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**The Role of Faith-Based Organizations in Turning the Tide on  
the HIV Pandemic  
Kaiser Family Foundation  
July 24, 2012**

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**JACK DEGIOIA:** Good afternoon everyone. It's a privilege to be here today with our three distinguished panelists and with all of you as we come together to discuss the critical role of faith-based organizations in addressing the HIV pandemic. I'm Jack DeGioia; I'm the president of Georgetown University here in Washington, D.C. [applause] Loyal alumni.

I'm truly honored to have this opportunity to share this afternoon with you. Unfortunately, Doctor Hany el Banna could not be with us this afternoon. I know we're looking forward all to an excellent dialogue with the three leaders on our panel. I'd especially like to take this moment to thank Ambassador Mark Diebold who served as the United States Global AIDS Coordinator under President George W. Bush and who is not the co-director of Georgetown's O'Neill Institute for National and Global Health Law for his efforts to bring us together today.

I wish to offer some very brief comments to frame our discussion and introduce our panelists and then we'll begin the conversation. In December of 2009 the Joint United Nations Program on HIV/AIDS, UN AIDS, published a strategic framework that described the organization's commitment to developing stronger partnerships with faith-based organizations in the

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fight against HIV/AIDS. The report discussed the critical participation of faith-based organizations in providing HIV related services from clinical care to HIV prevention education, to pastoral and spiritual guidance. Without broader collaboration, the report argued, it would be very difficult to achieve the shared goal of universal access to HIV prevention, treatment, care and support.

Our panel today reflects the significant shifts that are taking place throughout the international AIDS community as the importance of involving faith based organizations in effective responses to HIV/AIDS becomes more widely understood. Now more than ever there's an opportunity to pursue strong and enduring partnerships with faith-based organizations to "turn the tide together" on HIV/AIDS.

Kay Warren's ongoing work in Western Rwanda provides an extraordinary example of what these partnerships can look like. Her leadership of the Saddleback Church HIV/AIDS initiative, which includes the Western Rwanda HIV/AIDS Healthcare Initiative Project, is a model of engagement.

This initiative focuses on collaboration between Saddleback Church, The Rwandan Ministry of Health, the country's National AIDS Control Commissions, state hospitals, churches and U.S.A.I.D. to develop an innovative decentralized approach to healthcare more capable of reaching those

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populations in need. Collaboration also has been strengthened within the faith community across organizations representing different faiths.

Another member of our panel, Doctor Phramaha Boonchuay Doojai, provides leadership at the Asian Interfaith Network on AIDS and has been particularly important to advancing this type of partnership as he has worked to bring together Buddhist, Hindu, Muslim and Christian representatives to develop faith-based responses to the challenges of HIV/AIDS.

Through Malawi, Reverend Macdonald Sembereka, who serves as executive director, has extended the organizations commitment to being an Interfaith Network open to members of all faiths who wish to mitigate HIV and AIDS related stigma, silence, denial, discrimination and action and mis-action through their brave identification with the pandemic.

These profound commitments to advancing collaboration resonate deeply with the approach that we have taken at Georgetown University in support of the international response to HIV/AIDS. As a Catholic and Jesuit university we are guided by responsibility embedded in our tradition to engage the most challenging issues of our time in service of the greater Glory of God and the betterment of humankind.

In the context of HIV/AIDS we seek to meet this responsibility by engaging the resources of our university,

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excellent research and scholarship, the ability to convene leaders and to support greater capacity building among organizations engaged in frontline work, to help develop the network of partnerships and collaborations required to meet the shared goal of universal access.

As we continue to pursue this work we are especially grateful to be a part of this critical meeting of The International AIDS Community and I'm honored to have the opportunity to moderate today's discussion between these deeply committed faith leaders. Now I'm going to join them and watch our dialogue. I want to thank you all for being here and being a part of this important dialogue. [applause]

I think it will be best if we ground our conversation in the concrete work that you are each already engaged in and then we can move from that concrete framework and discuss some of the learning that has occurred over the course of the years of your engagement. Let's start with you Kay. Give us a sense of the nature of the work that you've been engaged in with Saddleback Church, particularly the work in Western Rwanda.

