

Bishop Kevin Dowling, 3 February 2010

The Church in Partnership

Address at dinner, SACBC/CRS Partnership Conference, 3 February 2010

My dear sisters and brothers, friends,

In a recent edition of Time Magazine, dated 18 January 2010, I came across an article headed “The New Slave Trade” with the subtitle: “In South Africa, host of this year’s World Cup, thousands of women and girls are held as modern-day slaves”. The article immediately begins with a real life story witnessed by the writer, a story I have personally experienced scores of times in the Aids hospice I run with my team, and in the informal shack settlements where my Aids team of nurses and carers minister and work with wonderful commitment and compassion.....I quote from the TIME article:

“For a South African victim of human trafficking, this was the endgame. On a freezing night last July, Sindiswa, 17, lay curled in a foetal position in bed No. 7 of a state-run hospice in central Bloemfontein. Well-used fly strips hung between fluorescent lights, pale blue paint flaked off the walls, and fresh blood stained her sheets, the rusty bedpost and the linoleum floor. Sindiswa had full-blown Aids and tuberculosis, and she was three months pregnant. Sweat poured from her forehead as she whispered her story through parched lips covered with sores.

Sindiswa’s family was one of the poorest families in Indwe.....in Eastern Cape.....Orphaned at 16, she had to leave school to support herself. Last February, a woman from a neighbouring town offered to find work for her and her 15 year-old best friend, Elizabeth.....After driving them 8 hours north to Bloemfontein, the recruiter sold them to a Nigerian drug and human-trafficking syndicate.....The buyer, Jude, forced them into prostitution on the streets of central Bloemfontein for 12 straight hours every night.....

(Sindiswa) was diagnosed with the virus only a week before I met her (the writer said). When she was too sick to stand and thus useless as a slave, Jude had her thrown out onto the street. Nurses expected her to die within days....”

An all-too familiar story to all of us engaged in HIV ministry in the reality of South Africa today. Since I began my own personal HIV ministry journey in 1992, I have become more and more convinced that the only way to develop an adequate and sustainable response to the horrendous reality of our poor and vulnerable sick children and adults is to create and sustain partnerships with a passion that will never, never give into a despair that says: “we cannot turn this hyper-epidemic around”.....partnerships between a Government and Departments of Health and Social Development which engages the whole civil society network and whose policy treats this as a national emergency demanding political will and programmes that are informed by the reality on the ground; partnerships between Government, Business, Corporations, the Church sector, NGOs, civil society organizations, and our citizens in every affected community – all of whom need to be driven by a profound belief that in working and ministering together, in putting all our diverse gifts at the disposal of a creative and relevant response to the “little ones” of our society, in spite of our limitations, we can indeed transform the appalling suffering we encounter every day.

The presentations this afternoon, and especially the statistical analysis by Professor Wood showed that we have much for which to be grateful – but so much more is still required to sustain and develop our response.

My conviction is that the Church sector, working with and in the affected communities, has a vitally important vision and gift to bring to the overall response we are making through our ARV program, which involves other facets like TB, STDs or opportunistic infection control, pain management and so on.

The Church sector is involved in all these facets of the response already – but, in addition, we can and should always offer that special understanding of the spirit or spiritual dimension of the unique person or child which we bring to our objective of comprehensive palliative care for the sick, the dying, and those we save to begin and continue ARV therapy.

Several years ago, in the Tapologo programme I run with our team, in one of the shack settlements housing 25,000 people, HIV positive babies had a life expectancy of about 18 months. Adults often died in awful conditions on the ground in their shacks, usually at night when they were alone because our home-carers were in their own shacks during the night. In response to this tragedy, we opened the Tapologo hospice in-patient unit where dying children and adults could be brought to receive top class nursing care, love and compassion, enabling them to let go and come to their death in peace and dignity.

But with the advent of ARVs in 2004, our hospice took on another role – to save people, to heal STDs, TB and opportunistic infections, so that children and adults could then begin ARV therapy, return home and be cared for in one of the 9 ARV clinics we run in shack settlements and villages.

