



Designed Disempowerment and Hegemonic Benevolence

A critical analysis of individual behavior change
HIV/AIDS prevention programming in Sub-Saharan
Africa

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*'Of all forms of inequality, injustice in health
is the most shocking and the most inhumane'*
— Dr. Martin Luther King Jr

Acquired Immune Deficiency Syndrome (AIDS) is a communicable disease. One transferred through blood, sex, and from mother to fetus or infant. It is a grouping of seventy conditions that are the result of the complete and painful collapse of the human immune system. The retrovirus is not a forgiving one. AIDS dismantles our natural ability to fight infection and fosters the invasion of other viruses. The body, if left untreated, becomes helpless and open to slow decay. Over time, the virus has become one of the single most destructive pandemics of this century. While disabling and dismantling the

bodies of men, women, and children, the virus has devastated communities, countries, and societies, ultimately challenging the fabric of humanity.

AIDS is not only a disease that kills. It is a deeply revealing disease that has stripped away the façade of untreated inequalities, and unaddressed injustices in that it has most severely affected peoples and geographies that have a long history of imposed deprivation and marginalization. This is most certainly true in Sub-Saharan Africa. Through periods of colonialism, neo-colonialism, and now globalization the political and socio-economic landscape of Sub-Saharan Africa has vacillated between the great hope offered by new and independent leadership and the struggle that has accompanied the international powers' persistent desire to impose designs of disempowerment through neo-liberal policies and, practices, and impositions. These designs of disempowerment have co-existed with an apparent stroke of benevolence that has been marked by the international community's increasing involvement in the fights against AIDS in Sub-Saharan Africa through aid and HIV/AIDS intervention programming.

This paper is a critical exploration of this co-existence, and will attempt to deconstruct how it this co-existence has impacted the character of HIV/AIDS prevention. This will happen through a critical discourse that deconstructs the popularized prevention approach that defines "individual behavior change" as the proven mode of preventing the spread of HIV/AIDS (Basu, 2003, p. 1). This paper posits that the focus on individual behavior change models of prevention is the result of a convergence of what I have termed as "designed disempowerment" (global mechanisms, principles, philosophies) and the "hegemonic benevolence" of international aid.

A discussion of designed disempowerment will place forms of 'structural violence' within the context of historical and global principles and philosophies that have served to shape the international community's perceptions and practice in relation to HIV/AIDS in

Sub-Saharan Africa. Neo-liberal policies, racialism, and racism stand as interconnected forces that form the latticework of 'structures of violence.'¹ This latticework has adversely shaped the international community's participation in the HIV/AIDS pandemic in various parts of Sub Saharan Africa. I will treat each one of these forces separately and illustrate their relation to the international community's focus on individual behavior change. The notion of designed disempowerment removes the causal relationship between past and present and places the pandemic in the context of global mechanisms and trends that possess intention and purpose. It acknowledges that HIV/AIDS interventions have been promulgated through the previously named forces and the structures of violence they erect. A complete shift in international thinking would need to occur in order to ensure that prevention efforts do not inherit the latticework of structural violence. I suggest that this critical discourse has never taken place. These dominant forces have not only impacted prevalence rates they have also ultimately built the foundation of international perspectives on HIV/AIDS prevention. I argue that individual behavior change has been positioned and stands at the center of designed disempowerment schemes through programming based on destructive assumptions, philosophical impositions, and critically flawed logic.

Hegemonic benevolence will serve as the framework through which I critique the international community's approach to HIV/AIDS funding and programming. The term hegemonic benevolence refers to a form of 'international cooperation' that stands in tandem with various forms of structural violence to form a super-

1 Parker (2003) based on reference to the work of Schoepf (1992, 1995) and Farmer (2005) identifies structural violence as an "existence of social structures which constrain individual agency". While this analysis is useful it does not seem to go as far as to identify the inherent historical intentions that underpin the structures. In my interpretation it ignores that the violence of these structure are grounded in historical relationships characterized by oppression and marginalization.

