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UNAIDS AND THE GLOBAL FUND

CARIBBEAN CONSULTATION ON JUSTICE
FOR ALL AND HUMAN RIGHTS AGENDA

THE JAMAICA PEGASUS, KINGSTON, JAMAICA

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WORDS?

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JUSTICE FOR ALL

It is a privilege to return to Jamaica. This is my fourth visit to the Caribbean: the third for the purposes of HIV/AIDS. It is especially a privilege to come to a conference that proclaims as its objective justice for all.

Australians have many links with the Caribbean. We shared the first Chief Justice of New South Wales, Sir Francis Forbes, who was born in Bermuda, now an associate member of the Caribbean Community. He was a forthright judge who stood up against the Governor to defend freedom of the press. He helped to found a colony, and a continent, that was free of slavery. We have shared strong legal, political, educational and other links. Because of our colonial heritage, we have been friendly rivals in sports, especially cricket, where Caribbean prowess is respected and feared.

* Commissioner WHO Global Commission on AIDS (1988-92); Justice of the High Court of Australia (1996-2009); Commissioner UNDP Global Commission on HIV and the Law (2011-12); Member UNAIDS Reference Group on HIV and Human Rights (2001-); Commissioner, UNAIDS/Lancet Commission from AIDS to Sustainable Health (2013-); Patron of the Kirby Institute, UNSW, Sydney.

Both the Caribbean and Australia have a history of racism. In the Caribbean case, it was born of slavery. In Australia's case, it arose from the original settlers' disrespect for the rights of the indigenous people. The last time I visited the Caribbean was for the United Nations Development Programme (UNDP). Important regional consultations were held in Port of Spain, Trinidad and later in Kingston, Jamaica to advance the objectives of the UNDP Global Commission on HIV and the Law, on which I served.

On this occasion, I have come on my way to Washington and New York for a Commission of Inquiry of the UN Human Rights Council, investigating grave violations of human rights in the Democratic People's Republic of Korea (DPRK) (North Korea). Next week, I will be calling on the Secretary-General of the United Nations (Ban Ki-moon) in this connection and also presenting the report of the Commission to the members of the UN Security Council. That project has been one of the few in which I have been engaged, over the past quarter century, not concerned in some way with the HIV/AIDS epidemic. During the past year, as I worked on the issues of human rights in North Korea, I did not once have to consider the topics of HIV, sexuality, sex work, drugs or populations vulnerable to AIDS. In North Korea, the vulnerabilities lie elsewhere. But the United Nations is striving to uphold universal human rights and to help overcome serious obstacles.

As we all know, a particular danger of computer technology is the 'send all' button. As I prepared for this conference, my eyes fell upon some of the old emails linked to one specifically addressed to me. As I did so, I found that other people had been nominated for the high honour of giving this plenary address. One was a health minister of an East

African country. Perhaps she lost out because of disturbing new legislation signed into law by the president of that country, criminalising not only homosexual acts but also the very attribute of homosexuality. The new law obliges anyone suspecting another of homosexuality to report this to the police without delay.

When my name was mentioned in the email thread, I saw that officials in the Caribbean rejected me as not having the 'right profile'. I presumed that this meant that I was 'white', from a developed country and forever going on about human rights and sexual minorities. Perhaps I was thought to be out of sympathy with Caribbean culture and approaches.

Nothing could be further from the truth. However, having finally received the call, it is obligatory for me to speak plainly. To draw on relevant elements in my own experience. Many of those influences have been reassuringly conservative. They would be well understood here. An upbringing in an evangelical Anglican tradition of Christianity. A lifetime in that most conservative of professions, the law. An observer of parliamentary democracy, with its logjams and indecisions that occasionally impede the path towards justice for all.

Still, I am an outsider. That cannot be denied. I come from far away. But I claim to be an empathetic outsider. And one determined to help Caribbean nationals, in Robert Burns's words: '*To see ourselves as others see us*'.

I begin by paying respects, here, in his own region, to the late Robert Carr – a long-time colleague of mine in UNAIDS and UNDP. He was in the vanguard of attempts to secure legal and policy reforms essential to

save lives. His premature death is an enormous blow. Yet it must galvanise us all to maintain and advance his legacy.

In the face of AIDS, all of us are mortal and fallible human beings. Life is precious to us all. Protecting the universal right to health is vital for us all. We share so much in common. The quest for justice and universal human rights binds us together. Justice for all is a noble and worthy goal. It inspires these opening words for this Consultation.

