PROGRESSIO>COMMENT

Instability, structural violence and vulnerability

A Christian response to the HIV pandemic

James Keenan
and Enda McDonagh

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About the authors:

Fr James Keenan, SJ, is the Founders Professor of Theology at Boston College, USA. A Jesuit since 1970 and a priest since 1982, his books include: *Goodness and Rightness in Thomas Aquinas's Summa Theologiae*; *Virtues for Ordinary Christians*; *Commandments of Compassion*; *Jesus and Virtue Ethics* (with Dan Harrington); *Moral Wisdom*; *Toward a Global Vision of Catholic Moral Theology*; *The Works of Mercy*; *A History of Catholic Moral Theology in the Twentieth Century*; and (as editor) *Practice What You Preach*; *Catholic Ethicists on HIV/AIDS Prevention*; and *Catholic Theological Ethics in the World Church*.

Enda McDonagh is Professor of Moral Theology at the Pontifical University at Maynooth, Ireland. He has published many books including, most recently, *An Irish Reader in Moral Theology* (with Vincent McNamara); *Immersed in Mystery*; *Vulnerable to the Holy*; and *The Reality of HIV/AIDS* (with Ann Smith).

"The public language . . . of AIDS is as important as the science."
(Albert Jonsen)[1]

We want to suggest that three interlocking concepts are key for understanding HIV and AIDS: instability, structural violence, and vulnerability. They are related to one another in this way: HIV and AIDS breed where there is instability; instability arises from structural violence; we can only respond to the virus if we appreciate the value of vulnerability, so as to provide stability and diminish structural violence.

Instability

HIV is perceived as a multi-layered threat, an insight that cannot go unmentioned. Because HIV is an infectious (though not easily transmissible) virus, every society's self-understanding finds it necessary to perceive the virus as inevitably coming not from within 'our society', but from outside of it. The first person in any society to contract the virus had to have acquired it, according to this logic, from a member of another society. For this reason (as is true in the history of syphilis), one repeatedly hears about the 'entry from outside' of HIV and AIDS into any culture, and of the need to document the foreign source of these origins.

Moreover, the virus particularly thrives where there is instability, a notion that we believe is extremely important. Those who are viewed as being 'marginalised' in any society are also commonly described as those most at risk for acquiring HIV infection, but we would contend that this characterisation doesn't quite get to the core of vulnerability to becoming infected with HIV. HIV breeds specifically where there is social instability, whether that means, for example, those who are affected by civil strife, military incursions or liberation armies such as those in Uganda, Haiti, Sudan, or the Congo; those who are refugees in any part of the world; those in the prisons of Russia; those married to South African or Indian truck drivers who themselves live in very unstable worlds; those in debt-ridden nations on the verge of economic collapse; heads of families forced to migrate for employment, and those at home who await them; those who are drug users whose own apprehension of themselves is itself unstable; those who are forced into sexual activity to support their children, their families, or their school fees; those who are overseas workers and fishermen; those who engage in clandestine homosexual activities in homophobic societies or settings; or those girls and young women who are faithful to their marriages or to other stable sexual relationships but whose husbands or partners put them at risk because of external sexual liaisons. In short, if we want to find persons who are at risk of becoming infected by the virus,

or already are infected, they are not simply marginalised people. They are people who are vulnerable precisely because their lives and their social settings lack the means and stability needed to live safely in a time of HIV.[2]

Jeffrey Sachs, who is widely considered to be the leading international economic advisor of his generation, has been at the forefront of the challenges of economic development, poverty alleviation, and enlightened globalisation for more than 20 years. He emphasised the importance of the concept of instability when he wrote in *Time* magazine:

> Since September 11, 2001, the US launched a war on terrorism, but it has neglected the deeper causes of global instability. The nearly $500 billion that the US will spend this year on the military will never buy lasting peace if the US continues to spend only one-thirtieth of that, around $16 billion, to address the poorest of the poor, whose societies are destabilised by extreme poverty.[3]

Sachs also notes that disease locks these unstable environments in with a barrier called infectious disease. He writes:

> Disease is not only a tragedy in human lives, disease is disaster for economic development… the major reasons why many of the poorest countries in the world, particularly but not exclusively in sub-Saharan Africa, are stuck in poverty is that the disease barrier is so great that it is blocking many different normal avenues of economic advance.[4]

Buttressed against this barrier of disease within which instability thrives, more stable societies and institutions (including churches) create their own protective barriers. Peter Piot, recently retired head of the United Nations AIDS programme and credited as the person most responsible for making heads of state understand the political, economic and social ramifications of a pandemic, reminds us that "the barriers to prompt and effective action are immeasurably magnified by taboo, denial and prejudice".[5] This strategy is remarkable because in an almost perverse way these defensive barriers on the part of leaders in strong, stable cultures are antithetical to the attempts of ethicists, public health officials and clinicians to keep the most vulnerable persons uninfected. As opposed to supporting those public health preventive strategies (condoms, needle exchange, preventive education) which protect HIV-vulnerable individuals, some leaders and members of their societies perceive that the better and more important shields are those that keep vulnerable and most at-risk individuals marginalised and distanced from

'the general population,' or those that are perceived as protecting social mores and orthodoxy from contamination.

