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Ecumenical Pre-Conference 2008: Faith In Action Now! - Day 1
Opening: Faith in Action Now Plenary
Ecumenical Advocacy Alliance
July 31, 2008

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LUIS ARMENTA: Friends, brothers, sisters, it is a pleasure to give you the welcome to this Ecumenical Pre-conference on AIDS 2008 on behalf of the local Christian committee. As the host committee, we have had the opportunity to participate and think about, plan this event for the last year with the support of a lot of people and organizations. We were interweaving and preparing all the details so that this conference could be a space where we could find solidarity and dialogue, loving dialogue. However, our heart and our energy has not been centered only in this conference, but also in that which together and with the help of God, we can do when we leave this place. If these efforts have been worth it, it is because we have the dream of building a world where everyone fits, a world of dignity and hope for the children, for men and women. We believe that the prophet's vision where the elderly still dream and the youth can see the future can be a reality in every country and community. In this world hurt by HIV and AIDS, we can come together with the dream of God and work to build a kingdom of faith, of hope, but this is only possible if, as the theme of our conference says, we put our faith in action now. We hope that these three days that we have ahead of us are a time of coming together, of building, of creating, but also of acting. Once again and in the name of the local Christian committee, I want to welcome you and hope that you

have a very good time while you're staying here. Thank you.

[Applause]

KAREN PLATER: Thank you, Luis. Hi! I am Karen Plater and I have been the Chair of the Ecumenical Pre-Conference Advisory Committee. This is my third ecumenical pre-conference. The first year in Thailand, I was on the media team. Last year, I was the Chair of the local host committee in Toronto and this year, I am Chair of the conference, helping bring it together. So, for the problems and your complaints, you can feel free to direct them all to me.

I really, really want to welcome you here. We are just so excited to have you here. This pre-conference has been planned by and prepared for the participants. It is by us and it is for us. It is a time for us to share our experiences and challenges. It is a time for us to highlight best practices, to share frustrations and tears, hopes and fears. It is a time where we can plan future collaboration and a time to get to know one another so that we are not alone in this fight against AIDS. It is so much an integral part of our faith journey. We have tried in this Ecumenical Pre-conference to create a space that will provide you with new and perhaps even cutting-edge information and give you an opportunity to talk about it, share your experiences, test it out and work with it.

Now, you will notice that this venue perhaps is a little classier than most of us in faith-based circles are used

to. It really was a challenge to find a place to accommodate us all that was close to the AIDS Conference, that allowed times for sessions and collaboration and interpretation and allowed us to stay in the accommodation for the whole IAC. So, we are very delighted. There were not a lot of options to have this space and we hope that you will continue to use it to the best of your ability to get to know one another and to facilitate the work. We do want to note that the hotel is one of the participating hotels in the Life Initiative, an HIV Prevention campaign launched by UNAIDS and the Mexican hotel industry to raise awareness about prevention, fight discrimination and to promote sustainable long-term HIV workplace policies and programs in the hotels. So, we are really delighted about that.

Pulling together an ecumenical pre-conference like this, it just requires the work of many, many people, too many people to list, but I just want to give you a sense of some of the work that has gone in to make this happen. There has been an advisory committee which has met by conference call only and if any of you know the dynamics of a conference call, it is even harder when you have one with people around the world who've never met one another before, but it really worked well and we were delighted with that dynamic. There's a very small staff at EAA, and I hope that you all know them. Cajole us,

remind us, nag us and then often end up doing the work that we said we would do and we are very thankful for the staff there.

There have been plenary stream coordinators. There have been workshop stream coordinators. There has been the Christian Host Committee who we just heard from. There has been an advocacy committee who have been working on advocacy actions for us to do here and to take on to the future IAC. There is a media team. There are plenary speakers and workshop presenters. We really, really tried hard in our presenters to balance gender, region, faith tradition, church leaders, both lay and ordained, field workers, and of course, very importantly, the involvement of people living with HIV.

And of course, just when you think that you have it all balanced out, you find out that there is somebody who cannot come and you end up scrambling to find a replacement, but I think that we have developed a balanced panel of voices and we hope that you are prepared to dialogue them and add your voices to the discussion so that this is indeed an pre-conference that is the voice of all of us.

I just want to note we also have much media who are coming to cover the pre-conference. We are very happy that it will be webcast and so that other people around the world can participate in this without coming to Mexico and we are thankful for the Kaiser Network for webcasting it. There will also be local media as well as our own media team.

In the booklet, it is very important. It talks about media, the work shops. The plenary sessions are open to the media. If you have an issue with that, you can talk to Sarah Spiker [misspelled?] if there's a reason that you would want to be, just talk to her. She is in the media room, so be sure to be there, read about it in the conference book.

So to wrap up, I want to say for this conference to be a success, it depends on you. It depends on your participation, on your willingness to listen to one another, to dialogue with one another and to use this opportunity to network together and discover that indeed together we are stronger. Now is the time for us to put our faith into action for all the world to see. Thank you. [Applause]

At this point, I am delighted to introduce and to call up Craig McClure who's the Executive Director of the International AIDS Society and who would like to bring some welcomes on their behalf. Craig.

CRAIG MCCLURE: Buenos dias y bienvenidos a todos. Distinguished colleagues, faith plays a critical role in the lives of billions of people throughout the world; faith in God, in humanity, in science, in love. It is our undying faith in whatever form it takes that brings us hope and gives us energy to carry on and to believe that, however dire our circumstances may be, the future can bring brighter times, healthier times, happier times.

What we call faith-based organizations in the HIV response, the groups of people from various religious affiliations, whether the great religions of Christianity, Judaism, Islam, Hinduism, and Buddhism or smaller religions and spiritual groupings, all have been active in the HIV response since the beginning of the epidemic.