THREE EARLY LESSONS

I became involved in the HIV/AIDS epidemic from the very beginning. After the first cases were identified a remarkable international civil servant, Jonathan Mann, came to Australia from the World Health Organisation (WTO) in Geneva to alert us to the dangers. Soon after, in 1988, WHO established the inaugural Global Commission on AIDS. I was appointed to be a member.

From the very first meeting of that Commission, I learned from the personalities who served on that body, three fundamental early lessons on HIV. They have remained applicable ever since:

- * *Science*: The vital importance of good science. Of basing all strategies and responses to HIV on the best, most up to date scientific knowledge about the causes, course, treatment and outcomes of the disease. Intuition had a part to play and guess work was important in those very early days. But empirical science and close observance of the available data, was the most

reliable source for the strategic decisions available to us in facing this unexpected challenge;

- * *PLHIV*: It was also vital to let People Living with HIV and AIDS (PLHIV) speak and speak up loud. Not just speaking *at* them or *of* them. They must speak. They must be visible. They must be prominent. In every conference and at every meeting, they must have a voice. Scientists, physicians, politicians and lawyers must become familiar with PLHIVs. Doing so (as we discovered in Australia with our Aboriginal and Asian citizens) helps to overcome stereotypes and to encourage us all to respond rationally to diversity. This great lesson does not appear to have been observed in this Caribbean Consultation where there is no recorded presence of speakers who are openly PLHIV; and
- * *AIDS Paradox*: There was also the AIDS paradox. Whereas an intuitive response to HIV might be to punish and blame those who spread the infection, the most effective strategy for containing the virus was to respect and protect the basic rights of those infected. This constituted a paradox because it challenged common ways of thinking and usual ways of responding to epidemics. Still, in the countries that accepted and followed the paradox, beneficial results followed. In those that did not, the results were dire.

THREE GLOBAL COMMISSIONS

From the start, the importance of finding leaders and role models to teach and apply these lessons in all communities was a challenge. Political leaders who would take bold steps, usually far in advance of electoral thinking. Community leaders, who would throw off the shackles of shame, confront stigma and hostility and insist on universal rights. In

many countries there have been such leaders. But commonly not enough of them to go round.

After the WHO Global Commission on AIDS was wound up, following the departure of Jonathan Mann, I took part in a number of special projects in which agencies of the United Nations worked together to establish basic principles that could be explained to, and applied in, member states and international organisations.

Then in 2001, a Reference Group on HIV and Human Rights was established within UNAIDS by the then Executive Director, Peter Piot. That group continues its efforts to convince UNAIDS, participating agencies and member states of the United Nations of the need to apply the lessons about human rights learned in the first decade of HIV. The reference group is usually attended by the Executive Director of UNAIDS. Peter Piot and Michel Sidibé became outstanding communicators for the ongoing lessons of the United Nations concerning the strategies that work and the strategies that fail. Their authentic voices have been vital to the efforts of UNAIDS to spread the early lessons and to learn new ones.

In 2008-9, I served on the Eminent Persons Group (EPG) on the Future of the Commonwealth of Nations. That group identified HIV/AIDS as a challenge critical for the Commonwealth family. It had to become a priority for its efforts to promote health and economic development. The EPG, in its report, accepted a finding of UNDP that:

“Commonwealth countries comprise over 30% of the world’s population and (yes) over 60% of people living with HIV reside in Commonwealth States.”

HIV/AIDS was thus a special Commonwealth challenge. It was particularly a challenge in the Caribbean. This remains true today. In reaching this conclusion, the EPG was unanimous. Although we were 10 in number, two were from the Caribbean: Patricia Francis of Jamaica, then Executive Director of the International Trade Centre in Geneva, and Sir Ronald Sanders from Guyana, a Caribbean diplomat, adviser and trade negotiator. Unanimously, the EPG found that criminal laws in most Commonwealth countries that penalise consensual, private adult sexual conduct impeded successful strategies to reduce the spread of HIV. The EPG recommended repeal of the counter-productive colonial laws. It found that this could be justified in terms of principle; but it was also urgent in terms of HIV effectiveness¹. The *Charter of the Commonwealth*, adopted following the EPG report, brought into effect by Queen Elizabeth II as Head of the Commonwealth, proclaimed as one of its principles, equality and respect for universal rights, without discrimination on any grounds. Yet despite this, nothing has been done in a single Commonwealth country since 2009 to improve the outmoded criminal laws concerning sex.

