

The Social and Cultural Environment: Human rights and HIV

Panel discussion during UNAIDS Caribbean Regional Consultation on Universal Access to HIV Prevention, Treatment, Care and Support (Wednesday 23 and Thursday 24 March). The Consultation was in preparation for the High Level Meeting on HIV that will be held at the UN General Assembly in New York, June 8 -10, 2011. UNAIDS says that “that meeting will be attended by the UN Secretary General, Heads of State and heads of key UN agencies involved in the HIV response.”

Leela Ramdeen (Wed Mar 23, 2011 (2:00 pm – 3:30 pm))

Good afternoon to you all. All protocols observed. I wish to share with you a Catholic perspective on the issue of “The Social and Cultural Environment: Human rights and HIV.”

It is significant to note the comments made this morning by 2 Ministers of Government in our region. Hon. Rodger Samuel, Minister in the Office of the PM, Trinidad and Tobago, reminded us of the kind of culture in which we live – “a carnival culture that promotes multiple partners and risky sexual behaviour; a culture in which, though many are aware of HIV, they have not internalised the messages and do not believe they will be infected.”

Hon. Sam Condor, Deputy PM and Minister of Foreign Affairs, St Kitts and Nevis, rightly calls for a change in mindset and behaviour change among citizens if we are to achieve zero infections.

Religion forms an integral part of our Caribbean culture. Here in TT we have an Inter Religious Organisation that works, inter alia, to promote moral and spiritual values in society. It is clear that although various religious groups in the region may not espouse the same views as some present here as to how to combat HIV/AIDS, faith communities have a role to play in this battle.

As President Obama rightly said in 2006: “Neither philanthropist nor scientist, neither government nor Church can solve this problem on their own – AIDS must be an all hands on deck effort.”

“...the Catholic Church has always considered the cure of the sick as an integral part of her mission. Therefore I encourage the many initiatives promoted, especially by ecclesial communities, to eradicate this sickness, and I feel close to AIDS sufferers and their families, invoking upon them the help and comfort of the Lord.” (Pope Benedict XVI World AIDS Day 2005).

The International Catholic Organisation, Caritas, says that Church-based health care is responsible for some 50% of all health service delivery in developing countries. Key social

justice principles which the Church promotes are the sanctity of life, the dignity of each person, and solidarity. We see it as our duty to affirm every human life. Why? Because we believe that:

“The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, those too are the joys and hopes, the griefs and anxieties of the followers of Christ.”

The Documents of Vatican II, “Pastoral Constitution on the Church in the Modern World (*Gaudium et spes*)”, par. 1, New York: Herder and Herder, 1966.

All Catholic Dioceses in the AEC Caribbean region have as part of their pastoral priorities, the support, care, and advocacy for persons with HIV and AIDS in order to promote their inherent dignity. “The Church offers compassionate, non-judgmental care for those living with and affected by HIV.” Across the region there are many Catholic Agencies and Catholic religious communities working assiduously to support persons with HIV and their families by providing food, housing, counselling, medicine/health care, employment, education, and striving to eliminate stigma, discrimination, poverty and social exclusion.

Here in TT Catholic organisations such as Living Water Community, St Vincent de Paul Society, Eternal Light Society, Emmanuel Community, Zion Community, and Religious congregations provide continuous support for persons with HIV and their families.

Caritas, a global confederation of about 165 Catholic Agencies, work tirelessly in our region focusing not only on HIV and AIDS, but on other “humanitarian emergencies, on human development, and on campaigning against poverty, exclusion, intolerance and discrimination.”

“Caritas members have been working together since 1987 in four key areas - circulating accurate information, building up an effective response on the ground, advocating for full access to prevention, care, treatment, support and education for all, and discouraging stigma and encouraging compassion.”

Caritas offer s those suffering from HIV/AIDS “a dignified life through providing health, counselling, nutrition and training.” The team supports those who are impacted, such as children and grandparents, because people in their family, often the breadwinners, have AIDS and cannot work or have passed away. Caritas educates the public about the impacts of HIV and how not to contract the virus – based on Catholic teaching.