It is well documented that a significant proportion of services for HIV, whether they be prevention, treatment, care or support, are provided through faith-based organizations throughout the world, particularly in the area of care and support. Many faith-based organizations have been at the front line of the response to HIV since the very beginning.

In the early years of the epidemic, some were the only groups willing to provide solace for the dying. When many others shunned those living with HIV and AIDS, many Christians and people from other religions reached out with compassion to those in their communities who were in need. In the era of increasing access to antiretroviral therapy, faith-based organizations throughout the world play a substantial role in delivering treatment and care to their communities and increasingly, they are engaged in HIV prevention activities as well. And yet, there remained considerable tensions between people working in secular and faith-based approaches to prevention, care, treatment and support. Particularly in the area of prevention, there remains a disconnect between the moral

teachings of some of the great religions regarding such topics as homosexuality, polygamy and the use of condoms and the reality of people's day-to-day experience, both clients and service providers of faith-based organizations.

Many members of the most marginalized and HIV-affected communities such as gay men, sex workers and drug users, feel shunned by their religious leaders. Some have abandoned their religion entirely even if many of the services provided by faith-based organizations are done so without prejudice or judgment. At the same time, the significant proportion of HIV services that are delivered by faith-based organizations throughout the world is not reflected in their influence globally, regionally and nationally on policy setting and regulatory processes and this must change. The gulf between secular and faith-based approaches to HIV must be bridged. This will take considerable effort on the part of many individuals and organizations working in HIV in both faith-based and secular organizations.

At the International AIDS Society, we believe that all scientific evidence must be implemented into effective policy and programming. In HIV prevention, for example, young people must be provided with all the relevant information to protect themselves against HIV. This includes that knowledge that delaying sexual initiation and then having sex with only one partner is an effective means to prevent HIV infection. It

also includes the knowledge that condoms are a highly effective way of preventing HIV infection. And education is required for young people to know how to use condoms properly. All the information must be provided for people to make informed choices. Young people also need to know from their secular as well as their religious teachers that homosexuality and heterosexuality have existed throughout the world for all time and will continue to exist, that love between human beings takes many forms, that love is to be respected in whatever form it takes, and that discrimination against sexual minorities or against women or on the basis of race, culture or religion is against the teachings of Christ and the laws of progressive societies.

Faith-based organizations must be allocated a larger seat at the table in determining overall HIV policy, nationally and internationally. Governments must ensure that there is consistent quality of services across all sectors engaged in implementation of HIV services whether it be within the public sector, through nongovernmental organizations, in the workplace or through faith-based organizations.

Many have called for compromise on the issues of greatest tension between secular and faith-based approaches to HIV. I call for dialogue and mutual respect. This ecumenical pre-conference has an impressive three-day agenda that includes a number of renowned experts from across the response to HIV.

I wish you well in your deliberations and in the main conference from 3rd to 8th of August. Though there are differences of approach across the response to HIV, we are all united in our desire to end the scourge this disease brings on individuals, on families and on societies throughout the world.

The international AIDS Conference creates a world within a world. The conference brings together some of the most powerful and influential individuals and organizations with some of the poorest, most marginalized, and most oppressed individuals and grass roots groups working to end AIDS. With love in our hearts and a clear sense of purpose, all groups can overcome their differences and work together for an AIDS-free world. Thank you for listening. [Applause]

KAREN PLATER: So now, we are going to begin with our first plenary panel and they will come up. So, I am pleased to turn this over to Dr. Gillian Paterson who will be introducing the panel and be the moderator for this session.

GILLIAN PATERSON, M.D.: Buenos dias. Good morning. I am here to introduce this session and to moderate it. I am most privileged that that is the case. I first of all want to say thank you to Craig McClure for saying exactly what I thought I would like to say as the opening to this session. So now, I do not need to say it, which is just as well because we are quite short of time. So, thank you.

The title of this session is how religious leaders and people of faith are responding, could respond and maybe do not always respond to the epidemic. We have three really excellent speakers today. Beatriz Ramirez from Mexico, Dr. Jacob Gayle and the Reverend Christo Greyling and we are going to start with Christo.

Christo's background is in theology in public health and he is speaking today with two hats on. First, he is World Vision's Global Advisor on HIV and faith-based partnerships. He is also chair of ANERELA+, the African Network of Religious Leaders Living with, or Personally Affected by HIV or AIDS. In both roles, he comes face to face with questions that this epidemic has spotlighted about leadership at all levels within the responses of faith communities which is so closely connected with the ways in which HIV has in so many ways been a challenge to our churches. Thank you. Christo. [Applause]

REV. CHRISTO GREYLING: Thank you very much for the opportunity. It is wonderful for me to be with you. It is now 21 years that I have been living with HIV. I have heard I was HIV positive in September 1987. Five years later, I for the first time decided I am going to disclose this HIV status to my congregation. Before that, I had a meeting with my colleague and with the moderator of the Dutch Reformed Church and they demanded from me that before I disclose to the congregation, I must first produce a letter from my hematologist to prove that

I was infected through blood products and not through sex, just show the letter just for interest's [misspelled?] sake. Just that has made me realize how deeply seated the stigma relating to HIV was. When I disclosed to the congregation, I was extremely lucky and had a main support. People I think were supporting me because they knew how I contracted HIV. Devoted Christians will come to me and they would say, "You know Christ, we have got such a lot of support for you. But those people, those others, they brought it on themselves." And so then I have decided I do not want to disclose how I contracted HIV anymore.

Now, a few years later, 10 years later, I had my first AIDS diagnosis and at that stage, I loved olives, but I did not want to plant the olive tree because I thought I am not going to see the fruits of this tree, but when I had that AIDS diagnosis, I felt now I want to plant that tree as a symbol of hope of the risen Christ who gives us hope, but also hope in the sense that He wants us to live life in its fullest and also to be the ones who fulfill our potential that God has performed in each one of us. So, I planted that tree.

