

THE AIDS PANDEMIC

Jewish Values and Responsibilities

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AIDS is a Jewish issue. This became clear to my family in 1996, when my husband and I decided to resolve our mid-life crisis by taking off a year to work as volunteers in Namibia, in Southern Africa. Little did we know then how much we would become involved in this issue and that we would quickly choose to devote the rest of our professional lives to this country and her people.

Worldwide, over 40 million people are now infected. Every single day, more than 14,000 people contract HIV and another 8,500 die of AIDS.

In Namibia, the impact of AIDS cannot be ignored. One out of five pregnant women is infected. A child born today has a one in three chance of becoming orphaned before the age of 18 due to the death of the mother or father, or both. This projection is based on current rates of infection and death. Largely as a result of AIDS, Namibia's life expectancy has fallen from 61 years in the early 1990s to about 45 years today.

Jews are by no means immune to this pandemic. Whether in North America, Israel, or even Southern Africa, Jews are infected and affected by this disease and its impact on our communities. As Jews, we are bound by a commitment to *pikuach nefesh* (saving lives) — whether of Jews or gentiles — knowing that this commandment takes precedence over almost all others. Most critically in terms of my own motivation, I felt moved by the lessons of Jewish history that teach us not to sit idly by while millions die.

Yet, most of the organized Jewish community acts practically catatonic in response to the AIDS crisis. Do we think it is hopeless? Tell that to a young orphan who dreams of becoming a doctor someday. Do we think there is no way we can make a difference? I

can refer you to dozens of small AIDS care organizations that do good and honest work, but are struggling against overwhelming odds. "Choose life so that you and your descendants may live" (Deuteronomy 30:19), we are told. As Jews, we have the opportunity to make a difference; the time to act is now.

IN THE BEGINNING...

When we first moved to Africa eight and a half years ago, it seemed that things could not be more different from the life we knew in America. Namibia is an arid country, twice the size of California, with only 1.8 million people. We moved from relative luxury to a much simpler life. Although English had been declared Namibia's official language when it gained independence in 1990, few people spoke it fluently, if at all — preferring one of their indigenous languages, which we did not understand. We had to get used to new foods, find a new school for our children (then ages 11 and 9), and make new friends. In terms of my career, the move meant leaving my position as executive director of Jewish Family Services in Baltimore (a position I held for thirteen years) for the virtual unknown. Jewishly, we went from an immense array of Jewish options to one small Namibia-based congregation with about twenty families (Orthodox affiliated, but with no rabbi).

Yet, Namibia is beautiful and immediately felt ripe with promise. Having overcome a long history of colonialism under Germany and Britain and apartheid under South Africa, the newly elected government focused its energy on the challenges it faced: education for all; universal access to health, basic sanitation, and electric power; and the

eradication of poverty. Truly, this was a heady time for a new nation.

My initial plan in Namibia was to volunteer with street kids and delinquent youth in conjunction with a newly formed non-governmental organization that had contacted me while I was still in the United States. Soon other opportunities arose as well, and I began doing local research for the Ministry of Health and UNICEF, through which I became involved with HIV and AIDS. My husband, a mathematician, found work with the Ministry of Basic Education, Sport and Culture, computerizing their personnel records for 26,000 teachers and other school employees across the country. Some years later he started lecturing on information technology at the Polytechnic of Namibia, and now serves as their dean of the School of Engineering and IT.

Meanwhile our children enrolled in the Windhoek International School, which adheres to both Namibian and Western standards. On weekends, we would go camping in the wilderness and sometimes see elephants. For us, too, this was a heady time.

A JEW AMONG THE CATHOLICS

Then, in late 1997, I met a Namibian-based nun, Sr. Dr. Raphaela Handler, who oversaw all of the country's Roman Catholic-affiliated hospitals and health care institutions (of which there were 21 at the time). She told me of her dream that the Roman Catholic Church should start an AIDS project. At the time, none of the churches were doing anything on this issue, even though more than 90% of all Namibians purport to be Christians and the rate of HIV infection had topped 14% among pregnant women — and was rising steadily every year. I got very excited by this idea and told the Sister that I had some extra time on my hands. Could I help? She hesitated briefly at first, saying that she had thought it better to have a medical doctor on this project. However, when Sister Raphaela learned I was a different kind of doctor (i.e., of social work),

she said that would be fine, that we could make a team.