Then, between 2011-12, I served on the UNDP Global Commission on HIV and the Law². That body, led by Fernando Henrique Cardoso (Brazil), reaffirmed the message of the AIDS paradox. It identified the

¹ Eminent Persons Group, *A Commonwealth of the People, Time for Urgent Action* (report of the EPG to Commonwealth Heads of Government), ComSec, October 2011, 98-99.

² United Nations Development Programme, *Global Commission on HIV and the Law, Risks, Rights & Health* (UNDP, New York, 2012).

counter-productive consequences of punitive laws. If explained the beneficial consequences of repealing laws that stigmatise and isolate groups and individuals vulnerable to HIV. My work on that body strengthened my conviction about the early lessons taught by Jonathan Mann. They are still correct. They are still relevant to our struggle against HIV, 30 years on.

Now, a third Commission, founded by UNAIDS in cooperation with *The Lancet*³, seeks to extrapolate from the world's experience with the HIV epidemic. It aims to identify the lessons that can be derived from the exceptional policies on HIV for the fulfilment of the fundamental human right of access to essential healthcare. We can learn from our struggle against HIV and AIDS for the future of healthcare generally in a development context. However, we must first ensure that HIV is defeated. AIDS is far from over. It is not over in the Caribbean. It is certainly not over in Jamaica.

THREE FURTHER LESSONS

Since those first anxious days of HIV, in which the global community sought to respond with solidarity, three additional lessons have been learned together:

- * *Success and Failure:* We have learned that HIV is hard. That is causes huge suffering worldwide. Virtually no country is free of it. Although, in the 1990s, great scientific strides were achieved, involving the use of the combination antiretroviral treatments

³ UNAIDS/Lancet Commission from AIDS to Sustainable Health (2013-14). The Commission had its second meeting in London in February 2014 and is expected to report in 2014.

(ARTs), the initial therapeutic predictions of 1988 have not been fulfilled. At the first meeting of the WHO Global Commission on AIDS, the outstanding scientists, Luc Montagnier (later Nobel Laureate) and Robert Gallo, predicted that there would be a cure for HIV within ten years and an effective vaccine within twenty years. Yet we still cannot cure HIV, ridding it completely from the body of those infected. One day, we will have a cure and also a safe vaccine. But not yet. Meantime, many will die. So we must not throw away the lessons of the early years just yet. We must continue the journey that has welded together, uniquely, the physical and the social sciences. Both are essential to contain HIV and to attain universal rights;

Logjam: Responding to the recommendations of UNAIDS, UNDP, the EPG and national experts, some countries have repealed certain discriminatory and prejudicial laws. But in Africa, the Caribbean and parts of Asia, progress has been extremely slow. In fact, over the last decade there has been virtually no progress whatsoever in this regard. Nothing has happened. We live in the age of the global logjam.

- * *Bipartisanship:* So how did we achieve progress in the countries that were able to move? I cannot speak of them all. But in Australia, the winning formula was rare bipartisan political cooperation. Our Federal Health Minister in the mid-1980s, Dr Neal Blewett, walked across King's Hall in our Parliament House in Canberra. He strode into the Opposition offices. He sat with the Opposition Shadow Spokesman on Health, Senator Peter Baume. He spoke candidly about the urgent challenge of achieving and sustaining reform and the need for strong political cooperation. He was not too proud to ask. By a kind of miracle, his opponent had

formerly been a professor of public health. These two men together agreed to place lifesaving strategies above partisan divisions. They took on opponents within their own parties, who were conservative, religious or otherwise opposed to the necessary reforms. They tackled police commissioners and others who were opposed to any change in drug laws, sex laws and policies. They explained their policies on sex workers and gays to the public, indeed to everyone who would listen. This was courage mixed with imagination, inspired by bipartisanship. Conflict is essential in democratic politics. But in some matters cooperation is the proper formula for essential action. In a sense, democracy itself can sometimes be an impediment to necessary progress – with its adversarial ways and recurrent time cycles. The fight for votes can sometimes impede the struggle for what desperately needs to be done. Neal Blewett and Peter Baume were masters of the political art. Each has been honoured with Australia's highest civil honours. They led their parties and their nation to strategies that saved lives. They helped turn the epidemic around. They won over many friends. We need more such leaders in every country. Especially when the going gets tough and when the logjams set in.