2001 to 2006, that was the time when everybody started to realize the role and importance of the faith communities and that they should be in the center of the response to HIV and AIDS. At that stage between 2001 and 2006, funding became available, there was conferences, there was materials developed

and that was the stage when ANERELA was found. That was when people started to realize how important it is that infected HIV church leaders and faith leaders are part of the response to HIV and AIDS. So we can talk about that time as the time of the great awakening and I thank God for that. And I thank God for each one of you who are part of that process.

I won't have time in my speech to spend time on the great things that the church has done, but now we stand at the second half of the year 2008. The researchers, the research groups tell us HIV now has become a treatable disease. Why do we need conferences like that? We do not need a UNAIDS to exist any longer. There has been a cool down on interest. People got tired. The people who have been working in the field are burned out. The media stopped to focus on HIV and AIDS and the public has started to relax. They have become indifferent. There is treatment. People do not die from AIDS any longer. It is time for a reality check. Has stigma been defeated? No. From what you can see if you go back one slide, then you can see that in World Vision, we have done operations research project and in this operations research project in Uganda and in Zambia, we asked children questions relating to stigma and the interesting thing if you look at the last one is that how many of these children, 62-percent in Uganda and 40-percent in Zambia, agree that AIDS is a punishment from God. But where would children get this kind of attitude from? And

the answer became obvious when we look at the next slide and the same question was asked to faith leaders to realize that the faith leaders in those countries, 84-percent and 65-percent of them in the different countries, said that AIDS is a punishment from God. To put it in a more practical way, look at what said Pastor Lebiletsa. Pastor Lebiletsa said, "I will tell my congregation almost every Sunday, those with HIV must repent. You will come back to the church when you're legs are as thin as the pole holding up this tent and ask for forgiveness and I will be ready to conduct your funerals."

Not so long ago, I spoke to a group of missionaries with some other HIV-positive people and with some fellow church leaders and we spent a whole day to try and convince this group that as church, we must respond to HIV and AIDS in practical ways. At the end of the session, a Dutch missionary lady stood up and said, "But you must still remember, sex is sex and sex is [inaudible]." And another way, sex is sex and sex is sin. How is it that after all these years, sex is still seen as the ultimate sin? How is it that we make the jump immediately that if someone is HIV positive that it means that they have sinned some way? It is this direct association that cause immense pain and cause [inaudible] of unnecessary self stigma within people living with HIV and AIDS.

Should we not for a moment as Christians turn back as Christian leaders and say where did we come from? We look at

those verses, that is where we came from. In Romans 3 it says, "There is no difference for all have sinned and fall short of the glory of God and are justified freely by His grace through the redemption that came by Christ Jesus." Ephesians 2 says, "For it is by grace you have been saved, through faith and this not from yourselves. It is a gift from God, not by works, so that no one can boast." Perhaps if you sing the song of Amazing Grace then we must sing it again. You can throw it up for us [inaudible]. Sing it in a way that we can say amazing grace, how sweet the sound that saved a wretch like me. That is where we all came from, as people who needed God's grace.

Did people stop dying from AIDS? No. We know that children and adults are still continuing to die from AIDS. Yes, it is a treatable disease, but so many people do not have access to the necessary treatment yet. Just in ANERELA in the past two years and only four countries, we have lost six of our members due to AIDS-related illnesses.

And as Christian leaders, we are called to become the people who speak the truth in love. We have got guiding principles that show us this. The first two says we are the ambassadors of Christ and we are the ones who must speak the truth in love. But it is very often the Christian NGOs that live the advocacy task. Why is the church leader in the local congregations and the bishops not being heard? Why are they not in front to advocate for the first and second line

antiretroviral therapy, generic antiretroviral therapy that will be available, for the availability of pediatric drugs, for the complete and full roll out of PMTCT with at least two drugs? Why are the church leaders not the ones who are advocating actively in their congregations and everywhere for the rights of orphans and vulnerable children?

Say the children in the UK had already three years ago identified that only five cents of every dollar reached the children in need on the ground. Why is the church leaders not up in arms about this? This should be something that they cannot be silent about. Why is the church not talking about the travel restrictions that are still going on? Do we need a theology on HIV and AIDS? I am not saying no. We know what God has called us to do. Just go back one [inaudible one] taboo. God has called us to the guiding principles that we mentioned a few from. But the others say, we must accept as Christ accepted. We must find wisdom from heaven, be compelled by the love of Christ, live as the body of Christ. We have a living hope. We must help in practical ways. We must uphold the value and the dignity of all people. That is all in the bible [inaudible]. That is our guiding principles. I do not believe we need another theology. We must just start to practice what we know that we need to do.

So where is the problem? Is it the lack of leadership at the top? Is it the lack of constructive response on

congregational level? At the Lambert Conference that was held two weeks ago where 600 bishops came together in London and where there was a meeting for an HIV and AIDS called, how many people, how many bishops attended? One. What does that say about top leadership in relating to HIV and AIDS? And how should we understand leadership? In ANERELA and within World Vision, we started to realize that leadership in the church does not lie only with ordained people or people with titles. The leadership in the church are very often the people at the most grass roots. It is the pastor. It is the woman leader. It is the person who is leading the men's response or the youth leader. Those are the people who actually make the difference on grass roots level. If we want to be successful in our response, then we must make sure that this local pastor, these local leaders get the vision, get the compassion, start to talk with a language without judgment and are equipped in their response to HIV and AIDS. We must realize that it is a myth to think that after all these years, church leaders have all the information about HIV and AIDS. What we found is very often that information is superficial and that they need full information. They need to be confronted with their own prejudices. They need to understand where they might be stigmatizing in the language they use. They need to have an understanding and a commitment for a full comprehensive approach on prevention which includes problem [misspelled?]

information as well. They need to have a new calling from God in their lives. This is where Pastor Thomas' story changed. Pastor Thomas said, "After going through this training, I was the one who had to repent. I realized I hated people with HIV and I knew that those who were suffering because of the pandemic could never come to me for support even though I am a pastor unless my attitude changed."