“The Catholic Church is one of biggest global health providers. It runs 5,246 hospitals, 17,530 dispensaries, 577 leprosy clinics, 15,208 houses for the elderly, chronically ill and people with physical and learning disabilities worldwide...Catholic Church agencies such as Caritas provide a quarter of all HIV care in the worst-hit continent of Africa.... The Vatican’s Pontifical Council for Health Pastoral Care estimates that more than 25% of all HIV and AIDS care throughout the world is sponsored by the Catholic Church.” (Caritas).

To give you an example of our work here in TT: There are 63 parishes in TT. The Commission which I Chair, CCSJ, seeks, through our parish social justice teams, to provide outreach in the wider community to lend support where necessary to persons with HIV and AIDS. Catholics are encouraged to provide pastoral care to persons living with or affected by HIV. We urge parishioners to respond “with acceptance, love, and solidarity, and without discrimination, rejection, or stigmatization.” (Caritas).

We work at an international level also. In December 2004 (14 & 15 Dec) I was the representative of the Permanent Observer Mission of the Holy See at the 16th meeting of the Programme Co-ordinating Board of the Joint UN Programme on HIV/Aids in Montego Bay, Jamaica.

At that meeting, Owen Arthur, Prime Minister of Barbados, highlighted the urgency of the situation. He said: “Ultimately, the solution will lie in a change of human behaviour. Managing a change in human behaviour is an overwhelming task...We must show unity and determination. In this most desperate effort we contemplate success.”

Dr Ralph Gonzales, Prime Minister of St Vincent and the Grenadines, focused on the need to educate the public in order to eradicate stigma and discrimination:

“People need to have a greater sense of compassion, feeling, love and understanding...We must involve everyone in this particular fight... If we don’t address this in a focused way, no matter what we do in economic and social spheres, it won’t come to much unless we halt the spread of HIV/Aids.”

The literature that we received for this Consultation shows that the Caribbean has the highest HIV prevalence rate outside sub-Saharan Africa and the only region where the proportion of women and girls living with HIV is higher than that of men and boys. In TT the virus rates are 5 times higher in girls than in boys between 15 and 19. We urgently need to step up our strategies to address this scourge. A key issue is helping people to live virtuous lives.

CCSJ’s *Values and Virtues Formation Programme* seeks to inculcate in the hearts and minds of those attending Catholic Primary Schools an understanding of what our faith says about how we should live our lives. (see CCSJ’s Students’ Workbook and Teachers’ Guide).

Pope John Paul II said: “*There is a universal moral law written on the human heart.*” Our task is to educate our students about our Christian Moral Framework and about the values that should underpin our lives. Inter alia, the programme aims to form the conscience of our young people and to help them to make informed choices.

("core values": the golden rule, respect, obedience, integrity, love, kindness, generosity, courtesy, duty, discipline, tolerance, courage, fortitude, perseverance, honour, sincerity, "conscientiousness" which includes responsibility and trustworthiness; integrity which comes from honesty and fairness; compassion, which encompasses caring and consideration for others.)

A major aspect of CCSJ's work is to act as advocates for those who are infected with HIV and AIDS. We strive for structural changes that will address issues such as poverty and social exclusion. We believe that more could be done in TT to speed up the process of achieving the Millennium Development Goals. There are clear links between HIV and MDGs.

As Caritas states, "The poor are not necessarily more likely to become infected with HIV, but the impact of HIV infection can be magnified by poverty. In India for instance the impact on the poor is clear. The financial burden associated with HIV/AIDS represents 82% of annual income for the poorest households, while the comparable burden for the wealthiest families is around 20%. HIV/AIDS also poses a threat to accomplishing another objective set out in MDG 1 – to reduce by one half the situation of world hunger."

In TT 2005 statistics highlight the fact that there are over 210,000 people living in poverty. Recently, Minister of The People and Social Development, Dr Glenn Ramadharsingh, has admitted that there are far more people in TT living in poverty. We need to update our figures.

