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**SOLIDARITY OR  
ABANDONMENT AND BETRAYAL**

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Keynote Address to  
The Canadian AIDS Society  
Annual General Meeting

Halifax, Nova Scotia

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Good Evening. I'd like to commence by thanking you for inviting me to be the key-note speaker to the Canadian AIDS Society Annual Bean Fest and Bun Toss. I do so early on, because many of you may well wish I hadn't come by the end of my speech.

To keep things transparent, my speech tonight is in three parts. The first deals with our domestic accomplishments and lessons learned, the second deals with the realities of AIDS internationally and our concomitant responsibilities, and the third will hopefully draw the two together and indicate some cause for future action.

L'histoire du SIDA a commencé il y a très longtemps et dans un monde qui semble aujourd'hui très éloigné. Bien que nous ne parlons en fait que de dix ans, il est très difficile de se souvenir maintenant des événements de cette période car tellement de changements se sont produits de puis. Nous avons été témoins de profondes transformations du monde; en effet, la réalité geo-politique de plusieurs décennies n'a pris que quelques mois pour s'effacer. Nous avons changé. Nos communautés ont changé. L'exercice de la médecine et de la santé communautaire a changé. La façon que nos gouvernements traitent de questions de santé publique a changé. Permettez-moi maintenant d'examiner ces changements.

In the industrialized countries of the world, AIDS struck hardest in a pre-existing, self-identified community, with existing political and community structures and with a defined agenda for social change --namely the gay male community. While the results were, and are, devastating to this community, the consequences were not all detrimental. Let me explain.

The gay community was faced in the 1980s with a fight for its very survival. And fight they did. Wonderful, talented, at times impossible, at times inspired, but always determined, the community came together and fought back with grit and determination. This room is filled with those people, and we are all benefitting from their actions. For the first time in Canadian history, a government has produced major health policy, namely the National AIDS Strategy, in circumstances where their failure to consult the client group concerned would have resulted in a loss of credibility for the government itself. No government in Canada that wishes to promulgate public policy on AIDS can do so without consultation with the appropriate community-based client-centred groups responding to AIDS. In short, health-care clients are now seen as legitimate players in the process of developing policy.

Deuxièmement, les personnes atteintes du SIDA et leurs organizations ont été les

premiers à accélérer le processus par lequel les traitements et médicaments expérimentaux deviennent accessible à ceux et celles qui en ont besoin. En cours de chemin, le pouvoir des institutions de recherche médicale s'est déplacé vers les patients et patientes, surtout au niveau de qui a le droit de déterminer et accepter le risque rattaché à un traitement qui n'a pas été l'objet d'un procédé prouvé.

Third, there has been unprecedented success in generating public responses to public fear and misinformation. By insisting that response to public prejudice was a public responsibility and not the responsibility of those subjected to the prejudice, our community has helped teach government an object lesson in human rights.

Lastly, domestic groups responding to AIDS have developed contacts internationally that are without precedent in the field of health care. AIDS Service Organizations have an international network in place at this time, people with AIDS and HIV have an international network in place at this time, and development organizations responding to AIDS have a loose-knit international network in place at this time. These are firsts in the health care field and may well prove to be models in other areas as well. These are accomplishments that we should be extremely proud of.

What, however, are the lessons we have learned from these accomplishments? I would suggest that we have learned two important and inter-related home truths. We have learned that action to create change comes from the individual and is an individual responsibility. And we have learned that we have succeeded best when we have acted collectively. Thus, if we want things to change, we must make individual decisions to do so, and recognize that our best chance of effecting the desired change is to act in concert with other individuals with similar goals. This process has a name: it is called Solidarity.

Solidarity crosses all boundaries of race, religion, sex, culture and age. It occurs when individuals make common cause toward common goals. In the face of all that has confronted us it has been our solidarity that has allowed us to make gains. When we have stood together, we have increased our chances of success. When we have been divided amongst ourselves, we have increased our chances of failure.

Our solidarity is our primary resource, with money, staff and volunteers being wasted without it.

La souffrance que connaît notre communauté est bien grande. Mais cette souffrance, et notre réaction face à ce mal, ne sont pas unique. Au contraire, notre souffrance est celle que connaît la majorité de la race humaine. Les trois quarts de la population du monde vivent dans des conditions qui font de la souffrance, de la misère et de l'affliction une réalité quotidienne. Notre souffrance, notre expérience nous rend unique seulement par le fait que nous avons maintenant un meilleur aperçu du vécu de la grande majorité de la population de notre planète. C'est une

perspective que peu de gens de sociétés privilégiées possèdent. Si nous partageons maintenant ce terrain commun, que peut-on dire sur la réalité de la vie quotidienne de la majorité des femmes et hommes qui peuplent la terre?