In operations research project that we did with World Vision, we have seen that the stigma labels can be reduced if those interventions are put into place. If we want to have local church leaders to be effective and to be good, we need to give them donor funds that will mobilize the church communities and the church bodies, but they must also be linked to a community coordinating body. In World Vision, we call that a Community Care Coalition. What we have seen in the follow-up is that the church leaders who went to this process where they did get full information and were challenged on their attitudes and then were linked to a community coordinating body, those were the ones over a long time that sustained their support and were much more involved than anyone of the others. This was in Uganda. The next one showed similar results in Zambia as well.

So, Geoff Pastor has said earlier that we need to help, that the communities, the grass roots level do not get big funds, okay, have a constant feed, or like a drip feeding where they will have constant flow of funding that will support their

efforts and that is what we need to help in our work. But this cannot be done without the meaningful support and involvement of people living with HIV and AIDS. We have seen with ANERELA what a huge difference it makes when faith leaders, when Christians who are living or personally affected by HIV can stand up and say, "I live with HIV." They speak the language of the Christians. They understand the church dynamics. They can speak to the issues and challenge the church where it is necessary. That means that they can share their stories, but it is not only the stories that is important. We have seen that when church leaders who are living with HIV are becoming involved, they need to be meaningfully involved both also in the shaping of programs as well in policies. In that way, we can become the wounded healers that God gave us the opportunity to be; as broken people, to bring the healing in the time of HIV and AIDS.

So, what do we want to achieve in this conference? The theme of this conference is Faith in Action Now. This is our opportunity to integrate our faith with sound public health principles. This is our opportunity to learn from these practice models around us that we can integrate in our communities. This is the time for each one of us to really rebuild our commitment. God need me and God need you. As we come alongside the church to assist and to be the body of Christ. There is an African saying that says, when is the best

time to plant a tree? The answer is the best time was 20 years ago. The second best time is today. There's a Chinese saying that says, if you have a vision for a year, plant wheat. If you have a vision for 10 years, plant a tree. If you have a vision for life, have children. I could never think about children, but with amazing thanks to the availability of antiretrovirals, my wife and I could have children and at the birth of our oldest daughter, we planted six more trees, six more olive trees. They are now huge trees and are bearing fruit and we are thankful for that. We are going to move to the Netherlands in November and I am going to plant two more trees, two more trees as a symbol of the hope that we have in Christ, but also the hope that I believe that the church is the vehicle to be able to really be what God has called us to be the body of Christ in a practical way in our communities. That leads to] Isaiah 58 which calls all of us, it says, "If you do away with the yolk of oppression with a pointing finger and a malicious talk and if you spend yourself on behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness and your night will become like a noon day. You will be like a well-watered garden, like a spring whose water never fails." May God be with you. Thank you. [Applause]

GILLIAN PATERSON, M.D.: Thank you very much, Christo, a most moving presentation. Our next speaker is Dr. Jacob

Gayle who we are very, very happy to have with us today. His background is in public health especially in community and international health and that was how he first encountered HIV. He is worked with USAID both in South Africa and as Chief of the Global AIDS Division. He worked for the UNAIDS in Barbados and Washington and Geneva. And since 2005, he is been Deputy Vice President of the Ford Foundation where he is the focal point for HIV and AIDS. Dr. Gayle speaks to us as both an insider and in a sense as an outsider from the point of view of the faith communities and he is going to talk to us today as both somebody who has both those perspectives. Dr. Gayle, we are most happy to have you with us today. [Applause]

JACOB GAYLE JR., M.A., M.S., PH.D.: Buenos dias y gracias tambien. Good morning and thank you very much for a very kind introduction, Dr. Paterson and I wanted to say thank you very much also for the leadership that you provided to this core group this morning and helping us better understand how we can provide inputs and ideas that may be helpful for all of us who are convening together over these next three days. I want to first of all just say how much pleasure it is for me to be able to look out into this audience and see so many people who are brought together around the common issues of HIV and faith.

Around 27 years ago when I first became involved with the issues of HIV/AIDS, it was actually unfortunately my faith community that tried its best to discourage me from destroying

my reputation by being involved with such a stigma-laden issue as well as of course I am looking out for their own concerns that they did not want to be congregation known as that being involved in such a social ill.

I think that HIV/AIDS has around the entire world revealed as one of my former directors at CDC once said the ugly underbelly of all of our societies. Unfortunately, we have also realized that in our own faith communities, we have had some ugly underbellies as well. I remember reading scriptures and reading about Jesus versus the Pharisees and things that Jesus would do to care for those who are in greatest need and yet the Pharisees would come back and say why did you do this on the Sabbath or what sins did that person commit or was it their mother's sin or their father's sins and it is funny because you'd read those and think, oh, how could people be so blind? How could people be so misled and yet 2000 years later, we find people, sometimes ourselves, asking those same questions.

I think that societies have said that faith communities have been in denial as it relates to HIV, as it relates to its role as a community both in terms of the causes of stigma and discrimination as well as how best to respond to the needs that the pandemic has revealed. But I think the denial works in two ways for even in the most secular of our societies, we really do have to admit the fact that faith plays a major, major role

in the structure, in the construct, in the basic development of our laws, our social norms and our cultural traditions. So, denial can work in two ways. I think that it is important then that as we both move forward, both in terms of our societies as well as our faith communities, that we really look at what are the strengths that each has that one can support and strengthen the other in. What are the areas for growth and development that we can help each other to be able to pursue and to perfect and also really where are the areas where it is better for one versus the other to take a leadership role?

