



Statement by Dr. José M. Zuniga

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at an International Study Conference

**– *The Centrality of the Person in the Prevention and the Treatment of HIV Disease:
Exploring the New Frontiers* –**

hosted by the Pontifical Council for Health Care Workers

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I wish to thank Cardinal Zygmunt Zimowski and the Vatican's Pontifical Council for Health Care Workers for the invitation to participate in this important International Study Conference entitled, *The Centrality of the Person in the Prevention and the Treatment of HIV Disease: Exploring the New Frontiers*.

As a representative of more than 17,000 clinicians in over 100 countries, I also convey our collective gratitude to Pope Benedict XVI for the steps he has taken – including the convening of this International Study Conference – to address not just the care and treatment components of a global response to HIV, which Catholic-affiliated clinicians and lay providers have delivered in abundance over the past 30 years, but also prevention and gender-specific interventions. These interventions are critically needed if we are to stem the tide of unnecessary suffering and hastened deaths wrought by this disease.

In the realm of care and treatment, great strides have been made since the early days of the global HIV pandemic. They did not come without great individual and collective sacrifice, with the greatest sacrifice being that of the countless men, women, and children whose lives were lost too soon because of our initial neglect – a neglect borne of ignorance, intolerance, and

inhumanity. Decades ago, millions perished from an immediate death sentence. Today, many millions are living with HIV and AIDS, largely as a result of the access to life-saving medications. This Lazarus-like effect is the result of governments and non-governmental organizations, including faith-based organizations, working in partnership.

Indeed, in the global North, and large swathes of the global South, people living with HIV and AIDS have returned in large numbers to the fabric of human society. They are living productive lives, many now rearing children and indulging grandchildren. Many of us would have deemed this impossible decades ago as we witnessed this series of local HIV epidemics affecting small numbers of people unfold into a global HIV pandemic that has to date caused nearly 30 million deaths – an estimated 2 million last year alone.

Notice the central importance of the word “access” in my progress report related to care, treatment, and support. It is a word I cannot emphasize enough as we wrestle with the ethics and morality of a world of haves and have-nots. The tragic reality is that today there are an estimated 16 million people on this planet who are eligible for treatment. Yet these 16 million people are denied the life-saving and -enhancing benefits of research that are keeping close to 6 million other people alive and well. This denial occurs solely because of circumstance of geography, socioeconomics, political will (or the lack thereof), and gender inequality. As people of faith, we must join in common cause to correct this inequity – one that demeans our humanity and condemns so many to pain, suffering, and ultimately death. This is the outcome not just for those who are HIV infected, for they are but the first wave of destruction. Equally devastated are the children left orphaned when their parents are snatched away from them by HIV. “Nuclear” communities are left to pick up pieces of shattered lives and keep themselves whole. Entire societies are stripped of so much human intellect and talent necessary to rear and groom their future generations of leaders.

It is not enough to lament this inequity, just as it is not enough to simply call attention to its affect as a driver of morbidity and mortality. Here is where the moral authority of the Roman

Catholic Church – and that of other religious denominations – must be brought to bear. In a world more inclined to focus upon Keynesian values, we must strive to re-energize our social justice focus around the value of every human life, a value we are all agreed upon. This is a world of excesses in personal wealth and military spending, as is also true in the rhetoric of division. Religious institutions who claim such deep compassion for both the spiritual and physical salvation of so many billions of people must take the lead in exhorting, expecting, and demanding that from these excesses we carve out new forms of commitment to the centrality of the person in all our undertakings. The world begs for a renewed sense of *noblesse oblige* among the wealthy; for sustained and unwavering investments by governments in efforts to achieve universal access to the highest levels of human health; and for a reorientation of our culture from divisiveness towards inclusivity and compassion for all. This renewal must take place regardless of gender, race, ethnicity, religious belief, socioeconomic status, political ideology, or sexual orientation. I am neither a Biblical scholar nor a theologian, but as a man of faith, I labor to abide by Jesus Christ’s dictum, as told to us by the apostle Matthew: “Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.”

So, too, then must we be aware of, and protective of, the vulnerabilities we all possess as human beings, including the ways in which HIV is transmitted. In the realm of perinatal transmission, we have achieved major successes in scaling-up efforts to prevent mother-to-child transmission of HIV. We have not reached 100% coverage, especially in sub-Saharan Africa. But we are committed to achieving this goal. Catholic-affiliated clinical and lay providers are at the vanguard of reducing the cruel reality of this form of HIV transmission.

It is in the realm of behavioral transmission that we individually and collectively have a longer journey to traverse...

