



## IHM OVERSEAS UPDATE

October 2009

Number 25

### AIDS: The Pandemic Continues

This is the first issue of the *IHM Overseas Update* which focuses on one theme: HIV and AIDS. During the Community Days in July the IHM HIV/AIDS Committee met for sharing and supper and I was struck by how much HIV/AIDS outreach and ministry is happening in the community.

It is now nearly thirty years since a strange syndrome of symptoms and medical conditions amongst gay men in the United States led to the recognition that a new disease was now affecting humanity. The virus that causes HIV infection was identified in 1982. In the first years of AIDS the diagnosis that a person was HIV+ positive was truly a death sentence since there were no medications to restore the person's immune system. In the late 1980s came AZT and then other anti-retrovirals were developed. Now when someone tests positive there is hope—if they have access to the anti-retrovirals. A person can become positive in various ways: through sharing needles in drug use, through a blood transfusion, or most frequently, through sex.

In Africa, specifically South Africa, HIV and AIDS permeates life. The infection rate in some countries such as Uganda and Senegal has fallen. But in South Africa, the infection rate remains at a very high level, although rising more slowly now. We lived through almost eight years of AIDS denialism led by former President Thabo Mbeki who, trawling the internet late into the night, learned about AIDS denialist positions and made them his own—with tragic results for the country. His health minister, Manto Shabalala-Msimang, made national and international headlines with her boast that garlic, olive oil and beetroot, together with the African potato, can cure AIDS. It is estimated that because of their intransigence which led to the very slow roll-out of anti-retrovirals (castigated by both as “Western poison”), 330,000 South Africans died needlessly. That is about one-third of the number of Rwandans who were murdered in the genocide in 1994.

The most recent statistics of HIV prevalence show that it has “stabilized at high and unacceptable levels”, according to the new Health Minister Aaron Motaalehi.

- 29.3% of pregnant women are HIV positive
- 21.7% of women 15-24 are HIV positive
- 40.4% of women 30-34 are HIV positive
- KwaZulu-Natal province (home to three IHMs) has the highest rate of infection and the highest number of orphans (ages 2-18) in the country
- The uMgungundlovu district which includes Pietermaritzburg has the highest HIV prevalence (45.7%) of pregnant women in the country.

The contrast with the infection rate of young males is astounding.

- Boys and young men age 10-19—almost zero prevalence
- Men 20-24—slight prevalence
- Men 25-29—high prevalence

Why the great discrepancy in infection rates? Young women are having sex with men who are 10-12 years old than they are, with disastrous results for their future. These men, called “sugar daddies”, supply the girls with cell phones, clothes, and other things that their families cannot afford to give them. Thus gender issues and HIV/AIDS are totally intertwined.

Two phrases are often used here in South Africa when we speak of the pandemic: “No one deserves to have AIDS” and “The Body of Christ is HIV positive”. To use a slogan of the anti-apartheid years, *aluta continua*—the struggle continues.

*Sue Rakoczy, IHM*

### **IHM Response to AIDS**

Since AIDS was discovered in 1981, millions have died because of failed policies based on prejudice, blame and denial. Every year, two million more people are diagnosed as HIV positive, but the stigma and silence associated with AIDS keeps many of them from seeking life-saving treatments. The Millennium Development Goals called for universal access to treatment for all those who need it by 2010. But governments that supported the MDGs didn't provide the necessary funding so, sadly, this goal won't be met.

At Chapter 2000 we committed ourselves to respond to the AIDS pandemic. Every day, IHMs throughout the world pray, study and act to end the scourge of AIDS. In South Africa and the U.S., we provide pastoral services to AIDS victims, their families, caregivers and orphaned children. We offer AIDS education in schools, and catechetical materials to churches. Our HIV/AIDS Committee partners with local and global organizations that offer AIDS education, prevention and treatment options to those in need. We support legislation calling for adequate funding for domestic and global AIDS organizations. And we don't just “talk the talk,” we literally “walk the walk,” as in Royal Oak, Michigan and at the Motherhouse in September 2009. Join us!