I want to talk about three things that I think, coming from the perspective of public health, having engaged with faith communities across the world over several years and I think also in my new role in philanthropy and looking at what organizations similar to a Ford Foundation might see as priorities in support and in collaboration and I think first and foremost, we should always remember that faith communities has a very important role in helping to provide transformative leadership within the household of faith, that before we actually look outward and try to see how we can serve the larger community, that we see that there's a very important role within faith communities to better understand that the response to HIV is not just an adjunct side issue for the church to take on whenever energies or opportunities allow, but that in fact, truly, responding to HIV is the very core of our

...serving and our honoring of God and one another and for really ensuring the true understanding and appreciation of the words, we do this for the least of these.

The second I think is also the role that faith communities play in establishing the social norms that incorporate and involve and engage and place as peers, people who are living with HIV as well as those who are directly impacted or affected and to really ensure that we are not reaching down to support or to help or to aid, but that we really are reaching across to ensure the people who are living with HIV and those that are directly affected are equal members sitting at the table equally as all of us to ensure that we continue the rich diversity and the beauty and the knowledge that our societies have only when they include everybody in the same room and in the same circumstance. And so I think the role the faith communities can play in ensuring that our societies do not marginalize and do not discriminate and that they do not use stigma in way that hurts all of us. Faith communities sets social norms even in so called secular societies or circumstances.

The third I think is as people of faith who really want to share our faith and want to share the reason and the cause for the joy that we may have and the directions that we may take, that it is important that we make sure we let that love shine through us simply through the things that we do, the way

that we treat one another, the smiles that we give, the support that we provide. But now is not the time perhaps nor the mechanism for continuing to carry on what I call the second colonization or the idea that we are doing this only to be able to get across a message of our community, our denomination, our faith or belief, but that actually the strongest demonstration of the love that we are motivated by is just simply the way in which entreat one another, treating one another with the same love that hopefully we have for ourselves.

Now the challenge is that there are in both circumstances situations that are better performed by one group than another and maybe in the response to HIV, there may be things that governments are able to take on, in fact have sovereign responsibility for that nongovernmental organizations do not. And yet by virtue of the fact that both represent community and that community being us, then any inputs that we have to support the other is in fact actually input to support our own.

So let us figure out what is the role of faith communities? What are the roles that we should take on as people of faith directly? What are the supportive roles that we can take on to ensure that others are not impeded or stopped by our efforts, but in fact are actually supported to be able to move forward in things that we know need to be done that perhaps we ourselves cannot do? One thing I know for sure is

that even if today there were to be a cure, even if today there were to be a way of stopping the transmission, and as we have seen that continue on and on and on, there will be people who will be living with HIV and they need to be able to live victoriously with the human rights and dignities that each one of us in this room would want for ourselves and for those that we love. I think that that is a role that we can play together to ensure that that occurs.

I am looking forward to hearing more and more of what comes forward today and over the next couple days and I want to say that we serve as a partner in any way we can to make sure that the response to HIV is one that represents the beliefs that we have that being compassion, dignity and human understanding. Thank you. [Applause]

GILLIAN PATERSON, M.D.: Very many thanks, Dr. Gayle. Our next speaker is Beatriz Ramirez. Beatriz describes herself as Mexican by birth, Theresian by formation, and a communicator by profession, but for the last 12 years, she has worked with the Meson de la Misericordia Divina in Guadalajara. Sorry. That means that Dr. Gayle is supposed to have stopped. [Laughter] And she is here to tell us a little bit about that work I hope and also about the issues of leadership that have come up for her in the course of that work which is a very wide ranging work with a very wide ranging organization that addresses HIV and AIDS in her own context in a very varied and

diverse way. Thank you, Beatriz. [Applause] Beatriz will be speaking in Spanish.

SRA. BEATRIZ REBECA JARERO RAMIREZ: Well, I would like to thank the Ecumenical Advocacy Alliance and I am sure that everyone of you and each one of you, there are different valuable experiences that we will have in common today to sum up the coincidences and to get a stronger response and transcendental response towards the challenge represented by this epidemic. As a Mexican, I would like to welcome you all to our country. For me it is a pleasure to be here.

I would like to start, for the person who is sending the images, this is a sequence of photographs that if you would give me two minutes afterwards I would like to share them with you, but my presentation starts with an image, an individual image. Well I would - it does not matter if they do not put it. The picture I wanted to present is a picture that is in another file. This image, this picture - this is being taken from my time. Well this image is from when we started our work in this civil organization. We have Fr. Raul and Carmen [misspelled?] who is the person who has a baby on her arms and the godparents who are Rafa [misspelled?] and Patty [misspelled?]. In those days, they had to move to another place in Guadalajara because when the neighbors knew that Patty was living in a hard stage of AIDS, they were expelled from their neighborhood. She had a late diagnosis and the medicines

did not come on time to her life so she died in 1997. Three years later, Rafa died and during this process she was a main element in this group of the Meson. She was the founder of this group which exists still today and it was started by people who live with HIV. She gave us great lessons of life and he grew with God during this process. He always said, "I am a life carrier not a virus carrier". [Inaudible] and her baby died also and little Patty, the girl we can see in the right side of the picture, she was born with HIV and right now she is 5 years old, she is a very nice girl for us. She is still participating in this group and this was the scenario in our beginning. At first we only wanted to hug [inaudible] and then this experience started in 1995 when other friends, secular and Catholic, put our faith in action as a way to demonstrate our love to God in a tangible and concrete way. So this is how we started in Guadalajara, this work which is directed to people who are affected by HIV and obviously to their family when they were not any because at first these people came alone, they were abandoned because they decided their family and leave their illness alone. Our love to God goes to this Meson and it was so difficult situation, painful and lonely situation, the anguish of having this diagnosis and keeping it in silence, so we wouldn't be judged or discriminated and while the lack of – this situation was so hard that this took us to God again to be strengthened in Him

and to be able to respond to our brothers, so soon we realized that this physical deterioration was followed by a very hard damage, a damage that would not only damage the physical part of the person, but also the integrity of the person. We said on that time and we realized that there was another virus which we stated as VJE which is the virus of the judgment and exclusion and this virus also kills. Before that diagnosis, we realized that the life of these people was vanishing and also their relation to God vanished.