On an individual level, we must remind one another of our mutual responsibilities to respect the human dignity of each individual and, through doing so, to hold each other harmless from

violence, including not just the violence caused by HIV at the cellular and biological levels, but also the emotional and spiritual violence embodied in the intolerance and ensuing stigmatization suffered by those society classifies as “other,” thus demeaning their existence and facilitating self-destructive behavior.

Stigma, heterosexism, denial, and discrimination against men who have sex with men (MSM) continue to fuel this global health crisis, mirroring much of what occurred at the dawn of the AIDS era 30 years ago next week. These negative determinants of health fuel not only a deep HIV crisis, but numerous other health crises among MSM, including high rates of other sexually transmitted infections; high rates of anxiety, depression, and other mental health problems; high rates of substance and alcohol abuse; and a number of other concomitant health concerns.

These health concerns among MSM have a profound impact on the health and well being of MSM. The HIV pandemic, for instance, places these health concerns in very stark relief. Throughout the Latin American and Caribbean (LAC) Region, for example, MSM are 33% more likely than the general population to become HIV infected. Despite evidence that the HIV epidemic continues to grow among MSM populations, few countries have taken proactive measures to reverse this crisis, or to establish appropriate health care services for vulnerable and high-risk groups. Referring back to the LAC Region, programs aimed at MSM comprise less than 1% of total HIV spending despite the fact that one quarter of known HIV-positive people in the region are MSM. This fact reflects a general trend, since few resources around the globe in general are dedicated to care and support for MSM communities, HIV/AIDS being the latest, and perhaps most poignant example of unmet need.

The key to understanding this neglect and barriers to care and support for MSM in general, is the context of social exclusion and marginalization for MSM in which HIV and other health concerns are situated. Despite nearly three decades of advocacy on the part of gay communities around the world for appropriate legal rights and health care services, including HIV prevention and care, in most parts of the world MSM still have little or no access to either

HIV services or other MSM-oriented general health services such as sexual health, substance abuse, and mental health services.

Action to improve the health of MSM communities and the availability of appropriate health care are human rights imperatives and, as such, an imperative for any institution that values, promotes, and works to protect human rights. These human rights – to health, safety, and well-being – have been achieved to varying degrees in different parts of the world. They are both possible and practicable. Through a commitment by all stakeholders to action at the levels of civil society, health care services, and public policy, the human right to health for MSM and other sexual minority groups can be made a reality.

Each of us is responsible for our actions, accountable to each other and, ultimately, as people of faith, to our Creator. As such, every tool at our disposal must be used to hold sacred and render safe those who engage in all of the behaviors through which HIV is transmitted, including sexual activities and intravenous drug use.

One cannot deny that among these tools abstinence is an important means of preventing HIV and other sexually transmitted diseases. However, recognizing human vulnerability, we must acknowledge and act upon all of the other means of preventing HIV transmission that remain integral to our prevention response. With respect to intravenous drug use, this means being compassionate with stigmatized populations and providing them, without penalty or other compromise, access to clean syringes as well as methadone and other drug replacement therapies. With respect to sexuality, we must encourage the use of condoms as safe, effective barriers to HIV transmission – absent of any moral valuation, other than their ability to save lives.

Much has been said and written about the Roman Catholic Church's doctrinal position on the issue of condoms. It is not my place to reiterate the large volume of literature on this issue. However, as one who has traveled the world from Brazil to Vietnam, from Botswana to Ukraine,

witnessing the repercussions of the demonization of condoms or their use, I respectfully beseech you to find a way to embrace this technology as a means of saving lives.

While in technical terms, research proving the preventive efficacy of condom use is not in the same scientific league as, say, heliocentrism, acknowledging its truth and adapting policy to its conclusions can certainly save millions more lives than any of Galileo's astronomical theories. I am fully aware of the time-frame within which such revolutionary changes in doctrine take place, much less their official recognition, as in the case of the Roman Catholic Church's evolving attitude toward Galileo. With the fate of millions of lives hanging in the balance, though, vulnerable populations worldwide cannot afford to wait three and a half centuries before a doctrinal shift is made about the propriety of condom use. If Galileo were alive today, and were asked his opinion of the condom in the face of the Vatican's historical opposition, we can be certain that in the current atmosphere of scientific liberty he would feel free to exclaim, "*Eppur si salva!*" (And yet it saves!).

Finally, it is important to address one of the greatest drivers of the global HIV pandemic, especially so in the global South. The devastating crisis of the HIV pandemic worldwide for women is staggering in its proportion. Sub-Saharan Africa, for example, accounts for more than 60% of the world's HIV-positive women. There are, of course, many factors that drive the explosive transmission of HIV, but in the tangled web that is the epidemic in Africa and in other parts of the world (including the global North); many of these issues share a common thread – the powerlessness and oppression of women. The virus' cultural vector is the web of existing gender inequalities that are largely responsible for the spread of HIV disease.