[http://www.ihmsisters.org/www/Justice\\_Peace\\_and\\_Sustainability/Social\\_Justice/hiv aids.asp](http://www.ihmsisters.org/www/Justice_Peace_and_Sustainability/Social_Justice/hiv aids.asp)

*Ann Oestreich, IHM*

*Co-chair, HIV/AIDS Committee*

### **IHM HIV/AIDS Committee Five Years Old**

The IHM HIV/AIDS Committee was formed in 2004. The rationale for forming the Committee came directly from a statement in the Chapter 2000 “Underlying Direction” on HIV/AIDS. The statement reads: “That the congregation collaborate with other groups ... to develop an appropriate response to the global pandemic of HIV/AIDS, recognizing especially its devastating impact on the children and the future of Africa.” Today eight IHMs in the U.S. and five IHMs in South Africa and Uganda are actively engaged in the work of this committee. In the months since the last “Gathering of Committees” the HIV/AIDS Committee has been involved in a number of activities and actions. They are the following:

- For World's Aid Day, Dec.1, 2007 a comprehensive packet, which contained resources for study, prayer and action in support of children, orphaned and made vulnerable by AIDS, was prepared and offered to the community.
- For World Aids Day, 2008 a prayer service with suggested follow-up actions was provided for IHMs and their co-ministers.

- A prayer service for 2009 World Aids Day is being prepared by our IHMs in Africa.
- One of the Committee's most visible projects was to collaborate with Marygrove College in sponsoring an interactive exhibit provided by Catholic Relief Services. The exhibit was entitled "The Children Left Behind". It was open to the public as well as to Marygrove students and staff and to some local elementary school children.
- The Committee has made efforts to reach out in support of their cause:
  - Sent a letter to the Editor of the *Monroe Evening News* and the *South Bend Tribune*. It encouraged President Obama to increase U.S. funding for the President's Emergency Plan for AIDS Relief (commonly known as PEPFAR) and the UN Global Fund for AIDS, Malaria and Tuberculosis.
  - Sent a letter of congratulations and support to Bishop Kevin Dowling, an advocate for HIV/AIDS causes, when he received an honorary degree from the University of San Francisco.
  - Collaborated with the Archdiocese of Detroit by participating in their 2008 World AIDS Day service.
  - Provided speakers, Maggie & John Williams, formerly with the Catholic Relief Services in Africa, for Marian High, the Motherhouse and Visitation North.
  - Provided an IHM speaker, Joan Mumaw, on the AIDS pandemic for Macomb Community College, Marygrove College and Orchard Lake Seminary. Joan also participated in a radio presentation for the Archdiocese on this subject.
  - A twelve-member IHM Team participated in the Annual AIDS Walk in Royal Oak, Michigan on September 20, 2009 to raise money for local agencies addressing the AIDS issue and assisting those living with AIDS. A total of \$2430.00 was raised by the IHM team. \$175,000 was raised by the walk.

Finally, the IHM AIDS Committee plans to recommit themselves to pray, study, respond and advocate for those living and dying with HIV/AIDS.

(This report was presented to the 2009 Gathering of Committees.)

### **Thank God for Thoko**

Thoko Ndlovu is out in Mpophomeni township four days a week visiting her neighbours, particularly 16 households where one or more adults are infected with the AIDS virus. She also takes time for the many children affected by HIV/AIDS who live in these poor homes in KwaZulu-Natal. Because her mother tongue is isiZulu and she truly has a caring heart, Thoko is trusted by people who are traumatized by the suspicion that they may have contracted the dreaded syndrome. She is also sought out by people who need someone to understand their family conflicts, poverty and suicidal tendencies.

Thoko is first a neighbour. As a wife and mother of three, she knows well the struggles for freedom, dignity and sustenance that many poor South Africans in her township face on a daily basis. Although a shy person, Thoko found employment with uMngeni AIDS project in 2005-2007, was well-trained in caring for bedridden patients and became an outreach worker. When the project ran out of funds, IHMs, with support from individuals and organizations in the U.S., chose her to be our presence to the sick. (47 other outreach workers were let go by uMngeni AIDS' closure although the need for service has grown rather than diminished.)

