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SCRUTINIZING THE SIGNS OF TIMES:
THE CATHOLIC CHURCH, MORAL THEOLOGY, AND THE HIV/AIDS CRISIS

A thesis submitted to
Regis College
The Honors Program
in partial fulfillment of the requirements
for Graduation with Honors

by

Sarah Moran

May 2009

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“Mercy and truth have met together; Righteousness and peace have kissed each other."
Psalms 85:10

Chapter I: A Personal Introduction

Since my childhood, my parents helped foster my respect for the rich tradition of the Roman Catholic faith, encouraging me to develop a personal relationship with Christ as I grew to know a world that, as our Jesuit friend Hopkins wrote so beautifully, "is charged with the *grandeur of God*." Bringing me to volunteer opportunities throughout Denver, they helped foster my awareness of the poor and vulnerable coexisting in a human experience marked for me by immense privilege. It was in my Jesuit undergraduate experience that I developed a deeper understanding of the Church's justice work as response to inequities of health, wealth, and opportunity in the world.

This thesis reflects my yearning to connect my faith to the modern world in a journey across disciplines and over continents to unpack the intersections of justice, faith, and Catholicism. As an English major, with minors in Business and Christian Leadership, I considered a wide array of subjects for the thesis. But this deepening investment in the Church's justice work, fostered in my Jesuit undergraduate experience, led me to ponder the ways Catholic social teaching might propose a topic critically important to a marginalized community and one I could research for months without disenchantment. Searching for a subject area, I remembered once hearing that the Catholic Church provides twenty-five percent of AIDS care worldwide, a statistic that proved accurate after minimal investigation. As my primary research ensued, I quickly discovered tension within the discourses of Catholic moral theology and social thought

on HIV/AIDS, sparking questions about the nature of the Church's role in an issue rife with seemingly ubiquitous ethical controversy. The convergence of personal experience, academic probing, and the callings of faith lead me to search for the most compassionate and innovative Catholic response in a time of AIDS.

Before beginning writing, I desired first-hand experience into the Church's response to the epidemic. The opportunity to travel to Namibia arose after a conversation about this desire with Sr. Peg Maloney, a mentor and friend at Regis University, who contacted her former colleague Rev. Msgr. Robert Vitillo, Special Advisor on HIV and AIDS for Caritas Internationalis. Msgr. Vitillo put me in communication with his colleague Fr. Richard Bauer, MM, LCSW, a Maryknoll Father and the current Chief Executive Officer of Catholic AIDS Action in Namibia, and MaryBeth Gallagher, Programme Director at Catholic AIDS Action. For each of their assistance, especially to MaryBeth and Fr. Rick for showing me the workings of CAA, arranging the details of my stay, and offering me several interviews, I am deeply grateful.

Namibia was a fitting place to make this journey, particularly because since late 1998, Namibia has remained one of the most HIV-infected countries in the world. The UNAIDS *2008 Report on the Global AIDS Epidemic* listed Namibia in the top five countries worldwide for adult HIV prevalence, with more than one in five adults living with HIV.[1] There I saw many faces of AIDS in the elderly and children left vulnerable by family member's deaths, in the slow suffering of teenagers and adults with the disease, and in the devastation to entire communities the epidemic has unleashed throughout the

[1] UNAIDS, *Report on the Global HIV/AIDS Epidemic*, 2008, 5.

country. I also saw the work of one Catholic organization for people vulnerable to or affected by HIV/AIDS. Catholic AIDS Action was the first national church-based program to respond to HIV/AIDS care and prevention in Namibia, in a mass advocacy effort and program approved in 1998 by the Namibian Catholic Bishops Conference. Now the country's largest nongovernmental organization dedicated to HIV-related prevention and care, CAA works with UNICEF and UNAIDS among others for funding and collaboration. My service was centered mostly in preventative education for orphaned and vulnerable children at the CAA Bernhard Nordkamp Center in Katatura and assisting volunteer peer educators as they taught young adults using curricula developed by CAA for HIV prevention.

On the whole, what I expected to find and what I did find at Catholic AIDS Action were quite different. I expected to find a Catholic organization that was isolated from other agencies because of the Church's stance on condoms or one that surreptitiously promoted condom use. What I found was an organization providing free HIV testing, home-based care, support of orphans, and a unique approach to preventative to thousands of Namibians. And while promoting behaviors in accord with Church sexual ethics, they provided full and accurate information about the effectiveness of condoms and maintained thriving partnerships with organizations that widely promoted them.