Our Minister of Education in TT, Hon. Dr Tim Gopeesingh, said recently that there are more than 4,000 children missing from our schools. We need to be aware that these children may be within the at-risk group – see issues in rural areas, struggling single mothers and fathers, barrel children, children parenting siblings etc.

I wish to share with you some specific work being done by Catholic Agencies in TT to support persons with HIV and AIDS e.g.

- Living Water Community's Mercy Home AIDS Hospice (41 Fitt St., Woodbrook) ;

- Fr Clyde Harvey founded the South Aids Support and,

- together with Godfrey Seeley, they founded CARE – Community Action Resource for HIV support

"South AIDS Support is a non-profit organization which was established to assist and provide spiritual, mental & financial support to those diagnosed with AIDS/ HIV, their family members & friends. This organization is a collaborative effort of Christian Churches in South Trinidad with representation at this time from the Anglican, Presbyterian, Methodist and Roman Catholic Communities. The Chairman of the Board is Fr. Clyde Harvey

The Main aims and objectives of the organization are-

1. To prepare for responsible living those persons who are diagnosed with the disease.
2. To advocate on behalf of persons living with HIV/ AIDS.

3. To provide a forum for persons with the condition may be able to meet in a caring environment to be provided with counselling & financial support.
4. To develop an implement Educational Programs for the general public. The target groups are youth, patients, caregivers, families and friends of persons living with HIV/AIDS.
5. To develop and implement Training Programmes for counsellors & caregivers.
6. To develop a Drop in Centre & AIDS Hospice in South Trinidad by November 2003. The ultimate goal would be that this facility will serve the counselling and medical needs of patients and their families.”

- SVP's Audrey Molineau Residential Home – in Barataria – caters to women who are battered and on the margins;
- The Centre for Socially Displaced in POS - run by SVP – many have HIV and AIDS;
- SVP also runs a home in Duncan St for men who are terminally ill - some with HIV and AIDS;
- SVP offers an integrated HIV/AIDS programme: e.g The Cyril Ross Home, A Transition Facility, and an outreach programme.
- The Cyril Ross Nursery: opened in 1994 by SVP to care for children with HIV/AIDS. It must be stated that all these homes and Centres cater for the needs of all in need – regardless of their religious persuasion or belief. As Catholics we minister to all because each person is our brother or our sister whom we must love as we love God.
- Cyril Ross is located at 7 El Dorado Rd., Tunapuna. Currently there are 35 young persons there. Youngest = 2 yrs old. Many of the residents came as babies – either abandoned as babies, mothers who were infected with AIDS passed away. The Manager is Madonna Stewart-Morris.
- In the early years of operation, before the introduction of anti-retroviral drugs, some of the children died while at the home. They were cared for at the home until they died. Thankfully, no child at the home has died in the last 5 years.
- (SVP brought in anti-ret drugs (ARD) from the USA. Carlos John's brother – doctor living in USA. When anti ret drugs were first introduced any drugs avail that flies not used he sent them to TT Ultimately, the Govt brought ARD in.)
- It is worth noting that during the early years of operation, schools refused to accept children from the home and private tuition had to be provided for them.
- There are plans to build a new home that will be better able to serve the needs of the children. There are more and more requests for places. A few acres of land have been donated in El Dorado and plans are in train to build the new home with more accommodation.
- Cyril Ross has a transition programme to facilitate independent living for those who have reached adulthood – getting them jobs, teaching them how to budget etc. To date 5 persons have moved on to independent living from the Home.
- SVP is setting up a transition home in Cunupia for young adults – to teach those with HIV and AIDS life skills. It will be opened soon. SVP is currently assessing candidates to employ a house mother. Once someone is appointed to this position, the home will be opened.

