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# Address to a panel discussion at the United Nations 2006 High-Level Meeting on AIDS

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My name is Joanne Csete. I am the executive director of the Canadian HIV/AIDS Legal Network, Canada's leading advocacy organization working on the legal and human rights issues raised by HIV/AIDS. Although I am here as a member of the Canadian delegation, these observations are mine and do not necessarily reflect the views of the delegation or of the Government of Canada.

I would like to dedicate these remarks to those people living with HIV who wished to be at this special session, but could not, or chose not to, confront the discriminatory immigration policy of the United States.

We struggle to know the shape of an effective and sustainable response to HIV/AIDS. It is perhaps simple-minded, but still, I think, crucial to suggest that we cannot succeed in finding an effective response if our analyses of HIV/AIDS are separate or abstract from the real-life situations of those who stand most directly in the destructive path of this disease. The images of their lives must be real to us.

It must be real to us to understand that, in too many parts of the world, men who have sex with men are criminalized just because of whom they love — they are beaten, harassed by police and by supposedly respectable people, and even killed, with little social outcry. Even still, organizations that represent them are rejected by member

states of this body from participating in the deliberations of the UN system. Though some of the most intelligent and effective work to fight AIDS has been done by men who have sex with men, and though many countries have shown that respecting the rights of men who have sex with men does not rend the social fabric of a nation, these horrific abuses persist.

It must be a vivid image to us that people who use drugs are the low-hanging fruit when it comes to filling police arrest quotas in every corner of the world. Massive abuses of the rights of people who use drugs are the collateral damage of senseless and counterproductive wars on drugs. Their lives are destroyed when societies insist on treating drug addiction as a moral failing that merits criminal punishment, rather than as a health challenge that merits medical treatment. People who use drugs suffer a unique form of torture: having their addictions used against them when they are in detention or being interrogated. And if they arrive at the point of seeking treatment for their addiction, millions of them are in countries where addiction treatment itself may be little better than torture — unmonitored, without international standards to guide practice, and with no one to care when practices are inhuman and degrading. International treaties that bear the name of the United Nations reinforce the idea that the only way to deal with drug use is by criminalizing people who use drugs. In several countries where the majority of new

HIV transmission is linked to drug injection, we know that active drug users are not allowed to receive antiretroviral treatment; this is one of the most counterproductive health policies imaginable. Some countries in the negotiations of the declaration from this meeting cannot even abide acknowledging people who use drugs as a vulnerable population. Is it surprising that sustainable, humane and effective responses to HIV/AIDS have been so few in countries where HIV transmission is most frequently linked to drug use?

It must be very real and very much in our minds that prisoners are, in many countries, barely recognized as human beings — they are throwaway people. This inhuman view of prisoners assists in the collective and highly political denial that there is sex, sexual violence and drug use in prisons, and sometimes injection of drugs with whatever can be fashioned into something that pierces the skin. In many places, protection of prisoners from sexual violence is not even on the policy agenda, and social and legal prohibitions on sex between men block the provision of condoms in prisons. In almost every country on earth, HIV prevalence in the prison population is much higher than in the general population, and most prisoners eventually return to the community. And still, the UNAIDS position paper on intensifying prevention, approved at the Programme Coordinating Board in June 2005, says nothing about HIV/AIDS in prison. How can this be?

The subordination of women is an established part of analyses of the global AIDS epidemic. And yet, are the images of women whose rights are abused both in law and in practice clear enough to inspire real action to address the structural causes of women's HIV risk? Why do we still have to struggle for the most basic protections of women from sexual violence and coercion, and from domestic abuse and marital rape? Why are domestic violence and marital rape not even recognized as crimes in so many countries? Why is there so little attention and so few resources to combat the gender stereotypes that endanger both men and women? Where are the massive campaigns to embody women's rights in the law? Perhaps the image of women beaten, terrified and unable to escape violent relationships because of their economic dependence on men is still not vivid enough in our minds.

It is hard as well to fathom the level of disdain and criminalization faced by sex workers in the world. If mainstream "respectable" women are vulnerable to sexual violence and abuse, think how much more so are sex workers, for whom the thought of protection from sexual violence cannot even be accommodated in the law in many places. Though sex workers have shown over and over that they are among the most effective AIDS educators in the world, the idea of working respectfully with them and

embodying their rights in the law still doesn't seem to figure as a central element of addressing AIDS. Instead, policy comes to be dominated in too many places by those whose only thought is that all sex workers are criminals or that they must be "rescued" from their lives and saved from themselves.

Those who are now calling so vehemently for massive HIV testing campaigns that would not include pretest counselling or allow people to consent to testing in an informed way have, I think, a different sense of some of these images. Some experts have suggested that stigma related to HIV is a vague thing and that making HIV testing routine will remove stigma related to the disease. I wish that they were right, but I fear it is not so. This view seems to me to separate HIV-related stigma from the multifaceted layers of discrimination, criminalization and subordination that are the daily challenge of those most affected by this epidemic. The scant research that we have on this subject indicates that some significant proportion of women are destined to face abandonment, violence and other abuse when it is found that they are HIV-positive. The research also shows that some of these women may be helped in protecting themselves from these abuses if they are counselled before testing. The new debate on routine HIV testing challenges us with the idea that the percentage of women who might be helped by a better investment in voluntary testing and counselling is too small to justify the time and effort required. I wonder what level of abuse of women there would have to be to justify the investment that counselling deserves. In any case, does anyone really think that even well-funded testing and treatment rollouts will succeed, as long as the most HIV-affected people are unduly criminalized and dehumanized in society and in health services?

We can be inspired by the courage of those living with HIV, those working in the sex trade, those who use drugs, those in prison and formerly in prison, and those men who have sex with men who organize to amplify their voices and to fight every day against HIV/AIDS, even when it is dangerous or highly inconvenient to do so.

But it is not enough to be inspired by them. Effective responses to HIV/AIDS will not be found and will not be sustained until those most affected are listened to and respected in decision-making — in the country coordinating mechanism, in the parliament, in the community of nations, in "respectable" circles. There is no way around this. Being respectful of the dignity and rights of all people who are affected by AIDS is not a magic bullet, but as an element of sustainable and effective responses to AIDS, it is necessary, and it is right.

Thank you.

*Ce discours est également disponible en français.*

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