structure that promotes designs of disempowerment. Throughout this critique I will argue that bilateral agreements like President Bush's Emergency Plan for AIDS Relief (PEPFAR) is an example of a mechanism whose principles and approaches to HIV/AIDS prevention stand as accessories to the structural violence inflicted upon the poor and ill of health in Southern Africa. Through its insistence on the Abstinence, Be Faithful and Condomise (ABC) prevention models and restrictions on working with commercial sex workers, PEPFAR dedicated sizeable amounts of funds to prevention programming that has arguably exposed many to greater risk (Behrman, 2004, p. 35). PEPFAR's circumvention of larger multilateral agreements like the Global Fund to Fight AIDS Tuberculosis and Malaria provides the opportunity to fully explore its principles and practices. While I will focus on PEPFAR, it will serve as a case study in recognition that this bilateral partnership is not the only one of this sort.

To engage in a critical discourse without observing potential spaces for change is a sort of crass form of critique. Through a discourse on the convergence of these two concepts – designed disempowerment and hegemonic benevolence—and their impact on HIV/AIDS prevention, the analysis stands as a platform for the offering of recommendations. I borrow my vision of change from the discipline of liberation theology that suggests that to serve the vulnerable, those most affected by structural violence, those patronized by hegemonic benevolence, requires deep and radical change from our global systems of exchange all the way down to our interpersonal exchanges (Farmer, 2005, p. 140)

This paper is not meant to ignore the many men and women who work within these mechanisms spirited with great intention and dedicated to righteousness with a true desire to see social change. It is meant to problematize the structures that potentially undermine the dedication and contribution of people working on the ground and cull some the genuine efforts of those working within the international community. Furthermore this paper does not attempt to

ignore the great importance and place that bio-medicine and international cooperation hold in the fight against AIDS. One cannot deny the great contributions that these have made in the alleviation of symptom manifestation and to the understanding of prevention, care, and treatment of the disease. One cannot ignore the great input of the international community (although it may fall short at times) where prevention, treatment, care, and support are concerned. This is a critical examination of the forces that serve to distort the strong intentions of global efforts ultimately weakening the potential for true solidarity.

'Structural Violence' as the foundation of Designed Disempowerment

To ignore the connection between historical relationships and current events is to speak without context. The vast disparity in HIV/AIDS prevalence between regions is staggering. The difference is most apparent between industrialized nations like North America with rates below 0.1%, and the poorest and hardest hit nations in Sub-Saharan Africa. Current UNAIDS statistics place 32% of people living with HIV/AIDS globally in Southern Africa alone (UNAIDS, 2006, p.2). The question must be asked and has been asked: why are there such massive disparities? Many have come to recognize that these disparities are not casual and cannot be explained through variations in sexual behavior. Despite the international community's focus on individual behavior change as sound HIV/AIDS prevention, many have openly criticized the shortsightedness of these initiatives.

In order to understand why a great deal of internationally driven HIV/AIDS prevention is intently focused on individual behavior, it is important to unpack the perspectives and beliefs that have shaped the international community's view of the pandemic in Sub-Saharan Africa. I argue and maintain that the very same perspectives and beliefs that have historically shaped the international community's encounters with Sub-Saharan Africa have served to influence the

formation of partnerships in the fight to end the pandemic. The impact in my view has been negative. While the international community has offered financial and technical support in the fight, the visions of HIV/AIDS prevention specifically have been distorted by forces that have historically bolstered the structural violence that encouraged the spread of the virus. The overriding focus on individual behavior change education models neglects the myriad of socio-economic factors that encourage the spread. So why the focus on individual behavior change education? Two forces – amongst others – have served to influence the shape of international prevention. One is racism and racialism, and the other is neo-liberal thought and practice. It is through the examination of these forces as constants in the West's encounters with Sub-Saharan Africa that reveals perceptions and principles that serve to shape the broader conceptions of HIV/AIDS prevention.

