

Canadian Association for HIV/AIDS Research
Social Science Plenary Keynote Address

AIDS and the Struggle for a Just Life

Winston Husbands^{1,2}
Lena Soje³

CAHR Conference
Toronto, April 28, 2007

¹AIDS Committee of Toronto (ACT)

²African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)

³Black Coalition for AIDS Prevention (Black CAP)

Lena: working on the frontlines from the margin

I will be talking to you today about HIV/AIDS in the context of African and Caribbean people living in Canada, especially Toronto. I am talking about people who have migrated to Canada from Africa and the Caribbean or people living in Toronto from African and Caribbean parents. As a service provider and as a person living with HIV from that group, I would like to share some of my experiences with you.

Most African and Caribbean PHAs living in Canada still continue to struggle; they came to Canada for a better life but sometimes wonder if life is any better. Some of the barriers they face are access to proper information about the types of services available to new immigrants. If a person is living in a shelter they may get a vast amount of information on resources relating to services such as housing, food banks, government resources but little or no information on HIV/AIDS. They sometimes feel isolated and do not feel comfortable disclosing their HIV status to the worker. It sometimes takes a month for them to be able to connect with an AIDS service organization that will help them to deal with the issues relating to HIV/AIDS.

Employment is another factor. Most people come to Canada with education and skills and are ready, able and willing to work. However, due to the immigration process, they may have to wait for a very long time to obtain a work permit.

People from African and Caribbean countries living in Canada are part of a community. They attend social functions such as Church gatherings, community events or receive support from people whom they may have known from “back home”. They sometimes meet and date people from their homeland living in Canada. It becomes very difficult in terms of disclosure as they fear rejection, abuse, or that the information relating to their HIV status would be spread among their community. At times, this community is their only source of support outside of the AIDS service organizations.

Immigration issues are one of the most important challenges affecting new immigrants living with HIV/AIDS from Africa and the Caribbean. For PHAs who apply for refugee status, the waiting can sometime cause anxiety and stress. This may sometimes lead to other mental health problems. Some clients may have to retell stories that may be very important to their immigration case but because of the trauma they suffer, they may not want to share that information. PHAs also may experience triggers or flashbacks when going through the immigration process and may require psychological help to cope. Family reunification is also another struggle people from these communities face everyday. Some fathers come to Canada without their wife and children, or mothers come without their children and find the process of uniting the family a very long one. This can sometime cause stress to the person.

People from Africa and the Caribbean sometimes find out their HIV status while going through the immigration process. Few, if any, receive pre-test counseling or referrals to community agencies. These people sometime have no one to turn to. If they are being sponsored by a partner, their partner may stop the immigration process or force them to stay in abusive situations with threats of getting them deported if they go to the police or seek help. Others who may have temporary residence permits may not have access to medical care as they may not qualify for health coverage.

It is very important that we take into account while conducting research, that people from Africa and the Caribbean come to Canada with different life experiences, cultures, and skills. They are not all the same. We need to work together to better serve this population. We need the input of HIV positive people coming from these populations to make a difference.

I have seen the positive results from community- based research (for example, HIV and immigration, HIV and mental health, funded by the OHTN) These initiatives have helped to bring awareness and some positive action on how to address some of the challenges faced by people from these communities.

There is a need to address opportunities and directions within the framework of the struggle for a just life. But to move forward, we have to find appropriate ways to implement research findings, rather than shelve them.

Through the HIV stigma and discrimination research, we have seen how stigma has made the life of people from Africa and the Caribbean more difficult. I hope that by taking into account the experiences of people from Africa and the Caribbean, and by having their participation in all aspect of different research studies, we can come together as researchers, AIDS Service organizations, government agencies and community members and work to eradicate the problems that people with HIV/AIDS from Africa and the Caribbean face when starting over in a new country. I hope Canada will be an example by recognizing that our response to HIV is part of the ongoing struggle for a just life.

Winston: historical memory and the struggle for a just life

I want to contextualize Lena's frontline work in the long and on-going struggle for a just life that has engaged Africans and people of African descent in the modern world. Lena has reviewed a set of issues that we normally refer to as determinants of health. So my aim is also to provide a historical perspective on the determinants of health based on the experiences of Africans and people of African descent.

