

The Church's Global War

Interview with Reverend Robert J. Vitillo

Caritas Internationalis

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Reverend Robert J. Vitillo is the Special Advisor on HIV and AIDS for Caritas Internationalis, a confederation of 162 Catholic relief, development and social service organizations working in over 200 countries and territories. Vitillo holds a Master's Degree in Social Work from Rutgers University, serves as President of the National Catholic AIDS Board of Directors, and has fought against poverty and the AIDS epidemic since the 1980s. Daniel Graver interviewed Vitillo for 'The Georgetown Public Policy Review' following Vitillo's address at Georgetown University. The interview took place at Union Station in Washington, DC. Over coffee and the surrounding noise, they talked for more than an hour about how best to fight AIDS around the world.

Do you think Catholics have a specific obligation to be dealing with HIV/AIDS?

Absolutely. First of all, within our tradition, we're supposed to be most concerned about the poorest and most vulnerable people - the most marginalized people. And so today, people with HIV and AIDS are among those who are most vulnerable and most marginalized. Of course, we serve much more than Catholics because we don't restrict our services to Catholics. [There is also] a similar tradition in many other religions, especially those that started in times of plague, like the Jesuits. So, again, a lot of times we don't like to call it the plague, but it is the major pandemic, health crisis, in the world.

What kinds of programs are you building?

First of all, education is a big need [in] trying to prevent the further spread of HIV/AIDS. Second, [we are building] development programs for those already affected and for the survivors. In Africa and in other parts of the world, women survivors, the widows, often don't inherit their husband's property, the little bit that they had. In very patrilineal societies, the man's family comes in and takes all of those possessions. Economic development programs for those women will help them from becoming infected and help them care for their children. And then we've been very involved in trying to educate the church people so that they're not so afraid of taking care of people with AIDS, or even talking with them. Fourth, we get involved in advocacy work with the United Nations agencies, such as UNAIDS, the WHO - the World Health Organization - and with the Global Fund to

Fight AIDS, Tuberculosis and Malaria. We try to help them understand the important role that Catholic organizations and other faith-based organizations play in the fight against HIV and AIDS and help them see that we need a bigger share of the global resources and investments. The Global Fund, for example - even though church-based organizations deliver about 50 percent of the health services in developing countries, the Global Fund only gives five percent of its funding to faith-based organizations. So, that kind of advocacy is what I'm doing.

What is the biggest hurdle you face? Is there one target that you're worried about right now?

In an almost facetious way, one global health expert once said, 'Bring clean water to the developing world and you'll stop AIDS.' Now, you know there is no great link between dirty water and AIDS, but the whole idea of development, that's the biggest issue. So many times our views on HIV prevention have been so restricted to the fight about condoms - the pro side and the con side of it. We haven't seen the bigger issues; if we did work with development, we'd take away the root causes of AIDS. So that's number one. I think another very big challenge now is access. For a while, I was focusing on access to treatment - antiretroviral treatment - which is a big, big need. I think it has to go beyond that, and I think that's what the World Health Organization and UNAIDS will unveil really soon: a program to promote universal access to care, treatment and education.

We also had a big fight in the AIDS

world for a long time between the prevention people and the treatment people. Each one said, 'It's only [through] our way that you'll get all of it [accomplished].' 'We should be working for prevention because then we'll stop infection and we'll affect so many more people that way. In treatment, you can only take care of a few people.' And the treatment people would say, 'Well, no, we have to help people live longer.' We have to do both. And what's very interesting is, as we get access to treatment out to people, more

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and more people in those areas want to know whether they're infected or not. They're going to voluntary counseling and testing. There's much more of an openness to information about HIV. So I think that

these two things are very much linked and we have to keep on hoping to keep those things.

With respect to drug companies - if they won't bring the price down should we break the patents?

Well, we already have the Doha agreements, where we have the ability to break those patents. Governments can do that, and some governments are doing that - it's perfectly legal. The problem is that it's not only breaking the patents, it's then making sure that we stand up to the pressure of some of the companies that file these frivolous lawsuits and try to threaten the country, saying that they'll raise the prices of other medications or they won't supply the medications. It's that kind of moral pressure that we also have to face up to.

You talked about the condoms issue. I know that the Catholic Church has an official line against birth control, but then you look at a country like Uganda. What do you think of the ABC (Abstinence, Being faithful, Condom use) program?

