

SEEKING JUSTICE IN AFRICA

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Almost seven years ago, our family moved to Namibia in southwest Africa. People often ask why. They are incredulous, often critical, and sometimes a little bit envious. Most Europeans who ask us wonder why we would leave behind good jobs and the relative comfort of our past life. Americans express worry about health care and our children's education. Africans cannot believe that we would choose to live so far away from our family and friends (though in truth, we have very few relatives—and given the large extended families that constitute family life here, that amazes them even more). And the occasional Jew we meet looks at us as if we are completely crazy and then asks about the relative ease of forming a minyan or getting matzoh for Passover in Namibia (both of which are possible within this country's one synagogue, but often difficult).

Depending on who asks the question, we give a different reason for coming and now staying in Africa. Usually we say something like, "We felt the desire to make a difference" or "We wanted an adventure" or "We are trying to live out our dreams." But to the Jews we have two answers: "Tikkun Olam" and "Never Again."

Tikkun Olam means the repair and perfection (or completion) of the world. Secular Jews as well as religious Jews often refer to this special mission, recited three times a day in the Aleinu prayer, as one of promoting moral behavior and working to improve the living standards of the poor among us.

By contrast, the motto, "Never Again," refers to the unfathomable apathy and worldwide political weakness that allowed the Holocaust to happen, which must never be allowed to happen again — be it against Jews or anyone else. Complacency should not be tolerated in Jewish life, not then and not now.

It seems strange to write about such horror as I look out my window and see the clear sunshine and endless semi-arid plateau of rural Namibia. This is a country of stark beauty and relative peace since its independence in 1990 from Apartheid rule under South Africa. Yet, this beauty masks much deeper concerns. The poverty in Namibia is devastating, and its rate of death — mostly from HIV/AIDS — is even more so. More than half of this country's population lives on less than US\$1 a day. According to UNAIDS, 22.5% of all adults in Namibia (aged 15-49) are infected with HIV. Social dislocation and inequality feed this disease: it creeps silently and then manifests itself by surprise. Due to the stigma and discrimination that often accompany HIV/AIDS, it is often called "slim" (by what it does to you) or the "thorn" (by the apparent randomness with which one gets infected) or just plain "the illness."

HISTORY REPEATS ITSELF

I am sometimes asked whether the HIV/AIDS pandemic is another holocaust. It is certainly not the same as what occurred during World War II. However, if we are referring to the systematic but avoidable death of millions while most of the rest of the world sits by and does nothing, then this is a holocaust of immense and terrible proportions. This time, we Jews are not the victims, but rather are among those who could do something to make a difference if we wanted to, but first we must want to.

The AIDS pandemic can be stopped, but not while the wealthy West stands idly by, watching with "pathological equanimity" while Africans die in the millions. Western inaction constitutes "mass murder by complacency." These strong words were uttered by Stephen Lewis, a Jew and the Special U.N. Envoy to Africa for HIV/AIDS.

Worst hit are the countries of Southern Africa. AIDS robs them of scarce human and financial resources, on which their human security and development depend. It robs children of their parents, parents of their children, and communities of their future. AIDS killed 2.4 million people last year in Southern Africa, where over 30 million are now infected. That is roughly the size of the population of Canada.

Can you imagine the world outcry if it WAS Canada that was infected? Just look at how the world responded to the SARS outbreak. Why are Africans worth so much less? Can we allow the world to get away with such blatant discrimination? Although we hear that medicines will be coming, to date only 1% of all Africans who have HIV have access to anti-retroviral treatments. Even if a medical regimen can be implemented, for most of the people currently infected it will be too late. Much more must be done.

In Africa the majority of those infected are women, and in many cases these women have been faithful to their male partners, only to learn later on that the virus has infected them anyway. They are victims of poverty, a loss of social cohesion, and traditions of male dominance. In one-third of the cases or more, their children also die from HIV. Increasingly, however, it is difficult to call the children who do not have HIV "the lucky ones." Many are destined to become orphans within the next few years or even sooner. And then what? Who will buy their food, pay their school fees, and give them a hug when they are feeling down?

