

THE GLOBAL AIDS CRISIS: CARING FOR THE SICK BY STANDING WITH THE ACTIVISTS

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"At one point in my life AIDS was beating me, leaving me bedridden for more than a year. I didn't have plan for the future except waiting for my death and thinking about the virus, crying every day. With the availability of free anti-retroviral treatment...I was able to get well again. But in order to maintain my health through effective ART use, I needed to earn money to support myself and my family. This motivated me to be a member of this group. Now, I don't have the time to think about the virus. I'm busy every day and surrounded by others in the same situation as me. As I am living with the community, community members are changing their attitudes towards people living with the virus."

~ Yalemzewd, 35 years old, mother of two, a client of Mekdim ("Pioneer"), which is Ethiopia's first association of people living with HIV/AIDS

In 2006, nearly 40 million people were infected by HIV; more than 25 million have died since the beginning of the crisis. In 2006, 4.3 million people were newly infected by the virus, and nearly 3 million died.

Why, in this essay, do we choose to focus on HIV/AIDS when the leading causes of death in most poor countries are still common diseases such as diarrhea and pulmonary failure, usually associated with maternal and infant health and childbirth? ¹ We chose this focus because the global AIDS activist movement is a model for modern struggles to secure economic, social and cultural rights around the world. If the Jewish community is going to broaden its role supporting global social justice struggles, and it should, then a close examination of this movement is necessary not only for lessons learned, but for inspiration.

The movement began in the early 1980s when an unknown virus then called GRID (Gay Related Immune Deficiency) decimated the white gay community in urban centers in the United States. AIDS activists, most famously and effectively ACT-UP, organized to claim their human right to health when the Reagan administration dismissed AIDS as a gay disease not only to be ignored, but to be used to inflame hatred and homophobia. Pat Buchanan, President Reagan's Communication's Director, charmingly argued that AIDS is "nature's revenge on gay men."

¹ Laurie Garret, *The Challenge of Global Health*, Foreign Affairs, February 2007.

President Reagan did not utter one word about the AIDS crisis until the end of his presidency, in 1987, when more than 36,000 Americans had been diagnosed with AIDS and nearly 21,000 had already died. The people most affected by HIV took to the streets with slogans like “Silence Equals Death” and “ACT-UP, Fight Back!” and wearing Pink Triangles (the symbol Nazis used to label homosexuals in the concentration camps) demanding an end to Reagan’s fatal policy of inaction. These were the voices that pressured governments and international scientific and health agencies to develop the treatments that today make HIV/AIDS a manageable disease for those in first world countries who can afford them.

The authors of this essay are staff at American Jewish World Service, an organization that supports the global treatment access movement, which has spread from the streets of New York and San Francisco, to the streets of Lagos and Delhi and the dusty roads of rural Uganda and Cambodia. These partners are some of the 315 community-based organizations that American Jewish World Service supports to create social change in their communities. Our decision to approach our work addressing the AIDS crisis is informed by the true meaning of *tzedakah* as an act of justice and righteousness. People affected by this disease have from the very beginning, with devastating clarity, articulated and claimed their rights. There are clear Jewish obligations to care for the sick and save lives—certainly strong imperatives for a Jewish response to the AIDS crisis. But these are simply calls to action, not blueprints for change.

We believe that supporting people who are claiming the tools and resources that are rightfully theirs to care for one another represents the ultimate Jewish response to this pandemic. After all, the most powerful words in the story of the Exodus, the foundational story of the Jewish people, are “Let my people go.” The true power of the Exodus is not simply that the Israelites moved from bondage to freedom, but rather that they exercised their own power in doing so. This does not mean that Jews can or should stand on the sidelines as spectators. When given the opportunity to save a life, we must do so. But we also must recognize that more lives will be saved when we stand in solidarity with those demanding their own liberation. We can’t demand it for them.

Communities in Crisis

It is during times of crises that communities demonstrate their full potential for compassion and action. As Jews, we have seen this again and again in our experience in the Diaspora. And who understands this better than an African woman who wakes up every morning to bring half of last night’s dinner to her neighbor, who is battling yet another infection taking advantage of her compromised immune system? Or the grandmother who has started an informal day care center for scores of children who have lost their parents? Or the Cambodian sex worker who spends her early mornings in the brothels urging her colleagues to exercise their right to health by demanding their clients wear condoms.

Jewish tradition teaches “Therefore only one person was created to teach you that whosoever kills a single soul, the Bible considers to have killed a complete world. And whosoever sustains and saves a single soul, it is as if that person sustained a whole world.” (Mishnah Sanhedrin 4:5). When a woman dies of AIDS (and it is overwhelmingly women in Sub-Saharan Africa who are being infected with HIV), the worlds of everyone connected to her are changed forever.