Racist and Racialist Mythology ²

The shared history of Sub-Saharan Africa and the West is one heavily influenced by racial imbalance based on dominant racist ideologies and the predominant economic desires that preceded them (Rodney, 1972, p.50). Colonization marked the point at which Sub-Saharan Africa became cast as the 'other' and the subsequent understanding of region flowed from this context. The presence of the western world in Sub-Saharan Africa was therefor entirely devel-

2 I specifically make a distinction between racialist and racist viewpoints to highlight the important distinction between the two. Racialist is the conception that there are inherent differences between races outside of a racial hierarchy. Racialism has most often been applied to racial difference in intelligence. Racism is the presence of specific beliefs of racial hierarchy and supremacy. I use these two terms as stand against the idea that one can be conceived in separation from the other, especially in relation to HIV/AIDS. There are a number of theorists that have attempted to split the two in order to put forth theories with racist implications under the guise of a racialist standpoint. It is my perception that a number of theorists who have written on HIV/AIDS in its beginnings were guilty of this confusion.

oped from this standpoint and ultimately influenced the future formation of relations between the two geographies. While I recognize that the experiences of colonial rule and confrontation across the continent are not monolithic and varied, it is safe to say that in most regions relations between Western powers and African peoples were predominantly hegemonic and destructive.

It is a forgone conclusion that the international slave trade, colonial rule, and the subsequent subjugation of African peoples and resources throughout the continent served to develop foundational latticework for the forms of structural violence we see today. This foundation has influenced a great deal of the continent's encounters with the rest of the world and has continued to reproduce relationships of imbalance through powerlessness and subjugation albeit in more subtle formations. The explosion of HIV/AIDS across the region has created a new platform for encounters between the West and Sub-Saharan Africa. These new encounters have in no way escaped the influence of ideologies and mythologies that marked previous encounters. This is most obvious in the realm of globally driven HIV/AIDS prevention strategies with specific reference to individual behavior change approaches. As Farmer recounts:

For example, when we were faced with sexual practice or AIDS outcomes that were manifestly linked to poverty and inequality, we wrote about exotic reflections of cultural difference.... The conflation of structural violence and cultural difference has marred much commentary on AIDS, especially when that commentary focuses on the chief victims of the disease: the poor. A related trend is the exaggeration of the agency of those most likely to become infected. Often such exaggeration is tantamount to blaming the victim. Explorations of AIDS have involved intense scrutiny of local factors and local actors, including the 'natives' conceptions and stated motives. (Farmer, 1990, p. 8-9)

Of the utmost importance is Farmer's acknowledgement of the manner in which historically racist and racialist conceptions have greatly influenced the international community's conception of the pandemic and in turn the technical responses that have been developed.

It becomes critical to clearly identify how historical conceptions of African society have resurfaced in the discourses of HIV/AIDS.

According to Gaussett (2001), the 19th century and early 20th century marked a period in which the West developed its distorted fascination with various African sexualities. Missionaries and disconnected "anthropologists" engaged in rudimentary and shallow studies of local traditions ultimately branding them as primitive and immoral. By the 1950's these accounts were rare but in Gaussett's view they have seen a resurgence with the advent of the HIV/AIDS pandemic. This resurgence is most apparent in studies that have specifically identified race as a predictor of sexual behavior. For example, Rushton and Bogaert (1989) suggested that sexual and reproductive strategies vary according to the race. They believed that these differences influenced susceptibility to AIDS. From a racist standpoint inherent with racism they invoked archaic categories of racial classification such as 'mongoloid', 'Caucasoid', and 'Negroid' and proposed that each group possessed different levels of sexual restraint. Needless to say the 'Negroid' was deemed to have the least restraint.

Other theorists of this period created generally constructed conceptions of African cultural systems of sexuality and reproduction and defined them in relation to Western cultural systems in order to explain differentiations in the pandemic. Caldwell characterized African systems through weak marriage bond, a lack of importance placed on chastity, the accepted sexual freedom of young men and women, and the seemingly high emphasis placed on human fertility (Caldwell, 1989, p.188). Interestingly enough, Caldwell cautioned against broad judgments and loaded terms, clearly from a disguised racist standpoint, while ignoring the vast constellation of African societies and civilizations and their massive cultural diversity that exist even within a country. This sort of analysis further consolidates the conception that the difference in AIDS prevalence rates is related to the difference between African and European culture and sexuality (Hunt, 1996, p. 520).