Well, obviously the Catholic Church's teaching is not just about HIV, but its teachings focus on responsible use of sexuality. It says that [sexuality] should be used with knowledge. It's a gift from God and it is to be exercised in the context of marriage. So the Catholic Church is against using condoms. Certainly, in Uganda they took a broad-based approach to this. There was emphasis placed on abstinence outside of marriage and promotion of faithfulness in marriage. These are the more secure ways of preventing HIV. There was a combination approach.

In fact, if you look at some of the behavioral studies in Uganda, you find there is a much better decrease in the number of sexual partners and delayed onset of sexual activity than there was an uptake in condom use. So, there's been much more emphasis on structural behavior change in Uganda than just on using more condoms. And I can show you other countries, for example, Zambia and Zimbabwe, where there's much more condom use but much higher infection rates because there's much more exercise of sexuality outside the context of marriage and earlier sex.

Do you think there were special circumstances inside Uganda that allowed the model to work so effectively there? And do you think that can be exported or reproduced?

Yes, definitely. I think the special circumstances were that they did take this broad-based approach in developing these methods of prevention. Unfortunately, they already had such a serious problem that AIDS was very evident to people when they

started responding to this. So, there was more public understanding, but there still was a lot of fear in the early days. The political leadership took a very strong role in Uganda. It was very open about the problem. Also, one of the earliest persons to come out as living with HIV is Philly Luttaya, who was a singer and had been a refugee from Uganda during war time. He came back to Uganda when he was very, very sick. He wrote special songs, told the people what had happened to him. He was a very clear status symbol; he made a deep impression on people. Also, there is good collaboration between the government and the churches - not just with the Catholic Church, but also with the Church of Uganda. And they didn't fight each other in this, they complemented each other. Even if they didn't support condom use, they didn't make it into

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a polemical situation. And the government, because of its public health responsibilities, did encourage condom use for those weren't going to be abstinent.

Do you think the Catholic Church should take a similar view worldwide?

Well, I think it's hard to talk about a worldwide view. The Catholic Church's teaching about sexuality is part of what we are as a Catholic Church. I don't think that

teaching could or should change. I think that we have to respond to the issues of HIV education in the context of what's happening in that country and stay faithful to our teachings, but also be sensitive to the situation in that country. In many countries the church leadership is very clear about abstinence as a value, but may not go out and aggressively fight the government. It's taking a more public health approach to education around this area. In fact, a number of the statements of some Vatican authorities more recently basically say that. This is something that the respective bishops conferences need to handle in their own country, because they know the context, but they're also preserving the teaching of the Church.

I'd like to go back to women's economic security, and I know that in your recent speech, you spoke about economically advancing women in societies to bring down HIV infection rates within marriage. Do we see a drop?

I have not seen scientific studies on that so I can't say. I have met with a number of women from Africa who are married and actually economically, not self-sufficient, but they contribute to the economy of the family in a recognizable way. They carry the major economic responsibility of the household, but they're not recognized. I think it empowers them to deal with some of the other issues in marriage as well, in a way that's more respectful of the culture, but also challenges the culture. But they know how to do that in a way that we, as northerners and westerners don't know. To send, say, someone who's very politically savvy in gender issues in the north into the south, to tell the women what they should be doing about abstinence, doesn't always work. They need to find culturally acceptable ways to do this and they also [need to] learn how to challenge culture.

The big thing on that, too, is then trying to get involved in this and help them see both the responsibilities and the gifts that women bring to society. And also, then involving the traditional leaders. For example, in many places in Africa, there's the tradition of wife inheritance: a widow is inherited by the brother of her deceased husband. And in some of the indigenous religions, there is a belief that the brother has to have sex with this woman to release the spirit of his deceased brother. In other places it's more social and fits within a tradition that's grown up to be protective of women and their children. But now, with HIV and AIDS, it's tremendous. Other than sometimes the woman doesn't want to marry her brother-in-law anyway, it's a much more complicated situation with HIV. If her husband has died of AIDS, he may have transmitted the virus to the wife, she may transmit it to her brother-in-law; or, maybe even more likely, her brother-in-law is infected and if for some reason she wasn't infected before, she could become infected now. They've begun to sit down and work with traditional leaders, tribal chiefs, religious leaders of the traditional religion, and explain this danger. For example, some of the traditional leaders developed another ritual to release the spirit of the dead man. In one place, the widow is carried over a broom. I'll leave that to your imagination. Again in Zambia, I just read an article recently, where other indigenous civil leaders, the chiefs, have outlawed wife inheritance. So, little by little, as you inform the culture about the dangers of their culture, they can find ways to adjust. But, it has to happen from their framework.