When I returned and began scholarly research, I uncovered a different and surprising tension within the Catholic moral theological discourse of HIV/AIDS, one that only moderately dealt on the condom question. For this thesis, my focus will be how, in

light of these ideological tensions, Catholic social and moral thought might be brought into a more fruitful conversation and better inform the Church's response to HIV/AIDS, particularly in developing countries. The central problem at stake is the conflict between Catholic sexual ethics, including its stance on prophylactics, and Catholic social teaching on the dignity of human life. I hope to address the following questions: In what ways do Catholic social teaching and sexual ethics conflict on this issue? Is a position opposing the use of prophylactics relevant to the AIDS dilemma? How can the Church advocate for the protection of human sexual dignity while protecting those whose dignity and life might be compromised by HIV in the encounters? Why is it of central importance that the Church has a holistic theological paradigm on HIV/AIDS at this point in history?

At the project's onset, I was unaware of the severity of ideological tensions among the Magisterium, clergy, ethicists and Catholic social workers in HIV/AIDS prevention. As my research progressed, I have also been taken aback by the distancing of Catholic scholarship in the academic discourse on HIV/AIDS. Tacitly skeptical of the Church's efficacy in prevention efforts, this discourse quickly casts off the Church for its hierarchical structure and dogmatic style, especially with respect to its seemingly unprogressive position on prophylactics. In this thesis, I also hope to witness to the work of Catholic scholars who have navigated the predominant, and often anti-religious, ideologies in the ongoing discourse of HIV/AIDS, appealing to their secular contemporaries with stylistic grace, dynamic argumentation, and thorough research. Improving these rhetorical strategies has been a goal of my thesis. Most importantly, I

hope to offer some small insight into the plethora of Catholic scholarship that has engaged the intersections of sexual morality and social justice on HIV/AIDS.

Chapter II: The Indicators of AIDS

Section 2.01 Modes of Transmission

As explained by the National Institute of Allergy and Infectious Diseases (NIAID), the human immunodeficiency virus (HIV) causes the acquired immune deficiency syndrome (AIDS) by damaging or destroying cells in the immune system. "HIV progressively destroys the body's ability to fight infections and certain cancers. Individuals diagnosed with AIDS are susceptible to life-threatening diseases called opportunistic infections, which are caused by microbes that usually do not cause illness in healthy people."[2] Transmission of the virus can occur "through the lining of the vagina, vulva, penis, rectum or mouth during sex" with an infected partner. While this thesis focuses on the sexual transmission of HIV, the virus has also spread among injecting drug users through the sharing of contaminated syringes or needles and in some circumstances, through transfusion of contaminated blood or blood components. Finally, women can transmit HIV to their children during pregnancy, while giving birth or through breast milk.

Gaudium et Spes, or "The Pastoral Constitution on the Church in the Modern World," of the Second Vatican Council argued that the Catholic faithful must constantly examine the needs of the world and interpret the appropriate responses with intentionality and Christian values: "The Church has always had the duty of scrutinizing the signs of

[2] National Institute of Allergy and Infectious Diseases (NIAID), *HIV Infection and AIDS*, March 1999, 1; available at http://www.aegis.com/topics/basics/whataidsis.html; Internet; accessed 21 November 2008.

the times and interpreting them in light of the gospel."[3] The signs of our times are surely alarming. Beginning as a serious health crisis in the early 1990s, HIV/AIDS epidemic now affects the political, social, and economic integrity of entire nations. According to the UNAIDS *2008 Report on the Global AIDS Epidemic,* the global percentage of people living with HIV has stabilized since 2000, but at an "unacceptably high level," where the number of people living with HIV has increased due to the ongoing number of new infections each year.[4] As of 2007, there were an estimated 33 million people living with HIV. Sub-Saharan Africa remains most heavily affected by HIV, accounting for 67% of all people living with HIV and for 72% of AIDS deaths.[5]

In the preface to the 2002 *Report on the Global HIV/AIDS Epidemic*, Peter Piot, Executive Director of the United Nations Program on HIV/AIDS, noted that the year 2001 marked twenty years of AIDS for the global community. He called this anniversary "an occasion to lament the fact that the epidemic has turned out to be far worse than predicted, saying, *'if we knew then what we know now.'*"[6] Piot warns: "But we do know now. We know the epidemic is still in its early stages, that effective responses are possible but only when they are politically backed and full-scale, and that unless more is done today and tomorrow, the epidemic will continue to grow."[7] Piot's statement reveals the urgency for all groups committed to eliminating HIV/AIDS, including the Catholic

