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REPORT ON A SUMMIT ON
RELIGIOUS LEADERSHIP IN
RESPONSE TO HIV, MARCH
2010

UNAIDS AND UNDP
Reference Group on HIV and Human Rights
Meeting, New York, 21-23 April 2010.

The Hon. Michael Kirby AC CMG

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The Hon. Michael Kirby*

AN HISTORICAL SETTING

Between 21-23 March 2010, a high level meeting took place in Den Dolder, The Netherlands, on particular aspects of the HIV/AIDS epidemic. Specifically, the meeting afforded an opportunity for religious leaders from the major world religions to assemble together and, with experts on the epidemiology and consequences of HIV/AIDS, to consider ways in which religious leadership could help support and sustain the global response to the epidemic.

The setting for the meeting was a conference centre in the woods close to Utrecht. This venue was singularly appropriate to the subject. The cathedral church at Utrecht (Dom) is one of the great religious centres of The Netherlands. For centuries, it was the tallest building in the country. In January 1522, it was the seat of the Cardinal Archbishop of Utrecht, Adriaan Boeyens. In that year, by compromise or accident, he was elected Pope. He remains the only person of Netherlands origin to have held office as the leader of the Roman Catholic Church, the most

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influential office in Christianity. The 'Pope's house', where Adrian was born and grew up, still stands in Utrecht. As Pope, exceptionally, he retained his own name and was installed as Adrian VI. He was the last Pope by that name.

The importance of his reign was that it afforded the universal church an opportunity to adopt reforms that might have staved off the divisions then confronting it over doctrine and policy. Adrian VI had been elected between pontiffs of great power who nonetheless failed to address the biggest challenges then facing their church. Pope Adrian, initially reluctant to accept the throne of Saint Peter, eventually returned to Rome as a reformer. Had he survived to carry out his reforms, it is possible that the Reformation, which divided Christianity, might have been avoided or its consequences changed. However, within eighteen months, the Pope was dead. He was succeeded by others of a more conventional disposition. In her work, *The March of Folly*¹, Barbara Tuchman uses Adrian VI as an illustration² of a recurring theme in human history. This is the failure of a well-informed leadership of nations and institutions to take obvious and necessary steps to protect their own interests and those of their supporters. This failure, Tuchman suggests, is the outcome of blind or foolish adherence to misguided strategies in the face of overwhelming and growing evidence that they are taking their proponents in a disastrous direction.

An issue before the religious leaders at the Den Dolder summit was whether the contemporary policies of religious institutions, unless

¹ B. Tuchman, *The March of Folly* (Sphere Books, 1990, Reading) pp.144-5.

² Together with the wooden horse of Troy, the British loss of most of their North American colonies in 1776 and the prolonged United States engagement in Vietnam in the 1970s-80s.

changed, would repeat the type of historical mistake of which Tuchman warns.

PURPOSE OF MEETING

The summit was convened with the support of the government of The Netherlands and UNAIDS. It was attended by high level representatives of UNAIDS (Mr. Michel Sidibé), the United Nations Population Fund (UNFPA) (Ms. Thoraya Ahmed Obeid), the Global Fund Against, AIDS, Malaria and Tuberculosis (Dr. Christoph Benn) and leaders of the two sponsoring organisations, Cordaid, a Catholic development body, and the Ecumenical Advocacy Alliance, a Protestant counterpart. Present also was a partnership adviser of UNAIDS (Sally Smith), a representative of the Archbishop of Canterbury (Rev. Rachel Carnegie) and other resource persons.

All of the major world religions were represented, including Baha'i, Buddhism, Hinduism and Sikhism, Judaism, Christianity and Islam. Amongst the leaders of religious communities participating were His Holiness Abune Paulos, Patriarch of the Ethiopian Orthodox Church; His Holiness Sri Ravi Shankar (India); Swami Agnivesh (India); Archbishop John Onaiyekan (Catholic Archbishop of Abuja, Nigeria); Rev. Mark S. Hanson (President of the Lutheran World Federation and Presiding Lutheran Bishop in the United States); Rt. Rev. Gunnar Stålsett (Norway), Imam Mohamed Mostafa Gemeaha (Egypt) and Rabbi David Rosen (Israel). Notable for their participation were leaders of vulnerable groups including the International Network of People Who Use Drugs (INPUD) and PLWHAs, male and female, including some religious personnel living with HIV.