In the world of HIV there are countless conferences. There are many consultations like this. Road maps, guidelines, dialogue, symposiums. Talk, talk, talk. Most countries are good at this. The countries of the Caribbean are experts. I have seen this in action. Endless talk. The parting of ways with smiles and high expectations. But then paralysis. Nothing happens.

A guest like me should always be polite. But when inaction becomes an art form, and when the lives of the vulnerable are endangered, courage and boldness are essential. Plain things have to be said, plainly. The message that I bring to this Consultation is therefore unembroidered. It is: Too much talk. Not enough action. Indefinite dependence on charity and handouts is no substitute for self-help and for cherishing one's own citizens. I do not hope to speak at another event like this, bringing for a fourth time the same message. There must be an end to talk. The time for action is now. Indeed, new elements have made action even more urgent.

THREE NEW IMPERATIVES

The present moment in the HIV epidemic is one in which the planets are moving out of alignment. This is a dangerous time. The fundamental causes are, basically, three: Three further lessons about HIV today:

GFC and Funding: The first is an outcome of economic problems, following the 2008 Global Financial Crisis. This unexpected blow to the world's economies has been partly repaired. But the present and the future are by no means sure. A number of the donors that support access to ARTs have lately reconsidered their funding priorities. Some nations appear to think that AIDS is over. Ironically, the formula "Getting to Zero" may have fuelled this thinking. Sheer fatigue from the long haul of providing large subventions from taxpayer funds to help other nations' struggles with HIV are suddenly looking less attractive. Some countries have failed to meet their promised targets, in contributions to the Global Fund and in promises for bilateral help to the least developed countries to acquire ARTs for their people at affordable prices. Australia itself, facing new

economic difficulties, has reduced its contributions to international aid. In all western countries, that are still the main sources of such funds, critics point to competing local needs. They ask, tellingly, why their taxpayers should contribute to provide very large sums for the health of people in other nations when those nations themselves disrespect their own citizens? When they fail to take essential steps that have been proved to reduce rates of HIV infection amongst their own people? This is a moment, like the scene in Walt Disney's 1940 movie *Fantasia*, where the water keeps rising; but the defensive measures to stem the flood are feeble and half-hearted or even totally missing. So this is the first element in a looming crisis.

Intellectual Property Reform: At the very moment of this crisis another is also presenting. In part, this is a legal challenge. The 'first line therapies' that proved successful in providing ARTs to 10 million new patients over the past decade are cheap precisely because it has been legally possible to copy them, in the form of generic drugs. In effect, India, Brazil and some other countries, have become global pharmacies for poorer nations. But now, under pressure from the World Trade Organisation (WTO), these suppliers have adopted or accepted new patent laws that reduce the availability of generic drugs. WTO, and the countries foremost in patenting pharmaceuticals, have been pressing new demands on poorer nations. Free trade agreements, which introduce TRIPS plus obligations, increase the prices of the pharmaceuticals essential to the lives and well-being of PLHIVs⁴. New multilateral treaties such as the *Anti-Counterfeiting Trade Agreement* (ACTA) and the *Trans-Pacific Partnership Agreement* (TPPA) threaten to diminish still

⁴ UNDP, *Risks, Rights & Health*, above, 104-5.

further the availability of cheaper generic ARTs. These treaties risk raising the obstacles to the availability to life-saving drugs, especially in the poorer countries. Because of problems arising in the continuing use of the ‘first line therapies’, the necessity has now arisen to move to the second, third, fourth and even fifth and sixth lines of new drugs. These are much more expensive. Current international intellectual property law protects the financial rights of the inventors of these new drugs. It neglects the basic rights of needy patients to gain access to essential, life-saving, healthcare. In this predicament, and at this time, the world must face the possibility of a winding back of essential pharmaceuticals for PLHIVs, simply because the new drugs are too expensive and the needy countries too poor.

The fundamental problem is that there has been no reconciliation between the international law of *patents* and the international law of *human rights*, safeguarding human health. This is why there is an urgent need for a high level expert investigation that will facilitate a new proportionality between the human right of pharmaceutical inventors and the human right of the infected to life saving healthcare. This was a point strongly made by the UNDP Global Commission in 2012. Endorsement of this proposal has been proposed to the UN Secretary-General⁵. We are at a very dangerous moment for the ongoing provision for essential ARTs to the 10 million patients already in receipt of them. To say nothing of the additional 10 million plus patients who could benefit from their immediate provision. This is where the new pharmaceutical crisis is coming from. We ignore it at our peril. Caribbean countries, like Jamaica, have been designated

⁵ UNDP, *Risks, Rights & Health*, 104[para 6.1] “The UN Secretary-General must convene a neutral, high-level body to review and assess proposals and recommend a new intellectual property regime for pharmaceutical products.”

to move into the category of 'middle income nations' for patent and aid purposes. This move may endanger the subventions that these countries receive in international funding. The costs to keep PLHIVs in Jamaica alive are estimated to double by 2030. So this is the second element in the new crisis for HIV.