The formulation of African peoples, societies, and places as 'other' has ultimately created an environment in which all things seemingly different are suspect and therefore implicated in the spread of HIV/AIDS. As it has been made clear often these differences are conceived through a racialized lens. In this context 'culture' is often co-opted as a barrier in the creation of individual behavior change programming and unrestrained sexuality becomes the focus. As Katz argued, this focus is antithetical to what we know about global sexual behavior:

What seems to emerge from the literature with consistency is that multiple, mostly serial, casual and unprotected sex is common in Africa, Europe, the USA and parts of Asia, with most men everywhere having more partners than most women.... Differences in sexual behavior between regions, countries and cultures appear to be small, although of course, in every population group, there are people whose vulnerability is acute or whose risk taking is high. (Katz, 2002, p. 130)

So why the focus on individual behavior change? It has been made painfully clear throughout the pandemic's history in Sub-Saharan Africa that as Farmer said, 'cultural difference has been conflated with structural violence'. Racist and racist mythologies and conceptions of African culture and sexuality have served as overt participants in historical encounters between Sub-Saharan Africa and the West; AIDS, as the new platform for encounter, is no different. As racialism and racism has formed the latticework for historical forms of structural violence, racialism and racism have most certainly informed the obsessive focus on individual behavior change approaches in the structure of globally driven HIV/AIDS prevention. This focus has ultimately been driven by historical 'othering' and skewed perceptions of culture and sexuality. These forces ultimately stand as integral parts of programs designed to dis-empower through a dangerous and hegemonic blaming game. Basu posits that individual behavior based approaches to programming often are not helpful and in fact do not impact long-term determinants, as long-term

determinants lie beyond the grasp of the individual, community, and even the national government (Basu, 2003, p.10). As many have come to realize, and as I will argue next, neo-liberalism and its policies and practices have stood in support of racist and racialist mythologies as it relates to their impact on the pandemic and have formed both a crucial place in the latticework of structural violence and in the structures that form designed disempowerment schemes.

Neo-liberal Policies and Practices

The connections between HIV/AIDS and poverty have been clearly drawn and many are now onside in the recognition of inextricable link between the two. It is argued by many that neo-liberal policies and practices stand at the head of Sub-Saharan Africa's struggle with poverty. As Basu puts fourth:

HIV transmission is a background of neo-liberalism- a context where the rapid movement of capital is privileged over long-term investment and the ability of persons to secure their own livelihoods. Increases in forced migration are strongly correlated with some of the most significant increases in HIV transmission across Southern Africa, East Asia, East Europe and Latin America (although few members of the public health community have addressed this fact) ,and such migration most often occurs when rural agricultural sectors are destroyed after the liberalization of markets and the subsequent drop in primary commodity prices, which leads (mostly male laborers) to find work in urban centers and leave their families behind. (Basu, 2003, p. 10)

Basu points out that the impact of neo-liberal policies is multifold. The spread of HIV and the increase in prevalence rate of AIDS was directly connected to growing socio-economic decline, growing debt burden, and structural adjustment programs, which were to become IMF and World Bank supported Poverty Reduction Strategy Papers (PRSP). The major proponents of the neo-liberal policies in Sub-Saharan Africa, the International Monetary Fund and the World Bank, identified positive growth in many countries severely struggling with rapidly declining rural living standards. The rationale?

They provide the neo-liberal mantra: greater activity in the national capital markets and greater, albeit unequal, integration into international markets. This was the fertile garden bed for the planting of a potential pandemic. As social welfare systems were dismantled in favor of the market system, AIDS took root and devastated populations. Neo-liberalism ultimately became an additional support to the structures of violence.

As with racism and racialism Sub-Saharan Africa's confrontation with neo-liberalism was not relegated to a history of economic subjugation and oppression. Neo-liberal principles were present when the international community returned in support of efforts to stem the tide of the AIDS pandemic. Of great concern to this discussion is the influence that neo-liberal policies and practices had on HIV/AIDS prevention.