I would like to begin to answer this question by initially restricting myself to outlining this global context as it relates to AIDS. The most salient feature of this context is that AIDS is striking as many women as men, and some experts are predicting that by the end of the decade, as many as sixty per cent of all cases will be among women. Because of their physiology, not only are women more likely than men to contract HIV during unprotected sex, but they are also more likely to be diagnosed later than men, have less resources to fight illness, and will live a shorter period of time after diagnosis than men. Thus, women will acquire HIV at an increased rate than men, and they will suffer differentially as well. When one understands that in most developing countries women are the primary food producers, and do two-thirds of all labour world-wide, one begins to understand how devastating AIDS is in its global context.

The second striking feature of the global context is its sheer magnitude. By the end of this decade, forty million people will have been infected by HIV. Ten million will have AIDS. Five million children will be infected by parantatal transmission, and at least the same number will be orphans, having lost both their parents to AIDS.

These figures translate into an incredible picture at the community level. In Zimbabwe, seventy per cent of the officer corps of the armed forces are HIV-positive, as are seventy per cent of the police in Harare, the capital. In Zambia, two-thirds of the managers of the copper industry are HIV-positive, and this industry supplies eighty-per cent of the country's foreign exchange earnings. In Uganda, thirty per cent of all district health officers have or have died of AIDS. These people are responsible not only for the response to AIDS, but to all other health problems as well. An estimated one hundred thousand people are being exposed to HIV each day in the brothels of Bombay.

In most sub-saharan African countries, infection rates range from ten to twenty per cent in the general population, and are often over thirty per cent in the adult population. This pattern is repeating itself in Asia, Oceania-Pacific, Latin America and the Caribbean. Let me drive this point home. Worst case scenarios in Canada place our infection rate in the general population at approximately one-fifth of one per cent. This compares with the previously stated rates of ten to twenty per cent in many African countries. Even if one transposes all potential Canadian infections into the gay male community alone, that community would have an infection rate of about two per cent.

Without belittling or denigrating our experience, I say to you bluntly, that we have had a comparative picnic in the way in which we have had to respond to this disease.

And please let us remember that much of what has been accomplished has been accomplished in a very different atmosphere than people in developing countries face around HIV and AIDS. We live in countries in which the rule of law is essentially secure. That is not true of many developing countries. We live in countries where the acts of discrimination have manifested themselves primarily in the denial of services or work and in the slowness of government response to the pandemic. In developing countries governments have not only been quick to deny and slow to respond to the issue, but in many countries, activism around AIDS issues is the equivalent of writing for yourself a death certificate. Discrimination is in the form brutalization, jailing, torture and death. So we have not even had to operate under similar conditions in many instances. As I say, I don't wish to belittle what we have accomplished, I am merely illustrating that in global context, the rest of the world has had to face a great deal indeed.

The third striking feature in the global context is the difference in resources. And I will very quickly sum this up by saying that three ketoconazole or nizoral tablets represent the per capita annual expenditure on all health care for about three-quarters of the world's population. Put another way, three-quarters of the world's population live in countries where seven dollars or less is spent per year per capita for all health-care needs.

When we compare that sort of health care with the system under which we live we can begin to understand just how truly amazing the community-based response in developing countries has been and how much they've accomplished with so very little.

From the beginning, we've insisted that AIDS be looked at as more than a medical problem. We've understood its social consequences, we've understood its human rights dimensions, we've understood its public policy dimensions. And we have fought to have that broader perspective accepted. What then happens when we broaden our perspective globally, beyond just the issue of AIDS? Well the last ten years -- the ten years in which we've been dealing with AIDS internationally -- has seen a world tipped on its ear. Who ten years ago would have predicted the fall of the Berlin wall? Who ten years ago would have predicted that a jailed poet and playwright would become the president of Czechoslovakia or an electrician from a shipyard the president of Poland. Or that masses of people would stand in Red Square in front of tanks to protect their fledgling democracy-- a democracy yes, I say that again. Think back ten years at how profoundly different the world was. AIDS has occurred during, and been a part of a massive change in the geo-political realities of the world we live in.

These changes have underscored several important points. They have told us that individual actions have meaning and consequences. They have told us that individual actions result in change. And that individuals acting in concert with other

individuals are effective in creating a new and better world.

Finally these changes have reinforced the notion that geographic boundaries in 1992 are essentially meaningless. I make this point because there still those in our community who will make the claim that we should look after our own first. The argument is that we should look after our own community first, and that that is where our responsibility lies. I would ask the question of those people -- How do you define that community? Is it just you and your neighbour? Or does two houses down the street count too? Or do you draw the line at the end of the block? Or maybe just the neighbourhood. Or the quarter of the town or the village, or the region, or province. Do we exclude from our services, resources, care and concern someone's cousin because they live on the other side of the street, and the street was a boundary line? In 1902, it may have been possible to draw such lines. In 1992, our world is one where such lines are meaningless.

