

STIGMA OR SOLIDARITY? NEW CHALLENGES FOR THE CHURCH RESPONSES TO HIV AND AIDS IN EUROPE



REPORT FROM THE  **Caritas**
EUROPA CONFERENCE ON
HIV AND AIDS IN CENTRAL AND EASTERN EUROPE AND CENTRAL ASIA

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The first Caritas Europa conference on HIV and AIDS was entitled “Stigma or Solidarity? New Challenges for the Church Responses to HIV and AIDS in Europe”. It was held in Kiev, Ukraine, on 24-26 April 2007. The Conference was hosted by Caritas Ukraine and financially supported by Caritas Germany (DCV), Catholic Relief Services (CRS) and Renovabis.

There were 76 participants from 27 countries (including a few non-European contributors). Most of them were Caritas leaders and HIV-related project practitioners, as well as representatives from Episcopal Conferences. All were encouraged to actively take part through presentations, plenary sessions and working groups.

One of the main objectives of the conference was to raise awareness among Church leaders and leaders of Caritas organisations regarding the need to address HIV and AIDS using a strategic, structured, well coordinated, and trans-national approach with specific emphasis on the social dimension.

The conference also aimed to provide an opportunity for exchange of good practices showing the successful engagement of Caritas and other Catholic organisations in addressing HIV and AIDS related issues.

Overall, the conference yielded a wealth of shared experiences, new insights for the participants, enhanced knowledge for the organisers. It also produced a list of useful recommendations; i.e. recommendations on the need for further theological reflection and for greater Bishops’ involvement in this area.

It is the sincere intention of Caritas Europa to build on the outcomes of this important conference and work towards a future pan-European Caritas strategy of cooperation and mutual learning on HIV and AIDS.

Marius Wanders

Secretary General

Basic facts about the HIV pandemic and role of the Catholic Church by Msgr Robert J. Vitillo Special Advisor on HIV and AIDS to Caritas Internationalis

Having been recognised for barely 25 years, HIV has already become one of the most formidable infectious agents confronting modern medicine and is now the fourth greatest cause of death worldwide; in Africa, it is the primary cause of death among adults. HIV and AIDS were first identified during the 1980s. Scientists are not certain about the exact origin of HIV, but it is possible to refer to some of the prevailing theories.

HIV stands for 'Human Immunodeficiency Virus'. HIV is a virus that infects blood and damages the immune system and one's ability to fight diseases. AIDS stands for 'Acquired Immune Deficiency Syndrome'. AIDS is the illness caused by HIV. People with AIDS lose their ability to fight germs that can make them extremely ill. It is important to note that there may be a long period of time between initial infection with HIV and development of AIDS related illnesses, often referred to as Opportunistic Infections (OIs), which are certain types of cancers and the eventual death caused by one or more of such illnesses.

The most common way through which HIV is transmitted among adults and adolescents is sexual intercourse with an infected partner. It can also be transmitted through contact with infected blood. HIV can be transmitted from a HIV-positive mother to her child through the placenta during pregnancy, by blood contamination at birth or by breastfeeding. Over the course of several years, HIV remains active in the body and continues to damage the infected person's immune system. Even twenty years after its discovery, HIV and AIDS is still an incurable disease. No medicine today can completely defeat HIV or cure its infection. Nevertheless, tremendous progress has been made in combating this virus.

The response of the Catholic Church to HIV is animated, molded and continuously renewed through the mission entrusted to her by Our Lord Jesus Christ: that is to be a Teacher, Servant and Pastor. A full range of Church-sponsored services help HIV-infected people live in the most healthy and positive way possible. Specialised programs enable them to

deal with the emotional impact of learning about their HIV infection, make appropriate plans to inform loved ones, change life patterns in order to maintain good health and foster positive relationships in society.

By convening the Catholic HIV and AIDS Network in collaboration with several other Catholic organisations, Caritas Internationalis has encouraged North-South solidarity in response to demands for Church-sponsored, HIV-related services in low and middle income countries. Also for the attainment of advocacy goals, an effective cooperation is necessary among organisations sharing similar values and concerns.