Within the context of neo-liberal thought, HIV/AIDS preventions were designed. Paired with the evolving institutionalization of AIDS expertise and a development discourse that to a greater extent fell in line with neo-liberal principles, the conceptual frameworks that emerged were dominated by particular professions and spoke little to the deeper and more complicated realities contributing to the increase in prevalence rates (O'Manique, 2004, pp. 17-18). Prevention once again was distilled down to the biomedical construction of AIDS and its focus on the individual behavioral dimensions of the disease. Furthermore, programs that focused on the individual were assessed not just through the lens of bio-medicine but the also the reductionist zero-sum approach of cost-effectiveness. Prevention efforts, aimed at saving lives and improving health were weighed against other "more pressing" interests in the world of aid. These practices fell in line with the foundational principles of SAPs that helped to create the forms of structural violence that fed the spread of HIV. In both cases the fundamental human right of health was weighed in relation to other more pressing initiatives. As Kelley points out:

Rather than a 'meeting of minds' health policy is being shaped foremost by broader context of certain value systems, beliefs, aspirations, and so on that seek to maintain a particular world order.... [D]ebates over how health should be defined are being reframed, from a concern with how to ensure health as a basic human right available to all and collectively provided, to health as a product whose attainment and consumption by individuals should be regulated by the marketplace. This shift is further reflected in the normative criteria and resultant analytical tools (e.g. Burden of disease, cost-effective analysis), which are applied to translate certain values into decisions over, among other things, the allocation of limited health resources. (Kelley, 2002)

For example, in the gold mining region of Summer town South Africa approximately 70 000 male migrant workers leave their homes and travel for miles to work in mines for unseemly pay and extremely dangerous circumstances. Migrant work and the mining of gold is a means to earn a wage and a means to support their families. Within the all-male setting a strong and rooted commercial sex work industry has expanded greatly. Women migrate to town to escape poverty. They erect shanty settlements and sell sex and alcohol to men in order to survive (Campbell, 2003, p.12). HIV rates among the mineworkers were estimated at 22%, ultimately meaning that prevalence rates for women may in fact be much higher. HIV/AIDS prevention projects funded by international donors identified peer-education, condom distribution, and treatment and care as priority areas. While these are most certainly initiatives worth funding they are funded at the behest of larger and more telling indicators related to prevalence. Never are the roots of poverty and migration addressed. The miners place in the larger economic environment reshaped their lives placing them ultimately in a high-risk environment. Even more importantly are the women whom in order to escape poverty, with almost no options venture away from their homes to sell sex. In the instance of Summertown the structural violence of gender inequity is supported and strengthened through the structural violence of poverty and economic inequality. Yet individual behavior change remains the focus of prevention.

Clearly as neo-liberal policies stand in tandem with degradation of local social safety nets these policies and practices have also had great influence on the conceptualization of HIV/AIDS. Where systems of economic inequality clearly contribute to prevalence rates, prevention programs problematize the sexual behavior of people rather than the structures of violence that inflict pains of poverty and marginalization. Within a framework of neo-liberal thought the violence of market mechanisms and consolidated capital are ignored. To design HIV/AIDS programming in this context is to design disempowerment. Designed disempowerment robs individuals of their agency as potential actors and activists for their own health. The popular individual behavior change approach constructs a one-way dialogue with the community and pronounces that prevalence rates are the fault of the people alone.

Designed Disempowerment

Conceptualized within the tight-knit and traditionally privileged circle of bio-medicine, conceptions of HIV/AIDS prevention have focused intensely on individual behavioral analysis. Expanded within the hallowed halls of public health think tanks, the management of HIV/ AIDS was conceptualized through the management of people's behavior (O'Manique, 2004, p. 17). It was believed that to make people's behavior healthy was to make people healthy. Bio-medicine and public health are sciences that do contribute to positive outcomes but without critical reflection shows the wider unequal forces that often form the context of their practices. Racism and Racialism, and neo-liberal thought and practice have served as influential forces in the formation of bio-medical based HIV/AIDS prevention programming. As a consequence, the outcomes have been individual behavior change education approaches that function as *designed disempowerment*, ultimately blaming the victims and obscuring the root determinants of AIDS prevalence in Sub-Saharan Africa.

Through a programmatic discourse that conveys very strong messages of personal responsibility, self-esteem, and choice without attention to structural violence and its manifestations in people's lives this approach reinforces powerlessness and dis-empowers. The *designed disempowerment* scheme is given its greatest voice through multilateral and bilateral partnerships. While many global partnerships aimed at stemming the spread of HIV/AIDS have been positive support to the fight, some partnerships have been distorted by dogma reflective of the designed disempowerment scheme. These partnerships reflect a *hegemonic benevolence*.

