Unfortunately, vulnerability already constitutes a too-common experience for many people. Through situations of chronic poverty, hunger, civil wars, forced immigration, oppression, or discrimination, life becomes precarious for a larger and larger part of humanity. The list can be almost endless because more and more persons experience situations of vulnerability, nourished by many forms of instability all over the world.

Given such a background, the HIV/AIDS crisis adds an intolerable burden because AIDS usually targets already vulnerable people. In this chapter, the theme of vulnerability will be used to describe the AIDS epidemic during the last twenty-five years. As the theme of vulnerability seems to sum up the lived experience of the disease, let us start by analyzing the meaning of this word in the context of HIV/AIDS.

1. Two Meanings of Vulnerability: The Wound and the Breach
On the etymological level (Latin, vulnus), vulnerability has the two meanings of wound and breach. The first metaphor describes the reality of AIDS with objectivity. The second one shows the active part that individuals and communities can play to oppose the ravages of AIDS.
The first etymological meaning of vulnerability is to be hurt, “endangered,” threatened, or even injured and hit in one’s wholeness. As the French theologian Philippe Bordeyne notes in an essay about the challenges and the opportunities of vulnerability for medical ethics, the notion of vulnerability can be understood as a *wound*. In the context of AIDS, the metaphor of vulnerability can be taken up to describe the physical condition and the existential characteristics of HIV positive patients’ lives.

Indeed, the virus attacks insidiously and secretly the defenses of the immune system. By doing so, the HIV virus progressively leaves the sick more and more disarmed to resist any aggressions from without. This situation finally exposes defenseless patients to opportunistic diseases and successive losses. HIV is able to deprive the sick of so many “good things”: a normal weight and appearance, sight, sanity, the capacity to breathe or coordinate movements or to work, the ability to take care of oneself, a family, a household. Men and women are weakened and progressively deprived of the possibility of living a normal life, and ultimately surviving. Being vulnerable to the virus often means being vulnerable to impoverishment, estrangement, and despair. This is the passive side of vulnerability that today still leaves millions destitute and helpless when the virus hits them and the disease progresses into a full-blown illness.

According to Bordeyne, the concept of vulnerability starts at a physical and bodily level. Yet, he also understands that such vulnerability can become *total*.


23 Here, the parallel can be made with the concept of “total pain” used in palliative care.
the spiritual, the social and the political.”24 By applying this phe-
nomenological study of vulnerability in a time of AIDS, we reveal
the depth of the wounds.25 The victims of AIDS are the “objects”
of this vulnerability.

On the other hand, vulnerability can also take the second
meaning of a breach, namely a hurt that leads us to a new po-
tential. Interestingly, this second meaning opens a window to a
new landscape. Indeed, this breach discloses an active part that
individuals, societies, or Churches oppose to the reality of AIDS.
This breach can contradict ominous statistics and dire previsions.
Here, the theme of vulnerability does not only mean how the dis-
ease acts against people but also how people react to it.

The outstanding role of medical research during the still-
short history of the disease attests that the vulnerability of the
human body to the HIV virus won’t remain a fatality forever.
The medical progresses against HIV/AIDS have been quicker if
we compare them with any other infectious disease. New med-
ical breakthroughs represent some breaches that unravel the
human capacity to understand and change the natural course of
the disease, protect the sick, and change their fate as well. In the
domain of immunology, studies of the retrovirus HIV have stim-
ulated new research programs in molecular biology. Although
there is still no cure in view, scientists have discovered innova-
tive treatments.26 And soon, new forms of vaccine could stop the

24 “En tout état de cause, la vulnérabilité renvoie au corporel: corps propre et corps
symbolique; corps social et politique. En abordant l’éthique de la santé par le biais
de la vulnérabilité, on se laisse guider par la corporéité. On prête attention aux rap-
ports qu’elle entretient avec le psychique et le spirituel, le social et le politique.”
Bordeyne, “La référence à la vulnérabilité,” 47. Read Didier Fassin, L’espace politique

25 “Guérir une personne, ce n’est pas seulement comprendre ce que la maladie fait
au corps, mais aussi ce qu’elle fait à la personne qui est confrontée à des questions
qui la dépassent.” Hubert Doucet, “De l’éthique au spirituel. La situation dans les

Pandemic: Impact on Science and Society, ed. K.H Mayer, and H. F. Pizer (Amsterdam
transmission of the virus HIV disease, or at least delay the effects of AIDS.