Then I knew I had to burst another one of her bubbles. "But Sister," I said. "I have to tell you that I'm not a Catholic." "Oh, no problem," Sister Raphaela responded. "This will be a Christian program, open to everyone." "But Sister," I said again. "I have to tell you that I'm not a Christian. . ." This time Sister Raphaela stopped and stared. "But what are you?" she said. "I'm Jewish," I answered. "Jewish? Well, I've never worked with someone Jewish before," she gasped. "But I suppose that could be fine. Let me ask the Bishops what they think."

Twenty-four hours later Sister Raphaela called me with the Bishops' blessings, and this is how Catholic AIDS Action was born. After a few months as a volunteer, I became the organization's first National Co-ordinator and stayed in this position until mid-2004. By the time I left, Catholic AIDS Action had become Namibia's largest non-governmental organization working in HIV and AIDS prevention, care, and orphan support, with 14 regional offices, 1600 volunteers, and about 25,000 clients (see www.caa.org.na). As a natural extension of this experience, I now work with Family Health International as the technical advisor to nine different faith-based organizations of various denominations, all of whom are doing HIV work under the U.S. President's Emergency Plan for AIDS Relief.

As I think back to the origins of Catholic AIDS Action and my initial conversation with Sr. Raphaela, I often wonder what those African Catholic Bishops really thought when the Sister asked them about teaming up with a Jew to start her AIDS project. Did they really think that, as long as I was faith-motivated, it did not matter what that faith was? Or that as a Jew among Catholics, we shared so many common values through the Old Testament (i.e., Hebrew Scriptures) that there is more that binds us together than pulls us apart? Or was it simply that the situation of HIV was becoming so desperate in this country that it did not matter who I was, so

long as I had the skills, was willing to work hard, and was free?

Whatever the Bishops' motivation, they were right. My training and experience as a Jewish communal professional in the United States made me very sensitive to issues of religion and identity; to the learning and support that can come from text study and prayer; to the importance and power of community; and to the central tenet that wherever we go and whatever we do, our lives should be about *tikkun olam*, the repair and completion of the world.

“WHOEVER SAVES A SINGLE LIFE, IT IS AS IF HE SAVED AN ENTIRE WORLD”

We know we cannot save everybody, but we are encouraged to try. As the second-century sage Rabbi Tarfon put it, “It is not your obligation to complete the work (of perfecting the world), but neither are you free to desist from it” (Ethics of the Fathers 2:16). 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 protection and help that must be afforded them. It regulates that there must be one standard of justice for both the strangers (non-Jews) and Jews (Numbers 15:15; Leviticus 19:34; Telushkin, 1991).

Every child in Hebrew School learns about Hillel's most famous declaration in the Ethics of the Fathers (1:14): “If I am not for myself, who will be for me, and if I am only for myself, what am I? And if not now, when?” Life requires a balance between taking care of ourselves and helping others, between serving our fellow Jews and also participating constructively in the world at large. Although the Jewish religion teaches us that both are important, it is our professional training that actually gives us the tools we need to practice what we preach.

In my work in Africa, I applied all the tricks of the trade that served me well in Baltimore, such as fundraising, public rela-

tions, management and supervision, program planning and evaluation, financial oversight, and the ability to work with a diverse range of people. Of all the principles I have applied overseas, however, five stand out as having a particularly deep African-Jewish connection:

1. **Culture is king.** This precept applies both in Jewish communal life and in the developing world. It means that the best way to present a new idea is to package it in a way that feels familiar, as a natural extension of core values and traditions that already exist in a specific community. Working with local chiefs and religious leaders, I would sometimes mention that I also belong to a tribe of people with very particularistic customs and rituals, and that this is one reason why I am especially interested in developing an understanding and a partnership with other groups that have their own customs and rituals. Whenever I can, I speak some words of the local language and join in cultural celebrations; when asked, I also share some songs or traditions from Judaism that I think others will enjoy. That said, it is also clear that sometimes tradition can be a curse, as with practices that keep African women in subservient roles where they risk being beaten up if they ask their husbands to use a condom or take an HIV test before engaging in sexual activity after they have been away for several months.
2. **Respect your elders; honor thy father and thy mother.** This applies to elders everywhere; for example, in Africa one must seek the elders' blessing before entering a village or farming area to undertake some community research or initiative. Parents and other caregivers must also be consulted as stakeholders; otherwise whatever you attempt to do will disappear when you leave town. In addition, whenever I work with a faith-based organization, I always make sure to invite the local clergy and include a short text study and prayer, not unlike

what we had introduced in many Jewish settings in Baltimore.

