early on, starting in 2000, AJWS began to identify local partners whose work ranged from prevention education to home-based and orphan care and from treatment access to political advocacy. Their numbers have grown. Of the current 219 grants AJWS has made to partner organizations in the developing world, 58 of them—25 percent—are for HIV/AIDS work.

At the same time we reached out to other Jewish groups—from national organizations to individual congregations—to alert them to the spread of the pandemic and to urge a Jewish response to this crisis. We formed the Jewish Coalition Responding to HIV/AIDS in Africa in 2001 and, in the years since, have continued to provide information to all of those synagogues and groups, encouraging them to take appropriate action—raising money for individuals in need, advocating for additional government appropriations for the Global Health Fund, providing information for sermons and for activism related to World AIDS Day on December 1st each year, and otherwise getting involved in the battle against the pandemic.

The South African Jewish Board of Deputies joined the Coalition and lobbied in their own country for more services and new policies for persons living with HIV/AIDS. Another Jewish South African group, MaAfrica Tikkun, has been raising funds to help local HIV/AIDS organizations. Women's Ameri-

can ORT runs an AIDS-related project in Namibia and at least one more in South Africa.

On the synagogue level, AJWS has worked with a Chicago-area congregation that has an active AIDS Task Force. Earlier this year we led a delegation from this synagogue to Natandome, Uganda, where one of the AJWS partners, the Foundation for the Development of Needy Communities, trains community-based HIV/AIDS educators. One member of the synagogue delegation, an HIV-care nurse who first encouraged the congregation to become involved with AJWS, encountered the spiritual fruits of our work on her trip: "The patients there told us how hopeful they feel because they are now getting treatment," she said. "They told me I should give a message to my patients—never give up hope. I've been telling my patients that."

At AJWS, as we do this work—with our project partners, with participants in our delegations, with other Jewish organizations—we are motivated by several key beliefs. We believe that education and access to information are essential because they enable people to protect themselves and help prevent the spread of the disease. We are also convinced that the poor deserve proper care as much as the rich, that

the poor have the human right to have access to life-saving medicines, and that international organizations and individual countries must do much more to make treatment available.

The very fact that gross inequities and injustice exist is perhaps not surprising. Yet, how can we as Jews—we who alternately mourn the injustices we suffered and celebrate the ones we escaped—not act when we see such injustice? This is the question that drives all of our work. We are now seeing the results of the work: the power of communities as they win access to AIDS drugs, educate young people about safe sex, and train midwives about how to prevent HIV transmission during birth.

What is needed is for more people in the Jewish community to do more of this work—to step in, take action, make a difference and, as the Ugandan patients we visited said, "give hope." As Lucy Steinitz continues and expands the base of her work, so must we in this country do the same—become involved, raise funds, advocate for more public action, and do our part to help heal the world. No matter if the situation appears to be hopeless, it is not: Our intervention matters. We cannot retreat to the position of being overwhelmed.