It was agreed that, save for those who consented to including the texts and film records of their presentations before the summit, there would be no attribution of particular views to identified participants. At the end of the summit, a Conference Statement was adopted, as was a Covenant or Pledge, to be signed by those religious participants who agreed with its terms.

The participants were welcomed at an opening dinner by The Netherlands AIDS Ambassador (Ms. Marijke Wijnroks) who suggested that the 'role of religious leaders in addressing HIV and AIDS had been underestimated' and that 'faith communities have been on the front line of the response to HIV and AIDS', although at the same time, 'they have struggled with aspects of the epidemic that are uncomfortable to deal with [and] controversial'.

There were many plenary addresses. Generally, they adhered to comparatively short time limits. The meeting as a whole was facilitated by Dr. Derek Evans (Canada). To promote real participation by all groups, and especially by persons whose first language was not English (the conference medium), participants sat at round tables and exchanged opinions which were then expressed to the plenary by a chosen speaker(s). The result was that a variety of opinions were stated, although there was an impression that it was only towards the end of the summit that some religious participants felt able and willing to express their reservations on what Ambassador Wijnroks had earlier described as 'deeply judgmental comments on populations such as men having sex with men and people living with HIV [which] have alienated people at risk and contributed to stigma and discrimination'.

CONTEMPORARY EVENTS

The summit also took place against a background of several earlier efforts, over an extended period, on the part of UN agencies and specifically UNAIDS, to secure the constructive engagement of religious bodies and leaders. Tabled at the meeting was a UNAIDS document of December 2009 concerned with securing co-operation between UNAIDS and religious institutions³.

In addition, a number of public statements had been made at earlier meetings of religious leaders. These were summarised in a conference document which was tabled. Included in this document⁴ was a strong statement adopted as a “Statement of commitment by religious leaders”, (unidentified), meeting at the 15th International AIDS Conference, Bangkok, Thailand on 15 July 2004. As reported, this statement read:

“The HIV and AIDS crisis is bringing us together because we are all living with HIV and AIDS. We need to share knowledge, understanding and experience from our various religious communities so that our efforts become more and more effective and inclusive. Through this, we will seek to establish a new culture of inter-faith co-operation, respecting the uniqueness within our traditions while focusing on our shared values of human dignity and human rights ...”

The Bangkok statement includes an affirmation of a common determination to work together to promote human dignity; to discuss ‘openly and accurately’ the basic facts about HIV and AIDS; to work to eliminate the root causes of the pandemic; to overcome silence, stigma, discrimination, denial and fear; to reject negative statements ‘by some

³ UNAIDS, *Partnership with Faith-Based Organisations, UNAIDS Strategic Framework*, December 2009, UNAIDS/09.38E/jc1786E.

⁴ Selection of Religious Statements on HIV and AIDS, Summit of High Level Religious Leaders, 22-23 March 2010.

faith leaders that AIDS is a form of divine punishment or retribution'; to advocate expanded resources; to document good epidemiological practices; and to promote access for all to effective education and knowledge.

The conference document also contained statements by leaders of the Baha'i, Buddhist, Christian, Hindu, Jewish and Muslim traditions. Another conference paper collected brief introductions on the general approach to illness, and specifically HIV, by the world's major religious traditions⁵. Because I regarded the Bangkok statement of 2004 as encapsulating the main objectives, from a prevention viewpoint, that might be attained at the Den Dolder summit, I indicated (as other participants also did) that we should not reinvent the wheel but should build upon, and reaffirm, the statement of religious leaders adopted in Bangkok. To some extent, this objective was attained in the final statements of the meeting.