We had as an image of our Meson we have the image of Christ which is half of the face is Christ. It was painted by one of our friends who died because of HIV and we realized that whatever we did in this organization that we offered to these people would help them sooner or later if they used this instrument to find themselves, to find their families, to find their communities to re-consummate [misspelled?] with life and that it was going to be themselves who would draw again the face of God and through these years we have had a program of giving place to these physical, spiritual and social part. We do this in different shelters. We have a space for people who are in an advanced stage. Who says that nobody dies because of AIDS is lying because a lot of advances, but people still die.

Next Thursday at this time of the day, we have a very nice session which is going to be done for five friends who

died because of AIDS. Well, this is another topic I will talk about later.

We have this program, I repeat the shelters and also integral attention program which is organized for people, for older people, for children and those people who live with HIV and we have work for psychology, therapeutical [misspelled?] processes, and especially for women, and here I would like to make a parenthesis, this is one of the most vulnerable group against AIDS, all women who have an active sexual life who are not sure that their couple are not infected with HIV.

We have a very valuable action here and this group is led in an environment in which we have a testimony of a God that loves unconditionally before the situation lived by many of our brothers and sisters. This group is led by brothers and sisters of life also organized by secular and Christian organizations and they have given us this support in this spiritual part of our lives and well this is [inaudible] make 12 years last week and was not an easy work to do and this is people who live beyond their lives who would like to help people, other people and we'd like to have strategic alliances and to give place to those people who do not have social security and many other organizations and with this we have strengthened our response.

We would like to have a spiritual nutrition for our Catholic church and that time God put us in our way with the

Jesuit and in that moment we had our way to walk through the way of AIDS. We searched for God and we found out Him the response to what we had to do. We had only one task and it is our task to do everyday, to love on our way and His way.

In all these cases – sorry this hurts just so much, remembrance from many friends, many from a long time. And in this time, the person has to have a new meaning of living with HIV, to have well from this focus of that and to another approach of living in life. The person uses this instrument and he manages to change their lives.

I would like to continue with this image. The next one, after this one, well, this is a group of women they baptized it as a symbol of even if they live with HIV, they can manage to find their freedom working with this.

And well this image is from three weeks ago in a public place where 16 international organizations worked with the faith network, it is a network which we think has a great future and starting to give good results and we are sharing lessons and experiences and we are integrating these organizations, all Catholic organizations in Mexico, nevertheless, since it was born we wish it was a network which had an ecumenical sense. So this is a moment to have some length [misspelled?] and to strengthen this network. This is part of the group of the network.

This is Father Oscar [misspelled?]. First I said that we found the Jesuits and they have been the ones who have been in the way along with us, but now we see new signs in our church, in the Catholic church in Mexico where these leaders which I said they are missing here, some of them are giving their lives, their talent, their love and they're doing new initiatives to take the HIV and AIDS topic to be a great axis [misspelled?] in our work and, well I have to finish now, but it has to be an important element among the indigenous people and immigrants.

And well this image, we have 12 women with their babies on their arms. This is part of our work today to see the changes we have had. They are here in this moment in this mass and well four of them, four of these babies were not infected with HIV, but the other babies are presenting their babies to the Virgin Maria, to the Virgin who is visiting us this day in the house and they are presenting their passes to be left free of HIV.

The first image reflected the face of HIV, of AIDS where they have very few possibilities to accompany this person, but today our perspective is wider, we have a great hope of life and we have a greater time for life and, well if I can have one minute just to finish. I would like to finish with this phrase from Father Romero, the Bishop of El Salvador who is a bishop we know who was murdered he said, "The essence

of the church is in mission of service to the world and it is mission to save it totally here and now." I think that talking about totally he is talking about inclusion, totally, all of us, all men and women, all children, no matter what their life histories of the person or our friend who lives in prostitution, does not matter her religious belief. We have this task to give attention to our brothers from other churches to be the bishops from the person who will leave them and the first day of every month there is Korean people who is praying for these ill people. We are an open institution with a great influence and no matter their sexual preference, I remember one friend who was called Ismael [misspelled?], he lived as my [inaudible] and he died as my [inaudible]. It does not matter, his socio-economical condition to save him in our history, here and now. Here and now is where we are having hundreds and thousands of babies born affected by HIV because their mothers did not realize they were affected. Here and now is where we have this risk. Here and now is where we have to get together as faith people and to make a commitment for our bishops, Catholic missions in Latin America, in Brazil. There they established the right and to defend the right of persons affected, to promote education and prevention with ethic criteria [misspelled?]. And well, I have to finish here and I would like to say that I hope that our work in this pre-

conference such as the [inaudible] will also give us good results. Thank you. [Applause]

GILLIAN PATERSON, M.D.: Thank you all very, very much for those most challenging presentations. As Sister Beatriz says, here and now is where we have to do it. Here and now is where we go from.