Hegemonic Benevolence: PEPFAR a Case Study

In the final chapter of *The Invisible People* Greg Berhman writes about the beginnings of President Bush's Emergency Plan for AIDS. PEPFAR was deemed to be a sharp turn of policy in that up until January 28, 2003 America had for the most part abdicated itself from full participation in the international fight to stem the pandemic (Behrman, 2005, p.306). Due in large part to the quiet work of Secretary General Collin Powell, the pandemic and its impact on Sub-Saharan Africa was placed squarely as new international policy priority for the United States Government. In his address, President George. W. Bush Jr. pledged \$15 billion for 5 years to address AIDS in Africa and the Caribbean. While many applauded the effort and its symbolic shift in American foreign policy as it related to the pandemic many were skeptical. Berhman recounts:

Focused on only fourteen countries in Africa and the Caribbean, lacking a sufficiently aggressive diplomatic plan of attack, assuming a bilateral approach, and conceptualized as a humanitarian "work of mercy" it was not a comprehensive global strategy. (Behrman, 2005, p. 315)

While PEPFAR dedicated rather sizeable amounts of funds to anti-AIDS efforts the conceptual framework of the funds are of the great-

est concern to this discussion. Although there has always been welcomed room for bilateral partnerships in the fight against AIDS, PEPFAR chose bilateralism at a crucial time in the pandemic. The Global Fund to Fight AIDS Tuberculosis and Malaria promised to be one of the most effective and comprehensive strategies for generating financial and political support, and also promised to be one of the more articulate and grounded forms of fund disbursement. The infusion of American funds would have served as leverage to encourage other international partners to financially and politically enlist in the global effort. But, even more importantly, as a bilateral partnership the United States government ensured that it had full control over the philosophy and practice of the partnership. In time what became painfully apparent was that this seemingly benevolent stroke of what was deemed *compassionate conservatism* was accompanied by clearly conservative dogma.

PEPFAR is marked by standards that allocate 20% of funds to HIV/AIDS prevention specifically. It was within this 20% allocation that the hegemonic nature of the partnership was revealed. Touting Abstinence, Be Faithful and Condomise (ABC) approaches as the definitive AIDS prevention strategy, PEPFAR has confined the work of many in Sub-Saharan Africa to work within this framework. Many organizations grounded in creation of holistic programs were forced to restrict their activities to suit the tenements of PEPFAR.³ Within the 20% demarcation 33% were slated to be directed towards abstinence until-marriage funds (IOM. 2007). Furthermore, based on the Mexico City Policy enacted in the Reagan era revived in the Bush era

3 See, for example, Ghanotakis, Mayhew and Watts 2009. I also witness the impacts of PEPFAR on civil society through my own personal experience in Botswana and the regional civil society conferences that took place in my time there. My experience is also related to my time on the PEPFAR steering committee beginning in 2004 in Botswana many youth-based organizations had radically shifted their focus to fit the ABC framework while family welfare organizations that advocated for access to emergency contraceptives and worked with commercial sex workers dwindled and in some cases closed. Botswana is unique in that a great deal of funding comes from PEPFAR in that it has been deemed an middle income country and very few donors identify it as a priority country.

PEPFAR restricts work with commercial sex workers. Many have rallied against these stipulations as prevention policy ruled by religious dogma and political conservatism, but, within the larger discourse of this paper the foundations of the program philosophy are multifold.

The Abstinence Be Faithful Condomise strategies fall firmly within the context of designed disempowerment schemes. It is important to recognize that the ABC approach has in many ways inherited the same perceptions and principles of designed disempowerment and are in turn blind to the larger societal and global determinants of health that impact on HIV/AIDS. As the U.S Institute of Medicine in their evaluation of PEPFAR to date suggest:

An effective sustained response requires programs to attack social factors that sustain the epidemic, in particular the low social status of women and girls.... [T]he legislation that established PEPFAR specifically called for US initiatives to support programs that address the conditions that make women particularly vulnerable to HIV/AIDS including....improving women's access to paid work and economic resources, and advancement of women's legal rights. (Institute of Medicine,2007, p. 35)