As with all initiatives, that of March 2010 also has to be viewed in the context of wider international developments. Foremost amongst these was the need for an appreciation of the current state of the epidemic, its relevant patterns and statistics and the current strategies of United Nations agencies, especially UNAIDS and the Global Fund, to tackle it. Tabled at the meeting were several documents setting out the most up-to-date information on the global epidemic of HIV/AIDS, the current strategies of UNAIDS, the Global Fund, UNFPA and other such bodies, and the particular needs of countries in the frontline of the epidemic, notably in Africa, the Caribbean and parts of South Asia. In his opening

⁵ "Approach to Illness and HIV by Some of the Major Religious Traditions", excerpted and revised from *Scaling Up Effective Partnerships* by S. Lux and K. Greenaway, 2006.

address, the Executive Director of UNAIDS, Michel Sidibé, described and analysed the empirical data about the epidemic.

Although not specifically collected for participants, many or most would have been aware of other contemporary developments occurring in the run-up to the summit. These included the controversy, primarily but not only, in Christian churches in Africa, over attitudes to homosexuals. In the weeks before the summit, there had been a great deal of attention in the international media and elsewhere to draft legislation currently before the Uganda Parliament, designed to criminalise homosexuality as such; to impose the death penalty for some homosexual acts; and to require parents and teachers, on pain of imprisonment, to report to the authorities suspected homosexuals known to them. As well, the arrest of two young men in Malawi, alleged to be involved in an ‘engagement ceremony’, together with their detention in prison, highlighted difficulties (apparently connected to religious beliefs) involved in dealings with communities vulnerable to HIV, notably men who have sex with men (MSM), sex workers (CSWs) and injecting drug users (IDUs)⁶. Not all African states embrace such legislative proscriptions. Legal tradition, as much as religious affiliations, appears to have influenced outcomes. For example, the Rwandan government and legislature recently rejected proposals for ‘anti-gay legislation’⁷.

A few developments immediately prior to the summit placed issues of sexuality within the Christian churches on the global media agenda. The Roman Catholic Church was confronted by reports in several countries

⁶ Rev. Kapyia Kaoma, *Globalising the Culture Wars: US Conservatives, African Churches and Homophobia*, Political Research Associate, Somerville, MA, 2009.

⁷ C. Rutembesa, “Rwanda: Don’t Lump All African Countries and Leaders Together”, www.allafrica.com. 12 January 2010.

of allegedly unrepaired instances of systemic child abuse. These resulted in a statement by Pope Benedict XVI, read in all Catholic churches in Ireland on the day that the summit convened, apologising to victims of sexual abuse in Ireland; calling for an extension of Lenten penitence and a revival of 'adoration of the Eucharist', measures criticised as inadequate in the media. As well, Bishop Desmond Tutu, Nobel Laureate for Peace and Emeritus Anglican Archbishop of Cape Town, strongly criticised homophobic attitudes within Christian churches in Africa and called for an end to 'wave of hate' against MSM⁸. These events gave the agenda of the summit a high degree of topical urgency.

IMPRESSIONS OF THE SUMMIT

The summit opened with a strong statement by Michel Sidibé for UNAIDS. This expressed the crucial importance of pursuing a strategy of prevention. This was essential to overcoming attitudes of stigma and discrimination. For such a strategy to succeed, co-operation and support was essential from the leadership of all religions.

My own remarks reflected similar views. However, it sought to address what I perceived to be the essential problem of religious leaders in responding to the call for co-operation and de-emphasising the disapproval of MSM, CSWs and IDUs, as well as aspects of the widespread modern demands for full equality for women. I suggested that the major difficulty presented for religious was 'the problem of the text'. This is the difficulty of removing stigma and shame against conduct which religions, reliant on inerrant biblical or other texts, feel unable, or unwilling, to embrace a different public stance. In the face of previous understandings of scriptural texts, some religious leaders

⁸ D. Tutu, <http://www.washingtonpost.com/wp-dyn/content/article/2010/03/11/AR2010031103341.html>

consider it to be impermissible to shift gears and to refrain from condemning the conduct of MSM, CSWs, IDUs and other groups vulnerable to HIV/AIDS infection. How can this 'problem of the text' be reconciled with the needs for a new, effective and preventive strategy against HIV/AIDS?