**KAY WARREN:** In 2005, the president of Rwanda, President Paul Kagame, was given my husband's book, *The Purpose Driven Life*. It was given to him because he said that the theme of his life was purpose. A mutual friend said then I have a book for you. When President Kagame read *The Purpose*

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*Driven Life*, he wrote to my husband and said, "Would you come to Rwanda and would you help us become a purpose driven nation?" We came to Rwanda at the invitation of the government.

What we found there instantly was a collaboration between government, between the business community and between the faith leaders. What we have come to believe is that when there is that kind of synergy between the government, between private sector and between the Churches, the faith community, that there is traction that can be gained on almost any issue that you want to address.

As we came to Rwanda to learn, to listen, to build partnerships and friendships with the Rwandan churches we soon found that they were very interested in some of the same things we were, which was how do you address the basic issues that people deal with? How do you deal with the spiritual emptiness that everyone experiences at some point in their life? How do you deal with corrupt leadership? How do you deal with poverty? How do you deal with pandemic disease? How do you deal with educating the next generation?

Through what we call the Peace Plan that addresses each of those five issues by promoting reconciliation between people and in their spiritual harmony between them and God. As we address that need of corrupt leadership with equipping servant

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leaders to assist the poor, to care for the sick and then to educate the next generation.

As we worked with pastors and elevated the role of pastors so that they were no longer seen as just provincial people who had really nothing to contribute but that they were equal partners that the government then began to listen to, we were able to create a synergy that began to tackle each of those issues in Rwanda, in partnership with them, in particular, in Western province of Rwanda, which had been hit very hard by the genocide in 1994.

The government said this is a rural area that was hit extremely hard, it's very, very poor, not all a lot of services there and could the Peace Plan possibly be effective in this rural area? They asked us to go and collaborate with the pastors there, with the government leaders there, with the private sector.

As we have done that since 2005, there's a pilot project that we're particularly proud of that I'll tell more about. It is a process to train community health workers. In four years, we have been able to train, by the end of this year, 7,000 community health volunteers who have a caseload of seven homes [applause] and they make over 100,000 home visits a year. I'll talk more about that later. Particularly the pilot

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program that we have been very pleased with what's happened there.

**JACK DEGIOIA:** Thank you very much. MacDonald, could you place this in the context of Malawi and the work of Mandela.

**MACDONALD SEMBEREKA:** Thank you so much. Perhaps there are people here who are saying, oh hell no, this faith language has [inaudible]. Indeed it is important for us as faith communities to realize that we have heart people. Marches we have done a lot but there are people who up to now don't want to hear anything about the church because of perhaps the way we are as faith communities have approached HIV and issues related after it. It's important for us to make sure that we confess of this age of a mission we are tending to commit.

Coming to the issues of around my work in Malawi, in the context of Malawi, and largely Africa where about nearly 50-percent of health services are provided for by faith communities, which is quite enormous. At the same time, the faith communities have the biggest network that reaches the most hard to reach areas in countries that perhaps the government system does not reach. It is important to recognize that faith communities can be utilized as a means of reaching those people who otherwise would have not accessed support and services.

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My work has entailed that we realized that as a faith communities and religious leaders there was a certain level of obscurity of our first religious leaders who are living with HIV. It was about them and us. HIV has tended to elude perhaps the leadership of the church and the faith community and connected HIV to the people on the streets. Perhaps those we classify as outside, as outsiders or outcasts and tend to condemn them to go to hell before even God has tended to invite them to go to heaven.

To that effect I think our role has been as the network of religious leaders living with HIV in Africa and in Malawi, we had to mobilize religious leaders; to make sure that we provide support for religious leaders to come out in the open and have a support system among themselves and ensure that they provide leadership within their faith communities to turn the tide against HIV and give it a human face.

