Sister Act

Washington, D.C. kids find safe haven at Grandma's House

October 1, 1994 By Eric K. Washington

Reverend Debbie Tate and Joan McCarley are coy about their ages. That might seem strange for this pair of feisty sisters who in 1987 founded a home for child protection cases with the venerable name of Grandma's House. Neither sister has grandchildren of their own. "We're not in our 20s and we're past our 30s," McCarley giggles, but adds soberly that, even if only symbolic grandmas, she still hopes the kids in her charge can find "what I try to provide for my own children."

McCarley began seeing the warning signs back in the mid-1980s. As the first chief of the District of Columbia's AIDS Education Department, she had been working mainly with white, gay, male adults, a population rapidly ceding its seemingly exclusive association with the disease. "Looking at what was coming across my desk from Miami and New York City," she says, "it was easy to project that there was going to be that same change in the trend in Washington." If the national estimate at the time were correct that 98 percent of HIV positive infants were African-American, McCarley knew that her own predominantly black city would soon reflect the demographic drift.

McCarley shared her concern with her family. Her sister, Debbie Tate, who was already an advocate for the elderly, easily appreciated that babies with AIDS would similarly become yet another caste of untouchables.

Inspired by Mother [Clara] Hale and her daughter, Dr. Lorraine Hale, whose caring for drug-exposed and HIV positive babies in Harlem had earned Hale House worldwide praise, the sisters found the courage to launch Grandma's House in D.C., taking in children -- newborns to 12-year-olds who had been abused, neglected or abandoned -- who were identified as wards of the state by the District of Columbia Child Protection Agency. Many of these kids had been exposed prenatally to drugs or HIV. The fact that, on average, about 30 percent of the kids at Grandma's House are HIV positive has brought the sisters troubles that none of the children's other challenges has. "We still run into communities that are very hostile, very nonaccepting of people living with AIDS," says McCarley. "They think something should be done, but 'not in my backyard.'"

However, from Reverend Tate's perspective, that backyard is vast and is everyone's common responsibility. While she is not formally church-affiliated, Tate still acknowledges the significant role her spiritual background plays in all her work. "It's the energy that keeps the motor running,"

she says. Expressing her erstwhile impatience with the “judgmental approach” toward AIDS generally held by the ministry of which she considers herself a part, Tate concedes, “While the religious community did not give me discouragement, they didn’t give me any encouragement, either.” But Tate soon recognized her mission. “One principle should drive you,” she says now. “We aren’t fighting a disease, we’re supporting a people who need love and care. That’s all.”

To be sure, Grandma’s House has earned more friends than enemies along the way. The Design Industries Foundation Fighting AIDS (DIFFA) undertook the restoration of the gorgeous Victorians that house the project, preserving the integrity of each facility as the home that the sisters have endeavored to make of Grandma’s House.

The project’s multidisciplinary program includes medical, physical and nutritional care. Grandma’s House now has six homes with more than 25 children per home. A child’s average stay is about two years.

Tate remains stalwart about the House’s most continuously bitter challenge: “We will not save all of the children.” It is no consolation to either woman that such is the territory of caring for children with serious health problems, AIDS being but one among several. “It’s very difficult to deal with, because you invest the same love,” says Tate. “You cannot mete out a smaller portion of love because someone is going to be with you for a measurable period of time.”

But the sisters find some of their reward in the enthusiastic new support from those who were once so reticent -- the religious community and men, in particular. McCarley points out that Grandma’s House attempts to be innovating by involving the families or extended families where possible. “We word toward being child centered, but we’re very much family focused,” she says, measuring their success in that area by the number of parents, often themselves ill, who are often persuaded to treat drug addictions, to change some behaviors or to seek proper medical care. If complete parent-child unification is not always possible, striving to maintain some connection is considered imperative. The sisters clearly see their mission is to ensure that children and parents find strength in community environments, “not put out to the side somewhere all by themselves,” says Tate. “They belong and they belong with us. They are part of us.”

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