If you look at the US, we have an HIV and AIDS infection rate of 0.6 percent and then you go to countries like South Africa or Botswana and you have 20 percent, 30 percent, 35 percent. Do you think that is due to cultural differences? Or is it access to supplies? Is development going to fix that?

Is there an inherent difference between South Africa and the United States?

A number of things. The popular question that I get all the time from people is, 'Do Africans have more sex than North Americans?' Well, I don't think we can say that. Again, I think we have to look at those structural issues. We know that having another sexually transmitted disease can drastically increase the possibility of becoming infected with HIV. Well, here in the United States, if somebody has a sexually transmitted disease, it's easy enough to pack yourself off to a doctor. It might be embarrassing, but there are plenty of antibiotics and it's taken care of. In Africa, it usually doesn't happen. They don't have access to antibiotics. They don't have readily accessible health services. Even if [antibiotics and health services] are there,

people may not have money to pay for them. Some of our structural adjustment programs, imposed by the World Bank and other international financial institutions, took away the free medical care that did exist in some places. So it's a very complex, complicated situation with many, many deep-rooted causes. Part of that is the lack of access to healthcare; part of that is extreme poverty and the fact that so many people are forced to migrate for economic reasons. The fact that many of the men then wind up in single-sex hostels or wind up on the roads as truck drivers and then depend on sexual favors from commercial sex workers; that many families, because they're so desperate, may actually sell their daughters into commercial sex work or at least sell them into migrant labor - not knowingly into sex work, but it becomes that. So, I think those are

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some of the deeper reasons why you have much higher infection rates in some parts of the world versus other parts of the world. The other thing that's very interesting is a number of the studies recently have been demonstrating that the lack of circumcision in men may be one of the causal factors for HIV vulnerability in men. Public health experts are hesitant to talk about this too much, but there does seem to be a correlation, and I think that's another area that we have to really begin to look at.

Are you familiar with the work that the Gates Foundation does?

A bit of it, yes - certainly some of the international work. They're doing some very good work. Then, of course, [during the speech] I quoted from Bill Gates' remarks at the World Health

Assembly, and I was really impressed with his intervention there. He was one of the only people who talked about poverty during the five-day 2005 World Health Assembly.

Some of the initiatives to fight HIV are difficult for Catholics to work with. Do you think that the Church is becoming more or less willing to work with these groups? Do you see people butting heads more over the methods for fighting HIV or are people getting along better? Are they cohabitating to reach a common goal?

I think that there's more recognition that there are different approaches to this. And I think, even in terms of the education, different positions have been taken by different bishops conferences. For example, some of them have said, 'We will not collaborate with any government program that has

anything to say about condoms.' Others say, 'The government has a role to play and we have a role to play, and we're not going to promote condom use because that's not in our teaching about responsible sexuality, but we understand that they have to do that.' And there are some people who will listen to [the government], that will believe that [condom use] is not part of the Catholic Church teaching and tradition, and they need to at least know that that's one way to decrease the AIDS.

I think a big problem in the early days, when you did have a lot of rigid reactions on both sides, was that many public health experts back in the early 1990s, when they realized that condom use would help to decrease the risk of spreading HIV, presented this as the quick fix. They thought that all we had to do was toss condoms all over the place and we were going to stop AIDS. Well, we haven't stopped [the spread of the HIV pandemic] in 25 years, and we've tossed a lot of condoms. I remember in late the 1980s, being at an international meeting in Paris. They called together major governments and major funding organizations on AIDS, and I was invited to represent Caritas. It was a very small meeting and the representative of USAID was bragging about how she had just bought trucks to transport condoms to a country in Africa that was dying of hunger. She was very proud that she would not allow any food on those trucks - only condoms. That's how much ideology got developed on all sides. At the same time, then, those same people would accuse the church of being responsible for murder because it didn't teach condoms. I think there are far fewer of these ideological battles now, and there's more respect for the different approaches to this problem, without asking the Catholic Church to compromise its position in terms of responsible sexuality.

Are you hopeful that as that progresses, the Global

Fund will start funding religious organizations more and more?

Well, I think that the UN does fund some of the organizations - probably would fund Catholic ones, too. But there's a question about how much we should collaborate with people who are promoting a very different approach than we are. The Global Fund to Fight AIDS, Tuberculosis and Malaria, that's another dynamic. The Global Fund issue is that they work with the governments. They say the government should include faith-based organizations in the planning, strategizing and the decision making. Many governments don't. The governments allow the churches to do the services, but they don't let the money flow to it.