- The 3rd part of the programme is: Outreach. This involves a large number of persons with HIV and AIDS. There are more children attending SVPs clinic than there are children at Cyril Ross. It is far better to support the children in their homes, where possible.
- People with HIV come from as far away as Tobago to attend SVPs clinics which are run by doctors on a voluntary basis. These doctors specialise in HIV/AIDS. They administer anti-retroviral drugs and teach those infected how to administer the drug.
- An adherence officer visits the homes of those registered at the clinic to make sure that they take these drugs properly.
- There is also a social worker attached to the clinic who visits the homes of those with HIV/AIDS to determine if there are other needs that the families may have. Many of those attending the clinic are poor.
- Members of the SVP Conference in each area help to meet the physical and financial needs of those who need assistance.
- At the clinic relevant tests are carried to see how patients are responding to the medication – not 1 size fit all- there are individual medical plans. Detailed records are kept. Progress is monitored. If, for example, a child is not progressing on certain regimen of drugs doctors try another drug.
- Clive Belgrave, Hon. Sec. of SVP and Vice-Chair of CCSJ, tells me that there is a high rate of adherence to drugs by those who attend the clinic – due in part to the integrated approach adopted by SVP. 80% to 90 % of those who attend the clinic adhere to the drug regime.

It is clear that not everyone agrees with the Catholic Church's teaching on issues such as human sexuality - abstinence outside of marriage and fidelity within marriage, contraception - including the Church's objections to the use of condoms etc. We advocate abstinence-based sex education. While the Church teaches that marriage is between a man and a woman, we do not condone violence against persons who are homosexuals. Our response is to promote respect for all persons.

The Catholic Church teaches that there is an objective moral framework which stands as our code of conduct, to inform our consciences and behaviour if we are to live as exemplars of our faith; if we are to live virtuous, holy lives as God intended. This is our belief; this is what we stand for. As Monsignor Vitillo, special adviser to Caritas on HIV/AIDS said: "...the social doctrine of the Church ...brings us a vision of the whole person, created in the image of God, gifted with a God-given, unique and irrevocable dignity."

While we will not compromise our beliefs and values, we find that we can still work together with others to address the scourge of HIV/AIDS. We have to agree to disagree. It was Mother Theresa who said: What you can do, I can't do, and what I can do, you can't do, but together we can do something beautiful for God.

CCSJ sees every obstacle as an opportunity.

There are major cultural, economic, social and political obstacles that hinder progress in our region.

I don't have time to address all these areas.

- Stigma and discrimination often leads to blame the victim syndrome. S&D often prevents citizens from opening up their hearts and minds to reach out and assist those infected or affected by HIV. S&D also prevents some of those infected from coming forward for treatment e.g. fear of lack of confidentiality.
- Economic obstacle -- will there be commitment to address allocation of sufficient funds now that there will be \$1.3 b cut in this area from international donors? There needs to be a national budget with clear indication re how much will be spent on medical care and how much on preventive programmes etc. (competing with maternal and child health care etc)

Poverty and social exclusion - major obstacles. HIV/AIDS deepens poverty and exacerbates inequities. As we know, about 90% of those living with HIV/AIDS live in developing countries and most of them are poor. We can do more to mitigate the social and economic impact of HIV/AIDS. We must be the advocates for those who are poor or socially excluded and empower them to stand up for their rights. Advocacy involves working with those who are affected/infected.

Here in TT, I recall a poor woman telling me how she contracted the virus. She said she lived in a one room shack with 6 other members of her family. One day, her uncle who had the virus, came home early knowing that she was ill at home and had not gone to school. He raped her. He later died from AIDS. Such living conditions are an affront to human dignity.

We must look also at the culture in which we live. If we read the signs of the times we know that we live in an era where *individualism, relativism, and materialism* are rampant. Many believe that if it feels good, do it. That is why e.g. our carnival has degenerated to the state that it is in today. Recently I bought 2 Carnival magazines (2011) – one focuses mainly on lewd behaviour by revellers. The cashier told me that the lewd magazine was selling faster than the other one. The media can help influence culture positively or negatively.

Crime and Violence: Domestic violence is also rampant in TT and in the region. If we wish to promote gender equity, this issue must be addressed. Part of the solution is to educate our young people to have mutual respect for each other. I was on a panel at UWI some time ago to discuss issues relating to domestic violence. A young man challenged me saying that “if ah man want tuh drink he rum and beat he wife, dat is he business”. Sadly, a young woman sitting next to him piped in saying: “If yuh love de man, yuh go take de licks.” We need to address the way in which we are socialising our young people.