Thoko is currently supervised by *Masibumbane*, a well-run Methodist-based AIDS project. At *Masibumbane*, Thoko has received personal and spiritual support, training in reporting her clients' needs, skills for teaching gardening, information about how to access ID documents and birth certificates needed for very small government grants, access to food packages provided monthly for clients by an Anglican church, and affirmation of her many gifts. Thoko has been

studying through an IHM grant to complete a certificate in child-care for children from birth to 3 years old. She will graduate in December with more skills to use among the sick and poor.

Thoko is a true co-worker for IHMs and many others of good faith. When asked why she does what she does, Thoko says: "I don't like to see people suffering...I like to see people come up. I learn more things if working with people. We must be so kind to them." Thank God for Thoko!

*Peg O'Shea, IHM*



**Thoko assists with distributing food to the poor.**

### **AIDS Ministry in Houston**

You may know that I minister to children in an agency setting – Casa de Esperanza de los Niños in Houston, Texas. We are a small residence for children. Casa's program is the longest standing residential program for children with HIV/AIDS in the United States, having its beginning in 1987. Though we make a home for any child in need our original and primary purpose is to care for children with HIV/AIDS. We always make room for an AIDS baby even if no room seems to be available.

I have been at Casa for fifteen years. My first assignment was to care for an AIDS baby who was profoundly ill in a hospice setting. She had cerebral palsy as well. She could not speak, take solid food or walk but was very intelligent and we communicated very well. Rosa took nourishment through a feeding tube. She died at age three and a half in 1996 before medications were adjusted for children. As I was the hospice person I received another baby. This child was seven months old and not expected to survive more than a few weeks. I cared for her until she was four years old when she was adopted by a volunteer. With AIDS medicines and proper care, this child is now thirteen years old. Because of her cerebral palsy caused by strong medicines, she walks with a walker. She is very intelligent and attends regular classes at the public school. She is now in seventh grade. I also continue to help her birth parents who have AIDS.

As the Aftercare/Outreach Coordinator for Casa I visit homes to be sure that our children are safe after they return to their parents. Presently, I minister to four women who are HIV/AIDS

positive. One woman to whom I write to is serving a forty-year sentence in prison. Her mother who also has AIDS cares for her son. I accompany one mother to an AIDS clinic when she gets very ill. She gets medicines that help her to feel better and then she stops taking the medication. This mother is promiscuous and so a threat to others. The other mother has lupus and lung cancer as well. She works hard to provide for her four boys and for her relatives' children when they neglect their children. I find these to be four examples of how differently people deal with AIDS.

We just found a home for two-year old sibling twins. The baby boy has AIDS and the baby girl does not. The family who is adopting the children is aware of the care they are taking on and are happy to give the babies a home. We have cared for many children with AIDS but these are the most familiar to me.

In my fifteen years here we have had three children die of AIDS; two – Rosa and Darius- - in 1996 before medicines were adjusted for children and Charles two years ago at the age of seventeen. He had AIDS as well as cerebral palsy and did receive medication as soon as medications were available. Previous to my coming there were Nakita, Kenneth, Brittany, Luis and Theresa who all died of AIDS here at CASA. I name them because they are “so precious in God’s sight”.

We ask your continued prayer for those children who are with us now, who have been fostered/adopted by generous families and especially for those who have returned to birth parents.

*Pat Aseityne, IHM*

## **AIDS Action Group of St Joseph’s Theological Institute**

We are a group of students preparing for ministry and service within the Roman Catholic Church at St Joseph's Theological Institute, Cedara, in South Africa. Our religious convictions and concern for society move us to join the fight against the HIV/AIDS epidemic. The AIDS Action Group is committed to running HIV/AIDS awareness and prevention programs in order to reduce HIV risk behaviors through an abstinence-based behavior change program in the context of a holistic education in human sexuality.

### **The Main Objectives of our Programs Are:**

- To show the youth that it is possible through faith in God and the support of positive peer groups to live HIV/AIDS free lives.
- To help prevent further HIV/AIDS infection among teenagers.
- To extend our programs to youth and learners from disadvantage communities.
- To advocate HIV/AIDS infection prevention through our Youth for Life program.
- To promote and present a holistic life-skills program which promotes abstinence and helps teenagers to get real about the painful consequences of casual premarital sexual activity.