Although the Church possesses a unique capacity in this regard, our faith's community shows, sometimes, reticence in its response to requests for pastoral and spiritual support posed by affected persons. On the other hand, I can cite many examples of heroic pastoral care offered in response to the pandemic.

The global HIV crisis is asking the Church to continue the own transformation and conversion in order to walk the pilgrimage journey in solidarity with all HIV-positive persons in accordance with the mission of being a Teacher, Servant and Pastor.



As special adviser on HIV and AIDS to Caritas Internationalis, Msgr Robert J. Vitillo coordinates the Caritas Advisory Group on HIV and AIDS and assists the Secretary General as liaison to the Pontifical Council for Health Care Workers.

Msgr Vitillo was ordained priest at the Diocese of Paterson, New Jersey, in 1972. He holds a master's degree in social work from Rutgers University, New Jersey, where he pursued doctoral studies in the same field.

From 1997 until 2005, he was the Executive Director of the Catholic Campaign for Human Development, the U.S. bishops' domestic anti-poverty programme.

In 2007, Robert J. Vitillo was nominated Monsignor.

Global trends of the HIV pandemic

by Dr Emelia Timpo, Associate Director

CRD/Country Programming and Liaison Division (CPL)

UNAIDS, Geneva (Switzerland)

In the framework of her keynote speech, Dr Timpo presented a detailed global summary of the HIV and AIDS epidemic worldwide, as per December 2006.

Number of people living with HIV in 2006

Total: 39.5 million (estimated range: 34.1 - 47.1 million)

Adults: 37.2 million

Women: 17.7 million

Children under 15 years: 2.3 million

People newly infected with HIV in 2006

Total: 4.3 million (estimated range: 3.6 – 6.6 million)

Adults: 3.8 million

Children under 15 years: 530,000

AIDS deaths in 2006

Total: 2.9 million (estimated range: 2.5 – 3.5 million)

Adults: 2.6 million

Children under 15 years: 380,000

Further data

Over 11,000 new HIV infections a day diagnosed in 2006

More than 95% of new infections were in low and middle income countries

About 1,500 cases concerned children under 15 years of age

About 10,000 cases concerned adults aged 15 years and older

Then Dr Timpo illustrated some facts and figures specifically related to Eastern Europe and Central Asia.

An estimated 1.7 million people were living with HIV in December 2006.

Russia and Ukraine accounted for about 90% of HIV infections in the region.

Numbers of new infections have increased twenty-fold in less than a decade (270,000 people were newly infected with HIV in 2006).

AIDS claimed the lives of an estimated 84,000 adults and children in 2006 – almost twice as many as in 2003.

Antiretroviral therapy coverage remains inadequate with only 35,000, or only 15%, of the estimated 230,000 people in need of a treatment receiving it, as per December 2006.

Finally, Dr Timpo underlined the importance of the increasing collaboration between UNAIDS and the Catholic Church and highlighted the valuable contribution that faith-based organisations are making to promote universal access to prevention, treatment, care and support.



Dr Emelia Timpo holds several academic titles among which a Ph.D. in plant physiology from the Rutgers University in New Jersey and a master's degree in agronomy from the Cornell University in Ithaca, New York.

From December 2004 until April 2005, she was the UNAIDS focal person coordinating the landmark meeting in London for 'Making the Money Work', which led to the establishment of the Global Task Team, a UNAIDS-led initiative aimed to improve coordination among multilateral agencies and international donors responding to HIV and AIDS.

Dr Timpo took up her assignment as Associate Director for CPL at UNAIDS in April 2005.

The challenge of HIV and AIDS in Europe by Dr Klemens Ochel, Health Advisor Medical Mission Institute, Würzburg (Germany)

For the last 10 years, HIV has spread rapidly throughout Europe.

In Western Europe, the numbers of those infected with HIV has increased approximately 90% from 2000 to 2005. Heterosexual transmission is the predominant mode, although, an ongoing transmission among men having sex with men has to be noted. Due to successes in treatment, death rates are falling and the number of people coping with HIV has considerably increased in recent years.

