

The Rights to Human Rights

By: Jen Hecht – August 2008

This was my first International AIDS Conference and I was immediately struck by the discussions about how HIV transmission is affected by human rights violations. We talk about this at my agency, STOP AIDS Project, although we use different language. Instead of framing the discussion around human rights, we talk about how the disparities in HIV are connected to larger societal factors like homophobia, racism and economic class.

Yet it seems that there are few agencies talking about how discrimination can affect HIV and working to do something about it. Social epidemiology can help tell the story through research that demonstrates that diseases such as HIV are more common in the most disenfranchised populations. Many non-profits are doing anti-racism work but we rarely see the research in social epidemiology connected to work in the field.

This dialogue, which is just starting in the US, doesn't seem nearly as advanced as the conversations about human rights at the global level. The argument that health is a basic human right, and therefore access to health care, prevention, information and treatment are rights too, is not one that we hear in the US. On the global level, many issues were framed this way, including decriminalization of HIV transmission, legalizing prostitution and decriminalizing sex between men.

I spoke with a lawyer from the US, Scott Burris, who was presenting on this topic. He explained that the reason for the disconnect between the US and global communications is that the US legal system does not recognize human rights. Thus our conversation in the US is focused on policies and litigation and not on what is considered human rights. He did give me some hope however, when he noted that global pressure would move the US in the direction of recognizing human rights and that a recent Supreme Court case ruled in this direction.

Dr. Jorge Saavedra, head of the national HIV program in Mexico, spoke about anti-homophobia efforts and

universal access to ARVs in Mexico in a human rights context. His talk was the first plenary at the International AIDS Conference about sex between men. He shared global statistics demonstrating that HIV rates are higher among MSM, even in countries with high HIV rates in the general population.

Dr. Saavedra described a number of individual level determinants that put MSM at greater risk for HIV. Yet he also focused on how MSM are vulnerable to HIV due to other structural factors, including human rights violations, stigma, homophobia and criminalization of sexual orientation. For example, 86 countries criminalize sex between men and ten have death penalties. His suggestions were to focus on decriminalization, change of norms, stigma and supporting human rights for MSM.

Another related presentation (Harawa et al.) studied the challenges faced by non-gay-identified black MSM in the US in accessing health services. Through qualitative interviews, researchers found that providers often made assumptions that these men were HIV+ even when they did not know their client's HIV status.

This information allows us to think more broadly, not just about individual factors that affect risk for HIV, but to look at our communities and understand how larger societal structures can affect risk. That may mean working to legalize prostitution, developing safe spaces for MSM or working to overturn laws that criminalize sex between men. We can also make sure that the providers in our community are trained to provide service in a non-discriminatory, non-judgmental way. Take a moment and think about your program and whether the factors that continue to put clients at risk are broader than condom use. Then think about whether these factors can be integrated into the work that we do.

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