As village after village grapples with the impact of AIDS, an orphan crisis is spiraling out of control. Worldwide, more than 15 million children have been orphaned by AIDS, and 80% live in Sub-Saharan Africa. As AIDS and poverty have stretched family and community capacities beyond their limits, the toll on children has become tragically clear: illness, malnutrition and death among young

children are on the rise, school participation is declining, and the numbers of street children are growing. A large and growing number of children are experiencing the trauma of losing their parents even as they must fend for themselves. In the absence of adult protection, love and support, these children have been made even more vulnerable to illness, exploitation, abuse and HIV infection.

The ripple effects of HIV do not end with the family. Because AIDS has the greatest impact on those of prime working age, it is those counted on to be the most productive members of society who are falling sick and dying the fastest. In rural areas, this means that farmers are too sick to tend their fields, and all too often they are dying before they can pass on their agricultural knowledge to their children. In 2005, 15 million people were at risk of starvation in Southern Africa alone, with HIV/AIDS as the most fundamental underlying cause of the famine.²

We are losing teachers faster than we can replace and train them. How can Africans increase primary school enrollment (currently at 60% continent wide) when there are no teachers? The news is equally grave for healthcare workers. Botswana lost 17% of its healthcare workforce due to AIDS between 1999 and 2005, and in one region in Zambia more than 40% of midwives are HIV-positive.³ These losses are devastating when coupled with the "brain drain" phenomenon as newly trained health care workers across Africa are recruited to work in Europe and America, where they have the opportunity to earn much more than they can at home (due in part to the IMF & the World Bank imposed wage ceilings for health care workers).

Perhaps we should look to the Babylonian Talmud, *Sanhedrin* 98a, which reports that R. Joshua B. Levi put the question of helping the sick to no less an authority than the prophet Elijah himself. "Where," R. Joshua asked, "shall I find the Messiah?" "At the gate of the city," Elijah replied. "How shall I recognize him?" "He sits among the lepers." "Among the lepers!" cried R. Joshua. "What is he doing there?" "He changes their bandages," Elijah answered. "He changes them one by one."

What is it that the Messiah is doing in this commentary? Not walking in the halls of power, or even preaching words to others, but rather performing the most basic acts of loving kindness *at the community level*: sitting among the lepers, the most stigmatized of communities, changing each individual bandage; treating each of them as equals, made in the image of God.

The Fight for Treatment

There has been much debate about whether the global community should prioritize prevention or treatment. The sage Rashi understood that it is more effective to prevent a bad thing from happening than to pick up the pieces after it has already occurred. He explained "Do not let him [be he your brother or a stranger] slip down until he falls completely, for then it will be difficult to raise him; rather, strengthen him as he begins to fall. To what is this comparable? To a burden upon an ass. While it is still on the ass, one person can hold it and set it in place. If it falls to the earth, even five people cannot set it back."⁴

² UN Mission Report: Lesotho, Malawi, Zambia, and Zimbabwe 22–29 January 2003. Rome, 10 February 2003. James T. Morris, Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa & Stephen Lewis, Special Envoy of the Secretary-General for HIV/AIDS in Africa.

³ UNAIDS, 2006 Report on the Global AIDS Epidemic, chapter 4: The impact of AIDS on people and societies

⁴ Need to footnote this – its in reference to Leviticus 25:35

While Rashi makes clear that a simple act of prevention is certainly preferable to more complex and resource intensive solutions after the fact, nowhere does Rashi suggest giving up on the problems that we have failed to prevent. But while AIDS was spreading throughout Africa during the 1990s, public health institutions and governments suggested doing just that. They publicly pronounced that it would be prohibitively expensive to treat the millions of people living with AIDS and strengthen the health care infrastructure necessary to support the roll out of AIDS treatments, effectively writing off the lives of millions.

In a particularly low moment, Andrew Natsios, the then Director of the United States Agency for International Development (USAID) dismissed the idea of a global treatment effort because he believed that Africans would not be able to adhere to a complex drug regimen. In an address to the House International Relations Committee he said that “Africans don't know what Western time is,” and that “Many people in Africa have never seen a clock or a watch their entire lives. And if you say, one o'clock in the afternoon, they do not know what you are talking about.”

It is the treatment access movement that has moved us beyond the false debate that pits prevention against treatment. Without question, a focus on preventing the spread of the disease is critical. And massive efforts to change behaviors that lead to the spread of the disease are underway from condom distribution to peer education to sex education in schools. Treatment, prevention and community-based care go hand in hand. When parents have the treatment that prolongs their lives, their children do not become orphans. When treatment brings viral loads down to undetectable levels, it is less likely that the virus will be passed on. When women can access drugs that prevent mother to child transmission of HIV, there are fewer infected children. When people understand that AIDS is not a death sentence, they get tested, and knowledge of their HIV status helps them make the right decisions about prevention and care.