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[3] Vatican Council II, *Gaudium et Spes*, in *Catholic Social Thought: The Documentary Heritage*, ed. David J. O'Brien and Thomas A. Shannon (Maryknoll, NY: Orbis, 1992), no. 4.
[4] UNAIDS, *Report on the Global HIV/AIDS Epidemic, 2008,* 5.
[5] Ibid.
[6] Joint United Nations Programme on HIV/AIDS (UNAIDS), Peter Piot, preface to *Report on the Global HIV/AIDS Epidemic*, 2002, 6.
[7] Ibid.

Church and its organizations, to learn use fresh thinking and innovative strategies to eliminate the epidemic once and for all.

Section 2.02 The Catholic Church's Role in HIV/AIDS Prevention

Approximately twelve percent of all AIDS care worldwide is provided by Catholic Church organizations, while thirteen percent is provided by Catholic non-governmental organizations, making the Catholic Church a provider of some twenty-five percent of the AIDS care worldwide.[8] Moreover, the Church is well-placed to make unique contributions in HIV/AIDS prevention. First, like other faith-based organizations (FBOs), it often plays a significant role in the formation of public opinion and the development of attitudes. The jurisdiction of FBOs and religious authorities often includes areas closely connected to HIV/AIDS, such as morality, beliefs about spirituality and disease, and norms of family life and sexual activity, areas not necessarily dealt with by other agencies.

In addition, the Church has contacts everywhere. Beyond their influence among Catholic communities, the Catholic Church has longstanding relationships with many world-wide institutions and influences a wide variety of non-Catholic constituents. Through various religious communities, parishes, and ministries, the Church has created extensive networks of voices at the grassroots level, often reaching into every part of a country, and in many cases into every household, in ways that government and civic

[8] Patricia Miller, "The Lesser Evil: The Catholic Church and the AIDS Epidemic." *Conscience*. 22 (2001):6.

agencies cannot. Evidence from countries that have shown success in controlling HIV infection rates also points to the key role played by FBOs and suggests the need for greater support of major, national-level faith-based initiatives in AIDS prevention.[9]

Section 2.03 The Function of Moral Theology in HIV/AIDS Prevention

To understand the significance of moral theology to the discourse of HIV/AIDS, a basic understanding of moral theology's classification is helpful. Moral theology, known outside Catholic discourse as *religious ethics*, pivots on the question of how human beings ought to live in order to attain the presence of God. Whereas systematic theology examines the truths of faith concerning God and God's works, moral theology probes these relationships with respect to human beings and their free actions to God and God's supernatural end.[10] Using scripture and philosophical ethics (i.e. natural law) as its primary resources, it proposes practical truths of morality using common principles in order to help individuals discern right and wrong in the everyday issues concerning freedom, love, conscience, responsibility, and law. By consequence, it encompasses the doctrines of Catholic social teaching and medical and sexual ethics as well as individual moral virtue.

Moral theology can be advanced most authoritatively through the Magisterium, the Church's teaching authority comprised of bishops and the Pope, through statements of doctrine in papal, conciliar, and episcopal documents (e.g. papal encyclicals, the works

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[9] *The Catholic Encyclopedia*, s.v. "Moral Theology," http://www.newadvent.org/cathen/14601a.html. (accessed 4 Oct. 2008).
[10] Ibid.

of Vatican II, pastoral letters, etc.). Most Church teaching on ethical matters is not infallible. Rather, the Church claims the ability to speak *authoritatively* only on matters of faith and morals. Vatican II describes the Church's role as "the teacher of the truth, having the "duty to give utterance to, and authoritatively to teach, that truth which is Christ himself, and also to declare and confirm by her authority those principles of the moral order which have their origin in human nature itself."[11]

Church teachings are in constant dialogue with moral theology. Moral theologians not only publish in journals and collections devoted partly or wholly to moral theology, but also assist and advise in the writing of episcopal documents. They also contribute to an ongoing dialogue with the Magisterium through their scholarship on new dimensions of moral issues and critical engagement with Church teaching. This scholarship of laypeople, religious, and priests also represent and inform Church teaching. Their work can also make official Church teaching more accessible to the general Catholic faithful. While the discoveries and queries of laity and religious may not reflect the official Church positions regarding HIV/AIDS, such thinkers provide much needed contributions to the Catholic Church's response to prevention, particularly because priests, religious, and lay people frequently represent the Church in pastoral settings by caring for the sick and conducting various forms of ministry. Thus their insights often reflect extensive knowledge of the reality of HIV/AIDS.