I will refer to three specific examples that illustrate crisis and struggle, and I will try to draw from these examples a few lessons about how we may understand and support the work of Lena and her colleagues.

Many people now understand that Africans and people of African descent elsewhere are disproportionately affected by HIV/AIDS – in a sense, we are on the front lines of the epidemic.^{1,2,3,4,5}

But Canadian interpretations of AIDS in Africa and the African diaspora seem to vacillate between medical problem and human tragedy, and our response often vacillates between charity and obligation. These interpretations may be useful and appropriate for responding to specific aspects of the complexity that characterizes HIV/AIDS. What we haven't done, in my opinion, is taken the long view to understand how African peoples have been enmeshed in crises of similar magnitude in the past, how these crises have unfolded, how African peoples have responded, and how we can read these episodes within the framework of an extended struggle for a just life.

This historical memory and historical perspective show that the countries in Africa and the Caribbean where HIV is endemic have experienced massive crises throughout the early modern period which in their day would have been comparable to the current AIDS epidemic. Historical memory also demonstrates that those crises did not arise mysteriously or by magic. It shows also that African and Caribbean people, together with enlightened people in the developed countries of the north, responded to those crises – they did not simply roll over and die. And finally, historical memory shows that strong international forces exploited those crises against the interests of the affected communities, and set in motion the preconditions for other crises to follow. It is important to ponder this last point as we think about the future. We ought to identify and seize the transformative potential of our fight against AIDS. We have an obligation to strive for a future in which crises of this scale are increasingly improbable or, if they do occur, we can mobilize the resources to respond purposefully.

By understanding the crises and struggles that Black people have endured, we may also appreciate how our response to this particular crisis (i.e., HIV/AIDS)

¹ UNAIDS (2006). *2006 Report on the Global AIDS Epidemic: Executive Summary*.

² *HIV in Canada Among Persons from Countries where HIV is Endemic* (December 2005). HIV/AIDS Epi Update. Centre for Infectious Disease Prevention and Control. Public Health Agency of Canada.

³ R. Remis, C. Swantee, L. Schiedel, M. Merid and J. Liu (2006). *Report on HIV/AIDS in Ontario 2004*. Ontario HIV Epidemiological Monitoring Unit.

⁴ Centers for Disease Control and Prevention (CDC) (2005). Trends in HIV/AIDS diagnoses – 33 states, 2001-2004. *MMWR* 54, 1149-1153.

⁵ UK Collaborative Group for HIV and STI Surveillance (2005). *HIV and Sexually Transmitted Infections in the United Kingdom: 2005. Part 4 – Black and Minority Ethnic Populations*. See also UK HIV/AIDS FAQs. AVERT (www.avert.org/aidsfaqs.htm).

may have real lasting value if constructed and guided within the framework of the struggle for a just life.

Between the 16th and mid-19th century, approximately 12 million Africans were exported to the Americas and the Caribbean as slaves, though roughly 80% of the trade occurred in the 18th and 19th centuries.⁶ Some historians assume that, for every slave who was actually exported from Africa, at least one slave died before removal. This suggests that the number of Africans destined for slavery in the western hemisphere may have been at least twice as large as the number actually exported. Therefore, west Africa may have lost at least 24 million people to the demand for slaves across the Atlantic. This may have resulted in a very substantial decline in African populations between the 17th and 19th centuries, which also may have distorted economic growth and development in West Africa.

Of course, I am not making a direct connection between slavery and AIDS. However, as the history of Haiti demonstrates, slavery and its aftermath generated an environment in which crises like AIDS could fester. Haiti is now generally interpreted as a failed state, ravaged by destitution, misery, ignorance, corruption and of course AIDS. Not so long ago, Haiti was also regarded as the place from which AIDS was inflicted onto the modern world. But the roots of Haiti's problems have a lot more to do with slavery that we usually acknowledge.

So, let's reflect briefly on Haiti.

