

The testimony of Debbie Dortzbach  
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before the United States Senate  
Subcommittee on Health,  
Education, Labor and Pension

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MOBILIZING FOR LIFE

Mr. Chairman and members of the committee, thank you very much for the opportunity to appear before this sub-committee. I am Debbie Dortzbach, International Director for HIV/AIDS for World Relief located in Baltimore, Maryland. We are a worldwide organization committed to alleviating suffering in the developing world.

I am here today to represent the non-government agencies and to address how we can contribute to curbing HIV/AIDS and caring for those affected.

## **I. Elizabeth's story**

You haven't met her, but you know her.

She is one among millions you have talked about in these rooms. It is our time now to listen to her.

*"My name is Elizabeth, and I am 11 years old. I live in Kenya with my mother and two brothers. My father died of AIDS two years ago. My mother also has AIDS.*

*When my father died, my uncles came and took all our property. Now it is difficult to get money for school fees.*

*If my father were alive, I would be the happiest girl in the whole world."*

Elizabeth's story is not over. She will face the death of her mother, confusion over what to tell people who scorn AIDS as a curse from generation to generation, the reality of stigma and rejection, the loss of household income, the threat of having to stop school, and the reality of not having an evening meal or the next morning's breakfast.

By 2010 we will have 41.6 million double orphans, those who have lost both mother and father (*Children on the Brink, USAID Report by Susan Hunter and John Williamson, 2000*).

As I think of Elizabeth, I am burdened by the question, “What role can we have in giving Elizabeth’s story an ending of hope?”

Africa is also my home, now for more than 22 years. I am an American, and because I am, I was targeted in a 1974 hostage raid on a church hospital in northern Ethiopia, now Eritrea. After 26 days I was released to my husband and four months later gave birth to our son.

We returned to Africa, invited to join the vigorous efforts of hundreds of thousands of ambitious and determined Africans in advancing their cultures and countries and participating in their health and development initiatives. I expected years later to leave Africa a changed place: with healthier children, more educated families, men and women honoring each other, and families strengthened with a brighter economic future.

It is more likely that in next 10 years before we retire that many markets and streets will be flooded with orphans, families impoverished for generations, schools barren of teachers, and roads impassable for lack of skilled workers and money to repair them.

In the 1970s and 80’s we helped children survive to the age of five. In the 1990s we buried them as young adults.

As a former hostage, I often wonder why God spared me. Why did I come home? There were two of us taken and Anna was shot, by our captors, in my presence.

Today, I still ask that question, but I know just a bit more of the answer.

WE have a job to do.

## **II. The Challenges and Contributions of NGOs**

Today I am addressing you as a member of the family of World Relief, a Christian NGO representing more than 49 different denominations in the US and working in over 24 countries since 1944.

Our challenge is to apply foundations of sound knowledge about what works in AIDS, cultural strengths, spiritual commitments, and decades of public health and behavior change experience.

We know these foundations build success. We need focus to strengthen them. In World Relief we call our HIV/AIDS program, *Mobilizing for Life*, and our focus can be summarized around three themes: the family, the faith community, and financial strengthening.

### **A. The Family**

The basic social foundation is the family. To a very large extent, what happens within the family determines the global course of this epidemic. Strengthening communication, education, and cross-generational dialog within the family is one of the goals of a USAID funded project known as Amkeni, in which we are partners in Kenya.

The project works through churches and other community groups to foster understanding and equip families to reflect on behavior and promote relational and sexual health. *Choose Life: Helping Youth Make Wise Choices* is one tool with many lives. Originally developed through a USAID Rwanda project, (USAID/Rwanda/HARR Award No. 623-A-00-99-00071-00), the manual is adapted and currently in use in training in Kenya.

The family is also the primary institution for care of orphans and other vulnerable family members such as the elderly. Though taxed beyond coping ability in some cases, the majority of extended family members and the community surrounding them are the best homes for children whose parents have died. Every community institution can support the family, keeping children at home where they belong. *Kubatsirana*, a Mozambiquan organization of faith communities in Chimoio representing over 50 churches is an example of communities working together to assist over 352 orphans. Every orphan is known, every village elder oversees their welfare, every church takes on the responsibility of visiting and supervising care regularly, and every school and many businesses in the community assist in meeting basic needs.

## **B. The Faith Community**

In nearly every community in Africa people meet to express their faith. Faith communities are institutions here to stay, beyond our funding cycles and rusted 4x4s. What we build today on the foundation of faith is cost effective, integrated into life and relationships, and spans generations.