Continuing Inertia: The third lesson is equally urgent. It is the inertia of so many nations to take steps essential to reversing their current infection rates. And to assure that their citizens come forward for HIV tests to turn infection into treatment with the immediate benefits that treatment by ARTs bring for reducing patient infectability.

There is some good news. By reason of the current ARTs, mortality from AIDS has dropped in the Caribbean. The levels of child HIV infections have fallen. So has the proportion of HIV positive pregnancies. Some signals have been given by local politicians that counteract the hostility that is fed by the criminal laws against men who have sex with men (MSM), people who use drugs (PWUDs), and sex workers (CSWs). The Prime Minister of Jamaica (Most Hon. Portia Simpson Miller MP) rejected any exclusion of gay citizens from public office, if they happened to be the best qualified person for the job. Similarly, support for criminal law reform has been advocated by the Attorney-General of Jamaica (Hon. Mark Golding MP). Calls have also been made for the repeal of the colonial laws against gays by the Prime Minister of Saint Kitts (Rt. Hon. Denzil Douglas MP). These are rays of light in the Caribbean. They are more noticeable because, they appear on a generally dark landscape.

We must face the bad news that continues to confront our sensibilities. Action towards reform in the Caribbean has been extremely slow. No measure of legislative reform of the criminal laws has yet been introduced here, still less enacted. Although The Prime Minister of Jamaica, saw privately some of the leaders present at this Consultation, she has not given it priority. She has not attended. In recent times the Minister for Education of Jamaica has expressed concern that reform of criminal laws on MSM might promote 'grooming' of young people, presumably to change their sexuality. This is an unscientific notion, not supported by experience anywhere in the world. It shows that there is still a lot of work still to do.

The epidemic in the Caribbean continues to expand at the estimated rate of 33 new cases each day. Jamaica is one of the top 30 countries in per capita HIV infection. Amongst its MSM population, there is a 30% rate of infection. A startling figure. And there are special dangers because 48% of MSM in the Caribbean are also married. Purchasing condoms is still difficult or impossible in many pharmacies in the Caribbean, and not only for MSM. Little has been done to promote condom availability, inferentially because it might diminish sexual purity. Someone needs to inform the churches and other bodies that the real risk is not to sexual purity but to life and survival of the people.

THREE ACTS OF VIOLENCE

In July 2013 a terrible event took place in Jamaica. It happened in a bar in Irwin, Montego Bay. Sixteen year old Dwayne Jones attended a dance party there. Madly, he had dressed in women's clothing. When

the party goers realised that he was biologically male, he was subjected to unspeakable violence. They beat him, stabbed him, shot him and eventually ran over him with a car. No one came to his assistance. Reportedly, no one called halt. Police found his body dumped in bushes beside the road. His family refused to claim his body from the local morgue. Some media and social networks sought to justify his killing on the ground that Dwayne had brought violence and death on himself. Later in the year a group of men attacked Dwayne's former home. They set it on fire endangering four occupants (all homeless gay or transgender squatters who had been friends of Dwayne's). They escaped. No one has been brought to justice for any of these crimes⁶.

Tragically, there have been other instances of murders of men who were gay, or suspected of being gay. One such instance occurred in the 1990s in a prison not far from Kingston. During a riot coinciding with a warders' strike, a group of prisoners, suspected to be MSM, were shackled by the rioters, locked in a cell, set on fire and burned to death. How much hatred does it take of fellow human beings to do these shocking acts? What did the churches do or say to remind people of the basic instruction of their religion? Were the bishops too busy denouncing 'gay marriage' or other dangers remote for this region to spare a thought for the effect that criminal stigmatisation can have on fellow human beings, like Dwayne Jones and his friends? Or on the prisoners who were burnt to death when so vulnerable? Which politicians lifted their voices against such violence? No one has been brought to trial for any of these grievous wrongs. How do these events affect mutual honesty in sexual relations? How do they impact the courage to purchase a condom? Or to request an HIV test? How do

⁶ Human Rights Watch, *Homeless at Home*, (New York, 2014).

they impact on the responsibility to safeguard the sexual health of others? And to prevent oneself from becoming infected with HIV?