But it is the focus on the spiritual dimension of the human being which is so important. In conjunction with professional healthcare and pain management, spiritual care responds to the human being in their uniqueness by bringing to them an experience of profound reverence for who they are, deep and loving compassion and personal accompaniment, thus enabling them to touch into their own personal spiritual dimension in the way they need to. The presence of simple loving support, holding the hand, listening and listening with eyes that enable the sick person to believe “Yes, I am special, I am loved....I can feel this.....” this is what I believe the Church sector programmes are uniquely placed to offer our sick and dying in the quest that their disease can be healed, that is, *they as a person can be healed*, which enables them to live positively with the support we offer, trusting in their God, their Higher Power – which in turn will make the ARV regimen in their case that much more effective.

This is what we are celebrating in a particular way this evening. From its small and humble beginnings 10 years ago, the SACBC Aids Office has grown into a co-ordinating and empowering presence throughout all the dioceses of the Bishops’ Conference in Southern Africa. It was a difficult beginning. I began the journey with Sister Alison Munro 10 years ago, and all we had was some R60,000 and no promise of future funding – how could we get anything going? And I gave thanks to God that I had been blessed with soft, spongy shoulders which Sister Alison used on several occasions to soak up the tears and to get through a particularly difficult time.

But then, under her great leadership, our Aids Office developed its own partnerships and in recent years none more so than with Catholic Relief Services in Johannesburg, which was the conduit particularly for the PEPFAR funding for ARV programmes and many other support services. I have the great privilege tonight of honouring, praising and thanking Sister Alison of

SACBC and Dr. Ruth Stark of CRS – together with all the members of their respective teams – for making seemingly impossible dreams and hopes become a reality for the many thousands of sick and vulnerable children, young people and adults whom we are privileged to serve and care for throughout the 3 countries we serve – South Africa, Botswana, Swaziland. I ask Sister Alison, Dr. Ruth and members of their staff here tonight, to please stand.....Please give them a heartfelt round of applause.

On the basis of all that has been learnt over the past years through this wonderful partnership, CRS is now handing over the administration and management of the PEPFAR ARV funding to the SACBC Aids Office, to St. Mary's Hospital, and to IYDSA. The partnership will still continue as other needs are identified, and will bring to our overall objective a wealth of expertise, experience and giftedness that has been developed – because all these people were driven by a passion which simply would not think of, still less accept the word “failure”!

Hundreds of stories could be shared by all of us in our network. I will share one. At the end of 2003, I visited a shack settlement where we were running a primary health care clinic. I noticed a little boy standing apart from a group of children playing together. I went up to him and asked his name: “Bongani”, he said. I asked why he was not playing with the other children. He said: “They tell me I have Aids and must not play with them”. Children?? Bongani was clearly very sick, and the nurses were doing their best. His mother and elder brother had died there of Aids-defining diseases, and he was now in the care of a gogo. At the beginning of 2004 he went down, and it was clear he was dying. I struggled to find finance to buy ARVs in an attempt to save him.

Then, PEPFAR came on board. We saved Bongani, he came to the hospice a couple of times for infection treatment, but began to get better. Then our Orphan and Vulnerable Children's programme took over together with the ARV team. Through this he was placed in a primary school for the first time in his life, got his uniform etc., and after school every day he comes to our after-care centre where he receives a proper meal, counselling from the child-carers, support, help with homework, and engages in activities to develop him as a young person. He and his friend Danny have taken up karate, and recently he won a competition organised by the Bafokeng Administration. We are working hard to keep him alive and give him a future.

That story I am sure has been repeated countless times in the network to which we are all privileged to belong. This is what we are celebrating this evening, that so many of God's “little ones”, the fearful, vulnerable children, orphans and sick who have come into our presence have indeed experienced that they are precious to God and to us, and that their God or their Higher Power came to them in the love-filled eyes, the deeply listening ears, the gentle warm embrace, the loving and compassionate presence of all our carers – and so they found hope, and the power to let go, to accept what is, and ultimately a peace that only God the Higher Power can give.

Dr. J.P. Muliylil, an epidemiologist working in Aids ministry in India, expresses so well what our vision, our ideals and our values are, and I close with this: “How can I understand a figure or a statistic unless I have held the hand that it represents? The people we are talking about are the same as us. By the way we treat them, we know just how much like Jesus we have become.” Thank you.

Bishop Kevin Dowling C.Ss.R.