Within the already myopic focus on individual behavior change, the layering of heavy right-wing political thought has served to disempower people on the ground, and the restrictions of the program have served to bind the work of lively civil societies engaged in HIV/AIDS intervention. The Institute of Medicine evaluation report went on further to suggest:

The abstinence-until-marriage budget allocation in the Leadership Act hampers these efforts and thus PEPFAR's ability to meet the target. Despite the efforts of the Office of the U.S. Global AIDS coordinator to administer the allocation judiciously, it has greatly limited the ability of Country Teams to develop and implement comprehensive prevention programs that are well integrated with other. (Institute of Medicine, 2007, p. 36)

The PEPFAR framework is potentially hugely damaging to the strong and articulate response to HIV/AIDS in various parts of Sub-Saharan Africa. Even further, the impact that the policies have on the grass-

roots level is potentially devastating. It has been widely shared and proven that in many cases young women specifically contract the virus within marriage making the abstinence-until-marriage portion of prevention programming potentially dangerous rhetoric (HRW, 2005). By restricting work with women caught in commercial sex-work without addressing the economic factors that force tough decisions, programming only serves to further stigmatize victims. If we revisit the story of Summertown, South Africa we are forced to imagine a prevention program that doesn't see the young women forced to flee impoverishment through sexual trade as worthy of the support and change these funds might offer. The migrant workers of Summertown would be offered a great deal of support through various programming that acknowledges their presence in the pandemic. Young South African women are, in essence left to suffer in poverty and eventually die.

Individual behavior change education and its place in HIV/AIDS prevention have often stood in unison with various forms of structural violence disempowering the powerless further and obscuring the larger issues, the global issues, the issues that donors were not comfortable addressing. PEPFAR serves as an example of how the designed disempowerment scheme of individual behavior change assumes its prominence and is in turn established as the dominant model for HIV/AIDS prevention. While the bilateral strategy has offered a great deal of funds in support of Sub-Saharan Africa's fight against HIV/AIDS, this form of benevolence has served a particular hegemony that is a reflection of the international community's historical encounters with Sub-Saharan Africa. This hegemonic benevolence is further complicated by the influence of current day compassionate conservatism. As designed disempowerment and hegemonic benevolence converge we see a conception of HIV/AIDS prevention arise that is distorted by the latticework that has formed the structural violence. This is violence that has encouraged the pandemic using the very same latticework that has now formed the

structure for internationally driven HIV/AIDS's prevention and its conception.

Potential For Change: Recommendations

I preface my discussions of potentials for change with the words of Gustavo Gutierrez who cautions:

Misery and injustice go too deep to be responsive to palliatives. Hence we speak of social revolution, not reform; of liberation, not development; of socialism, not modernization of the prevailing system. "Realists" call these statements romantic and utopian. And they should, for the reality of these statements is of a kind quite unfamiliar to them. (Gutierrez, 1983, p.44)

I begin with Gutierrez, firstly because of his suggestion that true and deep change is radical. The established system of global public health as it relates to HIV/AIDS has for the most part been anything but radical. Partnerships and their subsequent support have always operated within the confines of the acceptable, neither disturbing international order nor encouraging others to do so.

Contemporary shifts in HIV/AIDS programming practice have begun to champion rights-based approaches to HIV/AIDS. While rights-based approaches recognize that there are fundamental rights that human beings should not be denied, *liberation theology* espouses that there are fundamental human responsibilities we should never ignore. One of the most significant of these responsibilities is a true and deep commitment to fight for the poor and powerless. Secondly, the principles reflected in liberation theology pose a great threat to power. So much so that in 1982 advisors to Ronald Reagan argued that "American foreign policy must counterattack (and not just react against) liberation theology" (Boff, 1987, p.86); a clear indication that principles of change are a threat to power.

The notion of radical change and liberation may seem extreme, but I suggest that in order to counteract and oppose designed disempowerment and hegemonic benevolence radical change is necessary.

Admittedly, I do not have recommendations for radical change. Rather, I offer the following recommendations that may encourage a shift that may ultimately lead to wider change. If narrow individual behavior change education is supported by bilateral partnerships then it is within these frameworks that recommendations can be made.