The strategy of keeping a distance is often backed by a deep moral judgementalism, whether explicitly stated or not. The evangelical theologian Donald Messer has examined compelling data from the HIV pandemic (albeit now somewhat dated) and found a church leadership that stands aloof, righteous, and judgemental.[6]

Another study, carried out in Tanzania in 2008 on the influence of religious beliefs on HIV stigma, disclosure, and treatment attitudes,[7] found that religious beliefs strongly influence the way many people think about HIV and AIDS. A significant percentage of those surveyed believe that people who are infected with HIV have not followed the Word of God, that HIV is a punishment from God, and that through prayers it can be cured. The same study found that shame-related HIV stigma was strongly correlated with religious beliefs about punishment from God and following the Word of God.

Moral judgementalism depends powerfully on the capacity to blame. This blame is deeply tied to the belief that those living in unstable situations cannot be trusted, and ought not to be admitted to the stable 'inner circle' of society. Moreover, since their condition is in many cases presumed to be their own fault, it does not merit the sympathetic, supportive, humanitarian response that other catastrophes prompt.

For example, the number of lives lost to the Indian Ocean Tsunami in December 2004 approached 300,000. This tragedy generated billions of dollars of supportive response worldwide immediately. Although HIV causes the same number of deaths every 37 days, the will to commit concomitant resources to prevent such loss of life simply does not exist. Not only that, but if every 37 days another tsunami were to occur, we would witness a global effort of the highest priority creating a wall protecting all of humanity against the threat of such tsunamis. Faced with the fact that the HIV pandemic does inflict the loss of 10 tsunamis a year, we find no such interest in building a wall against the 'sea' of the virus. Desiring to protect ourselves from those at risk, we build ourselves a barrier against those living in unstable worlds.

The biblical tradition of Job, whose narrative contradicts the deep-seated belief that we are the authors of our own troubles, apparently has no claim here.

Structural violence

Our relationship to the world of instability is not innocent. In fact, despite our self-created barriers and ill-conceived judgementalism, public health officials see a corollary between the world of instability and the world in

which we thrive. They use the language of 'structural violence' to describe the connection.[8]

That connection, however, is first based on another one. In 1997, the late Jonathan Mann, a key figure in the early fight against HIV and AIDS and a central advocate for combining the synergistic forces of public health, ethics and human rights, wrote: "It is clear, throughout history and in all societies, that the rich live generally longer and healthier lives than the poor."[9]

This connection between poverty and disease prompted two of Mann's colleagues to develop specific arguments. First, Paul Farmer, known worldwide for his pioneering work in global health, looked at the inequity of social institutions and how they embody virulent pathologies of power. Reflecting on the deep connection between poor health and poverty, he saw the root causes of disease as being more connected to economics than to biology.[10]

From a different perspective, global economist Jeffrey Sachs studied how disease affects social structures, that is, how disease makes people poor. While poverty certainly creates the conditions by which people become at risk of poor health, disease destroys their ability to escape from the very context that made them susceptible to ill health in the first place. "Disease is not only a tragedy in human lives, disease is disaster for economic development."[11]

Coming from contrary perspectives, Farmer and Sachs do not contradict one another; rather, they keep us on track, helping us to see the deep and interlocking connections between poverty and disease.

Later, Paul Farmer turned to the concept of 'structural violence' for describing how poverty and instability are linked to the transmission of HIV. He adapted the concept from the Norwegian sociologist, Johan Galtung,[12] a principal founder of the discipline of peace and conflict studies.

Galtung held three insights: that violence is the cause of the gap between what is attainable and what exists; that this gap is avoidable; and that its causes are structural. Rather than perceiving violence as simply something intentionally perpetrated by an agent to cause immediate harm to another, Galtung wants us to see violence first from the viewpoint of the recipient of violence. The lack of clean water and/or food in a world of available resources is perceived as violent by those who are hungry and thirsty. This violence is felt, not simply because there is a lack in a world of plenty, but because that lack is avoidable, and yet the way that economies are structured supports and depends precisely on the avoidable gap.