What do Catholics do the best in HIV/AIDS prevention and treatment?

Probably the best is the care, the social support services and the development work. I think the Church has been slower to do the pastoral care, and that's the most unique part of churches. That's why I think we have to continue to educate the clergy and the religious, especially people who are heavily involved in pastoral care, to respond to people's spiritual needs and not to be afraid of it. And we have some great, wonderful programs in this area in many parts of the world, but there's a lot more that needs to be done.

If there was one thing you could change about how the church has reacted to HIV/AIDS or one thing that you wish they would improve on, what would that be?

I think, very unfortunately, in the Catholic Church there were a few, very few, voices that called this [the HIV pandemic] God's punishment, God's intervening. I'm not a scholar in comparative religions, but

the little I know about my study of religions and my own theological studies is that most religions don't embrace this teaching. It's a distortion of the teaching. And I think that's unfortunate. A few Catholic Church leaders and clergy have said that, but also many, many other churches said it and promoted that. Not only is it a terribly wrong theology and also a terrible thing for someone living with AIDS to hear, but also it has made a lot of people much more hesitant to seek the help of churches. So, I think that's probably most unfortunate.

Is there any other question I should have asked but didn't?

I guess the one other thing that might be interesting is the orphan situation. We have 13 to 14 million orphans in the world - AIDS orphans who lost one or both of their parents - and you have a real crisis situation in many countries now, because they can't be absorbed into families any longer. Many African professionals are trying to take care of 20 or 25 nieces, nephews, grandchildren. One of the things that's burned in my memory - this happened in 1989 - a grandmother in Uganda took me out in the back of her little hut and showed me the graves of 12 of her children and their spouses, and she was trying to take care of 25 grandchildren. And this is a country that has no social security. Her social security was in those graves. This has happened all over, especially Africa, but also in northern Thailand. Many of the young girls in that part of Thailand migrated down to Bangkok, looking for work and ended up becoming sex workers, and then

they became infected. And you can see, you can tell in these villages which of these girls went, because their families' houses are better. When many of them came back sick, the families rejected them. But you have the situation now with many grandparents taking care of their children in northern Thailand. So, this is a serious problem.

How do we help these kids? Some people say we should start orphanages. Well, orphanages are not very good in the north and I don't think that's the answer. But on the other hand, we can't just say, 'Well, these villages, these tribes absorb their own,' because it has reached saturation. And even in families where they're trying to take in the

vulnerable children, they have a two-tiered structure, so that the biological kids go to school but the nieces and nephews don't necessarily. You have a street children phenomenon that

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you never saw before. A lot of those kids are prime targets for the traffickers. So, that's another important area that I think we have to work on much more in the future. The children, they're the future of our societies.

What is the church's role in addressing the orphan issue if orphanages are the wrong answer? What do you do about them?

A lot of the church-based programs have, first of all, paid school fees. A lot of those schools in those areas are residential schools. So at least those, if the kids are in school, they're being taken care of. How well? How not so well? But they're taken care of in residential schooling. And then a

lot of the churches have also developed programs to help the children farm their land. Again, in some of the cultural and legal systems in these countries, if the children leave the land of their parents, they lose it. So

Are you hopeful for the future?

Yes, I am hopeful because I see progress. I'm frightened about what will happen, too, because it's still a big, big problem and we're just at the beginning of HIV. After 25 years, bigger problems haven't come up. But I'm hopeful, first of all, in the fact that we're giving some antiretrovirals to people who we had no hope for before to get them to the developing countries. I've seen the prices decrease. I've seen the introductions of some of the generic drugs. I see much more openness now to work with prevention and treatment together. And I see more and more recognition of the development issues that make people vulnerable to HIV, so I'm hopeful, but it's a guarded optimism because there are still big, big problems.

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they've taught them how to farm, they have mentoring programs and then also the whole HIV prevention education for these kids, because again, they're prime targets to become infected themselves.

Daniel Graver graduated from the Georgetown Public Policy Institute in 2005. Inspired by reports that US family planning policies were increasing HIV/AIDS infections around the world, he wrote his master's thesis on the impact of US international family planning policy on women's access to healthcare in Kenya. After graduation, Graver worked for Congressman Raúl Grijalva in Washington, DC, before moving to his native Arizona to serve as Field Director for Gabrielle Giffords' campaign in Arizona's 8th Congressional District.