What we are going to do in about two minutes is we are going to arrange ourselves, you are already arranged into tables. We are not going to have people asking questions as individuals. We are going to ask you to discuss in your tables any issues that you want to address to the panel and then to appoint one of the members from your table to get up at the end of that perhaps and ask the question. Obviously, we have not got time for every table in the room, but we shall be able to take one or two questions from the floor. I did just first of all want to ask one particular question to Dr. Gayle. In 2003, I was in Nairobi and I was talking to the local director of the World Health Organization who said to me, "The churches are absolutely impossible to work with because they have so many agendas that are absolutely nothing at all to do with AIDS." Now, you presented us with a very hopeful and reconciled [misspelled?] scenario in a way that I think couldn't have happened three or four years ago and I was just wondering if you could just tell us something about how in this time when the international organizations are trying to see how they can

engage with faith communities, about what you see as being the challenges that are inherent of that from the public health point of view, from the point of view of international organizations, such as the ones with which you are so familiar? And when Dr. Gayle has answered that question, we will then go to the tables and have just five minutes of discussion, following by 10 minutes of questions. I guess we have got somebody with roving mics here getting ready for this happening. Thank you.

JACOB GAYLE JR., M.A., M.S., PH.D.: Sure, thank you.

I think that there has been so much learning over the past three or four years that things that are possible today may not have been so possible three or four years ago and as I said I think it is learning on all sides. I think before the common outcry against faith communities was this church or that group or whatever, they won't talk about condoms or they won't support gay relationships or they won't do this and that and they must do it if they're going to be involved with HIV. And I think that a couple of things have happened. I think one, first of all, we realized that there is enough work for all of us that whatever portion of it we take on will be contributing to the whole and secondly, I think actually in many ways communities of faith have better understood what their roles and responsibilities and capabilities are, that maybe there are things that they did not realize fit very well into their

calling and their direction and their leadership, four years ago, three years ago, that they better understand now. And so, first of all, I am ever the optimist on just about anything. I have not seen a glass yet that I have seen as being half empty, but they're always half full for some reason. But I really do think that it has been a two-way learning process that we realize again we can work together.

We have a common goal and a common purpose and if we see what that is and keep our eyes on that and not fight about who does what and you won't do exactly the same thing I will do, et cetera, but really look at coalition building. No one institution alone is going to be able to bring us to where we need to be in this HIV response. We need everything that everybody can contribute and so it is really all about partnership development and taking the strength of one, putting it together with the strength of others and somehow or another we all stretch in that process and we all learn more about ourselves and we all realize that in the context of what is the possible, that the possible is larger than what we thought it was before we started that experience. I have to agree that if you are looking in making long-term plans, have children. For those of us who have children, we realize that they have made us think and do and believe things that we never realized before would be humanly possible, so too our response to HIV.

There are a lot things we may not have thought would have fallen within our mandate, our responsibility, our desire, and yet as we have responded as coalitions to HIV/AIDS, we have stretched, we have grown, we have seen what the real long-term priorities and what really counts. What is important? The importance is that we work together to make a difference. So I think those are the ways that we work together.

I could enumerate many things that are drawbacks. Institutions like private foundations, at least like a lot of American private foundations, may find it difficult to work with one particular faith community just like perhaps they often times cannot work with one political party or entity, but to be seen as being nonbiased means that they need to be able to work across the spectrum of faiths or to ensure that they are not using public funds because funds of a private foundations are really actually public funds, that these public funds are not used to support religious messages or particular denominational or traditional beliefs or those kinds of challenges that we all run into, but I think we have to again look at that as that is half full and see how it is that we not be limited by those things, but how we find the way that we can work together using the strengths of each other.

GILLIAN PATERSON, M.D.: Thank you so much. Now, we are going to give you five minutes in your tables. Appoint somebody from among your midst if you want to ask a question.

Please do not make great long speeches. I am absolutely going to cut you off or Rick is going to, sorry the bad cop out here is going to cut you off. [Laughter] So, do not make speeches, but do challenge us because if you wish and do make brief points. Thank you and I will come back to you in five minutes.

Okay, could you wrap up your discussions now, please? Decide who if anybody is going to be your spokesperson. Do we have a roving mic, microphone? Okay, thank you. Alright, could you finish your discussions now, please? Could you finish your discussions now, please and put your hand up if somebody from your group wishes to ask something. Could you please finish your discussions now? I am sorry, ladies and gentlemen, you're going to be here for another three days and so you will have plenty of time. Shhh. Okay, we will take three questions, one from this group in the middle, one from this group over here and one from the lady in red, the woman in red at the very back there. Okay? We are starting with the group in the middle here.

NIARA DAI: Thank you very much. My name is Niara Dai [misspelled?] with the World Light of the CA [misspelled?]. We in our group would like to listen a little bit more on how the faith communities are reaching out to the leadership of young people and especially to young women? Secondly, how people living with HIV and AIDS and especially women living with HIV and AIDS are finding spaces at the table of decision making

within the faith community in order to have effective responses and lastly the role of faith communities, this was not by the group, it is me, the role of faith communities in addressing issues of crisis and conflict which increases vulnerability to women and girls when our countries are at war and we know that people living with AIDS cannot access treatment, cannot access quality care and the girls and boys are subject to rape and abuse? What are faith communities doing to response to HIV and AIDS in situations of crisis and conflict? Thank you very much.

GILLIAN PATERSON, M.D.: Thank you. The next was somebody over on this - yes.

GERALD RAMALA: My name is Gerald Ramala [misspelled?] from Churches United Against HIV/AIDS, CUAHA. Our problem here on this table is how can faith-based organizations help reduce stigma? We know that stigma is personal and social and we know that it is sometimes difficult to eliminate stigma completely, but how can we concretely reduce stigma? Thank you.

GILLIAN PATERSON, M.D.: I do not know if we can have another whole session to deal with this question. [Laughter] The third speaker was in the red jacket at the back.

FEMALE SPEAKER: This is the lady in red. Thank you very much. [Laughter] When I am speaking, I am speaking on behalf of my table and I know there are many Catholic institutions that are presented here and with due respect to

everybody, this is about saving lives and we have to move ahead. We have made great strides in denial, stigma and discrimination and we have in churches and faith-based organizations put mechanisms in place how to deal with this as my dear friend, Dr. Jacob Gayle, said in the last couple of years, also dealing with, I want to be very frank and foremost under prevention. We have made strides in condoms, but when are we going to put a mechanism in place? We know that condoms do not protect 100-percent. Our table says even if they protect 70 to 80-percent, they should be in the mix, not to deny life, but to save lives. Thank you. I would like an answer.