To ensure that stigma is forged to the last. Certainly as we have currently a membership of 1,500 religious leaders, not just the membership. To the extent that these religious leaders have championed issues of fighting stigma, discrimination, shame, denial, inaction and mis-action. They've championed the issues of our comprehensive faith response.

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For a long time faith communities have tended to be very comfortable with the AB but we have said AB leaves out quite a lot of other things. It leaves out transmission of mother to child of the disease. Certainly it leaves out issues of what about issues of gender and the interconnectedness gender based violence vis-à-vis HIV and AIDS, which seems to be gender based violence in our part of the world tends to be a driver to the epidemic.

We have also mobilized faith communities create stretchers at all levels that ensure that it takes care of people living with HIV and impresses the epidemic to the fullest to the extent that the faith communities should be HIV compliant and competent and understand the dynamics of the epidemic. That the epidemic is not about morality, the epidemic goes beyond morality. It's a dynamic epidemic that requires a very comprehensive and dynamic response.

**JACK DEGIOIA:** Thank you, thank you very much. Take us to Thailand and tell us a little about The Interfaith Network that you've been able to put in place to address- [interposing]

**PHRAMAHA BOONCHUAY DOOJAI:** Thank you very much. In case of Thailand, in the early 1980s, when the first case of AIDS was reported; it is I think the same situation with almost every country that people were in fear and they didn't know how to deal with the epidemic, including the faith-based

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organizations in Thailand. We don't know how to deal with the epidemic.

Later on many of the temple which were situated in the society they start doing the work by accepting the people who are living with HIV to stay in the temple because they are denied by the [inaudible] community, they're denied by their family so where to live? It is only the fact that the place that is the temple to live and to prolong their lives. Of course the religious leaders and the monks who are there in the temple can take care of them. Also finally, if they are dying then that is the duty of the monks and of the religious leaders to perform the ritual for their last-

From then on monks and religious leaders tried to learn how to work and it is very difficult at the moment. Later on with the cooperation with the many organizations in Thailand, monks can have an experience of learning how to work and how to deal with HIV and AIDS. They start having more temples to accept the people living with HIV to stay and to live there.

After that, we try to work collaboratively with The Interfaith Network. It is really very important moment in the years of 2003 we met after long time working we meet together and form the Interfaith Network of HIV/AIDS in Thailand.

We get the support the government and also from the global fund [inaudible], the program care and support for

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people with HIV and for those who are [inaudible] to then and also for the elder. With that program it makes Thailand more visible in the world. In case of Thailand in terms of prevention and in terms of care and support it is very remarkable and the best practice in the world that give many. Countries go to Thailand to learn from the Thai experience.

**JACK DEGIOIA:** Thank you, thank you so much. We have a little bit of a feel for the concrete nature of the work that you're doing but before we go further, I'd like to get a sense of your own personal process of discernment. How did you know? When did you know? Through what process did you realize you were called to do this kind of work at this time in your lives? I'd be very interested to hear what you have to say. Kate, maybe you can get us started.

**KAY WARREN:** You have three hours? It was a very unexpected journey for me. I was a busy pastor's wife raising kids, being involved in my church, I was a good mom, a good wife, good neighbor, and I just didn't care about HIV. I didn't know anything about it really and basically ignored it all the years of the pandemic.

Ten years ago, two months ago in March of 2002, I was reading a news magazine article in my house and it had a story about AIDS in Africa. Looking back I can say I have no idea why I read it because I didn't care but I opened it and I began

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to read it. It was so compelling and riveting that I didn't know what to do. The pictures that accompanied this article were the kind that most of us just try turn those pages really fast because the pictures are so graphic and so horrible. People dying and emaciated.

I was determined to read the article even though I couldn't look at the pictures. I covered my face with my hands, like this, I literally did and I was determined I was going to read the article and block out the pictures with my fingers. That's the same way I watch horror movies, it makes the monster about this big. In that moment AIDS was the monster and I was trying to block it out. There was this little box in the middle of the article that said 12 million children orphaned in Africa due to AIDS.

