

“Take My Hand: Heroes of the HIV Epidemic”

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Somewhere in a small village, late at night, a child is born.
This tiny child is loved and cherished by his parents.
A bright star twinkles overhead.

But depending on where on our planet this child is born,
he could already be infected with the deadly disease we know as HIV.
Without treatment, he is likely to die of AIDS within two years.¹

In 2006 alone, 2.9 million people died of AIDS.
That is nearly 8000 per day.²
We know that the vast majority of people with HIV today
are not in the United States.
Two-thirds of them—about 22.5 million people—
are in sub-Saharan Africa.
Another 5 million live in Asia.
1.6 million in Latin America,
another 1.6 million in both Eastern Europe and Central Asia.
By way of comparison,
North America has about 1.3 million people with HIV.³

It's easy to be overwhelmed by these statistics.
The numbers are so huge.
It's easy to feel very small and powerless.
Another tragedy in the developing world,
far away and way too complicated to solve.

¹ Unitarian Universalist United Nations Office, *Global HIV/AIDS: Leadership and Commitment*, 2007 World AIDS Day Resource Packet, p. 42.

² Global HIV Prevention Working Group, “Key Facts,” accessed online at http://www.globalhivprevention.org/key_facts.html on November 27, 2007.

³ UNAIDS, “Key Facts by Region—2007 AIDS Epidemic Update,” accessed online at www.unaids.org on November 26, 2007.

But what I want you to know is that some countries *are* finding ways to slow down the epidemic and save millions of people's lives—through education and prevention, and through drug treatments.

All is *not* lost.

The global community now has a pretty good understanding of how to control HIV and AIDS.

For 10 years now, we've had antiretroviral drugs that can stop HIV from progressing into full-blown AIDS. We have drugs to block the transmission of HIV from pregnant mothers to their babies.

We also know what strategies work to prevent people from getting infected in the first place:

- Educating both men and women about condoms and making them available for free. That works.
- Educating injecting drug users and setting up needle exchanges. That works. By the way, the United States is the only country in the world where it is illegal to use federal funding for needle exchanges.⁴
- Empowering women and girls to say no to unsafe sex. This will mean empowering women economically as well as emotionally. That is not a simple thing, but when it happens, it is highly effective.
- Reducing the stigma associated with HIV. When celebrities like Magic Johnson “come out” as HIV positive, it makes a difference. When religious communities like ours preach respect, love, and acceptance for *all* people, it makes a difference.

⁴ AVERT, “HIV Prevention around the World,” accessed at www.avert.org/global-hiv-prevention.htm on November 26, 2007.

We already have the knowledge!
What we need now is leadership—
political leadership,
both here and in the countries that are most affected,
and *moral* leadership
that can be exercised by every person on this planet.
Leadership matters.

Today I want to share with you a story of two countries,
both African nations that have been hit extremely hard by HIV.
One country, South Africa,
is struggling with one of the worst HIV epidemics in the world
and a government response that has been slow at best.
Uganda, on the other hand, has done amazingly well.
In Uganda in the early 1990s,
about 15% of adults were infected with HIV.
By 2001, that number had dropped to 5%
because Uganda's political and cultural leaders
acted well and quickly to educate the entire country about prevention.
Leadership matters.

The story of HIV/AIDS in South Africa isn't easy to hear.
It's a story of the failure of political courage.
But it's also a story of heroism and great personal bravery.

Throughout the 1990s, South Africa's AIDS epidemic was very severe,
but the post-apartheid government tried to respond with the best tools
available at the time.
They came up with some good prevention campaigns,
but there was very little treatment to be had.

Even though the new South African constitution
guaranteed the right to health care and emergency medical treatment,
when antiretroviral drugs came out in the mid-1990s,

they were way too expensive for the government to provide to everyone who needed them.

A few wealthy people like Edwin Cameron, the author of our first reading, could afford the U.S. drug companies' prices.

But the vast majority of South Africans could not.

And instead of lobbying for lower prices on U.S.-made drugs, the South African government hired scientists to work on new treatments of their own.

They came up with a drug called Virodene which was supposed to be a miracle cure for AIDS—until it was revealed to be an industrial-strength solvent that caused severe liver damage.⁵

Meanwhile, the new South African president Thabo Mbeki was beginning to question whether AIDS was even caused by HIV.