Central Europe is affected by a low-level epidemic. During the last two years, a larger increase has been documented than before. In Hungary, HIV mainly spreads through homosexual and bisexual relationships. In Poland, injection drug use is predominant. In Romania, heterosexual transmission is the main route of transmission today.

With regard to Eastern Europe and Central Asia, there are wide discrepancies between officially registered and estimated cases. This illustrates the lack of accurate and complete data on HIV and AIDS in these areas, as well as the common problem of poor quality data all over Europe. The lack of accurate data in Eastern Europe and Central Asia, however, has given rise to diverging interpretations about the course of the epidemic in these regions.

Central and Eastern European countries, like Russia and the Czech Republic, have experienced a huge decline in the number of newborns for the last several years. This puts a tremendous strain on the middle-age group in their populations. Men and women in their productive years must support a growing number of elderly people and take care of their children. When they are affected by chronic diseases like tuberculosis or HIV, the social support for the elderly becomes more difficult. In countries that still have a high fertility rate, such as Kazakhstan or Uzbekistan, the impact of HIV and AIDS affects the number of children in need of care from outside the family.

In terms of economic effects, experts from the World Bank have calculated that a generalised epidemic with prevalence of or above 1% in the region reduces economic growth rates up to 1% per year. In Russia (in optimistic scenarios), mortality rates are expected to increase from 500 persons dying of HIV and AIDS a month in 2005 to 20,100 dying of the disease in the year 2020. The Russian Gross Domestic Product will be 4.1% lower at the end of this decade. Disturbingly, these results were projected in 2000 where little attention was given to the HIV epidemic.



Dr Ochel is an international Health Advisor serving at the Medical Mission Institute in Würzburg, Germany.

He is a trained family health physician who specialised in International Public Health after a three year work experience in Benin, West Africa.

For ten years, he served on the Caritas Internationalis AIDS Task Force and ensured the organisation of the first hearing on HIV and AIDS in Eastern Europe for member organisations of Caritas Internationalis and CIDSE (International Cooperation for Development and Solidarity), which took place in 2004.

**Closing address
by the Most Reverend Mario Joseph Conti
Archbishop of Glasgow**

The moral theologian James Keenan, SJ, (see “The Works of Mercy: The Heart of Catholicism”; Lanham, Md.: Sheed and Ward, 2005) memorably defines mercy as “the willingness to enter into the chaos of another” and underlines that mercy embodies the heart of the Catholic moral education.

I believe that James Keenan and other theologians offer a very good basis for a parallel between the Church and Church agencies’ responsibilities today when faced with HIV and AIDS.

Restoring confidence and helping overcome prejudice is a vital part of any work with HIV and AIDS patients. In Eastern Europe, it is essential that the Church not only be at the forefront of care for infected people, but that its presence is visible. One of the key aims of agencies working in Eastern Europe, therefore, should be to access a fair proportion of national and international funding for their work.

Even where people do recognise the Church’s charitable work, the question of prevention including the use of condoms inevitably raises. The fact that the Holy See has not pronounced definitively on this topic is significant. I have corresponded with the very well respected moral theologian, Fr Martin Rhonheimer (an Opus Dei priest), who teaches at one of the most prestigious university faculties in Rome. He said: “It is a question which has not been settled so far by the Magisterium, and this is being widely discussed by moral theologians. From a moral point of view, using a condom to prevent infection simply has nothing to do with contraception; it is another question: it does not correspond to what *Humanae Vitae* explicitly teaches to be morally illicit. Morally speaking, it is not the contraceptive act”.

Of far greater importance than the so-called condom conundrum is behavioural change. The Church is being most true to herself presenting a vision of life and a programme of human behaviour in the ethical field which becomes the dignity of man and woman in one of the most

significant inter-relational acts, the conjugal love. Where that vision is embraced and that practice endorsed, we can see that the fruits are not only discernible in cultural terms, but also in terms of public health.

There is a benign virus within the Church. That benign virus is mercy and its effects are solidarity, compassion, dignity in care and healing. The ‘Catholic virus’ is one which will brook no opposition in its attempts to care for the sick, support efforts to achieve a cure and contribute whole-heartedly to programmes of prevention. The challenge which the Catholic Church faces is to remove the stigma of HIV and AIDS by her compassion.