### **Workshops in 2009**

Workshops were conducted in thirteen high schools and parishes, together with several youth projects. University students were reached through the Association of Catholic Tertiary Students of the University of KwaZulu-Natal and the Durban University of Technology. About 1,000 persons have attended these workshops this year. Groups range from 10-20 persons in the parishes to 50-150 young people in the school workshops.

### **Finances**

This year, the group managed to acquire a substantial amount of money from its donors. The Southern African Catholics Bishops’ Conference gave us R50,000 (about \$7,000) The Oblate Province of KwaZulu Natal gave us R40,000 (about \$5,700). This helped the group to create new

projects like visiting orphanages in Johannesburg and organizing workshops for university students. However, our main target group remains high-school students.

In 2009, we have been invited by the PEC of ACTS-KZN (Provincial Executive Committee of the Association of Catholic Tertiary Students in KwaZulu Natal) to give a talk on the ABCD lifestyle in Durban. This was after some members organized a workshop for Catholic students at the University of KwaZulu Natal.

### **Our Advisors and the Support of the Institute**

Experienced lecturers advise the group about its methodology, its attitude towards the youth and help the group to produce a fruitful and qualified work. Those are Fr. Raymond Mwangala, OMI, Sr. Sue Rakoczy, IHM, Fr. Charles Ryan, SPS and Fr. Martin Badenhorst, OP.

### **Difficulties**

Our main difficulty is the communication between our committee and the schools' principals in terms of programming our workshops. Most of time, our workshops are postponed because of school activities. We are informed repeatedly the day of the workshop that it can't be carried out. However, our group has always fulfilled its promises and manages to find another time for those workshops.

### **Our Webpage**

For very useful information about HIV-AIDS and more information about Aids Action Group, visit our webpage. The web link of our webpage is:

[http://www.sjti.ac.za/student\\_aids.htm](http://www.sjti.ac.za/student_aids.htm).

*Br Gustave Noël Ineza OP  
Publicity Secretary of Aids Action  
St Joseph's Theological Institute, Cedara*

## **HIV/AIDS Ministry in Durban, South Africa**

The extensive needs and facets of HIV / AIDS ministry can be overwhelming and yet any starting point is good. In Durban the Diocesan Coordinator, Zibu Mqadi, responded to the need to register Parish Home-based Care Groups and other groups, such as projects initiated by local religious, as Non-Profit Organizations (NPO). Being registered with the governmental department of Social Welfare and Development enables groups to access resources such as infection control materials needed for home-based care, to be able to monitor patients' medication for TB or anti-retroviral drugs, to access resources for Voluntary Counseling and Testing Sites, to assist families apply for government grants, to apply for government stipends for the care givers of out-patients or to be able to raise funds for specific projects. About 15 parish-based groups are now registered as are about five other church related-groups offering services in the Diocese.

The Diocesan Coordinator also oversees the 11 parish nurses working out of seven parishes throughout various areas of the Archdiocese. An independent project in the Durban area sponsored by the Archdiocese and other funding groups is the *Sinosizo* (meaning "We Care") Home and Community Care offering accredited training for trainers of Home-based Terminal Care Volunteers, training for Voluntary AIDS Counseling and other related training. The other main work of *Sinosizo* is with orphans and vulnerable children doing counseling and memory capture and facilitating various kinds of support.

On the prevention side, a full-time worker with a team regularly conducts the *Education for Life Program for Teens*, a holistic approach building self-esteem and gaining awareness of the consequences of their decisions as well as solid information about HIV/AIDS. From our Catechetical Office, a member of the AIDS Care Committee and the Education for Life worker

have developed a high school level Morality Curriculum to assist the youth in developing their conscience and developing the quality of their decisions in relation to themselves, friends, family and God. The dynamic interactive process just initiated in August is being well received both by parish catechists and the youth. At present the sessions are being translated and inculturated into isiZulu by a group of catechists.

Individually, the attempts are small in light of the 5.5 million South Africans infected with HIV. Yet each step hopefully brings care to the person who needs to know they are not alone in coping with this dreaded disease. Together we work to turn the tide and bring compassionate care to those affected by HIV/AIDS in our world.