A PERSONAL RESPONSE

AIDS did not bring me to Africa, but it keeps me here. In this country, which is twice the size of California but contains less than two million people, a 15-year-old child has a greater than 50% chance of ultimately dying of AIDS. In the northeast section of Namibia that juts into central Africa, the estimated rate of HIV infection is as high as 43% (Ministry of Health and Social Ser-

vices, 2002). Under these circumstances, the most difficult and illusive commodity to offer is HOPE. And without hope, what chance do we have to make things better?

I can see with my own eyes that whole villages are being wiped out, as grandmothers sit overwhelmed and practically comatose in their huts, with ten or twelve orphaned children around them eating whatever grains and leaves they can find, just to stay alive. Moreover, the worst impact of HIV/AIDS is yet to come as one-third of all Namibian children are destined to becoming orphaned before reaching adulthood.

Within weeks of coming to Namibia, I knew I could not sit idly by any more. My administrative experience in Baltimore, where for almost 15 years I served as executive director of Jewish Family Services, gave me the impetus and the tools with which to begin. How would the THE ASSOCIATED: Jewish Community Federation of Baltimore respond to this mass suffering and trauma, I asked myself. The answers were clear and immediate: We had to get organized, raise some money, convince our peers that we are responsible for each other, and then we must begin helping—without delay. And if this felt too big to tackle, we must recall the talmudic admonition by Rabbi Tarfon: "It is not necessary for you to complete the work, but neither are you free to desist from it."

FINDING PARTNERS

But who would be the "we" in this context? We all know that any good program should be community based, with strong in-kind support from local stakeholders and volunteers in either a direct service or supportive capacity. Given my background in Jewish communal service, it did not take me long to realize that, with over 90 percent of all Namibians identifying as Christians, the role of religious identity and of the local congregations would be critical in motivating a national movement of HIV prevention, training, and care.

In late 1997, I was fortunate to meet Sr.

Dr. Raphaela Handler, a missionary doctor who had come to Namibia one year before to manage the Catholic Church's 16 hospitals and health care centers. She shared my passion and commitment, driven by the concern that the silence of Namibia's churches in the face of the HIV/AIDS was rendering them co-conspirators in the pandemic. Local church groups needed to become mobilized as outreach-educators and volunteers, she argued, with support from the church hierarchy and its sister congregations worldwide as donors and support-organizations.

I listened to her, my heart warming. This kind of religiously inspired talk felt familiar, and it represented the key for which I was searching. So I offered to help Sr. Raphaela set up a comprehensive faith-based response to HIV in Namibia. "But I'm not Catholic," I warned her. "In fact, I'm Jewish."

Sr. Raphaela was not bothered in the least by our religious differences, and neither were the bishops who supported my appointment to the job. Propelled by the common vision that God calls us to help others in greater need than ourselves, the organization we co-founded—called Catholic AIDS Action—has since grown to 13 branch offices around the country, with 62 local staff and over 1,600 trained, active volunteers.

The programs we offer have also diversified and become increasingly holistic. They now include a myriad of health education, home-based care, advocacy, emergency food relief, and income-generation projects that work in coalition with the government and other indigenous organizations. At the community level, 112 local congregations have developed volunteer groups. We have trained their members as home-based care volunteers and surrogate "aunts and uncles" to help the growing number of affected children in their immediate surroundings.

Catholic AIDS Action currently provides outreach, prevention, and support services to 4,000 sick clients and 17,000 orphans each month, in addition to those reached through our training, outreach, health education, and school-based programs. We find ourselves

fighting the underlying issues of poverty, inequality, and ignorance as much as we do the disease of HIV/AIDS per se. We know we are making a difference, especially among the young, although overall in the country, the rate of HIV infection continues to grow.