From Bilateral Partnerships to Solidarity Movements: In many cases multilateral and bilateral partnerships involve a particular set of stakeholders: governments in both geographies, international NGOs in the donor country, and local and International NGOs in the recipient country. These stakeholders often serve to shape the nature of the partnerships and in many cases reproduce the sorts of dynamics discussed in this paper. But there are others invested in the fight against HIV/AIDS in their own countries, such as NGOs and community-based organizations that work in the donor countries, unrestricted by their country's foreign policy. It is my suggestion that a beginning to true change is the creation of solidarity movements that range beyond the usual stakeholders involved in HIV/AIDS internationally. For example, the American based Community HIV/AIDS Mobilization Project (CHAMP) project is an HIV/AIDS intervention program that works specifically within the context of social justice on a platform of anti-racism and economic justice (see www.champnetwork.org/). The CHAMP project focuses specifically on historically marginalized peoples being African Americans, Gay and Lesbian communities, and Latin Americans. These voices are rarely present during the construction of international AIDS initiatives. International solidarity movements that link like-minded activist and NGO's serve to create a platform for knowledge and experience sharing that is not currently present. Often many organizations that work within the donor countries have strong and important critical perspectives on their countries foreign policies and partnerships and are already strong advocates for change.

The liberation of Nation States: As long as countries in Sub-Saharan Africa continue to service debt, the funds needed to rebuild health and education infrastructure will continue to flow back into the pockets of the powerful purveyors of the new international economic order. The recent discourse has centered on debates around debt forgiveness. The liberation of enslaved economies would single the point at which countries could truly achieve self-determination.

A Stronger United Nations: The strength of UNAIDS as an international advocate is curtailed by its silence of issues of Global Distributive Justice. While the agency along with the World Health Organization (WHO) have recognized the connections between poverty and HIV/AIDS but have not yet stood as global leaders in the fight for economic equality and forging markets systems that encourage justice rather than injustice. The United Nations and World Health Organization need to start taking radical stances on the issues that underlie the spread of the HIV/AIDS.

From the Bottom-Up as opposed to Top-Down: The affront of individual-behavior change is its lack of complexity in relation to the lived realities of people at the grassroots level. As of recent, a number of initiatives attempted to build programming around the actual lived realities of people. Initiatives like Community Capacity Enhancement programs place the voices of people at the grassroots at the center of programs design. While communities are not perfect spaces, the acknowledgement of the communities' voices as an important stakeholder in the design of programs offers as strong alternative to internationally designed behavior change programs.

Conclusion

While this paper may seem to vilify the larger global effort to stem the tide of HIV/AIDS, that is by no means the intention. It does not intend to suggest the complete dismantling of the system but encourages these systems to be on the side of equality-empowerment

and true social change. It acknowledges the great contribution of the bio-medical community but to recognize that a bio-medical approach operating with a racist framework is dangerous and damaging. It is recognized that health viewed through a cost-effective framework within a neo-liberal context suffers and is more often than not degraded. Like anything, there is a need to unpack the baggage that accompanies HIV/AIDS prevention and not take what is offered at face value.

Benevolence is beautiful and loaded and as we've always known the path to ruination is paved with good intentions. Once we unpack, we may recognize that designs for good intention can become designs of disempowerment and that benevolence, regardless of how loaded, can become hegemonic and damaging. The intention of this paper is to recognize PEPFAR's potential as a great contribution to the global effort, and honour that greatness with a critical honesty that challenges our partnerships to improve and grow in depth.

Fundamentally, this discussion has been about an uneasy truth. The truth being that the pandemic is the world's responsibility, because the pandemic is the world's creation. AIDS is not just about the sexual relationships between a man and woman, a man and a man, or a woman and a woman. AIDS is not about a man or woman's addiction to intravenous drugs. AIDS is about a global world that can no longer ignore that wealth is often propped on top of poverty. It is to recognize that the pandemic in Sub-Saharan Africa is about histories of subjugation and enforced deprivation, and that the world cannot ignore that its relative prosperity was built upon deep and massive pain. With this in mind the world is challenged. The world is challenged and charged with the task of ensuring that the support offered is not accompanied by the old forces of domination and subjugation. It must recognize that the answers are about international market policies, grassroots prevention programming, and virtually everything in-between.

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