Women are rendered powerless and extremely vulnerable in many societies, and existing gender inequalities are largely responsible for the spread of HIV disease. The blatantly skewed distribution of power in patriarchal societies makes women extremely vulnerable but has dangerous implications for us all.

To examine the forces that steer the epidemic down its course, the epidemiology of HIV and AIDS must be considered. More than 80% of all HIV infections in Africa, for example, are acquired through heterosexual contact. This statistic is grossly out of balance with the 13% rate of infection through heterosexual contact in the United States.

Vertical transmission from mother to child is the second most common route for the virus to take in sub-Saharan Africa. Transmission rates are generally much higher than in the United States and Western Europe, where the routine use of antiretroviral prophylaxis has drastically reduced mother-to-child transmission of HIV. This disparity is a direct result of differences in the nations' wealth. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that in 2009 only 53% of HIV-positive pregnant women in low- and middle-income countries were offered services for the prevention of mother-to-child transmission of HIV – a far cry from the 100% coverage we would all wish to see.

With respect to women themselves, it is an empirical fact that they are systematically disadvantaged in most societies worldwide. Male bias in the structures of society is reflected in day-to-day behavior; it is embedded in legislation, policy, political and religious ideologies, and cultural conventions. In many parts of the world, women's limited opportunities also translate into reduced access to education. Lower levels of literacy contribute to their more limited access to information about sexually transmitted diseases, including HIV disease. Cultural conventions prevent women from asserting themselves in public, squelching hope of improving their situation in this way. Women's labor also does not command market value, leaving them dependent on those members of the household who operate in the cash economy. Economic need often drives women to enter into commercial sex work. The selling of sex can become the only choice that some women believe they have between starvation and survival.

The link between women's position in wider society and their position in sexual relations is crucial to understanding their vulnerability to the virus. According to UNAIDS, in sub-Saharan

Africa three women are infected with HIV for every two men. Women have characteristically been viewed as responsible for transmitting the virus. Commercial sex workers are blamed for spreading HIV to clients. Mothers are blamed for passing it to their children. Females are treated as if they have a polluting influence; they are treated as “vaginas or uteruses,” “whores or mothers,” and “vectors or vessels” rather than centrally as persons. Women must be more accurately understood to occupy a cultural niche that leaves them particularly vulnerable to contracting the virus, rather than continuing to be misrepresented as blameworthy for the severity of the HIV pandemic.

An analysis of gender relations in most parts of the world provides insight into how and why HIV spreads so efficiently. The question now becomes what should be done with this knowledge to generate prevention strategies. The first order of business is to educate people about the cultural role played by male domination in the spread of HIV, and to develop policies to that address patriarchy directly, focusing more on gender issues than the need to avoid risky sexual behavior.

Increased knowledge, however, does not always translate into changed behavior. If economic dependence on men is a factor underlying women’s vulnerability, greater economic security should serve to empower women. For this to occur, women require higher levels of education. How men should be involved is another debatable issue. Male behaviors – including in a propensity to eschew monogamy – not only put their partners in danger, but themselves as well. Therefore, men not only bear responsibility in this area, but it is in their interest to assist in the process of educating women.

One truth above all else is clear: If AIDS is to become any less of a problem, women will have to be empowered. Though AIDS is certainly a virtually impossible fire to extinguish in any context, the patriarchal society and exploitation of women not only fuels the flames but turns a fire into an inferno. This hell is reality for millions of women. Their inferior position in larger society renders them powerless in sexual relations. The manifestation of these social constructs

emerges in sexual practices and behavior that not only allow HIV to transmit at alarming rates, but also are blatant violations of basic human rights. An enduring decrease in the severity of the HIV pandemic depends directly upon the cessation of the denial of women's fundamental rights.

Since the Roman Catholic Church has throughout history upheld "the Virgin Mary as the pre-eminent exemplar of the New Woman," I believe it bears a unique responsibility to promote women's equal dignity and, through example, to tear down all remaining barriers to the authentic emancipation of women.

This International Study Conference itself is a bold and important step forward by a group of individuals dedicated to the preservation of all human life by both medical and spiritual means. I believe each of us here stands united with the Roman Catholic Church in valuing the lives of all men, women, and children the world over who are vulnerable to both HIV disease and its social determinants. We stand prepared to work in partnership to strengthen and implement evidence-based HIV prevention, care, and treatment. For many of us, myself included, our commitment is firmly rooted in the belief that whatever we do for the least of our brothers and sisters, we are in fact doing for the glory of Jesus Christ. As a result of this International Study Conference, we look with new hope to a future in which the centrality of each and every person is the motivation for our mutual efforts to eradicate HIV.