That shocked me and I threw the magazine down on the ground. I got up from my couch where I was sitting drinking tea and I thought to myself this is impossible, this cannot possibly be true, this is an exaggeration. If this were so, I would know it. How could there 12 million children orphaned on one continent and I not know a single one of them?

At that time they were saying 40 million people infected with HIV. How could there be 40 million people in the world infected with an incurable virus and I not know a single one of them? It launched me on this journey. I went to bed

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that night and all I could hear, truly, I could see those children orphaned and I could hear their cries. I could hear the moans of men and women dying with AIDS and it haunted me. It just haunted me.

For about a month, I had this dialogue with God, where I basically said, leave me alone. I don't know anything about this, this is a medical disease. I was a Home EC major in college, what do I have to contribute to this? What could one person possibly do about that many orphans? It just seemed like this ridiculous moment in which I really just needed to tell God to back off and leave me alone.

After about a month of these nightly dreams and turning on the TV and there'd be another story about AIDS or something. I realized I had come to the proverbial fork in the road. I could either stay with my comfortable life, just exactly the way it was and pretend like I'd never read that article; or could decide that there was something here that God was calling me to become an advocate.

I finally felt like I walked up to the edge of precipice and I said, yes and jumped in; had no plan, no agenda, didn't know a thing, everything I did know was wrong. I had to come back and first to God and to say, God I'm so sorry that I have ignored Your sons and daughters on this earth.

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That I have ignored them, that I have had prejudice, I have been angry, I have been hostile, I have been apathetic. Then from there to say break my heart and He did. There's hardly a day in these 10 years that I don't still [interposing] we-

**JACK DEGIOIA:** Thank you. Thank you Kay. MacDonald, describe your process.

**MACDONALD SEMBEREKA:** For me it's been a long journey. It's been a journey that started in my own family when my brother was sick; my first born brother, who got sick. Soon after, he started pursuing his PhD. He started complaining for some time until one day when he referred to a hospital somewhere out of the country without us knowing what the trouble with him was.

Eventually my father, my late father, got a phone call that my brother diagnosed HIV positive and he was going to spend only three months. The doctors wanted somebody in the family to talk to him. We were all in our country, we had nothing to do, and we felt so desperate and helpless. Then my father called me and said, "Look here, you are priest or the clergy in this family, can you pick up your courage and talk to your brother?" I said, yes I can.

Then my father talked to the doctor and the doctor said, "Let me talk to MacDonald first before he talks to his

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brother." We had a conversation with the doctor. Then I talked to my brother later and said, well we are awaiting you here, come back home and then we'll be with you. Be assured of our love.

My brother lived for about five more years from then. In the course of those five years there were others within the family who were caught in the web and eventually they passed on before my own brother passed on. I lost three of my siblings in my family, my brother inclusively later on. That to me started being a challenge.

At the same time, being a parish priest, I saw a lot of orphaned children coming to my house. I didn't know why they were coming to my house because I was a young priest. At that time they couldn't leave and I kept asking my young brother, my very young brother, why are friends here tonight? I realized those kids had nowhere to go to find love and care. We had to look after them. They had to get their meals there. Then that drove me into the HIV and AIDS work to date. The other stories are additions but certainly that was the genesis of my journey.

**JACK DEGIOIA:** Thank you very much. How about you?

**PHRAMAHA BOONCHUAY DOOJAI:** For me it is—Thailand is a country where most of the people are Buddhist. After the pandemic was very high and many months of working; I was working in the university, in a Buddhist university, so I teach

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the monks that is actually my work. Then I have the time to form a Buddhist monk network on the development work in Thailand with this long ago. I came to know that there are many monks working on HIV/AIDS in the community and very lonely.

Whenever they'd have a problem, whatever kind of problem occurred in their work, they had no place to communicate. Therefore we started having just a group of those who were working on HIV/AIDS to discuss. Then I started to work with monks who were working with people living with HIV. I personally do not work with people living with HIV. I think my work, which is given by the Buddha— When he send his first group of missionaries to please the people, he said, "Go my monk to teach and to work for the benefit of the people, of the many."