GILLIAN PATERSON, M.D.: I am not quite sure what the question was actually, [laughter] however, thank you.

FEMALE SPEAKER: Do we have mechanisms in place amongst faith-based organizations or policies on use of condoms? Thank you.

GILLIAN PATERSON, M.D.: Thank you. Can I ask Christo just to answer the question about stigma, please? And also, I am going to ask you to answer both of these actually, both the one on stigma and the one about faith communities reaching out to women and the place of young people at the table. I think that the whole business is a role of faith communities, it is something that this whole conference is partly about and I also think it would take too long to deal with it, so if you will

forgive me, I think we will just leave that on one side for the moment, not because it is not very important. Thank you.

REV. CHRISTO GREYLING: Yes, the issue of women and children are immensely important to be able to address HIV in a great way because of the vulnerabilities that that many women and many children are in this [inaudible] environment that leads them to infection. So, we need programs in our churches that will help people to re-appreciate the way that God has made us as men and women, as equals, gender positions. And that programs have to be instated within our churches in a broader way not only to address HIV, but also other issues and in the same way to assist our children to have a values system that will enable them to make the right choices. So it is a simplistic answer, but that is the basis what it comes to.

In terms of stigma, that is done by leading by example. People do not realize how they use language that are often hurting or stigmatizing and just the use of the words HIV/AIDS or HIV and AIDS and the continuing way of only linking AIDS to sex and not to a broader understanding that vulnerability to HIV could bring in many different ways. That should be done by the way that we as religious leaders start to talk and address it on a practical level in our congregations.

GILLIAN PATERSON, M.D.: Now is there anybody on this panel who would like to answer the question about condoms? Because if so, we have -

JACOB GAYLE JR., M.A., M.S., PH.D.: Thank you and if I understood the question it was really how do we both incorporate the issue of condoms in the discussion and not just in the discussion, in the action, but then also I think how do we have even the larger and the broader. Condoms are going to be, they're very, very effective when used properly, but there is still also a margin for error of sorts. We need to look at the larger. I think somebody said earlier, our responsibility I believe, our moral responsibility is to ensure that every single person knows all of the options that are available to him or to her, that are appropriate for their life circumstance, okay, and so I think we cannot just say one thing. We cannot just say condoms only. We cannot just say abstinence only. We cannot just only talk about male condoms and not about female. We cannot stop continuing to look for a microbicide and other opportunities that will put women in better place to protect themselves. We have to continue along that entire course because no one thing is going to be perfect. Even if a condom was 100-percent perfect in terms of being able to prevent transmission, condoms are not 100-percent perfect for every person's life circumstance. And so we have to make sure that we show the large and complete picture. Not judgmentally choosing one or the other for someone else, but giving each individual the opportunity to choose what is appropriate for them.

SRA. BEATRIZ REBECA JARERO RAMIREZ: In our institution we work, we are a very small institution, but as much as we can we work when it comes to prevention in young people. We work with elementary schools, in middle schools, high schools, and we talk about an integrated information when it comes to HIV. The condom topic or the condom issue for us has to do with respect to the right of people to get information. Us, with our values, with our churches, as Catholic lay people, we of course talk about the defense of life as something sacred. We talk about faithfulness. We talk about respect, commitment, but also as lay men and living this cause from the inside, we know that we have the responsibility and the moral obligation to talk with the truth. We cannot use partial truths, we have to give the whole truth, the whole information, the whole picture and it is the person who has the freedom, God-given freedom, and their growth coming from the context that he has lived in, what he has gotten from his own family, from his community. He is the one that has the right and the freedom to choose and to decide what he chooses for his life. We do not impose on anyone a prevention method. We do not impose absolutely anything. We give complete information as our responsibility, as our ethical and moral responsibility. We want to encourage the values and moral values of our church and then respect the decision of the person. [Applause]

REV. CHRISTO GREYLING: Thank you very much. I can say amen to that. And yes I want to stop, but I want to say that my wife and I have been married for 20 years and she is still negative after 20 years of marriage. Thanks to condoms.

[Applause] I believe that it is important that we realize that the God who said do not commit adultery is the same God who said do not commit murder. And therefore, both those things need to be in place in our prevention strategies to help people to make the right decisions to prevent them from coming into situations where they can get infected that means abstinence and faithfulness, but it also means that people who might not make that decisions as we want them to do have the correct and full information to be able to do that. So our programs need to include full information.

GILLIAN PATERSON, M.D.: Thank you very much. We have come to the end of our session. The messages that I am left with here are do not judge, realize that none of us has the whole answer, we should honor each other's contributions, something to do with coalition building and partnership development, the fact that it is very important that we should work together, building leadership at every level in relation to the realities of leadership within people's lives, the notion that we cannot use partial truths or pick and choose in our response and finally, the challenge that here and now is where we have to do it and that it is faith in action now or as

somebody said yesterday looking at these fancy bags that you've all been given, "Oh, it is faith in action wow!" So, we hope you enjoy this conference. Please go and have coffee now and something to eat and we will see you - wait, no, wait.

KAREN PLATER: Please do not.

GILLIAN PATERSON, M.D.: Do not go.

KAREN PLATER: Please do not listen to Gillian for a minute. [Laughter] We have a few very important announcements that will help make your pre-conference go smoother, a few logistical announcements. So if you can wait for two seconds before you go for coffee we will do that. But first, we want to present a small token that comes from the Christian Host Committee, a little taste of Mexico for our presenters to take back with them and thank you very much for sharing your inspiring words. [Applause]

[END RECORDING]