

House Committee on Appropriations
Subcommittee on State, Foreign Operations and Related Programs

Fiscal Year 2012 Budget Request for PEPFAR and the Global Fund

*Testimony submitted by Marie Dennis, Director, Maryknoll Office for Global Concerns
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The Maryknoll Office for Global Concerns represents the Maryknoll Fathers and Brothers, the Maryknoll Sisters and the Maryknoll Lay Missioners, three communities of Catholic missionaries, who work in programs responding to HIV and AIDS in Namibia, Zimbabwe, Tanzania, Kenya, Cambodia, China, Taiwan, Peru, Bolivia, El Salvador and Guatemala. This testimony refers to FY2012 appropriations for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund. We urge the U.S. Congress to appropriate the nearly \$5.74 billion requested by President Obama for bilateral HIV/AIDS programs, as well as \$1 billion for the Global Fund, and \$251 million for bilateral TB programs.

The deep experience of Maryknoll missionaries in varied situations verifies the critical importance to the survival of millions of poor HIV positive people around the world of sustained contributions from bilateral, multilateral and private donors. U.S. support for PEPFAR and the Global Fund have enabled many not only to survive but to thrive, to care for their children and to become once again productive members of their communities. Lucy's story, which follows, is repeated in villages around the world:

My name is Luz Imelda Lucas de Leon and I am HIV positive. I am alive today because I take the antiretroviral treatment. My husband, Jairo Arreaga, and my daughter, Lucero, weren't so fortunate. They died over 12 years ago.

My life in a small Guatemalan village has changed drastically over the past 16 years and I will never be the same again.

I married Jairo when I was just 19 years old and I very soon became pregnant with our first son, Jairo Jordany. My husband worked very hard mending flat tires and fixing small jobs on cars. We scraped by and I supplemented our income by selling snacks out of a basket on the nearby coffee "fincas."

When Jordany was just three years old, our second child was born, a little girl called Lucero (or as we called her Lucerito). I had a difficult birth with Lucerito and it took me a long time to get back my energy. From the moment she was born Lucerito was sick. She had fever, ear and eye infections and couldn't gain weight, even though I was breastfeeding her. I too began to suffer fevers and aches and pains, but put it down to the after effects of a difficult birth.

Shortly after Lucero was born, Jairo, my husband, began to get sick and lose weight. We had to give up the car repair shop and go and live with my sister-in-law and her family. Jairo started to sell herbs and spices door to door in the capital city of Guatemala. This work suited him for a while as he had no strength to lift things and no energy to work long hours.

After two months in the city we decided to move back to the village and seek medical help from a family doctor we knew quite well. Dr. Freddy said Jairo had dengue fever and gave us a prescription for antibiotics. These didn't work. Then he said maybe it was typhoid and again, more medicine. Finally, Jairo decided we should move back with his parents and he would work with his uncle driving a pick-up truck which transported furniture.

One day, Maryknoll Sister Dee Smith, our neighbor when we first got married, hired Jairo to deliver a wardrobe from the shop to her house. Sister Dee is the director of an HIV prevention and care center near the border with Mexico. She took one look at Jairo and suggested he take an HIV test. She offered to accompany him for the test. Sure enough, the result was positive, so I and Jordany and Lucero also took the test. Jordany was the only one who tested negative.

This was back in 1995 before Guatemala had any access to ARV treatments. Jairo was very sick and just before Christmas 1995, he was hospitalized and died of complications of cryptococcal meningitis. We buried him on December 12 (feast of Our Lady of Guadalupe) and a week later I had to put Lucero in the hospital as she too was getting worse.

With the help of Sister Dee and Sister Marlene we managed to transfer Lucero to the large hospital in the city and she began a course of antibiotics to relieve the pain in her small lungs. She was only 10 months old. She suffered a lot, with needle sticks all over her tiny arms and legs. She never complained, just held my finger with her tiny palm.

I stayed with Lucero for three months in the hospital, night and day. My mother took care of Jordany and Sisters Dee and Marlene sent money and medicine to me in the hospital. After Lucero had been in the hospital for about three months, the doctor told me that they had just received some anti-retroviral medicine to start to sue with HIV positive children and if Lucero could pull through from her pneumonia, she would be a good candidate.

That little girl struggled with all her strength and she began her ARV treatment exactly 14 weeks after being hospitalized. The doctors said I could return home with her to the village and everyone was happy.

However, after only 10 days back home at my mother's house Lucero choked to death from a respiratory infection. I was devastated and didn't want to live either. Sister Marlene gave me the will to live when she said that I had another child, Jordany, who needed me.

Very soon after the burial of Lucero I heard the good news that Medicos sin Fronteras (Doctors without Borders) were starting an anti-retroviral program in the clinic of the project with Sisters Dee and Marlene. I was one of their first candidates and even though it was difficult at first to

remember to take all the pills at the right time, I slowly began to feel better and not have as many bad days.

With all my personal experience of HIV and understanding the importance of having access to ARVs and support, I decided to become an activist. Proyecto Vida, the clinic run by Sister Dee, hired and trained me as a counselor and nutritionist (even though I only have two years of primary school!) and I began to visit people with HIV in their homes. I teach them about healthy eating, prevention of re-infection and the importance of adhering to their treatments and clinic appointments.

I have been on ARVs for 10 years now and my viral load is undetectable and my CD4 count is over 600. I feel wonderful. I have remarried and, through constant use of protection, my husband Henry continues to test negative after eight years of being with me.

Jordany is 16 years old now and preparing to go to high school next year. Through my home-based care program I can reach over 700 people a year with my message of hope and life. ARVs and support have saved my life and the lives of many people in Guatemala. We depend on our medicines so that we can continue to work and help others in our country.

Lucy's experience speaks for itself. It is a tragic story, but it is filled with hope. When anti-retroviral medicines are readily available and properly administered, mother-to-child transmission of the AIDS virus is increasingly rare and HIV positive parents are staying alive to care for their healthy children. Furthermore, with good, community-based education and support systems and consistent access to ARVs, HIV positive partners are less likely to transmit the virus. In other words, consistent treatment is prevention. Interrupted or unavailable treatment will reinvigorate the pandemic just as its ultimate control is beginning to seem possible.

We urge you to support the administration's requested appropriation for HIV and AIDS programs, including PEPFAR and the Global Fund. While in general we support the impetus of the Global Health Initiative, it is crucial that full funding for existing prevention and treatment programs continue as national health care capacity is strengthened. Obviously, high standards of accountability and transparency should be required of all public and private recipients.