We need to link DV to **alcoholism**. The culture of rum songs does not help. Neither do songs by some international artistes – see lyrics that denigrate women. (Give example of my father's case when he represented (as an Attorney-at-Law) 2 children who had tied up their drunk father to tree. Their father had been chasing their mother, his wife, with cutlass. They had intended to release him when he sobered up. He died from dehydration. Alcoholism can ruin people's lives.

Rape and Incest: major obstacles – link to lack of respect for life – see rape of 12 yr old in Tacarigua last week and of 17 yr old nurse in T'go and 17 yr old visiting friends in Tobago last week. Often rape goes unreported – shame and fear. NB: incest occurs in all social strata. Some time ago, in one of my columns I addressed this issue and to date I still get e-mails from a 30 year old woman of Trinidadian origin who lives in Miami. For years her father – a middle class professional person - sexually abused her. In spite of her trips to psychologists, psychiatrists, counsellors etc., she finds it difficult to form relationships.

Response of police and Govt Ministries: Our leaders in Government – both locally and nationally, must play a more proactive leadership role in the struggle to combat HIV/AIDS. There must be a more integrated approach across Ministries and a multi-sectoral approach. And our policies and monitoring and evaluation systems should be reviewed.

Our Police Service does not respond adequately to domestic violence cases. We need a special unit to deal with DV.

For the last 10 years or so people have been crying out for a **Children's Authority**. Not all pieces of legislation or infrastructure are in place. In the meantime, our children continue to suffer.

We lack proper **health care services**, sufficient numbers of social workers, counsellors etc. Each day the horror stories related to poor service in our health care system play out in the media. Look at clinical management of HIV/AIDS patients – what facilities do we have? Need to be improved

- Laboratory testing and screening of patients – do we have enough trained personnel?

Our **Education system** leaves much to be desired and we desperately need to educate/support our parents – parenting classes etc. needed. You are all calling for sex education in schools which would include HIV prevention education. The view of the Catholic Church about prevention education is somewhat different. As Caritas says:

“Rather than focus on a narrow or mechanistic view of HIV prevention education, the Church continues to promote and encourage sexual relationships which are based upon

mutual respect for God-given dignity and mutual responsibility within the context of permanent and faithful marital relationships.”

We must target our resources to focus on youths in our communities e.g. HIV awareness and promoting responsible behaviour; making wise choices.

At a meeting I attended to discuss educational issues, I recall someone raising a concern about a new ‘breed’ of young women who are seen as ‘predators’. They are the ones calling the shots. You may have read about some school girls fighting over Maxi Taxi Drivers. I will never forget the day I saw young girl and Maxi Taxi driver get out of his taxi and were about to go into a house. I stopped my car and asked her if her parents knew where she was going. I also asked the much older man what his intentions were. Well, the man hanged his head in shame, but the young girl (about 13 years old) used a number of expletives to tell me to mind my business!

I spoke about this on a TV programme after which someone rang me to let me know that if I wanted to get further information I should go to Caura River on any day and I will see the number of young school girls with maxi taxi drivers.

Another aspect of our culture is the link between drugs, guns and sexuality. And then there are the girls who boast about having a boyfriend who has a gun and who belongs to a gang. The culture of violence that exists in which ‘anything goes’, must be rejected and we must promote a culture of life.

We need to understand the world in which our young people are operating if we are to target HIV resources effectively to support them.

Many of our single mums have children for different men hoping each time that the man will stay with them. Sadly, they are literally left holding the baby, and sometimes contracting HIV in the process.

Such a culture is not conducive to preventing HIV/AIDS. We must empower our women and girls so that they can achieve their potential.

And while some promote the use of condoms, we are not being honest when we fail to highlight issues relating to the spread of Human Papilloma Virus which passes from skin to skin contact. (200 known types of HPVs – leads to cancer of the cervix, vulva, vagina, anus, penis. 30-40 types through sexual contact – skin to skin contact.

Death from cervical cancer in our region due to HPV is high. And what about the other STDs which affect so many?