*Annette St. Amour, IHM*

## **AIDS in Puerto Rico**

The theme for this edition of the *Overseas Update* brings to mind Carmen Rosado, IHM especially since October marks the twelfth anniversary of her death. In 1993 Carmen pioneered a program in the diocese of Caguas: "Volunteers in Action Against Aids" (V.A.C.S.), one of the first of its kind. What motivated Carmen to initiate such an endeavor is captured in her own words in Mary Jo Maher's history of the Overseas Missions *A compelling vision* (2000), "Just in the diocese of Caguas alone 17,000 cases of AIDS have been reported for the month of October 1993. The number increases each month."

At that time these patients were often denied medical services because of the stigma attached to AIDS. Many came from poorer sectors of society where services were limited and others lived on the streets. Few public funds were designated for this population at that time. The funds for the V.A.C.S. project came from parish collections, donations, an annual marathon and IHM support.

The volunteers in this program were simple folks themselves, with profound dedication, who were also trained by Carmen and the staff to defend the rights of these people. Carmen described the relationship and service of these volunteers with the AIDS patients as, "friends who take them to the doctor, read to them, feed them, clean them and take them to their medical appointments." (Maher, 2000)

The Center of V.A.C.S. served as a place of distribution of food, clothing, hospital and medical supplies. Orientation, referrals, psychological, social and spiritual counseling were offered. Juanita Bernard, IHM worked as a pastoral psychologist in the program. Her services included counseling, orientation to AIDS patients and family members in their homes and the hospital, especially at the most critical times for them.

Carmen's untimely death in October 1997 did not mean that this work ceased. Others continued to carry on this mission of AIDS ministry. Over the years this work evolved. Currently the project serves a wider range of people with numerous needs as well as those with HIV/AIDS.

In the Western hemisphere the Island of Puerto Rico continues to be one of the epicenters of the AIDS epidemic according to *The Enhancing Care Initiative: Aids Care Team in Puerto Rico*. (2009). In a report in *USA Today* Michael Melia (2007), an Associated Press writer states that the rate of persons with AIDS in Puerto Rico is almost double that of mainland USA. Statistics from the Department of Health and Human Services: Centers for Disease Control and Prevention (nd) ranked PR as tenth among the States/Dependent areas of the US in the number of cumulative AIDS cases from the beginning of the epidemic through 2007.

AIDS was among the principal causes of death in Puerto Rico during the decade of the 90s, especially among men between the ages of 20-40. The evolution of this epidemic over the last decade has shown a reduction in the number of AIDS cases registered. This, however, does not imply a reduction in the number of persons infected with the HIV virus but rather that fewer carriers of the HIV virus develop AIDS itself (Lobato, 2006). The number of deaths in PR attributed to AIDS is 19,052. Over the years the number of actual deaths from AIDS has gone

down. The reduction in this number is associated with the use of anti-retroviral treatment. A total of 30,419 cases of AIDS in PR has been reported as of the end of June 2005. The number of those living with AIDS in PR for 2007 was 11,367 and does not include those living with HIV who have not developed AIDS symptoms. This number is in all probability lower than the actual number of cases. (Lobato, 2006) For an island of 3.8 million inhabitants this ratio is high.

Of the cases reported 76.5% are men. One half of those cases contracted AIDS through the use of intravenous drugs. That is not true of the women. The principle cause of transmission of AIDS in the feminine population was heterosexual contact (61%). Of the 410 pediatric cases of AIDS in PR 92% were due to the fact that the mother was a carrier of the HIV virus. These statistics are taken from the last update of statistics (16/9/2008 [tendenciaspr.com](http://tendenciaspr.com)). Control of this epidemic in the pediatric population requires orientation and intervention for the prevention of transmission from mother to child.

Over the years funds directed towards AIDS patients were grossly mismanaged thus limiting needed medical services to those most in need. In 2007 almost 2000 HIV/AIDS patients in San Juan had their medications rationed, receiving only enough for 5-7 days a month due to this mismanagement (Melia, 2006)

What's being done today? The Ryan White Program has directed needed funds to the Island of Puerto Rico which have helped greatly to provide services to HIV/AIDS patients in recent years. The outcry of the people led to legal action taken against corrupt leaders who siphoned off designated funds. Government and private agencies have raised consciousness and kept abreast of trends as well as offering education and prevention workshops as well as services to students and adults alike. Professionals in mental health and health care are required to take continuing education credits in the area of AIDS updates every time they renew their professional licenses.