According to the teachings also, it is a very good example of the Buddha himself. When he saw the his follower monks who are in the position of getting sick, he himself would go there to clean the body off of the sick monks and care for the monks. He is a good example for the Buddhist monk to do the work for those who are seeking health, especially those who are living with HIV.

**JACK DEGIOIA:** Thank you. From this personal inspirational inspiration, you all built organizations. I'd

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like to get a little bit of the sense of what was that like? What were some of the challenges, the obstacles, the constraints that you experienced as each of you were building your organizations. The organization you built is an interfaith organization.

**PHRAMAHA BOONCHUAY DOOJAI:** Yes.

**JACK DEGIOIA:** There might be some particular challenges that you confronted in building your organization but I'd like to get a sense from each of you kinds of dynamics you experienced. Perhaps we could begin with yours in Thailand?

**PHRAMAHA BOONCHUAY DOOJAI:** Actually, if we look at the formation Interfaith Network, it is not very easy because we have different faiths. With those people who are getting together they are very open, with the open mind, to learn from one another, that is very important.

For Buddhist monks they have lack of something, especially the knowledge of HIV/AIDS. The father of the Catholic Church, they are doing their work to take care of people living with HIV. In Thailand, they run the hospital. The pastor they have a home for children. With this different experiences of the faith leaders, it is a very good opportunity to share. When we share the experience then we know that it is

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time for us to start having a network of faith-based organizations.

One more important challenge is that how can we accept the different faiths, different beliefs of the people? I know the Interfaith Network on HIV/AIDS in Thailand; we try to start from each religion like the Muslim community and with Muslim leaders, try to pick up the teachings from the Koran; for the Buddhist monks also to learn from. The monks in Buddhist communities they also try to take the teachings from the Buddhist canon. To integrate in their own work it is very, very challenging for all the leaders of the religions to accept and to learn from one another.

**JACK DEGIOIA:** Thank you, thank you. Kay was it challenging bringing together some of the folks from Saddleback to embrace a project that was in another part of the world in a way that perhaps the church hadn't been engaged before?

**KAY WARREN:** I love my church and I'd say the people in our church were so responsive. I wish I could say that everybody was and that just wouldn't be accurate because obviously there are people who have not, who are still living with the same kind of—they're sitting in the same chair I was sitting 10 years ago which is apathetic and uncaring. I would say in general our church has been very responsive. Our challenge was what we could do on a practical basis. We're not

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an NGO, we're not a relief organization, we're a church, and we're a local church.

What can we do that will be practical in our area both domestically and globally. When I came back from my first two trips to Africa, the second being Malawi; I told MacDonald, first was Mozambique, the second was Malawi, I came back saying, so here I am caring about people who live thousands of miles away from me but have I done anything for anybody in my own community? The answer was absolutely not. I'd done nothing for anyone who was HIV positive where we live.

We wanted to build the ministry that was what we called, glocal; it was global and local at the same time. We eventually we came up with what we call, an acrostic called church. Which is what are some practical steps that every church can do, whether you're in Darfur or Detroit or Jambudi or any place else? What is it that's transferrable that every church can do? We use acrostic to teach other churches who want to start, who really want to make a difference in the AIDS pandemic; that every church can care for and support the sick; doesn't cost any money to care for and support the sick.

We were looking for things that were low cost, that didn't depend on a lot of staff, that didn't depend on a lot of resources, that every church could care for and support the sick. Every church could handle HIV testing. Every church

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could make sure that people knew their status and that the pastor could lead the way being the one to be tested.

We said that every church and that you could unleash volunteers. The church is huge, the church is scattered all over the world. There are billions of people who claim to be Christians, so what if those volunteers could be mobilized? We said that every church could remove the stigma. Again it costs no money to remove the stigma; it's not a sin to be sick. That every church could champion healthy behavior; that the church has the moral authority to talk about behavior change and to talk about evidenced based prevention methods. That both are needed; we call it slow and stop; how to slow the pandemic and how to stop it.