My suggestion called attention to other passages in scripture (the creation story in *Genesis*; the holiness code in all its detail in *Leviticus*; the apostasy prohibition in *Deuteronomy*; prohibitions upon women religious in the *Epistles of St. Paul*; and notorious cases of earlier persecution (Galileo), as suggesting the need to reconsider scripture in the context of current scientific knowledge and social change. The impact of science on understandings of human sexuality, and the realities of contemporary societies, was a point emphasised by many participants at the summit. One mentioned the extensive provisions in holy books concerning slavery. In the modern world, these were usually put to one side as no longer relevant. Similar approaches to difficult scriptural texts may be required when addressing textual references thought to demand condemnation of MSM, CSWs and IDUs.

Amongst the most powerful interventions at the summit were those in which participants (including some religious) spoke from the standpoint of being themselves members of vulnerable groups or otherwise living with HIV/AIDS. Moving testimony was given about their lives; the difficulties they faced from religious colleagues; and, sometimes, the reconciliation they had enjoyed with religious friends and the help and care afforded by religious institutions. Many emphasised the essential problem as being one of urgency. But how can deep-seated religious attitudes be changed to address the problems of stigma, discrimination,

shame and fear, that stand as barriers in the acquisition of HIV-relevant knowledge, treatment and care when the urgent necessity is that of securing a rapid switch to a global strategy of prevention but the impediment of holy texts is one of very great antiquity?

Some of the religious participants gave 'set piece' addresses to the summit. While sometimes softening the language of disapprobation of vulnerable groups, they laid emphasis upon their duty to provide support, assistance and compassion, without discrimination against those who were infected. There is no doubt that, in the treatment of PLWHAs, faith-based health facilities have frequently offered admirable support and kindness. Still the urgent need to tackle prevention of infection clearly presents a quandary and dilemma for many religious leaders.

CONCLUSIONS

The summit was a success within the limited objectives it set for itself. Those objectives were to provide:

- * Reflection, conversation and sharing of learning amongst influential religious leaders on contemporary issues related to the HIV pandemic;
- * Development of greater linkages between such leaders, PLWHAs, and experts in the global response;
- * Exploration of the advantages and opportunities for religious leaders to speak out and take effective action on HIV; and
- * Increased engagement and visibility of religious leaders with these subjects, after the summit had concluded.

The entire discussion took place in a suitably restrained and basically sombre mood. The opening address by Michel Sidibé and the closing summation by Ms. Thoraya Ahmed Obeid, demanded an earnest approach to the enormity of the challenge, as did the address of Dr. Christoph Benn and the heartfelt interventions of colleagues living with HIV, both from within and outside the religious communities.

Three small events, however, illustrate to my mind the boundary beyond which United Nations and other experts, pushing for support for strategies of prevention, could not press the religious leaders further than they were prepared to go:

- * On my arrival, I was politely approached with a suggestion that it might be more constructive if I were to remove from my text (offered in advance of the meeting) a number of references that were sharply critical of some religious leaders and their doctrines on MSM, CSWs and IDUs. Thus, I agreed to delete a section charging some Christian churches with being “in serious denial about the scientific evidence available about human sexuality”. I agreed to remove criticism addressed to Christian churches as “conflicted and unstable”, of instruction forbidding discrimination against MSM whilst demanding of MSM a totally celibate life, with adverse consequences of which the churches, above all, should be aware. I removed references to “the patriarchal organisation of religion, the vested interests and ignorant literalism of scriptural interpretation, the anti-scientific attitude and the ease of whipping up fear and hatred”. As a contribution a constructive dialogue, I omitted language that might have been offensive to some religious leaders. On the other hand, the lesson of the short reign of Pope Adrian VI, referred to earlier, may be that a change in beliefs and

attitudes only comes about in religious organisations after the intervention of a strong circuit-breaker. Those who soften the message about suggested religious irrationality may sometimes achieve a polite, even pleasant, dialogue. But they may lose the opportunity of planting realistic ideas, essential to securing real and lasting change, adopted throughout the religious institutions. The urgency of a new international approach to preventing the spread of HIV at present rates is huge. The progress on prevention being achieved by UNAIDS and others is exceedingly poor. Continuation of the present global predicament is not an option;