The development of more than two dozen antiretroviral therapies to combat HIV infection has resulted in a dramatic decrease in morbidity and mortality associated with the acquired immunodeficiency syndrome (AIDS) in developed countries and, increasingly, in low- and middle-income countries as these therapies become more widely available. Despite ongoing prevention efforts, however, HIV continues to spread unabated in many parts of the world, with an estimated 14,000 new infections occurring daily. A safe and effective HIV vaccine would be an enormously valuable tool in the campaign to stop the spread of HIV.27

Without even waiting for such medical achievements, the specific needs of HIV patients have been addressed. In order to meet those needs, some habits have already been changed. And new relationships between patients and health-care givers have progressively emerged. These changes have reshaped the relationships between the sick and existing health-care facilities.28 As Daniel Callahan notes, the health of populations is now understood as “a function more of good public health measures and socioeconomic conditions than of biomedical advances, even though it is true that public health needs biomedicine to do its work fully, especially through disease screening programs and the biomedical techniques they require.”29 This shift takes into account better economic conditions and local health infrastructures. It promotes a better access to health care resources. It needs


any conditions that allow people to have more control over their lives and participate actively in the fight against HIV/AIDS. On the supranational level, a new awareness has recently appeared among nations that they are facing a common threat.

There is some reason to be optimistic that the future may hold these very things: at the turn of the century, a revolutionary idea was launched and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) was born. The goal of this initiative is for wealthy countries of the world to provide financial support to impoverished nations to deal with the three leading treatable infectious killers in the world today. Over a billion dollars has been pledged and GFATM has invigorated programs throughout the world to begin to tackle HIV in a holistic fashion. Much more is needed in terms of financial and human resources, however, if AIDS is to be dealt with a truly comprehensive manner.30

Those two aspects of vulnerability, the “wound” on the one hand and the “breach” on the other, are two faces of the same coin. The metaphors are complementary and interconnected in the description and action against AIDS. The concept includes the “objective” vulnerability to the given and modes of transmission of the disease that hit hard and affect the immune defences. But the concept refers also to the “subjective” vulnerability of all those who approach the epicentre of the epidemic. Today, this vulnerability summons the so-called “AIDS community.” This community is made up of people infected by HIV or afflicted by the ravages of AIDS. The experience of vulnerability through the hurt of the disease and collaboration at the bedside of the sick and beyond has provided a considerable response to the HIV/AIDS crisis in many parts of the world. During an interview, Peter Piot the executive director of UNAIDS said:

I’ve seen the best and the worst come out of people when it comes to AIDS. The worst is when it comes to continuing stigma, denial,

30 Furin, The AIDS Pandemic, 295.
finger-pointing—“You’ve got it, you sinner,” whatever. The best is when you see the heroism of people living with HIV, the social activism that comes out of it, the dedication of scientists. There’s a kind of a worldwide movement coming up, and AIDS has made it within 20 years now as one of the global issues of our time, [on] a par with climate change, with nuclear threats and all that kind of things, in extreme poverty. It’s in that league now. Frankly, five years ago, I didn’t think that would be possible.\(^3\)

Indeed, the AIDS community is an active one. On the ground, vulnerability is a collector of many and various talents to defeat the impact of the disease. More importantly, the notion of vulnerability is a bridge that allows us to join those who are suffering and losing their lives because of HIV/AIDS. Whoever wants to face the realities of the disease goes by this bridge. The experience of vulnerability in a time of AIDS affects our physical body but also our social body.\(^3\)

2. Vulnerability: Three Dimensions to Describe the Experience of AIDS

The two metaphors, the *wound* and the *breach*, have introduced us to the meaning of vulnerability in a time of AIDS. The concept of vulnerability also has three levels to describe its existential dimensions: universal, social, and personal. Each of these three dimensions connects us with the experience of AIDS.

---


\(^3\) In his doctoral dissertation, Bordeyne reads *Gaudium et Spes*. The theme of anguish (*angoisse*) allows him to connect the vulnerability of the physical body and the social body: “Avant tout échange de parole, les êtres humains se reconnaissent mutuellement dans le sentiment de leur précarité fondamentale, face à la faim et au froid, à la mort et au deuil, à l’insécurité du logement et de la position sociale. L’angoisse surgit particulièrement face à ceux que l’on désigne pudiquement comme « les pauvres » (G51): ils portent visiblement dans leur chair ce à quoi tout être humain se sait exposé. Ainsi, la piste éminemment corporelle de l’angoisse empêchait la clôture sur le soi: le corps sensible est déjà inséré dans le corps social.” Philippe Bordeyne, *L’homme et son Angoisse. La Théologie Morale de “Gaudium et Spes”* (Paris: Editions du Cerf, 2004), 258-259.