



## **Restoring Hope: *Catholic Relief Services and PEPFAR***

### ***Excerpts from a December 2007 letter to CRS Supporters from CRS President Ken Hackett:***

[...] "I remember when I went to Kenya in 1992. It was the first time I had been back to the country since 1985, when I completed my stint as Africa regional director. And I remember going back as a "strange" experience. So many of the Kenyans I had known had died. And when I asked why, I was told it was tuberculosis, or pneumonia. When I probed a little deeper, I found they had died of AIDS. It was absolutely shocking. Back in those days, AIDS was a death sentence.

It was during these early days that Catholic Relief Services began to respond to the pandemic – within the complex context of Catholic teaching – with our first HIV and AIDS project launched in Bangkok, Thailand in 1986. These first efforts focused primarily on community-based care. At this point, antiretroviral drug therapy, the so-called AIDS drug cocktail that was prolonging so many lives here in the U.S., was not an option. It was too expensive and we did not have the expertise.

Then, sometime around the year 2000, Cardinal William Keeler, the Archbishop of Baltimore, recommended that I talk with Dr. Robert Redfield of the University of Maryland's Institute for Human Virology, which had done groundbreaking research in the area of HIV and AIDS. Dr. Redfield met with a group of us at CRS and made a powerful case that we should get involved in antiretroviral therapy. He made quite an impression. We just needed the right opportunity.

Three years later, that opportunity arrived with the President's Emergency Plan for AIDS Relief (PEPFAR), the \$15 billion effort over five years to bring antiretroviral therapy to the poorest nations around the world. CRS embarked on one of the most intense project planning and design exercises in memory in drafting our bid for the PEPFAR grant.

A CRS-led consortium was awarded a grant, but that was only the beginning. We still had to implement what has become one of the most complex initiatives in history. It has also been one of our most rewarding experiences – to see miracles happen before our very eyes.

I'll never forget the first time I saw our antiretroviral clinics in the field. Some years ago, I visited St. Mary's Hospital in Durban, South Africa. I met a woman who had come to the hospital to die. She had sold off everything she owned. She had said goodbye to her young children. And she had come to St. Mary's, prepared to accept her fate. But at the hospital, she was put on antiretroviral therapy. And when I met her, her fate had changed – dramatically. She was about to be released from the hospital, to start her life again. She was to be reunited with her children. And she had a set of issues she never thought she'd face: like how to re-start her life, how to support her family. That she was alive and facing these issues was a miracle.

This miracle is being repeated thousand of times in Africa, Asia and Latin America. Antiretroviral therapy is bringing hope to people where there was none. Families are being reunited. Fathers and mothers are able to resume working. Children are returning to school." [...]

[In 2008], "this life-saving PEPFAR program will reach the end of its initial five years of funding. We are looking forward to the next five years and beyond through the Congressional reauthorization of this highly successful initiative."

**Please join CRS** as we fight for reauthorization of PEPFAR – to improve a critical program that has saved countless lives. **Visit the CRS website** <http://advocacy.crs.org> today and join the CRS Legislative Network for news, information and ways to advocate for this and other important initiatives that impact the lives of our brothers and sisters worldwide. **Call the Advocacy Department for more information: 1-800-235-2772 ext. 7264.**