Our responsibilities and the consequences of our actions are global. We may choose through a system of priorities to take actions whose effect will be primarily local, but that in no way ever mitigates the fact that our responsibilities are to the whole of the global community and that our actions will affect everyone, both at home, and abroad. The argument that we must take care of our own and somehow draw a line which excludes the rest of the human family is an intellectually bankrupt argument, bereft of principle and devoid of humanity.

I have heard this argument for twenty years now, I am heartily sick of it, and tonight I will serve notice that I will challenge anyone in our community who propounds it --at any time, at any place, on any platform, under any circumstances, to public debate on this issue. It is a morally corrupt argument, and it is long overdue that it joined the trash heap of history along with cold-war thinking, big is better, greed is good, growth is great, and all of the other notions that the nineties are showing to be obsolete and irrelevant as guide posts for the next century.

If one of the fundamental lessons that we have learned domestically is that Solidarity is our greatest resource, and in the historic times we live in we are reinforcing the idea that we live in a global community and that our responsibilities are global, it seems to me rather logical that we should be combining those two processes. That is to say, we as a community in this country should be finding ways in which we can display our solidarity with people with HIV and AIDS on a global scale. And tonight I have a proposal, a challenge to our community as to how I think that might be done.

By the end of this decade there is a good possibility that the first therapeutic vaccine will be on the market, perhaps the first preventative vaccines, and not long afterwards a cure for AIDS will in fact be found. If history is any guide to go by, our society -- once we have discovered those vaccines or cures -- will move very quickly

to secure the safety of our own populations. Once that has been accomplished we will promptly forget about the issue and in the process abandon three-quarters of the world's population to meet their fate as best they can.

We did so with dysentery, we did so with cholera, we have done so on virtually all major public health issues. When we have solved the problems in our own society, we have then forgotten about them and put them on the back-burner and they have become just another disease, another illness that those people, over there, have to deal with. We have managed to separate it and distance it from our own reality. Well as I've indicated this evening, those separations -- certainly the geographic ones -- are without legitimacy. I believe that our community, from its lessons learned over the last ten years, and from its unique placement in health-care issues has an opportunity to act in solidarity on this issue in a way that is striking, effective, and in fact manifests that solidarity which we understand domestically, on a global scale.

Every individual choice has collective consequences, so every choice carries responsibilities that extend beyond the individual. Those who do not recognize this principle are social rogues requiring restriction by the rest of society for the common good. Tonight I'm asking you to make individual choices. They will not be easy or without pain. Fundamental change does not occur without pain -- it is not an easy process.

Our community understands pain. In the face of social hatred and contempt, we have endured. In the face of uncaring and unmoving bureaucracy we have endured. When family members or friends abandon us, we endured. In the face of divisions from within our own community, we consulted, we built consensus, we endured. We have endured and suffered, and tonight I'm going to ask you to engage in a course of action which may well result in the need for more endurance and in more suffering. But this effort will not be in vain. It will be part of a process which changes the world we live in for the better and displays in real terms the solidarity we've been talking about this evening. It allows us internationally to have the word 'solidarity' come to have the same concrete reality and meaning that we know it to have domestically.

My proposal is this -- We have over the last ten years lobbied successfully for the early release of drugs. Tonight I am asking you to change tactics and reverse that process. I am asking that people living with AIDS and with HIV, and their organizations call on our national governments and multilateral organizations to delay the release of any new vaccines or a cure for AIDS until such time as three conditions can be met. That the drug or vaccine be affordable world wide. That it be accessible world wide. And that it be available world wide. And that without those conditions being met, we would make it clear that we would not be in favour of the release of those vaccines or drugs. In taking this action, we would send a clear message to government, and most importantly to people living with HIV and AIDS

in developing countries that we will not allow the lifeboat to leave until such time as we can be assured that everyone has a chance to be on board. This action will be historic. Never before has any relatively privileged group in an industrialized country indicated to the world that they were prepared to make genuine sacrifices in order to ensure that people in developing countries would have a better life. I repeat. The rich of the world have never sacrificed to improve the lot of the poor. If we take this action we will create a model for all other endeavours to make the world a more just place to live. We can choose to stand by and watch the sweep of history, or we can make history. Let us choose to make history. The ghosts of those who have died of AIDS will ride with us. Justice is our cause. Our solidarity is our shield, Passion is our sword, and we must not stop until the day is ours, the dragons are slain, and everyone, everywhere regardless of circumstance can live their lives free from the scourge of AIDS. We have a choice -- extend our Solidarity or abandon and betray three-quarters of the world's population, and in so doing betray ourselves. You may not accept the course of action I have proposed, but your imagination could supply you others.

The people in this room represent everything that I would like to be. You represent my dreams, my hopes and aspirations for myself, you are the model by which I try to live my life, and it is your standards that I try to emulate. I do not have it within my capacity to make those of you who are ill well. Nor do you collectively have it within your capacity to make me well. But together we can start to make the world well. And at the end of the day, that is one of the primary reasons why we're here. You are my heroes. I commend you. I salute you. And I thank you.