AS THE ONLY JEW

I have never been made to feel uncomfortable working as a Jew in a Catholic organization. On the contrary, many of my colleagues — most of whom are deeply spiritual Christians — have expressed interest in my religious customs, and a few have accompanied me to Friday night services in Namibia's only synagogue. In keeping with the local culture, most communal gatherings at work begin and end with a prayer, and as it is our custom for staff members to rotate this responsibility, I have invariably offered a relevant Hebrew blessing when it is my turn. No one blinks an eye. In Namibia, diversity is simply taken for granted.

This experience has given me insights to what it must be like for a non-Jew to work in a Jewish agency in North America. It reinforces my belief that this is rarely if ever a problem, so long as the individual is strong and confident in his or her own religious practice and is open to an exchange of religious ideas with others.

Let me share my favorite example of Jewish-Christian dialogue in Namibia that happened about four years ago with a group of nuns at a Mission in the far north of the country. One evening during my third or fourth visit there, one of the religious sisters popped the question: "Which church do YOU belong to, Dr. Lucy?" she asked. "I belong to a synagogue," I answered, matter of factly. "It's a Jewish church, in Windhoek (Namibia's capital)."

"You're JEWISH?" responded the nun, her jaw dropping. Then she paused for a moment and asked, "And was your mother Jewish too?" "Yes," I answered. "As far back as our family can remember, our family has been Jewish."

Suddenly there was silence, as all the nuns looked at me anew. "Oh," said the first one, extending her arms in embrace: "Then you must be a relative of Jesus!"

FROM ONE FAITH-BASED ORGANIZATION TO ANOTHER

I often find myself comparing my last seven years doing development work in Africa under Christian auspices with my fifteen years under the tutelage of the "masters" at THE ASSOCIATED. There are many similarities and many "best practices" that can be applied from one setting to the other. However, some significant differences also emerge, mostly in relation to the scale and degree of poverty, lack of resources, and state of chronic emergency that we face here from the global AIDS pandemic.

And yet, the underlying commitment to "pikuach nefesh" (to saving lives) binds us together through the five "Cs" of cooperation, community mobilization, capacity building, communication, and personal commitment. Below are twelve additional lessons that I first learned in Jewish communal service, which have become guiding values in my work in Africa:

- Always keep your religious leaders happy. This applies equally to Jewish rabbis and to Catholic priests and bishops. This precept requires the development of a shared vision, attention to spirituality, application of religious values, and ongoing consultation at both a community- and national level.
- Build on existing structures, wherever possible. By working through church congregations at the local level, we gained acceptance and immediate access to prospective volunteers, community leaders, and our clientele. We never would have achieved half as much had we tried to build everything from scratch.
- Think big, but start small. Programs that try to accomplish too much in the beginning often accomplish nothing at all. It is important to work incrementally, one step

at a time. At the same time, you must think about how to scale-up whatever successes you achieve, and you must also incorporate an "exit plan" to ensure that your program or activity can be sustained over the long run, even with very limited resources.

In a similar vein, think long term, but act short term. Solutions will not come overnight or even in a year or two. This kind of work requires enormous flexibility and perseverance. Meanwhile, find hope in the small successes, even if the long-term goals still seem illusive.

- When hiring, look for motivation and personality. A person's work-style and personal values are more important than his or her formal education or professional experience. This is because you can teach skills, but not personal integrity or commitment.
- Avoid burnout. Our work is hard — both emotionally and physically — and everyone involved needs the opportunity to regularly de-brief and recharge his or her batteries. People also need the tools—efficient training, technical assistance, and ongoing support—to make their work doable. If you skimp on these aspects at the outset, you will end up losing your best colleagues and be unable to sustain the work.
- Seek unity in diversity. At Catholic AIDS Action, our cultural and geographic differences emerged very early: urban versus rural and the Northern regions of the country versus the South. Although we serve many different ethnic groups with more than 20 indigenous languages, we are bound by a common mission and sense of urgency. Through the spiritual dimension, we find our common culture and the motivation to keep going, even when things get difficult.
- Go to where the people are; don't ask them to come to you. While it may seem initially that one can maximize the impact of community organization and training

by bringing two or three people together from each of many different sites, our experience was the opposite.