This is where we were in 1998, when a young man named Zackie Achmat decided to do something drastic.

Zackie is a former prostitute who is HIV-positive himself.

He was getting angrier and angrier about the government's failed responses to AIDS.

He knew the antiretrovirals worked, because friends had pitched in to buy a few months of treatment for him when he became ill.

He also knew the patented U.S. version of the drug he took cost 14 dollars a day in South Africa.

The generic version would cost 75 cents.

When a dear friend of his died of AIDS, Zackie formed an activist group called the Treatment Action Campaign to pressure U.S. drug companies and the South African government to provide affordable drugs to *everyone* who needed them. Then he announced he was going on a drug strike.

⁵ Samantha Power, "The AIDS Rebel," *The New Yorker*, May 19, 2003.

He swore he would not take any AIDS medications,
no matter how sick he became,
until everyone in the country could afford them too.
That got people's attention.

In 2000, Zackie flew to Thailand,
where they manufactured a generic version
of the same drug that had saved his life,
and brought back 5000 doses to distribute to poor South Africans.
The South African government arrested him for smuggling.
But the U.S. drug companies paid attention
and started to lower their prices
rather than deal with the stink of the shameful publicity.⁶

At the same time,
Zackie was working on combating the stigma of AIDS.
Everywhere he went, he wore a t-shirt that said "HIV-Positive."
This was a big deal in a country where talking about sex was not OK
and most people were very afraid to come out about their HIV status.
In 1998, a young activist named Gugu Dlamini
was stabbed to death by her neighbors
just days after she went public about being HIV-positive.
So Zackie's wearing his status on his sleeve was not nothing.

In 2002, Zackie Achmat's Treatment Action Campaign
opened up the first public clinic in South Africa
to provide ARV therapy.
They're now getting the drugs very cheaply from Brazil.
And therein lies another interesting story.

When the AIDS epidemic began, like South Africa,
Brazil was governed by a nasty and violent regime.
Military dictators had ruled the country for most of the last 100 years.
But now things were starting to open up.

⁶ Power, "The AIDS Rebel."

Citizen groups were growing, and getting bolder in demanding change.

When the last dictatorship fell in 1985,
those same groups moved quickly to pressure the new democratic
government to set up an AIDS prevention agency.
Like South Africa's constitution,
the new Brazilian constitution of 1988 declared
that health care was a universal right.
In 1991, the national government announced
they would provide antiretroviral drugs for free
to all Brazilian citizens who needed them.
By 2005, 180,000 people in Brazil were receiving antiretroviral drugs—
that is, 85% of people who needed them.
This is a huge success for a developing country.

The Brazilian government has been able to do this
where South Africa has not,
partly because Brazil has a very large pharmaceutical industry
that produces about 40% of the ARVs.
The rest of the drugs, however, are produced mostly in the U.S.
If Brazil had to buy them at U.S. prices,
there's no way the government could afford it.
So the government for years now has been pressuring U.S. companies
to lower their prices.
They've taken very good advantage
of a rule in international law that says,
if a developing country is in the middle of a public health emergency,
it can override patent laws
and produce its own generic copies of patented drugs.
Just by threatening to do this,
the Brazilian government has gotten the major U.S. drug companies
to lower their prices in Brazil.
Political leadership matters.
AIDS is not a death sentence in Brazil.⁷

⁷ AVERT, "HIV & AIDS in Brazil," accessed at www.avert.org/aids-brazil.htm on November 26, 2007.

And it won't be forever in South Africa.
In 2002, Nelson Mandela visited Zackie Achmat's treatment clinic.
A patient there gave him one of the famous "HIV-Positive" t-shirts.
Mandela took off his own shirt and put on that t-shirt.
And the country paid attention.⁸
No one in South Africa is more revered than Nelson Mandela.
If he was not afraid, maybe others didn't have to be either.
And if that t-shirt was good enough for him,
it is surely good enough for me.

(I put on "HIV-Positive" t-shirt.)

The fear had run so deep,
in South Africa and all over the continent.
In the late 1980s, people with HIV and AIDS were shunned.
No one wanted to admit they were infected
because it was seen as such a shameful and frightening thing.
Of course it wasn't just there—it was everywhere, even here in the U.S.