The History of the Treatment Access Movement

The AIDS treatment access movement has successfully challenged government inaction and corporate greed and profiteering. The AIDS crisis has had the effect of placing systemic poverty in poor countries under a magnifying glass and exposing some of the factors that perpetuate it; most significantly racism, gender inequality and violence.

Early in the crisis, ACT-UP shamed governments and pharmaceutical companies into naming the crisis and investing in research for treatment and vaccines. At the 1996 AIDS conference in Vancouver, scientists unveiled evidence showing that a combination of therapies, known as Anti-Retrovirals (ARVs) could suppress the virus in the body to un-detectable levels, and significantly prolong lives. Almost immediately, HIV positive people's lives were transformed with drugs costing approximately \$14,000 a year.

Between 1997 and 2000, a global activist movement began to take root, fueled by the glaring disparity in access to treatment between Western people living with AIDS and their counterparts in developing countries. \$14,000 represented 19 times the annual income of the average African affected by AIDS. This fact was a wake up call for Western doctors, scientists and activists, many of whom were confronting the realities of poverty in the developing world for the first time.

In 2000, South African activists took to the streets of Durban to demand treatment during the first International AIDS conference held in a developing country with a high HIV prevalence rate. They were joined by activists from around the world wearing the now famous “HIV POSITIVE” t-shirts created by the South African Treatment Action Campaign (TAC). TAC's leader Zackie Achmat, a

positive man with access to treatment, refused to begin therapy until the South African government made it available to all those who needed it.

Emboldened by the solidarity demonstrated at Durban, TAC and its allies around the world shamed the Pharmaceutical Medical Association into dropping their plans to sue the South African government to prevent it from importing cheaper generic medicines to treat AIDS. In 2001, when the UN convened its first special session on AIDS, civil society showed up in force demanding the “three D’s” Dollars (for the recently established Global Fund for AIDS, TB and Malaria), Drugs and Drop the Debt.

In 2002 the Thai Network of Positive People won a precedent-setting case against drug giant Bristol-Meyers Squibb in which the court declared the company’s patent application in Thailand illegal—a ruling that made it possible for Thailand to produce a generic form of an ARV. Finally, in 2003, TAC won a case against the South African government in its Constitutional Court that compelled the reluctant ministry of health to provide a simple course of therapy to prevent mothers from passing on HIV to their children during childbirth. In 2004, after a TAC civil disobedience campaign, the cabinet agreed to roll out a national plan to provide anti-retroviral therapy to all people living with AIDS who needed it. Zackie Achmat began taking his drugs and continues to lead TAC today.

These victories for people over profits actualized what Jewish thinkers have also taught for generations—saving life trumps nearly everything. Almost 1500 years ago, the Babylonian Talmud (Yoma 82a) recorded, “There is nothing that can stand before [the duty of] saving life, with the exception of idolatry, incest and bloodshed [which are prohibited in all situations].” In large part due to the work of these activists, this value is now being codified in international law. The World Trade Organization recently agreed that countries can break patents to produce or purchase generic medications to respond to public health emergencies.

The Future of the Fight

Today, international policy makers and governments are acting on their historic commitments to fight AIDS. In 2002, the Global Fund for AIDS, TB and Malaria, an independent funding mechanism called for by activists, began its work, and it has now committed US\$ 7.1 billion in 136 countries. In 2003, President Bush announced the President’s Emergency Plan for AIDS Relief (PEPFAR), committing \$15 billion to fight the disease, and UNAIDS and the World Health Organization announced the “3X5” initiative, a global target to provide ARVs to 3 million people living with AIDS by 2005. Private foundations are also joining the fight. Between massive commitments by the Gates Foundation and successful efforts by the Clinton Foundation to bring down the price of ARVs in the developing world, we see a world that has changed significantly as a result of the voices of grassroots communities affected by AIDS who fought to be heard.

In *Pirkei Avot* (1:14), Hillel teaches “If I am not for myself, who will be for me? And if I am only for myself, what am I?” Some argue that before we can begin to concern ourselves with poverty and disease around the world, we must first put our own house in order. Others insist that we cannot wait to address the global crisis any longer – the cost is simply too high. Hillel’s teaching highlights the tension between one’s inner circle and the greater community. But it is also predicated on the assumption that we are less connected to those physically further from us.

People living with AIDS around the world asked themselves “If I am not for myself, who will be for me?” and began to speak publicly about living with AIDS in the face of intense stigma and discrimination. And activists from wealthy countries, having fought and won access to life saving

drugs, responded by saying "If I am only for myself, what am I?" and joined in with their brothers and sisters' struggle half way around the world.

What is our obligation as Jews to join in the continuing struggle to address the impact of the global AIDS crisis when we still fight poverty and disease in America, and even within the Jewish community?