In the early 1790s, the slaves of Haiti launched a war against their enslavement. This revolution achieved its purpose when the Haitian slaves defeated Napoleon's French army in 1803, and proclaimed Haiti as an independent republic in 1804. In retaliation, France issued a Royal Ordinance in 1825 calling for Haiti to indemnify France for the losses that the French attributed to the revolution. France demanded 150 million francs, and sent a flotilla of warships to enforce the demand. The Haitians tried to stall, but eventually capitulated. Haiti had to borrow money from French banks to pay the indemnity, which inflated the total debt. Payments on the debt consumed the majority of Haiti's revenues. The indemnity was eventually reduced to 90 million francs, which Haiti eventually paid in full in the 1880s. However, Haiti did not finish repaying the French banks until 1947. That is, for about 100 years Haiti was unable to manage effectively its own development needs. Haiti, the victor, was virtually bled dry by the vanquished.

In 2003, the bicentenary of the Haitian Revolution, Haiti sought restitution. The Aristide government presented France with a bill for \$21 billion, which was said to represent the current equivalent of the debt that France had forced upon Haiti. Of course, France had no intention of honouring this demand. Shortly thereafter, Aristide was deposed and exiled, and the new government that was installed with

⁶ Catherine Coquery-Vidrovitch (1988). *Africa: Endurance and Change South of the Sahara*. Berkeley: University of California Press

the US and Canada's blessing rescinded the claim for restitution, calling it "illegal" and "ridiculous".⁷

In the British colonies in the Caribbean, slavery was legally brought to an end in 1838. To some extent, we can say that the struggle for a just life really picked up steam after Emancipation. I will briefly illustrate the crisis that affected the newly emancipated Black population, and how they responded.⁸

After Emancipation in 1838, the Barbados planters vigorously lobbied the British government for compensation for the loss of their property – i.e., the loss of their slaves – due to Emancipation. Britain then compensated all the plantation owners in its Caribbean colonies with a sum of £20 million. The Barbados planters received £1.7 million out of this amount, or 21s per slave. The ex-slaves received nothing.

Upon Emancipation, the free Blacks in Barbados found themselves trapped in a new system of bondage. There was no land available to them because the plantocracy owned just about the entire land area of the island. Wages were scandalously low, even by the standards of the time, and the price of land was exorbitant. For example, in the 1840s, the average daily wage in Barbados was less than half of what it was in Jamaica, but on average land prices in Barbados were 10 to 15 times higher than in Jamaica.⁹

Conditions deteriorated further as the 19th century progressed. For example, in 1854 there was an outbreak of cholera that killed 20,000 people. In the early to mid 1860s widespread drought and famine led to reduced wages, less work and more hunger. In 1896, infant mortality increased by almost 40%. There were outbreaks of typhoid and dysentery in 1898 and outbreaks of smallpox in 1902-1903.

But the Black labouring classes in Barbados responded to their predicament in a number of ways, including:

- civil resistance and organized rebellion
- emigration to other Caribbean islands and eventually to Panama to work on the canal project. For example, between 1908 and 1914, 10,000 people emigrated to Panama. The value of remittances from Panama was approximately £0.5 between 1906 and 1920.

⁷ Haiti drops reparations claim. BBC Caribbean, April 19, 2004.

www.latinamericanstudies.org/haiti/reparations.htm (viewed April 9, 2007)

⁸ My discussion draws on Hilary Beckles (2004). *Great House Rules: Landless Emancipation and Workers' Protest in Barbados 1838-1938*. Kingston, JA: Ian Randle Publishers.

⁹ Beckles (2004), pp. 80 and 111.

- organizing themselves to represent their interests and establish political institutions
- mobilizing capital outside the formal economy through the formation of Friendly Societies.

Clearly, the Black population of Barbados approached their predicament strategically. In a sense, they were making their own history in very difficult circumstances.

Turning to Africa, the last third of the 19th century and the first two decades of the 20th century was also a period of massive environmental and social dislocation, particularly in east and southern Africa. From the 1860s to 1902, prolonged drought, extensive famine and widespread disease killed about 30 - 50 million people in Asia, Africa and Latin America. Mike Davis has referred to these crises and European involvement in the dislocations as “late Victorian holocausts”.¹⁰ One historian, referring specifically to Zambia, likened the dislocations of the period to disasters of biblical proportions.¹¹ Some observers claimed that mortality rates in some regions exceeded 50%.