3. **What goes around comes around.** Because I talk openly about my own identity, many Namibians know that I am Jewish and they know that it is my Jewish values – as well as my parents’ experience as Holocaust survivors – that drives both my consciousness and my choice of work. Usually, I am the first Jew whom these Namibians have ever met. Thus, I am always aware that whatever I do, it will reflect not only on me and my family but also on other people’s entire knowledge and understanding of Jews, Judaism, and their tolerance of people who are different from themselves. This is both an opportunity and a huge responsibility. One seldom knows what impact some interaction today will have on another action in the future, but one should always try one’s best.

4. **The ethics of giving.** Perhaps the most important Jewish precept to consider is the philosophy of *tzedakah*, meaning *charity as justice*.¹ Clearly, this concept applies to helping everyone, not only Jews. It also means more than simply giving money, although money is surely needed as well. In some settings, the term “*tzedakah*” is translated as righteousness, which tells us that it is not enough to only have the right intentions; you must also do the right thing. To me, doing *tzedakah* requires one to engage actively in advocacy and education, as well as in humanitarian support.

Where could the need be greater than here? Most HIV-positive people are women, many of whom had been faithful to their male partners. Young people in their teens and early twenties are most vulnerable to new infections, as are ba-

bies born to HIV-infected mothers. However, the situation is not hopeless: There are countries – including Namibia – that have begun to turn the rate of infection around. Moreover, medications now exist that can prevent mother-to-child transmission and prolong the lives of those who are already infected. So why are so many people still dying?

5. **We must remember our own past.** If there is any lesson we should have learned from the Holocaust it is that we must all do **something** to help. Though no one has masterminded this extermination as in World War II, the results are still staggering beyond belief. Shouldn’t we ask our leaders how much has the organized Jewish community done in terms of mitigating the impact of the world’s greatest pandemic? The answer, tragically, is almost nothing.²

Our absence is historically short-sighted and morally wrong. We are among those who could do something to make a difference; above all, we **know** what it is like to be abandoned in our hour of death. Are we silent because this time we are not the victims? I fail to understand why we would accept that argument now, when we did not accept it of others in our own time of need.

I recently engaged in a discussion with my cousin, a Holocaust survivor, about why I chose to fund one orphans’ soup kitchen over another. Despite my explanation that the first soup kitchen had management difficulties, he became very agitated that the orphans in this group would not be receiving any assistance. Recalling his years in Auschwitz, he said, “It is no help to a starv-

¹See my article, “Seeking Justice in Africa” published in the *Journal of Jewish Communal Service* in 2004. This article includes twelve organizational principles that I first learned in Jewish communal service that have become guiding values for my work in Africa.

²The main exception in the United States is the American Jewish World Service, although their efforts represent barely a drop in the bucket. There are a few other projects that have organized Jewish leadership as with ORT and the JDC in South Africa, as well as some Israeli initiatives, but the overall picture is dismal – shamefully so.

ing child that you tell him you are feeding other starving children instead.” Somehow, my cousin argued, we have to find a way to help as many people as we can.

”JUSTICE, JUSTICE, THOU SHALT PURSUE” (DEUTERONOMY 16:20)

There is much you can do. Here are six ideas, just to get you started:

1. Educate yourself. You can start with the Internet via UNAIDS (www.unaids.org) or by reading Susan Hunter’s excellent book, *Black Death: AIDS in Africa*.
2. Advocate that your synagogue or community center take on HIV/AIDS as both a domestic and an international concern.
3. Put AIDS mitigation on the agenda of your local federation.
4. Lobby for more AIDS relief via your Congressperson, and press international corporations to provide HIV education and treatment for workers and their families, in whatever country they may be found.
5. Provide direct support. If you do not know where to send money, contact the American Jewish World Service in the United States (www.ajws.org) or the Stephen Lewis Foundation in Canada (www.stephenlewisfoundation.org).
6. Start a book drive – for example as a Bar or Bat Mitzvah project — to send used children’s books overseas (approximately US\$1 per pound via a mailbag). Reading programs keep children occupied, help them with their schooling, and give them hope for the future.³