*Faraja*, meaning comfort in Kiswahili, is a community of people of faith from many backgrounds drawn together out of concern for caring for people with AIDS at home in an urban poor community in Nairobi. Members of *Faraja* dedicate themselves to weekly learning sessions on how to train family members to care for their HIV-positive members. The training occupies no line item in a budget and does not take place in an expensive hotel, but sitting on wooden benches in a tin-roofed church buried in the sprawling slums. The learners bring their passion and time and commit to working in teams, regularly visiting all sick living near them. What they learn costs nothing to do and can be universally applied and life-changing: the importance of touch and embrace,

acceptance and inclusion of persons living with HIV/AIDS (PLHA), the need for PLHAs to stay active in the family and society, the control of TB, preparation for death and the care of orphans left behind. *Faraja* members use a simple home care manual, *Hope at Home*. It has photographs and simple, short sentences so even children who are often the primary caretakers of their parents can understand and safely assist. Local government clinics and an area hospital provide HIV testing for family members, clinical support and backup for critically ill patients. Faraja caregiver trainers are recognized by the red badge they wear, *Wahudumu wa Faraja*--people bringing comfort.

***Wahudumu wa Faraja, Kenya***



In Rwanda, faith communities send their leaders to workshops to apply community advocacy roles, learn principles of counseling in trauma healing, destigmatize AIDS and the misbelief that AIDS is a curse from God, learn the facts about HIV/AIDS, and use training tools to help youth make wise choices about their sexuality. As a result, more than

160 support groups of persons living with AIDS meet weekly in churches for support. Churches are developing their own integrated programs for AIDS interventions in care and prevention, including counseling, training, care, and food distribution.

In Malawi, churches band together in committees to determine how to help the families affected by AIDS living around them. They work community gardens where volunteers cultivate, fertilize, plant, water, weed, and harvest food for orphans.

The church is an advocate for those too weak to speak. In Mozambique, church leaders take village chiefs around their communities to identify orphaned children. More than 352 children in Chimoio are guaranteed the right to free primary education and businessmen and women contribute food and other necessary household items to the orphans.

### **C. Financial strengthening**

World Relief enables individuals and families affected by HIV/AIDS to live with dignity by addressing the economic burden of HIV/AIDS through micro-enterprise development programs. Economic development opportunities give poor women, who are among the most vulnerable, better means to make healthy choices about sexuality.

Credit and savings enable families to appropriately address the medical needs of their members with AIDS, continue to nurture children left behind by the death of their parents, and remain engaged with their communities. HIV/AIDS-affected families who participate in micro-enterprise programs continue to earn income, maintain social support, and make wise decisions about treatment options. Micro-enterprise activities also help prevent new infections. Women, who are empowered

socially and economically through their micro-enterprises, gain more control of their lives.

World Relief assists in the administration and supervision of microfinance institutions in 10 countries including Rwanda, Mozambique, Burkina Faso, Haiti, and Cambodia, with a loan portfolio of 5.8 Million USD. These institutions serve 73,000 clients, nearly 90 percent of who are women, with a loan loss rate of less than 2%. Most of these women move on to larger loan cycles and savings schemes.

In partnership with another non-government agency, Freedom from Hunger, we developed an interactive prevention and care curriculum, *Facing HIV/AIDS Together*, being used in communities where clients meet regularly as a group to repay their loans (Publication made possible through the G/PHN/HN Grant Award #HNR-A-00-07-00007-00).

In addition to providing basic education on cause and prevention, the curriculum encourages communication within families, mobilizes these groups for community action and helps break down stigma.

Rose Mukamguguje, an HIV-positive Rwandan widow, struggled to feed and educate her children after her husband died. She was forced to pull her six children out of school because she couldn't afford the fees and was concerned about what would happen to them when she died. Before she received a loan to start her own business, Rose was engaged in the backbreaking work of hauling construction materials. In her words: "I used to get temporary jobs fetching water or bricks at a construction site, but this was very difficult for me. The next morning I would be broken. I would be very weak and stay in bed. I got sick more often during this time."



But through this bleak reality glows light—the light of people of faith practicing what they believe in nearly every community in Africa—far from medical outposts, medical professionals, corner pharmacies, means of transportation other than footing, and communication.

**Rose Mukamguguje, Rwanda**



### **III. Implementing prevention and care**

#### **A. People**

In America, we think of hospitals, doctors, and medications when we think of treating AIDS. In reality, we will never have enough accessible hospitals and doctors to meet the demand, and we need to be realistic about the availability of medications over the long haul in most rural communities and urban poor centers where daily earnings are less than the cheapest American hamburger.

But we have people living in community. They are neighbors, teachers, nurses, pastors, and youth. They are the greatest community resource, not yet fully marshaled or supported.

In Malawi, youth groups meet the challenge of helping families with AIDS by hauling jerry cans of water, repairing roofs, tilling gardens. They learn not only how to give community service, but come face to face with the reality of people dying with AIDS—a powerful incentive for delaying sexual activity.

Through working within community structures, equipping, and *continued* support and encouragement we can meet the most basic needs for not some but *most* people living and dying with AIDS and their millions of orphans.