Mario Joseph Conti was ordained priest in the Church of San Marcello al Corso, Rome, in October 1958.

In February 1977, he became Bishop of Aberdeen, Scotland.

In January 2002, he was appointed Archbishop of Glasgow by His Holiness Pope John Paul II and, in February of the same year, took possession of the Archdiocese in the Saint Andrew’s Cathedral of Glasgow.

Archbishop Conti is member of the Pontifical Council for the Promotion of Christian Unity.

Further contributions

- Children and HIV and AIDS: help for orphans from HIV-infected mothers; presentation of a project run in Moscow by Oksana Dolgikh, Project Manager, Caritas Russia
- Help for people living with HIV and AIDS in Saint-Petersburg; presentation by Eugenia Kharkovskaya, Caritas Saint-Petersburg
- Training for priests, social workers and volunteers; presentation of a project run in Ukraine by Fr Viktor Simon, Secretary General of Caritas SPES
- Pastoral attitude towards illness; presentation by Fr Hubert Cornudet
- Church response to HIV in Southern Africa; testimony by Sr Alison Munro, O.P., Director of the AIDS Office, Southern Africa Catholic Bishops' Conference
- Home care for people living with HIV and AIDS; presentation of a project run in Ukraine by Lubow Panteljuk, Caritas Donezk

These and other materials related to the Caritas Europa conference on HIV and AIDS in Central and Eastern Europe and Central Asia are available on:

<http://www.caritas-europa.org/code/EN/soci.asp?Page=705>



Oksana and Jaroslav

Wife and husband – both are HIV-positive and receive antiretroviral therapy. They have a healthy child who was born a year and a half ago.

Oksana: I grew up in a good and safe family. I was going to school and my life proceeded well. When I was 16 years old, I met Jaroslav. We fell in love with one other and started dating. At that time, he used drugs and suggested that I try. At the beginning, I did not feel any dependence and seemed that I could give up at any moment. I had heard a lot about AIDS among drug users, and, at one point, I decided to have my blood tested. When I learned that I was HIV-infected, I was very frightened, but the thought of telling it to somebody else was even worse.

Once my mum and I went to church, and a priest was speaking about AIDS. I do not remember what he said exactly, but it was that push which made me tell my secret to my mum. It turned out that she knew already (from my diary), but she did not know how to start talking about this. We continued to go together to church where I found understanding and support. But when they learned that I lived with Jaroslav without being married, I was excommunicated.

When I found out that I was pregnant, I did not question myself whether I should have an abortion. I knew that this child was a fruit of love and would be a reason to live for. My doctor-gynaecologist happened to be very qualified and knew a lot about HIV. She reassured me and explained what I should do to give birth to a healthy child.

This period was very difficult in my life. But my mum, my beloved man and Caritas were with me. A nurse and a social worker began to come to my place. They helped me with medicines and vitamins, accompanied me to the hospital and to the clinic. We felt that we were not alone. This helped Jaroslav to give up drugs and change.

I came here to tell you: Do not turn your back on us. We need your help. During a hard time, only God gives us hope and trust that we will withstand the difficulties of life.

Jaroslav: I wish to confirm everything my wife Oksana said. If it were not for the Caritas and Church support, we would probably never have got out of it and never have started our treatment. I wish to add that it is vitally important to inform people correctly. When Oksana was in the hospital, there were patients who refused the antiretroviral therapy. They interrupted treatment of their children because they were told that God would cure them. Then we saw these patients in such a bad state that nothing could help them any more.

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WITHSTAND THE DIFFICULTIES OF LIFE.

OKSANA (TESTIMONY)



Alexander

He became infected at the work place. He was seeking assistance in a time where all had turned away from him.

I would like to tell you my story so that you know that it is possible to get AIDS even without using drugs or having sexual liaisons. I was a student at the Medical Institute and earned a bit at the blood-transfusion station. There was often unused blood, and my duty was to open the bottles containing this blood and evacuate it. These bottles were closed with metal covers, which I opened with a knife or scissors. During this work, I often wounded my hands and blood from the bottles got into my wounds. I think this is the way I became infected.