Galtung writes: "Violence is… the cause of the difference between the potential and the actual, between what could have been and what is. Violence is that which increases the distance between the potential and the actual, and that which impedes the decrease of this distance."[13] He adds:

"The violence is built into the structure and shows up as unequal power and consequently as unequal life chances."[14]

Farmer asserts that structural violence is "the consequence, direct or indirect, of human agency."[15] For Farmer, structural violence is about not only the unequal distribution of resources, but more importantly, the unequal distribution of power. He uses the expression 'structural violence':

> …as a broad rubric that includes a host of offensives against human dignity; extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are uncontestedly human rights abuses, some of them punishment for efforts to escape structural violence.[16]

Paul Farmer points to structural violence as the form of violence "endured by those marginalised by poverty, gender inequality, racism, and even mean-spirited foreign policies".[17] It refers to the structuring of suffering "by historically given (and often economically driven) processes and forces that conspire – whether through routine, ritual, or, as is more commonly the case, the hard surfaces of life – to constrain agency".[18]

Analysing the spread of HIV in Haiti, Paul Farmer refers to the term 'violence' to demonstrate how "political and economic forces have structured risk for HIV and AIDS, tuberculosis, and indeed, most other infectious and parasitic diseases."[19] In using this concept, Farmer attempts "to identify the forces conspiring to promote suffering, to discern the causes of extreme suffering and also the forces that put some at risk for human rights abuses, while others are shielded from risk."[20]

In this way, Farmer makes deep connections between poverty and illness while at the same time connecting that issue to those with power and those without power.

Issues of power, however, inevitably lead us to issues of vulnerability.

Vulnerability

In the broad regions of instability where, as indicated above, war, poverty, famine and a host of associated oppressions and powerlessness rage, disease provides humanity's deathly companion, at once the product and the source of further instability. The structural violence which the powerless must endure from the powerful in their efforts to keep instability and its consequences, including health challenges such as HIV, at bay, mars any ambition of global justice, and shames would-be promoters of freedom and fairness. The comments quoted earlier from such authorities as Piot, Farmer

and Sachs could be replicated from a host of other analysts and activists in both the more restricted field of HIV and the wider fields of international aid, trade and development.

The third key concept invoked here in relation to HIV also has wider connections. However it may be particularly apt in this narrower discussion. In its more restricted usage human vulnerability may be said properly to begin with the individual person's openness to bodily or mental injury and disease, with HIV heading our queue. The infection by the HIV virus and its development may be immediately due to bodily interaction and its associated vulnerability, but it always occurs in a network of other interactions and vulnerabilities, relational and social, summarised in previous sections under the rubrics of instability and structural violence. The first vulnerability then is that of the individual subjected to the infectious contact which is at least reinforced, if not exclusively caused, by the combination of unstable personal conditions and their social exploitation in the self-protective neglect of the dominant economic and political classes. Further to the references cited above might be added official reports and the work of activists and scholars in underlining the spread of the dynamic through stigmatisation, economic self-interest and other forms of distancing the pandemic through structural violence.

As the French physician and moral theologian Vincent Leclercq has convincingly shown,[21] the word *vulnus,* from which vulnerability derives, has a second meaning beyond injury or trauma, that of breach or openness in a person's or a society's defences. The breach in this context has psychological and social implications, opening the person and society to what is going on behind the disease barrier of those infected and affected by HIV. The powerful are called to share and seek to overcome the instability in which the weak suffer, to dismantle the structures of violence and oppression, to build a compassionate community of all. The call comes from the authentic needs and capacities of the deprived and suffering and from parallel needs and capacities of the privileged and powerful. In that remarkable, even paradoxical, insight into human beings as intrinsically communal as well as individual, the exploiters and the dominant are as reduced in their humanity, if not sometimes more so, as the exploited and dominated. Liberating, healing, reconciling, compassion and justice are always two-way streets. In Mohandas Gandhi's description of the British occupation of India and so of similar structural oppressions, what is involved is a mutual enslavement requiring mutual emancipation. All this demands fuller explication in the context of HIV and AIDS.

In that first essential step of prevention, as the present authors and others have frequently indicated, those with the political, economic, moral and religious power must be mentally vulnerable to the suffering and dying of

the infected and affected. That is, they must allow their pain to enter their minds and hearts so that they are moved to genuine conversion beyond the existing barriers to their plight and effective action in response to it. The conversion may involve not only a turning in love to the sufferers, but a moral conversion of dearly held but now unfounded and unethical positions in regard to condoms, needle exchange and other useful means of prevention. In regard to medical treatment, corporate vulnerability to the pandemic will require the fundamental step of putting people – and suffering people above all – before profits. This means helping to provide the drugs which would allow so many infected people to lead relatively normal lives (relative to the lives of other healthy people living in the same setting, whilst recognising that living in poverty must never be considered a 'normal' life). This would require the drug companies to forego their usual exorbitant profits. In refusing to act in this way, they are in their greed not only assisting in the further dehumanising of the infected and their carers, but dehumanising themselves. This is just one further example of how we reduce ourselves as human beings when we fail to open up to others and attempt to become invulnerable to them.