Services continue to be limited and attitudes of some continue to marginalize HIV/AIDS populations. Much still needs to be done. But we are grateful to pioneers like Carmen and Juanita and those volunteers who dedicated hours of service and self in the earlier years to accompany these brothers and sisters. We hope for further medical advances and governmental and advocacy programs and policies which in the future will provide HIV/AIDS patients with the medical, social, psychological and spiritual services they deserve.

(Written with the collaboration of *Juanita Bernard, IHM., Janet Hill, IHM, Lisandra Pedraza, IHM, Sandrita Poupart, IHM and Candy Rekart, IHM*)

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## A Prayer Service for World AIDS Day (December 1<sup>st</sup>)

*During his life on earth,  
Jesus offered up prayer and entreaty,  
aloud and in silent tears...  
(Hebrews 5:7)*

### **Let us pray:**

Loving God, you feel the secret fear and painful suffering of your people all over the world who are infected/affected by HIV/AIDS. Deliver us from ignorance and complacency about their plight. Awaken our compassion and move us to advocacy for our sisters and brothers. We pray in Jesus' name for the gift of the Holy Spirit to advocate for change. Amen.

### **Introduction:**

Today in South Africa millions of people are slowly dying of AIDS-related illnesses. Many HIV carriers and people with full-blown AIDS live in poor townships and horrible squatter camps. Countless children are *infected* by the virus; while most, if not all children, are *affected* by the loss of family members, income, security and hope for a productive future.

Although basic grants are available from the South African government, statistics show that most sub-Saharan children are not registered at birth – and are therefore not eligible for grants without advocacy by adults. Access to anti-retroviral drugs (ARVs) also came little and late to South Africa and not without years of advocacy by local pressure groups.

Such “Advocacy for Human Rights” is the theme of this year’s World AIDS DAY. Our prayer and action is needed for the poor and abandoned sick adults and children who are deeply precious in God’s sight.

### **Hymn:** “I Will Never Forget You, My People”

Let us open our minds, lips and hearts to the challenging Word of God.

### **Scripture Reading:** Luke 11:5-8

### **Quiet Reflection:**

Do I allow myself to be disturbed by the effects of the AIDS pandemic on our sisters and brothers at home and abroad?

How can I be an advocate for those infected/affected by the virus?

### **Petitions:** Spirit of God, give us hearts to respond.

- For those who have no food to keep their immune systems functioning...
- For those who are afraid to be tested lest they have the dreaded virus...
- For those who have no access to clinics, to anti-retroviral drugs...
- For those who have no money to buy seeds, school uniforms, transport...
- For those who have no Identity Documents to secure basic grants...
- For those who feel alone and afraid because of their HIV status...
- For those without strength to raise their own children...
- For grandmothers and children raising orphans...
- For people hiding in rich homes; for invisible squatters living in squalid camps...
- For doctors and nurses serving at free clinics under stressful conditions...
- For volunteers who face overwhelming problems every day without means to help...

For ourselves who can make a difference by support and advocacy...

Loving God, send your Spirit of love and hope, your Spirit of advocacy and service, to strengthen us to do what we can to make this world a place of human dignity. Amen.

**Turning to Mary:**

When Mary saw a need (her cousin, Elizabeth; the bridal couple without sufficient wine; her Son on the cross), she responded with action. Let us pray that she will be a mentor to us as we join her song of liberation, the MAGNIFICAT.

**Hymn:** Any version of the Magnificat

**Blessing:**

May God who feeds his flock with nourishing food, who carries each one of us as a favored child, who gathers us with others for support and hope, and who leads each of us to our eternal home bless us with the power to advocate for our sisters and brothers suffering the scourge of HIV/AIDS.

(The Prayer Service was written by *Peg O'Shea, IHM.*)

### **Solidarity in Crisis**

Puerto Rico, like so many other countries in our global reality, is deeply in debt. However, the solution of the present government has been to cut jobs from the public work force.