My illness began suddenly with a loss of sight. I was examined by different doctors; they suspected a brain tumour, but this diagnosis did not prove to be true. I went from bad to worse. After a short time, the left part of my body was paralysed. Only after this, my blood was tested and showed that I was HIV-positive. It was a bolt from blue: I did not use drugs and I had one sexual partner whose blood test was negative. I lived alone with my mum who earns very little and my treatment was halted due to lack of money for medicines. My mum went to church and asked for help. She was told that there was Caritas in Kiev, an organisation which helps families such as ours. They assisted me in a time where all my friends, including my own girlfriend, had turned away from me.

Now I feel better. My sight has partially improved. I can walk and use my left hand. Unfortunately, the question of my return to work is not settled. My former boss does not want to admit that the cause of my disease was at the workplace. I hope to help other people living with HIV and AIDS. I can be there for them during hard times, and we can become friends. I am grateful that, through Caritas, I have found my way to God and a new purpose in my life. I would like to stress that people living with HIV and AIDS need not only medicines, but also moral support and encouragement. The only thing that we have left is our faith: believe in God, truth in people and self credit.

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ALEXANDER (TESTIMONY)



RECOMMENDATIONS

Participants in the Caritas Europa conference on HIV and AIDS in Central and Eastern Europe and Central Asia, gathered in working groups, covering different aspects of the subject, agreed on the following conclusions and recommendations:

- Theological reflection and education on what HIV and AIDS means within our faith is a priority area in the framework of a future pan-European Caritas strategy of cooperation and mutual learning in this area. However, single-minded awareness is not enough. Socio-economic realities have to be linked to HIV and AIDS by providing information and better quality services to concerned parties.
- There is a need to increase and improve training opportunities for counsellors and care givers dealing with HIV-infected persons. To this purpose target group, context, approaches and a pool of resource persons have to be identified, possibly setting up a regional support network focusing on issues such as sensitivity to patients, impacts on families and coping strategies.
- It is important to give infected people a voice, with opportunities to help and educate others on the basis of their situation and experiences. This can be achieved, for example, through targeted Church activities aimed at reaching out to communities and other infected people.
- Uniform strategies on HIV and AIDS have to be developed at national level so that state bodies, NGOs and other actors involved can use a similar approach in their work. Linking groups together can foster exchange of ideas and coordination. Church and Church agencies have to preserve their own identity while cooperating with organisations sharing similar values and concerns.
- There is a need for greater Bishops' involvement and Inter-Church cooperation. The former can be obtained through the organisation of forums and other events on HIV and AIDS specifically aimed at improving dialogue with bishops. In relation to the latter, the Catholic Church could initiative the creation of Inter-Church committees in those countries where such committees do not yet exist.

- Caritas Europa: <http://www.caritas-europa.org>
- Caritas Internationalis: <http://www.caritas.org>
- Caritas Ukraine: <http://www.caritas-ua.org>
- Caritas Germany (DCV): <http://www.dcv.de>
- Renovabis: <http://www.renovabis.org>
- Catholic Relief Services: <http://www.crs.org>
- UNAIDS: <http://www.unaids.org>
- Ecumenical Advocacy Alliance: <http://www.e-alliance.ch>

Special pages on HIV and AIDS:

- [Caritas Europa: Stigma or Solidarity? New Challenges for the Church responses to HIV/AIDS in Europe](#)
- [Caritas Internationalis: Our responses to HIV and AIDS](#)

Caritas Europa is the umbrella organisation of the European network of 48 Caritas member organisations which are active in 44 European countries. It is one of the seven regions of Caritas Internationalis, the worldwide confederation of 162 Catholic relief, development and social service organisations working to build a better world, especially for the poor and oppressed, in over 200 countries and territories.

Caritas Europa focuses on policy issues related to poverty and social inequalities, migration and asylum within all countries of Europe; issues of emergency humanitarian assistance, and international development and peace throughout the world. The organisation is strongly involved in supporting the activities of its member organisations and those in the wider Caritas Internationalis confederation.