There is still plenty to do at home. If Pat Buchanan was to update his comments from the 1980's for today, he would say that the AIDS crisis is nature's revenge on black women living in the United States, who are 13 times more likely to die of AIDS than white women. This fact was news to Vice-President Cheney. When he was confronted with this statistic during the 2004 Vice-Presidential debate, he could only muster the response "I was not aware of that."

Today we also face the dangerous infiltration of ideology into U.S. government-funded prevention efforts. For instance, President Bush's critically important Emergency Plan for AIDS Relief (PEPFAR) mandates that one third of all HIV prevention funding must support abstinence until marriage only programs. Uganda's successful comprehensive prevention programs in the 1990s brought HIV prevalence rates down from as high as 15% to 5% in 2001. Today, Uganda's prevention efforts seem to have fallen in line with the policies attached to U.S. funding that has poured into the country. Billboards throughout Kampala that previously promoted condom use, now promote abstinence. A Human Rights Watch report issued in March 2005 reported a dangerous shortage of condoms in Uganda. Not surprisingly, recent scientific reports show that prevalence rates in the country are again on the rise.⁵

The medieval Jewish philosopher Maimonides wrote that not only are we permitted to break other commandments to save a life, but that if we fail to act, that we have ourselves transgressed.⁶ Maimonides' writings suggest that the nature of the threat, its imminence, or even what is required to intervene are irrelevant; we are equally guilty of transgression if we fail to act to save a life, no matter the circumstances. And we *can* act to fight AIDS:

- As philanthropists, we can advocate among faith-based organizations that orphanages are not the answer to the orphan crisis and that resources must be committed to bolster the strained extended family systems of Africa.
- As a faith-based community, we can advocate that the U.S. government refrain from attaching conditions to AIDS funding that are informed by religious ideologies rather than good science, i.e. ending the abstinence only earmark and increasing funding for general reproductive health and rights work.
- As people standing in solidarity with the oppressed, we can support emerging lesbian, gay and transgender movements that have become visible and active in part because of globally funded prevention efforts. These communities can't protect themselves from HIV if they continue to face insurmountable levels of discrimination and violence.
- As advocates we can demand that the U.S. and European governments end their practice of poaching health care workers from developing countries, and instead invest in training, support and salaries, both domestically and internationally, so that we can all receive the high quality medical care we deserve.

Conclusion

⁵ "[Is Uganda's HIV prevention success story 'unravelling?'](#)", AidsMap.com, 22 August 2006

⁶ Rambam Hilchot Rotzeach V'shmirat Hanefesh 1:14

Thou shalt not stand idly by in the blood of thy neighbor (Leviticus 19:16). This commandment has been quoted time and again by Jews, as a call to care for the sick. We usually interpret it figuratively – that we must not ignore those who suffer from any sickness – rarely have we focused literally on the blood itself. In our tradition, blood is symbolic of life. In the times of the Temple, sacrifices used the blood of the Israelites' most prized livestock to honor and sanctify God.⁷ The story of the Exodus illustrates our tradition's association of blood with life and deliverance even more clearly. For the last, and most terrible, of the ten plagues, God sends the Angel of Death to kill the first born Egyptian in each household. Moses instructs the Jews to spread the blood of a lamb on their doorpost; "When I see the blood, I will pass over you, and the plague will not be upon you to destroy you when I smite the land of Egypt," (Exodus 12:13). The symbol of life saves an entire generation of Israelites.

We cannot hope to forestall the modern-day plague of HIV/AIDS by smearing blood on our doorposts. It is blood itself that betrays the body; rather than sanctifying life, it condemns people to death. Today, people living with AIDS in poor countries and communities are fighting for their lives. Only sustained pressure by activists will ensure that the international community lives up to its commitments. A recent report by the International Treatment Preparedness Coalition called *Missing the Target*, showed that only a quarter of people who need treatment are accessing it.⁸

But we shouldn't forget that only four years ago it was fair to say that practically no one in the developing world was on ARVs. Today the global treatment access movement can claim credit for saving the lives of the two million people who are taking these life-saving drugs daily. Certainly, as Jews we understand the imperative the fight for community survival. Indeed, it is an unsettling fact that there are three times as many HIV positive people in the world as there are Jews. By raising up their collective voices to say "Let our people live," the HIV + community is leading a new Exodus. And by demanding that our government redouble its efforts to fight the global AIDS pandemic by providing our fair share of the global resources needed to reverse the tide of this disease, we stand in solidarity with those demanding their own liberation, and truly fulfill our annual obligation to retell our own.

⁷ Parashat Vayikra - Leviticus 1:1-5:26 refers repeatedly to "a male without blemish"

⁸ "Missing the Target" International Treatment Preparedness Coalition (ITPC), 28 November 2006
<http://www.aidstreatmentaccess.org/>