That every church could also help with HIV medication, be adherence coaches, treatments. We have been teaching that both in our church in our own ministry for people who are positive. Then as we in Rwanda, work in Western Rwanda, it's applying those same principals, what can every church do? The challenge really was just finding what are those practical steps?

**JACK DEGIOIA:** Thank you. MacDonald, you are motivated by a vision to create this organization, how difficult was it bringing some of your colleagues along with you?

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**MACDONALD SEMBEREKA:** Let me say some of the challenges that were there almost 30 years ago when the epidemic started are still there. There are people like Kay said there are others who are still sitting where they used to sit and they are comfortable to sit where they are. One thing that I have realized in the effort to address HIV, HIV challenges our comfort zones and really wants to drive us into a shift that conforms to the core of God.

Like I grow inspiration from Desmond Tutu's statement where he said, "Does HIV ask the Church anything new?" He responds to say, "No." HIV is asking the Church to be the Church that it has to be rather than anything new. Again, I so draw inspiration from Saint Augustine of Hippo who said, "Is the Church a museum of saints or workshop of sinners?" He says, "It's perhaps both." Let's avoid making the Church a museum of saints because we are a church of militant and not a church triumphant yet.

There are still some pockets of resistance and they continue to be there. There are issues of capacity that continue to hurt or to disturb our responses for implementation and planning of programs. There is so emphasis of one side of the divide than the others. There are others who are comfortable to emphasize on one side. Yet, like I alluded to

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earlier, HIV is not just one side; it's so comprehensive in dynamic.

When you talk of faith communities, just look up front here, there's only one lady, there's male domination. Yet HIV continues in part of the world, it continues to carry a female threat. Where are women and how can women be empowered to ensure that they make decisions in as far as responding to the epidemic is concerned? Those are some of the critical challenges that I continue to face.

**JACK DEGIOIA:** Thank you very much. Kay would you like to pick up on that last point regarding your experience as woman leader taking on this challenge?

**KAY WARREN:** For me, it's I've been really fortunate because my husband and I are really a team. In my particular case it's been just something that we've done together, we've cared about together. I think that's been a powerful model actually in the conservative circles in which I run, to be a husband and wife team who are sharing ministry together and talking about HIV. You're exactly right, that continues to be a challenge where women's voices are not heard, where women are not always given the opportunity to speak about their own lives.

As I was thinking about that this morning, thinking of how churches can engage women more is in starting to that place

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of listening, of listening to women's voices, of recognizing that they are. I love Nick Kristof's book and his wife Sheryl, who done *Half the Sky*, that women are half the sky, we hold up half the sky.

In the work that we've been doing is engaging both men and women because it's a holistic, it's not just a disease of men it's not just a disease of women even though women predominantly around the world are infected. How the church can and I loved that you talked about gender based violence. We see that as something that the church can address to help women dramatically.

We call it a discipleship issue, meaning that when people come to faith and they become Christians. Part of growing in their spiritual faith and their maturity, their discipleship if you will, they understand the role of men and women, meaning men and women are equal in God's sight. For men around the world to learn to treat women and girls and small children as valuable, that it's not okay to beat your wife. It's not okay to beat your children.

It's not okay and the sad thing is that we have found that that is epidemic in the church around the world. It's not just something that happens in families that have no faith, this happens in families of faith. It's an ugly topic that we don't like to talk about. We can make a dramatic impact on the

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AIDS pandemic when men in churches, that's one of the places churches can really shine, to talk about that gender based violence is unacceptable. It's unacceptable to treat children as anything other than valuable and worthy. When we do so then we raise that place of women and children and we'll affect the pandemic. [applause]

**JACK DEGIOIA:** Thank you. MacDonald mentioned a moment ago the depth of engagement over 30 years. When we think about success effectiveness, the depth of the enduring commitment over a long period of time has what differentiated the most effective programs from others. I want to ask you each about your own experiences in country, trying to sustain the political will within a country, to sustain a commitment to ensuring the effectiveness of intervention.