The early colonial period in Zambia exemplifies the crisis that occurred at the end of the 19th and start of the 20th century.¹² In the last decade of the 19th century parts of Zambia experienced a series of major natural disasters one after the other. These included:

- jiggers in the early 1890s
- red locust plague in 1894-96
- rinderpest and small pox in 1900
- drought and famine in 1900-1902

During and after these disasters Cecil Rhodes’s British South Africa Company (BSA Co) violently undermined African communities and alienated resources. In one particular example, the victorious BSA Co confiscated cattle, burned villages, and expropriated labour without compensation for one year as payment for the war.¹³

¹⁰ Mike Davis (2001). *Late Victorian Holocausts: El Niño and the Making of the Third World*. London: Verso. My discussion of the interplay of drought, disease and colonial expansion draws on Davis’s book.

¹¹ See Chipasha Luchembe (1992). Ethnic stereotypes, violence and labour in early colonial Zambia, 1889-1924. In S. Chipungu (ed). *Guardians in Their Time: Experiences of Zambians Under Colonial Rule, 1890-1964*. London: Macmillan.

¹² see Luchembe, 1992.

¹³ Luchembe, 1992

There was more hardship to come. During the 1st World War, the BSA Co drafted more than a quarter million Africans from Eastern Zambia to join the East Africa Carrier Corps. This policy amounted to the forcible and massive withdrawal of labour from local economies, with disastrous consequences. Moreover, Africans returned from the East Africa campaign emaciated from starvation and dysentery. Clearly, the African communities needed help. Instead, the BSA Co doubled the taxes on Africans. African men therefore were forced to migrate in search of paid employment, which left some villages with only elderly people, women and children and undermined the fabric of African existence in Zambia.¹⁴

All the examples that I've reviewed – Haiti, Barbados and Zambia - show that others benefited from the predicament that African and diasporic populations faced. Even when we won, to some extent we actually lost.

Yet, throughout the Caribbean, east and southern Africa, Africans found the courage and strength to struggle for a just life. Authorities in Africa and the Caribbean, and governments in the north Atlantic African diaspora, restricted in various ways the ability of continental and diasporic Africans to organize politically or seek political change, and even to settle in urban areas which in the modern world are centres of political development, creative thinking and economic progress. Authorities also instituted various formal and informal practices to limit the development and growth of entrepreneurial and commercial activities among African people. But, throughout Africa and the diaspora, a strong response was always forthcoming.

How we resolve challenges is always contingent on the interests at play. What this suggests to me, is that the strategies and tactics we deploy, and the alliances that we forge, depend on how we understand the challenges and the environment in which they emerge.

The historical memory that I have spoken about resides in our communities, and motivates how we approach the frontline work we do. Our Black communities are not merely clients or victims who are outside history. However, my experience is that we treat this knowledge and experience with suspicion, devalue the context within which Lena and her colleagues function, and possibly undervalue the work that goes on with and within our communities. We seem to understand the frontline work as a set of discrete and unconnected elements, without recognizing, for example, the antecedents of our current challenges, the systemic nature of those challenges, and the connections between the various elements.

We have to do better to recognize and support the work of Lena and her colleagues. This involves creating more space for Lena and her colleagues to engage researchers and policy makers about the problems they face as service

¹⁴ Luchembe, 1992.

providers and PHAs, the strengths and potential that our communities have, and how the problems may be resolved. We have to understand this history of crisis and response as sequences in the ongoing struggle for a just life, and conceptualize our fight against AIDS accordingly. We have to understand the past as an advantage for the present and future.

Acknowledgements

We would like to thank the following people for generously advising and assisting us with this presentation:

Dionne Falconer, Esther Amoako, Le-Ann Dolan, Lydia Makoroka, Nicole Greenspan, Shannon Ryan, Sheila Thompson.

Also, thanks to CAHR (Lynn Leonard, Stan Read and Carol Strike) for the invitation to make this presentation.