IF THERE IS A WILL, THERE IS A WAY

I am always looking for stories of hope and inspiration to promote. Certainly, there are plenty of the other kind, like the story of an old grandmother I visited last week who just lost her third daughter to AIDS and is now left penniless with seven orphans to care

for. However, the opposite is also true: I meet many people who inspire me tremendously and make me want to keep going with this work, no matter what. Take Simon Hatutale for example, age 20, whose father died long ago in Namibia’s Liberation Struggle, when Simon and his younger brother were still small. Left without any support, Simon’s mother taught herself how to weave carpets that she sold to the public for whatever they could pay.

Over the years, as various members of Simon’s extended family became ill or died, their children also moved in with Simon, his brother, and their mother. Eventually, the household grew to six children, all crowded into three rooms. Supervision was strict, Simon recalls, as Simon’s mother never allowed any of the children to play on the streets, lest they be tempted by some of the alluring but dangerous behaviors of urban life.

Tragedy struck four years ago, however, when Simon’s mother became ill from HIV and then died. As there was no one left from the extended family to take over, the children became an orphan-headed household. Many nights they went to sleep hungry, clinging to each other for warmth and comfort. Yet, then they gathered together and decided to live out the legacy of what Simon’s mother had taught them: the importance of obtaining an education, the value of prayer, and the need to work hard and help each other out.

As the eldest, Simon took charge – leading family meetings, encouraging the others with their studies, and scraping together what they needed to survive. And can you imagine? Today, two of the youngsters are in their final years of high school, and all four of the older children are attending university – a remarkable feat for any family in a developing country, no matter what their personal circumstances. Of the university students, one is studying medicine, another is majoring in accounting, and a third is studying media technology, all on various scholarships. Only Simon, who recently began studying social work, had failed until now to obtain the financial assistance he needed to continue schooling. Just recently I was able to

³For more information about how this works, write me at Steinitz@mweb.com.na

tell Simon that his tuition payments for this year (US\$1500) would be completely covered, although we still had to search for a benefactor to cover next year and beyond. When I gave the good news to Simon, he was so overcome that he started crying; then he leapt for joy, gave me a big hug, and reiterated his life's dedication to help other orphans like himself.

Helping Simon to become a social worker: **What could be more Jewish than that?** Stories like Simon's rarely make the newspaper headlines about life in Africa, but I can tell you dozens of stories like his.⁴ And this is just the beginning. To make a differ-

⁴Support comes through the Orphans' Emergency Fund of the American Jewish World Service. Last year, over 600 orphans were assisted through this Fund, although not all to the same degree as Simon.

ence in the AIDS pandemic, your help is needed.

Just follow the wisdom of these two African proverbs:

If you think you are too small to make a difference, try sleeping in a closed room with a mosquito

When spider webs unite, they can catch a lion.

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A JEWISH RESPONSE TO THE AIDS PANDEMIC

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The JDC and the American Jewish World Service have joined forces to help address the AIDS pandemic currently sweeping through South Africa, threatening that country's fledgling democracy. Our two organizations have formed a partnership with Ikamva Labantu, a grassroots organization headed by Helen Lieberman, a prominent member of the Cape Town Jewish community. Her welfare activities began during the apartheid era when she defied South Africa's strict racial laws by crossing the geographical divide between the affluent white community and the black Africans living in extreme poverty and squalor in the shanty towns of the Western Cape.

Our three-way partnership has established the "Face the Future" project, which recognizes that community-based responses to AIDS can be initiated by mobilizing the energy of township residents themselves.

A community center has been established in

the township of Guguletu, Cape Town, providing both outreach and center-based advisory services for afflicted families. Programs include preventive health education for young black teens, who are the most vulnerable sector of the population. Local leaders and church groups have been encouraged to reach out to families reluctant to face the stigma that black South Africans have attached to the disease. Referral arrangements have been established with local hospitals and clinics. Field workers have been hired to serve the township's many unofficial orphanages. A sorely needed database is being established to provide research entities with informational trends to allow for adequate planning of future services.

The project is being supported by several local foundations, many of them led by members of the Jewish community, and by U.S.-based donors. Tours to the project site have been provided for overseas visitors.