MacDonald, in your country you've just gone through a political transition and I wonder in your context whether the role of the faith community was ensuring that a focus was sustained through that process? I know in Thailand the importance of being able to sustain that light on the issue, I just want to get your thoughts regarding the role that faith communities can play in sustaining political will. You want to tell us a little bit about your own experience?

**PHRAMAHA BOONCHUAY DOOJAI:** If we're looking at the case of Thailand it is because of many sectors, not only the

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interfaith organizations, we work collaboratively and push on the issue into the policy of the government. For the faith-based organization we also try now very much to anchorage the high-level of religious leaders, especially those who are in the authority who make the decisions.

Especially in like the Buddhist order, in the Buddhist society, we have a supreme patriarch and we have a counsel of the elders. Also I think you all know that the Catholic Church or in the Protestant tradition they have the authority. Most of the Christian communities are not very difficult but for us, especially for the Buddhist authority and for the Muslim authority it is a bit difficult for us.

With the program under the Global Fund we try to have that advocacy for the policy of those who are in the authority of the Buddhist belief and of the Muslim communities to have more engaged. They are very open to come to participate and to exchange their ideas on the issue of HIV and AIDS. It is very interesting.

More than that we try to bring them and to get their ideas of how to deal with the pandemic, which we can get very get good ideas also from the authority to continue our work and to collaborate with the government. In Thailand it is—almost in our country HIV/AIDS may be the responsibility of the Health Minister. What we are trying to do and we try to encourage is

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that the non-health sector on non-health organization within the government is also very important.

Those who are working in the religious affair they're also coming and joining us to work. It is a good sign in Thailand that we are now coming together and to try to work collaboratively.

**JACK DEGIOIA:** You mentioned that President Kagame is the one who invited you in, how have you negotiated the balance between your direct engagement in addressing the challenge while managing some of the political dynamics within reason?

**KAY WARREN:** Sure, that's always a delicate dance because we are there at the will of the country and particularly the pastors. I think what I would say about that is that I would believe is that you can't put your faith in a government because they change. Regimes change and grants run out and administrations change. President Kagame won't always be in office in Rwanda, there will be another president.

That's why the church has to remain the focus because the church is durable. It's going to last, it's going to stay even when President Kagame will someday leave office and even if the person who replaces him is either different or better, we hope it's even someone even more fabulous than President Kagame and he's a wonderful leader.

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The idea is that our faith is not in the government, it really is in what a church can do. It's going to stay, it's going to be there, and it's in the community when everybody else is gone; when some NGO has pulled out because their time is done. When a grant has run out, when the money dries up, if the church is still strong and vibrant and involved in the community, the work will go on.

We try to just make sure that our confidence is not in government. We collaborate, we work, we love it, but our confidence is in the fact that the church is going to remain in the community and that's where the work will continue.

**JACK DEGIOIA:** MacDonald has the— [applause] —have the faith communities been a stabilizing influence in ensuring a continuity of focus on HIV/AIDS in Malawi? How did you manage the transition in leadership?

**MACDONALD SEMBEREKA:** Thank you for that question. Let me start on the onset to say that faith communities are widely acknowledged as partnership of society in Africa. They play a very critical role; they have authority and respect of the populations in Africa. To that extent I think faith communities are enablers and they obviously they can't be left out.

What we need to do and we continue to do is to work in partnership realizing that government has a role and that as

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faith communities we also have a role. The international community has its own role. Making sure that we maximize benefits where on what we can do best and avoid claiming a monopoly of wisdom. Sometimes the more we want to do everything and we tend to overstretch ourselves to the extent that we passionately do wrong things at the wrong time.

The other thing that we ensure is to provide positive reinforcement where we can provide positive reinforcement. Make sure that the government is also—that we create demand from the people and making sure that the government provides and accounts for what it provide to the population. Certainly it's a constitutional obligation that our constitution clearly spells out that government has a duty to its citizens. However, let me say that there are some faith groups here in the West that has been a force to pull us back.