The range of vulnerability and the call to compassion reaches further still. The inequities of the economic world go well beyond individual people and countries, however ill or poor, and even the grandest corporations, however powerful and wealthy. Without an approximation to international justice and peace, instability and structural violence will continue to extend and deepen personal and social vulnerability. One iconic example of this will be the HIV pandemic. Without a radical shift in attitudes and activities in aid and trade, both between wealthy and poorer countries and between the parallel divisions within all countries, disease spearheaded in so many places by HIV will continue its tragic trajectory. Of course, this disastrous progress will not be confined to disease. And the violent distancing processes used in the search for security from and invulnerability to such diseases may have even more serious consequences, in the so-called war against terrorism, or the selfish refusal to accept the discipline imposed by increasing climate change. The only security against such threats, and in this fragile world it can never be more than partial, lies in a shared acceptance of our common global vulnerability.

The wheel has come full circle. Only openness to the vulnerability of others and their further vulnerability, leading to an acknowledgment of our own, will offer serious hope of devising strategies and activities that will give us the partial but still substantial security worthy of our humanity. Perhaps the experience of an authentic response to HIV could begin to teach us as much.

Notes

1 Jonsen, A 'Foreword' in Juengst, E and Koenig, B (eds) (1989) The meaning of AIDS, Praeger Publishers, New York.

2 Jon Fuller and I began to develop this issue in 'Educating in a time of HIV/AIDS: learning from the legacies of human rights, the common good, and the works of mercy' in Filochowski, J and Stanford, P (eds) (2005) Opening up: speaking out in the Church, Darton Longman & Todd, London, pp95-113. See also our 'Church politics and HIV prevention: why is the condom question so significant and so neuralgic?' in Hogan, L and FitzGerald, B (eds) (2003) Between poetry and politics, essays in honour of Enda McDonagh, Columba Press, Dublin, pp158-181.

3 Sachs, J (2005) 'The end of poverty' in Time magazine, New York, 6 March 2005.

4 Sachs, J (2003) 'Winning the fight against disease: a new global strategy', keynote address to the 2003 Fulbright Scholar Conference, 2 April 2003, p1. www.earth.columbia.edu/sitefiles/File/about/director/pubs/FulbrightSpeech0403.pdf accessed 6 October 2006.

5 Piot, P (2005) 'Why AIDS is exceptional', speech given at the London School of Economics on 8 February 2005, p5. http://data.unaids.org/Media/Speeches02/sp_piot_lse_08feb05_en.pdf accessed 11 June 2009.

6 Messer, D (2004) Breaking the conspiracy of silence: Christian churches and the global AIDS Crisis, Fortress Press, Minneapolis, pp5-7.

7 Zou, James, et al (eds) (2009) 'Religion and HIV in Tanzania: influence of religious beliefs on HIV stigma, disclosure, and treatment attitudes', BMC Public Health website, 2 March 2009. http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2656538 accessed 11 June 2009.

8 I am indebted to the research of 'structural violence' found in the dissertation of my student Jacquineau Azetsop. See Azetsop, J (2007) Preferential option for the poor and health equity in Africa: a theological approach to population-level bioethics, doctoral dissertation paper AAI3301784, Boston College dissertations and theses, Boston. http://escholarship.bc.edu/dissertations/AAI3301784 accessed 11 June 2009.

9 Mann, J (1997) 'Medicine and public health, ethics and human rights' in The Hastings Center Report, Vol 27, 1997, pp6-13.

10 Farmer, P, Connors, M and Simmons J (eds) (1996) Women, poverty and AIDS: sex, drugs and structural violence, Common Courage Press, Monroe. Farmer, P (2002) Infections and inequalities: the modern plagues, University of California Press, Berkeley. Farmer, P (2004) Pathologies of power: health, human rights and the new war on the poor, University of California Press, Berkeley. See also Farmer, P and Walton, D (2000) 'Condoms, coups, and the ideology of prevention: facing failure in rural Haiti' in Keenan, J F et al (eds) Catholic ethicists on HIV/AIDS prevention, Continuum, New York, pp108-119.

11 As note 4, p2.

12 Galtung, J (1969) 'Violence, peace and peace research' in Journal of Peace Research, vol 6 No 3, 1969, pp167-191.

13 As above, p168.

14 As above, p171.

15 Farmer, P, Pathologies of power, as note 10, p40.

16 As above, p8.

17 Farmer, P (2004) 'An anthropology of structural violence' in Current Anthropology, Vol 45 No 3, 2004, pp305-325.

18 Farmer, P, Pathologies of power, as note 10, p40.

19 As above, p30.

20 As above, p50.

21 Leclercq, V (2007) Vulnerability and the kingdom of God: A theological ethics in a time of AIDS, doctoral dissertation, Weston Jesuit School of Theology, Cambridge, Massachusetts.