World Relief's orphan initiative begins with families, communities, and churches. Rather than a project, it is described as a "movement" known as "Every Church, Every Orphan" seeking to marshal support from every church in every community where there is one to take a census of every orphan in a perimeter around the church and provide regular supervision and support to orphans without families. The support starts before parents die and includes the development of memory books for parents to leave with their children, the planning of the care of orphans with extended family members, and the handing over of family businesses or membership in community banks.

As a global community we must continue striving for available medications for treating AIDS, a universal prevention vaccine, and the interruption of maternal to child transmission. In addition to these medical interventions we must continue to struggle with deep root issues engulfing AIDS: early experimentation of sex among youth, adult sexual

exploitation of youth, the vulnerability and powerlessness of many women, stigma, the lack of communication, commitment, respect, and honor in many marriages, economic and social destruction of families.

## **B. Training**

The tenets of training that transform are interactive involvement of the trainees, training that is held in the local environment, utilizing people's own readily available resources, training that builds on beliefs and provides reflection and guidance toward understanding truth when beliefs may contradict fact, and opportunity to act on the lessons learned.

A challenge for NGOs has been to work with some faith-based groups where AIDS is considered a curse or the condom a evil object. When time and effort are taken to meet people on their own terms, using their own community, religious, or family structures, very traditional beliefs can be discussed. Building trust is critical to deciphering error in erroneous traditional beliefs about AIDS. Some religious communities in Kenya began to change some of their views and reduce stigma associated with AIDS through training and role models of key leaders. A lesson learned in a large USAID/AIDSCAP project in 1996 demonstrated that change does occur among church leaders when church leaders can trust sources of information, and they are given opportunity to dialog together.

Training is effective when a variety of training tools are utilized. We have developed mass media radio spots in Rwanda, an interactive video in Malawi and Kenya, low literacy flip charts in Malawi, and curricula for youth and micro-enterprise development. All of these tools have had no "shelf life" and are in demand for reprinting, adaptation and distribution throughout Africa, and some countries in Latin America and Asia.

### **C. Networking and Collaborating**

None of us have the answers or the abilities to fully apply the answers we are discovering. We need each other.

We actively support cross-sectoral collaboration and have attended the monthly meetings of the Private Voluntary Organizations Steering Committee on HIV/AIDS at USAID. We have facilitated getting HIV/AIDS on the agenda of the practitioner networks to which we belong: the Small Enterprise Education and Promotion (SEEP) Network and the CORE network whose focus is maternal and child health. Both of these networks now have working groups to promote the HIV/AIDS agenda and to explore how they can work together more efficiently and effectively.

We also encourage this dialogue at the national level. For example, in Cambodia and the Philippines, World Relief has sponsored forums that bring the economic and health sectors together to discuss cross-sectoral collaboration for HIV/AIDS. In Rwanda, we helped establish the Rwanda Microfinance Forum, a group well aware of the economic issues of HIV/AIDS, addressing economic coping strategies and promoting AIDS education to member organizations. We have worked hard to integrate an appropriate response to HIV/AIDS into our microenterprise development, maternal child health and youth programs to realize greater impact and more efficient use of our resources.

World Relief helped form a network of local and international NGOs in Malawi that were not only HIV/AIDS specific but multi-sectoral. The network meets quarterly to inform each other of events, materials developed and lessons learned.

In Kenya our staff was on the organizing committee of the Kenya AIDS NGO Consortium (KANCO) with present membership over 100 local and international NGOs working in Kenya.

Information is vital to share. For that purpose we attend and present at international forums including the global International AIDS Conferences, the International Conference on AIDS and STDs in Africa, the Microcredit Summits in Asia and Africa, and the Prescription for Hope Conference in Washington, DC.

Collaboration begins at home. Nurses from New York City are keen to not only continue learning about home care initiatives in Africa, but they also want to volunteer to help. In this meeting in Manhattan just weeks after September 11 these nurses drank in all they could learn about AIDS in Africa and determined to support the efforts of their nurse colleagues in Kenya. In other areas, children in Virginia are sewing simple bed pads to help control skin problems resulting from diarrhea.

**New York City Nurses: Anna, Jerone, Maribel, Racquel, Laginia**



#### **IV. Conclusion**

In 1974 I was powerless while being held hostage by terrorists, taken *because I was an American*. Today I am strengthened *because I am an American* who together with you and those you represent have power, influence and money to change the course of millions of Elizabeths and families with AIDS whose deaths in the first decade of the 21<sup>st</sup> century alone will rival the number that died in all the wars of the 20<sup>th</sup> century (*Remarks prepared for delivery by VP Al Gore at the UN Security Council Session on AIDS in Africa, January 10, 2000*).

Join the NGO community in their grassroots assault on the terror of AIDS.

Embrace the responsibility and challenge before us as Americans.