



A Catholic Campaign Against Global Poverty



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UPDATE

GLOBAL AIDS BILL PASSES SENATE FOREIGN RELATIONS COMMITTEE; BE PREPARED FOR HOUSE AND SENATE ACTION AFTER EASTER RECESS

Meet Penina Petro from Tanzania. She is HIV positive. She is one of more than 100,000 people whose lives have been saved thanks to the treatment program Catholic Relief Services has established because of the President's Emergency Plan for AIDS Relief (PEPFAR). [Read more about Penina](#) (<http://crs.org/tanzania/aids-relief-photos/> and the lifesaving PEPFAR program.



THANK YOU FOR YOUR EFFORTS! Thank you for all of your advocacy efforts to ensure that the bill providing antiretroviral treatment, care to, and prevention services for HIV-affected people around the world will include important provisions that Catholic Relief Services (CRS) and the U.S. Conference of Catholic Bishops (USCCB) have identified as critical. The House Foreign Affairs Committee passed its PEPFAR reauthorization bill the end of February. Read the USCCB/CRS letter to the House of Representatives: http://www.usccb.org/sdwp/international/2008-3-7_pepfar_hb_5501.pdf. The Senate Foreign Relations Committee last week passed its version of the PEPFAR bill. USCCB and CRS are currently reviewing the Senate's bill to ensure that our priorities are adequately reflected.

WHAT'S NEXT? Congress is in recess until March 31st. We expect the House of Representatives and then the Senate to consider their respective bills soon after they return. USCCB/CRS will continue to seek improvements to both bills and to fend off any attempts to weaken them. We will need your help once the bills are considered especially when amendments are offered. This may happen with little advance notice so we hope you can respond to our alerts quickly.

HOW DOES THIS ISSUE RELATE TO MY FAITH? Our faith tradition as Catholics requires us to care for "the least of these" and to uphold the life and dignity of all people. People affected by HIV or suffering from AIDS need and deserve our love and care just as Jesus called on us to care for those who are "hungry or thirsty or a stranger or naked or ill or in prison." Catholic social teaching instructs us to live in solidarity with our brothers and sisters around the world. Pope John Paul II reminded us that we must commit ourselves to this common good: "That is to say the good of all and each individual, because we are all really responsible for all."

WHAT HAS PEPFAR ACHIEVED? CRS has saved over 100,000 lives through antiretroviral treatment and provides HIV care and support services for another 250,000 HIV positive people because of PEPFAR. Men and women who were on the brink of death are now leading normal lives, caring for their children and contributing to their communities because they are on antiretroviral therapy. More than 60,000 orphaned children are being cared for, going to school and embracing a bright future. Nearly 350,000 youth have been educated about risky behaviors and how abstinence-until-marriage and mutual fidelity within marriage is the most effective way to prevent HIV infections. [Visit the CRS website \(http://crs.org/public-policy/hiv_aids.cfm\)](http://crs.org/public-policy/hiv_aids.cfm) for more information about PEPFAR and its accomplishments.

WHAT IS THE CHURCH'S POSITION? The USCCB and CRS are advocating for several important provisions to be included in the reauthorization of PEPFAR. Our main priorities include:

- Authorizing \$50 billion for PEPFAR programs over the next five years;
- Expanding the integration of food and nutrition into treatment programs that will benefit people affected by HIV;
- Providing resources to address the shortage of healthcare workers and strengthen healthcare systems;
- Restoring a balanced approach to HIV prevention that includes effective abstinence and behavior change programs;
- Preventing inclusion of mandates that would integrate family planning and reproductive health services into HIV prevention, care and treatment. Such provisions would effectively exclude CRS and other religious organizations from participation in PEPFAR and reduce the effectiveness of prevention programs.

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