How has this impacted the society as a whole? This year alone, over 20,000 workers and services to the people have been severely reduced, with possibly more job cuts to come in the near future. Of course, the most affected are the jobs and services needed by the middle working class and the poor. Agencies which serve women, children, the elderly, education, health, social services, environmental protection, legal services, etc. have been condensed to ridiculously low numbers. In some families both parents' incomes have suffered the loss, and many single parent families have lost their entire income.

As a result of this upheaval in our economy, the workers have taken to streets to protest, often in very creative ways. There is a call for a national work stoppage on October 15, which seems to be mobilizing greater solidarity among organized labor, religious groups and environmental groups, which have often been at odds. Efforts at dialogue have largely been ignored by the government.

We IHMs, as women in solidarity, have joined the efforts of our suffering sisters and brothers by attending meetings, helping unemployed companions and writing a letter to the local newspaper. We also intend to participate in the activities which will be announced in the near future.

This situation is far from resolved. The loss of jobs and services has had a domino effect on the total economy, and the consequences are far-reaching. We join in prayer, not only with the people in Puerto Rico, but also with all peoples in our world, sharing our hope for a better future.

*Janet Hill, IHM*

### **Good News from Khazimula Children's Shelter,**

In addition to all of his duties as Director of Khazimula, Fr. Mvuyo Ndenze has spent untold hours trying to locate, counsel and invite relatives of street children and orphans to take their children back home - and to love and care for them.

In the past several months, many children have been reunited with a relative who has consented to welcome the child back into his/her family.\*Sandile is a special young man whose

story promises a happy future when he leaves Khazimula at the end of the school term in December.

Rob Kluge shared the background of Sandile's story. Rob began ministry in Mpophomeni township as founder of an HIV/AIDS-outreach organization called *Masibumbane*. Sandile's mother is memorable because she is the first person to die of AIDS under the care of Rob and Solveig, a Lutheran deaconess. In his own words, Rob tells us:

"Sandile's mother, Dudu, died of AIDS in 1999 when he was about four years old. He was left in the care of Dudu's two teenage sisters. This family was supported by the *Masibumbane* HIV/AIDS Mission until the girls succumbed to drinking and drugs and stopped co-operating.

The Mission continued to support Sandile. He attended Ekuthuleni crèche and was sent to junior school where he repeatedly failed. In November 2005, Sandile seemingly had had enough of his dire circumstances and he ran away to the streets of the nearby town, Howick. He then found his way to the informal Gecko Shelter for street children where he was cared for by \*\*Marie and her helpers in the hope that Sandile might one day return to his family.

Marie got him accepted at Howick Prep School where he unfortunately had another traumatic experience of school. In 2007, Sandile was transferred to the newly-opened Khazimula, a shelter for disadvantaged children. Fr. Mvuyo Ndenze, and his wife, Jabu, gave the children respect and dignity and transformed all of them into one big family. By all accounts Sandile flourished in this atmosphere, becoming a good student at Jabula Combined School and creating beautiful gardens at the shelter.

Last week Fr. Mvuyo excitedly let us know that he had traced an aunt of Sandile's who is a nursing sister and who is keen to meet up with Sandile."

When asked about his gardening skills, Sandile told us that Rob, who used to bring him chocolates at GECKO, had taught him how to grow his own food. Sandile was full of hope and joy that after meeting with his aunt and Fr Mvuyo, plans are well on their way for a new life for him.

A touching prayer service was celebrated at Khazimula Peace Garden with intercessions and thanksgiving for Sandile's blessings. The only sadness to the day was the predicament of the children who later approached Fr. Mvuyo and Jabu to ask why they too cannot go home to a loving family.

\*Not his real name    \*\*Not her real name

*Peg O'Shea, IHM*

## **Thanks to**

all those who pray for our ministries and contribute in various ways to them.

Alvin Tsuma, OMI who assisted with the layout.

Dorothy Diederichs, IHM who coordinates distribution of the *IHM Overseas Update*.

## **The Next Issue**

will be published in May, 2010. Please send any news and articles to Sue Rakoczy, IHM ([SRakoczy@futurenet.co.za](mailto:SRakoczy@futurenet.co.za)) by April 15<sup>th</sup>. Thank you.

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