Where we have seen some positive moves in countries where leaders in our countries have the most threatened argument that they can change the situation. Unfortunately, the western influence has come to say no, no, no don't do that, that is bad to the extent that some leaders have pulled back and said, wait a minute these people are now cautioning us. A level of impudence that has tended to come from the west to African peoples, to undermine the potential that is there that people in Africa [interposing]—

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**KAY WARREN:** That's right. [applause]

**MACDONALD SEMBEREKA:** -all what they need is—they don't need to be indoctrinated. African people can think on their own. [applause] All what they need is can you provide the positive reinforcement where necessary?

**JACK DEGIOIA:** Thank you very much. We're going to need to bring this to a close in a few moments so I'd like to ask you to think forward for a minute. Imagine we're gathering together again in a decade and we've been able to achieve all of your goals. You're able to achieve what you dreamed could happen over the course of the next decade if our faith communities are able to realize their promise and their full potential. How will we be describing the nature of the engagement of our faith communities, say a decade from now, if the kind of work that we hope can unfold takes place? Let's start in your engagement.

**PHRAMAHA BOONCHUAY DOOJAI:** I think we cannot be away from the community since faith-based organizations or the faith communities there in the community. Our ideal to do the work for the community. To my experience, I've seen many monks serve working and then they start stopping to accept the financial support from outside. Like in the case of the work and in the Global Fund, many temple and many churches stop

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having the Global Fund support because they can stand on their own.

By this continuing support from the outside it is helping for the faith-based organizations to stand by their own. I think when the financial organization that is going to support the faith community then they just keep some time to support. Then when they can stand by their own then you can stop doing that.

**JACK DEGIOIA:** Thank you. Kay.

**KAY WARREN:** I'm so resonating with what both of you just said and completely agree that we need a revolution in the way that we do the West and the global North. We're talking missions in particular, that instead of it being church based where people from the West come and tell other people what they need to do. Just that recognition that the church in Malawi knows what the church in Malawi needs to do. The church in Malawi doesn't need anybody coming and telling you what to do. The church in Rwanda didn't need us coming and telling—in fact we have tried with such a humble space of you tell us, you teach us, we're here. If we can give you encouragement, if we can give people support.

It's not a financial model and I think that has been a mistake that we have made. In our attempts to help people is we just truly throw money at things and somehow think that that

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fixes everything and it doesn't. The intentionality of the Peace Plan is all about the local indigent church initiated where the dreams and the plans and the goals and the work is done through, by, for the local church.

If I were to look forward 10 years I would love to see thousands of local churches, millions of churches around the world strengthened to understand that they have within themselves the capacity, the strength, the dignity, the ideas, the dreams, the will, the skill to do what needs to be done. That if anything those of us in the global North are coming along aside you saying, teach us everything you know because you know things about God.

You know things about how to do that we don't know. So that our position is that of a humble learner and partner linking arms rather than any kind of that old model, we will tell you and you will do what we say. I love what you're saying. It's got to be that collaboration and we don't take any government money. There's nothing wrong with that, but we just believe that there's a lot that people can do on their own.

**JACK DEGIOIA:** Thank you. [applause] MacDonald, we'll give you the last word on our panel today.

**MACDONALD SEMBEREKA:** To me it's evidence. Evidence is very critical. If [inaudible] greatly utilized the faith

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community can contribute immensely to the continuing disturbing numbers of new infections; death and stigma. Perhaps what we need is a renewed commitment by the faith community to scale up our response to the epidemic. By thinking broader and avoiding complacency and comfortability; moving and allowing the epidemic to [inaudible] from where we sit. Certainly that will create hunger for us to do more within the limited scope of space and time and resources that we have.

**JACK DEGIOIA:** Thank you. It's been a privilege [applause] for me to be a part of this conversation with you all today. Please join me in expressing our gratitude to our distinguished panel for this presentation. [applause] Thank you all for being here for this panel today. Good afternoon.

**KAY WARREN:** Thank you.

[END RECORDING]

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