Even today in many African nations,
if you come out as HIV-positive, you risk losing everything.
Alina Sekoboto is a 34-year-old woman living in Lesotho.
She says, "I don't know where my husband lives.
One day he left us. It was after I had tested HIV-positive.
I asked him to take a test as well, but he refused.
He told me I was dirty and a whore. But I am not. I love my husband.
I never slept with another man in all our years of marriage.
I told him that, but he didn't believe me.
I just hope that my daughter will have a better life in the future."⁹

In Uganda also, the fog of fear and isolation was thick and deadly.
But in Uganda, something happened very early on.

⁸ Power, "The AIDS Rebel."

⁹ Alina Sekoboto, quoted in Sönke C. Weiss, "HIV-AIDS in Africa: Portraits of 26 Women," accessed online at <http://allafrica.com/photoessay/womenaids/> on November 28, 2007.

Philly Lutaaya was a Ugandan musician,
one of the most famous and beloved people in the country.
In 1989, he found out he was HIV-positive.
And he made a choice.
He recorded a song that told the entire nation he was ill.

“Today it’s me,” he sang,
Tomorrow someone else
It’s me and you...
Let’s come on out
Let’s stand together
And fight AIDS.”¹⁰

Ugandans listened as he sang, and something changed.

*Take my hand now
I’m tired and lonely
Give me love
Give me hope
Don’t desert me
Don’t reject me
All I need is love
And understanding*

Philly Lutaaya died just a few months after his song came out.
But many, many small grassroots groups started to spring up.
They educated people about HIV and AIDS and how to prevent it.
Most of the group leaders were HIV-positive themselves,
and their work went a long way toward reducing the stigma of AIDS.

The Ugandan government got on board,
promoting simple, effective, easy-to-remember messages
about prevention.

¹⁰ Philly Lutaaya, “Alone.” Lutaaya’s recording is posted online at
http://news.minnesota.publicradio.org/projects/2005/11/aidsmusic/recordings_aidsmusic4.shtml.

In a region where most politicians would never talk publicly about sex, the president of Uganda toured the country telling people to protect themselves from HIV.

And it worked. Infection rates started to go down.¹¹

But now they're starting to creep up again.

One of the reasons for that

is something we have the power to change.

Uganda receives a substantial amount of money from the U.S.

to fight AIDS, through the PEPFAR program

(the President's Emergency Plan for AIDS Relief).

But PEPFAR requires that 1/3 of all prevention funds be spent on abstinence-only programs.

So a great deal of money in Uganda is going to abstinence-only groups, and even faith-based anti-condom groups.¹²

This is such a waste.

Abstinence is fine if you can choose it.

But for most people, it's just not realistic—

especially for the many women and girls

who are not in a position to choose.

Condoms are an absolutely critical part of HIV prevention.

Without them, many more people are going to die.

PEPFAR is up for reauthorization in 2008.

Also on the table is a piece of legislation called PATHWAY,

which would remove the 1/3-for-abstinence requirement.

We have a chance to make our voices heard now.

After the service,

you can go to the big table by the kitchen in Jackson Hall

and address a letter to your representatives,

asking them to support the PATHWAY act

and get rid of the requirement to spend money

on abstinence-until-marriage programs.

¹¹ AVERT, "HIV & AIDS in Uganda," accessed at <http://www.avert.org/aidsuganda.htm> on November 28, 2007.

¹² AVERT, "HIV & AIDS in Uganda."

Political leadership matters,
and our *moral* leadership matters.
We can be a part of this.
Please join me in reaching out to our sisters and brothers
affected by HIV and AIDS around the world.
Justice Edwin Cameron has told his own country,
“We don’t accept ‘sad realities’ in South Africa.
If we accepted sad realities,
we would still have a racist oligarchy here.”¹³

So let us reject the helplessness,
the immoral falsehood that AIDS is inevitable.
This disease is not inevitable.
It can be stopped.
We already *know* what works;
we know how to save people’s lives.
Let us go forth and *do it*.

May it be so.
Amen and blessed be.

¹³ “Mbeki’s HIV Stand Angers Delegates, Hundreds Walk Out on His Speech,” *San Francisco Chronicle* July 10, 2000.