What needs to be done to rejuvenate the HIV response in the Caribbean:

- a. Draw on “the firsthand experience of those who live with or have been affected directly by HIV, and engage them more actively in our responses to the pandemic.” (Msgr Vitillo). Build the capacity of those with HIV/AIDS to help themselves. As is stated in a report by South AIDS Support (SAS) (Chaired by Fr Clyde Harvey), “SAS is advocating for the issue of housing to be addressed by the government of Trinidad and Tobago. One of the negative effects of the virus is a lack of familial support; unemployment is another factor that leads many PLWHA to become destitute or homeless.

“The opening of a hospice is also a very important goal of the organisation, since there is a great need for such a facility in the south of Trinidad. A hoped-for turnaround in the nation’s attitude has not yet been achieved and so a live-in facility where those infected with the virus can recuperate or die with dignity, surrounded by persons who are understanding and caring.”

- b. We need to champion the cause of the most vulnerable and ensure that Govt. develops a national strategic plan with clear goals and priorities e.g. treatment and care among prisoners and drug users – link to need for effective coordination of all stakeholders e.g. FBOs – see religious leaders including the IRO; NGOs; CBOs. There are many faith-based organisations in Trinidad and Tobago that focus on combating HIV/AIDS and supporting persons living with HIV/AIDS e.g. Rescue Mission, South AIDS Support, CARITAS AIDS Ministry, Mercy Home, Heart to Heart, Cyril Ross Nursery (see: *Caribbean Conference of Churches: Faith-Based Organisations in TT and their contributions to HIV/AIDS*
<http://co103w.col103.mail.live.com/default.aspx?wa=wsignin1.0>
- c. Linked to this plan must be a commitment to allocate an appropriate budget that will facilitate implementation of the plan – see issue re \$1.3 b. cut in international funding for HIV in the region.
- d. Our health care system is in dire need of attention. It is critical that we improve health care if we are to respond effectively to the needs of citizens with HIV – and promote good health generally.
- e. The education system should educate students and parents using informal and formal methods.
- f. Some priorities – at risk communities; children in some rural areas say nothing else to do – sexually active from young - need sports, recreation centres, education, employment strategies. (See The Good News Project)
- g. Need to mobilize and strengthen support/response at grass roots level e.g. in **parishes**. (The US document - *Many threads, one weave* is a good document that can be used in parishes). While we look to our Government for direction, focus and adequate funding in this area, citizens must be encouraged to play their part in creating an enabling environment that will allow those affected and infected with HIV and AIDS to develop their full potential e.g. by reducing HIV-related stigma and discrimination.

- h. Need **communication strategy** as part of national strategy – help people develop awareness of how to access care, including pastoral care; awareness raising campaign
- i. Data collection – how many are receiving care/treatment? Are all persons receiving anti-retroviral drugs? Need more effective collaboration between all stakeholders.
- j. Better care and prevention strategies – values and virtues – all schools
- k. Crime reduction strategies – drugs, guns, DV etc.
- l. Need media strategy - Use the media to promote the message (e.g. Ask Why TV prog – CCSJ). Remember also, illiteracy is an issue in TT, so need a multi-pronged approach to getting the message across.
- m. Mentoring programmes
- n. Role models - see parents
- o. Addressing issues such as pornography etc.
- p. Address cultural issues – e.g. DV, incest

Conclusion: While we continue to face challenges, and while we acknowledge that there are areas on which there can be no agreement between Catholics (and indeed, many other faith communities) and many of those present here today, there is some common ground on which we can work together. Let us review our own lifestyles and renew our commitment to combat HIV/AIDS in our communities, in our countries and in the world. And may God reward our efforts and have mercy on His children.

I end with the words of Pope John Paul II in his encyclical, *The Gospel of Life*, #3:

“... [E]very threat to human dignity and life must necessarily be felt in the Church's very heart; it cannot but affect her at the core of her faith in the Redemptive Incarnation of the Son of God, and engage her in her mission of proclaiming the Gospel of Life in all the world and to every creature (cf. Mk 16:15).”

I thank you.