These murders in the Caribbean are by no means isolated or confined to this region. Every month brings new reports of violence against gay people who will not submit to oppressor, and who seek to change punitive laws and attitudes. David Kato a gay activist in Uganda, was killed in January 2011 – hammered to death for opposing the anti-homosexual law that has now been brought into effect in his country. Eric Lembembe, a gay activist in Cameroon was murdered in Yaounde in July 2013. Charles Omondi Racho, was killed and dumped by the roadside in Western Kenya. The violence does not abate. Yet the brave reformers continue to stand up for their equality and suffer brutality as a result.

ONE SIMPLE MESSAGE

These occurrences make me confront the question. Why did the insider from within the circle of those who take part in the endless HIV conferences and meetings in the Caribbean, consider that I was not suitable to speak at this conference? Why was I not of the “right profile”? I asked myself this question. And I ask it of you.

I wear a good suit. By the world’s standards I have had a pretty high professional experience. Certainly, a lot of engagement with HIV and AIDS over 30 years. I do not cross dress like Dwayne Jones. I am so-called ‘white’. In Australia we used to regard people like me as exemplars of superiority – pillars of civilisation.

In Africa and the Caribbean, for centuries, the people were oppressed. They were captured as slaves. They sailed in shackles across the dangerous Atlantic. Fourteen Caribbean nations have now announced that they will sue the United Kingdom, the Netherlands, France, and other countries for the damage they did to the places and people caught up in slavery. They are suing, although it is more than 150 years since slavery was abolished⁷.

Presumably I was not of the “right profile” because I too am a gay man. I am one of the sexual minorities, just like Dwayne Jones. If I had been in that prison, I too might have been amongst the shackled prisoners who were burned to death. And yet, I have a message that it is important that the Caribbean and the world should hear. Like others, I am hopeful that the world does hear my message.

Mine is not a message of things that have happened a century and a half ago. It is a message of what is happening in the here and now. It is a message addressed to the Caribbean. It is also a message for Uganda, Nigeria and Cameroon. It is a message for Malawi, for Guyana (which has enacted criminal law repeal but whose President has not yet brought it into effect). It is a message for India (whose Supreme Court reversed the liberating judgement of the Delhi High Court in the *Naz Foundation Case*⁸). It is a message for Malaysia which has twice recently prosecuted its opposition leader for a sodomy offence. It is a message for the whole world about the unscientific character of

⁷ “Britain is sued by 14 Caribbean nations for ... slavery” *Mail Online*, 10 March 2014 (accessed 31 March 2014)

⁸ *Naz Foundation v Union of India* [2009] 4LRC 838 (IndHC-Delhi). This decision was reversed by the Supreme Court of India in *Koushal v Naz Foundation*, 2013 (15) Scale 55: (2014) 1 SCC 1 (11 December 2013). However, the decision is subject to a ‘curative’ petition in the Supreme Court, relying in part on the supervening decision on transsexual rights in *National Legal Services Authority v Union of India and Ors* (15 April 2014, unreported).

oppressing people for their sexuality: an attribute of nature that people do not choose and cannot change.

This oppression is bad enough in itself. It is like the enslavement of people in times past because they were vulnerable and black. Now, it is doubly dangerous at a time when HIV is abroad. Especially so in an age when the money for therapies is diminishing, just at the moment when the costs are escalating and the availability of therapy as prevention is suddenly cast into doubt again.

For those who say that the Caribbean needs just one more push, I say that I have heard this all before. Two years ago, three years ago, four years ago. Readings from the Bible contain excuses for slavery. And others contain excuses for hatred towards 'abominable' gays. Yet the central message of Biblical instruction is love and reconciliation. We must get back to that central message. Those who continue to work in the field of AIDS must remain focussed on that message. Love and protection are not only right in principle. Paradoxically, they are essential in practice to saving lives and stopping this epidemic.

There must be an end to violence, including the violence of ignorant and unjust colonial laws. Even if not vigorously enforced these laws oppress. They pull people down. They justify hatred and violence. There must be a new beginning for enlightenment. Urgently. The future starts now. It must be a future of resolute action. There has been enough talk. And enough violence. And enough cruelty. More than enough. Now is a time for doing things. For political leadership. For timelines. For goals. For overdue achievements for the sake of the

vulnerable. Truly, this is a moral message. I am glad that you eventually, after hesitation, decided to invite me to come here to give it.