What happens when these participants go back home? The answer almost always is, NOTHING! By contrast, the local trainer or community organizer must go out and spend time in the local community, working at a group level, from which a sense of solidarity and commitment to action will ultimately emerge.

- Take a holistic approach. In this part of the world, HIV/AIDS is a development issue, and its devastation is exacerbated by the poverty, dislocation, and legacies of apartheid and colonialism that dominate local society. These root causes must be addressed by building local leadership, management, entrepreneurial, and advocacy skills. Even more, our approach must SEEK JUSTICE, in addition to offering compassion and care.
- Value your volunteers — and make it show. They are your best resource: train them, value them, celebrate their achievements, and provide them with ongoing support structures. Most important, you can prove your respect and support by empowering your volunteers to generate their own ideas, develop their own leaders, grow their own programs, gain increased status in their own community, and thereby become increasingly self-sufficient over time.
- Keep your communication open and honest, and keep your messages simple. Remember that thick mailings are not read. In conducting outreach education and donor relations, present your data clearly and include site visits, personal testimonies, and lots of photographs wherever possible.
- Focus on impact. Measurable outcomes are important, but they must also be realistic. For monitoring and evaluation to be effective, it must be incorporated into your activities from the beginning of your

program planning. Without good accountability, there is no second chance.

- Trust in God, and do the best job you can — but never stop fund-raising.

JUSTICE REQUIRES EVERYONE'S INVOLVEMENT

Perhaps the most important lesson of all, however, is that everyone has to get involved to ensure our collective future and to make a difference in helping others who are less fortunate than we. In the Bible, the stranger, the orphan, and the widow are frequently offered as examples of the weakest, most unprotected people in society. Because of their vulnerability, the Torah repeatedly delineates the level and type of protection and support that must be given them. It regulates only one standard of justice for both the strangers —non-Jews — and Jews. Remember that “you were strangers in the Land of Egypt,” (Ex. 22:20) we are told over and over again “The stranger who resides with you shall be to you as one of your citizens; you shall love him as yourself, for you were strangers in the land of Egypt” (Lev. 19:34).

Unfortunately, except for the American Jewish World Service, no federation or major American Jewish organization has the developing world on its international agenda for advocacy, support, or intervention. This saddens me terribly because I believe that there is much we as Jews can do to make a constructive difference, to act ethically and proactively, and to demonstrate that we too have learned the lessons of our own history —*ben adam l'havero* (each person, one to another).

And what of our future? For the foreseeable future, my husband and I will stay in Africa. Our children have found lessons outside the classroom that will mark them for life. All of us have gained more than we have given, learned more than we have taught. But now, a broader, international response is needed.

Some months ago I was asked to speak at an international conference on faith-based responses to HIV in Africa. I chose to ad-

dress the commandment within Judaism to help the poor and the needy. In English, we think of this as charity, but the Hebrew language does not have a word for charity: it is usually translated as *tzedakah*, which really means righteousness or justice. This difference between charity and justice, I explained, is significant. Charity comes from the Latin, and it means, "from the heart." By contrast, *tzedakah* is a right, and its implementation is our obligation.

Your children or grandchildren may ask you one day, "What were you doing to make a difference while millions died from HIV/AIDS?" This is not a case of charity, but of justice; it is not a choice, but an obligation, not only for the Jews but also for everyone,

joined together as children of God. The voice calls out in the wilderness: "*Tzedek, Tzedek Tirdof*: Justice, justice, you will pursue" (Deuteronomy 16:20).

We Jews have a special obligation to become involved in this struggle. We who have been victims before, who know what it is like when the rest of the world does not care, must practice what we preach and do what we can to be a light onto the nations.

It is never too late to get involved. We should follow the wisdom of an old African proverb that says, "The best time to plant a tree is 20 years ago. The next best time is now."

More information on Catholic AIDS Action can be found at www.caa.org.na .