- * The concluding conference documents were shown to me before their adoption. I noticed that, in the proposed Conference Statement, reference was specifically made to the vulnerable groups principally at risk to HIV/AIDS, namely “MSM, CSWs and IDUs”. These initials are uncontroversial in the expert circles of the UN agencies. They appear in some international resolutions of the General Assembly of the United Nations and other high level international statements. They are included in the strong recommendations voiced successively by the Secretary-General of the United Nations⁹, the Administrator of UNDP, the High Commissioner for Human Rights¹⁰ and other agency heads. The conference report itself earlier affirms the special dangers of silence in the face of this pandemic. Stigma, discrimination and fear must be tackled openly if they are to be overcome and if a strategy of prevention is to have a real chance of success. Yet all

⁹ Secretary-General Ban Ki-moon, United Nations General Assembly, 60-3rd Session, *Progress Made in the Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS*, 7 April 2009' DocA/63/812. And speech to the International AIDS Conference, Mexico City, 3 August 2008.

¹⁰ N. Pillay, “Human Rights in the United Nations: Norms, Institutions and Leadership” (2009) EHRLR 1 at 7.

of the “offending” acronyms were removed from the adopted text. “You cannot expect us to agree to this. We would never be able to preach back home if those words remained”, exclaimed one cleric in the closing minutes of the summit with obvious passion. I suggested a compromise: “At least describe the conventional ‘vulnerable groups’ as those ‘defined in United Nations resolutions’”. But even this was not acceptable. The summit statement had to leave it at ‘vulnerable groups’, undefined. The silence that fuels the fear, discrimination and stigma could not be broken. CSWs, IDUs and MSM still constitute the ‘love [of each other] that dares not speak its name’.

- * As I prepared for the long journey from Den Dolder to Australia, I was assigned a taxi with one of the most senior clerics at the summit. I told him at lunch how pleased I was that we would have a little time together between Utrecht and the airport at Schiphol, before we boarded our respective planes home. He seemed surprised to hear of this apparently unwelcome journey. He had not checked his schedule. When the appointed time for our taxi arrived, he had departed earlier. Perhaps he was just a more anxious traveller. Perhaps he felt a distaste for forty minutes with one of the MSM.

The summit was undoubtedly worthwhile. Those who have lived with this epidemic for nearly thirty years, as I have, cannot expect everyone to have the same knowledge or to feel the same pain. Those who are not experts in scripture and religion cannot expect those versed in these disciplines to abandon long-held beliefs overnight. There is truly a ‘problem of the text’ for religious leaders who adhere to a notion of inerrant scriptural textualism. If they abandon one part of their text,

where will it stop? Must they then abandon other passages? Are all scriptures subject to modernising doubt? Is there no certainty about morality? Yet do they not all read some parts of their scriptures as poetical metaphors and others (like slavery) as 'no longer relevant' to the current age?

All of the participants at the meeting at Den Dolder secured the opportunity for new insights and feelings, the latter most especially from the heartfelt statements given by the already infected and especially by those who are themselves religious adherents or practitioners. Ideas can be powerful agents for change.

Whilst the beneficial outcomes of this summit must not be exaggerated, on the long journeys home and in work and life in faraway countries in the months and years ahead, the participants will surely sometimes recall the tears and smiles, the courage and truthful lives and the emotion and sense of urgency displayed before them in the setting of the Utrecht woods. Whether they will remember and heed the warnings left over from the short reign and lost opportunities, of Pope Adrian VI remains to be seen. Individuals, institutions, nations and the world community sometimes need to seize opportunities and to embrace change. The religious leaders' summit presented such an opportunity to a number of important players. Only time will measure the impact of those three days, close to shadow of the mighty Utrecht Dom.