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[11] Second Vatican Council, *Declaration on Religious Freedom, Dignitatis Humanae,* no. 14: (1975). Available at http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vatii_decl_196551207_dignitatis_humanae_en.html

Gaudium et Spes established these scholars' function as an apostolate of the Catholic Church, instructing them to take up a dynamic, engaging role in the Church: "Let it be recognized that all the faithful, clerical and lay, possess a lawful freedom of inquiry and of thought, and the freedom to express their minds humbly and courageously about matters in which they enjoy competence."[12] This status as an apostolate, as well as the openness to clerical and lay opinion, encouraged theological study and formed a "new Catholic knowledge class" that emerged in the years following Vatican II.[13] And since lay people in particular are less accountable than clergy to Church hierarchy, lay moral theologians have historically established forums for discussing controversial or unsettled issues.

But why should moral theological discourse include the topic of HIV/AIDS? The simplest answer is that while though theology and ethics pursue universal truths, they offer society little if it is unconcerned with the realities of a dynamic world. Concerning moral theology's relevance to the pursuit of a common good, James Keating writes that while moral theology is practiced among the more than one billion Catholics worldwide, Catholic moral tradition sets out to dialogue with the entire human community in "an

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[12] Vatican Council II, *GS* 4.

[13] Mark R. Kowalewski. *All Things to All People: The Catholic Church Confronts the AIDS Crisis* (Albany: State University of New York Press, 1994) 14. In his book, Kowalewski outlines several of the various interest groups that emerged within the church in the post-Vatican II years. Citing Varacalli and McSweeney, Kowalewski defines Varacalli's appellation of "new Catholic knowledge class" as a segment of liberal, theologically literate (and often theologically educated) laypersons. Like Cahill and others mentioned, they share a commitment to carrying out changes envisioned by the council as they see them, which "structural decentralization and advocacy for the rights of the poor, the underprivileged, and the disenfranchised, such as women and gays."

effort to locate, share, and learn from the elements of a common ethic."[14] For Keating, moral theology and a commitment to a particular faith does not inhibit the pursuit of a common good. Rather, it can form the foundation for articulating many moral principles so as to find common ground and serve this common good.[15] Thus, though HIV/AIDS concerns and affects people both within and outside the Catholic tradition, the common ethic moral theology pursues can point toward the greater good for all of society.

Catholic moral tradition offers a rich resource in the discourse of HIV/AIDS, not only for the immediate concerns regarding prevention, but also regarding the ideological presumptions guiding various Catholic and non-Catholic prevention strategies and systematic injustices that contribute to the epidemic. With specific respect to prevention, moral theology's parameters include the roles of the Church's service, individual behavior, and social, economic, and political injustice.

Section 2.04 Paradigmatic Divisions in Moral Theology on HIV/AIDS Prevention

During the epidemic's first two decades, an individualistic approach to HIV-prevention dominated much of Catholic moral thought on the issue. Viewing this approach as an incomplete view of a complex problem, contemporary moral theologians have expanded and frequently focused their discussion on the more remote aggravators of AIDS, such as poverty, stigma and discrimination, and gender inequality. On the whole, they encourage the Church to increase the availability of HIV/AIDS treatment and care,

[14] James Keating, *Moral Theology: New Directions and Fundamental Issues* (Mahwah: Paulist Press, 2004), xv.
[15] Ibid.

while working toward greater social justice by promoting just policies and resource allocation to those affected by epidemic.

The justice-based paradigm of these contemporary theologians challenges both the efficacy and moral value of a prevention strategy that emphasizes sexual responsibility and advocates sexual-behavioral changes among at-risk populations. These theologians express concern that such approaches appear moralistic, carry the propensity to increase the stigma associated with HIV/AIDS, and fail to address the structural injustices making people vulnerable to HIV. One such theologian is Lisa Sowle Cahill, whose essay "AIDS, Justice, and the Common Good" highlights the historical and social aggravators of AIDS through the lens of Catholic social thought.[16] Cahill addresses the poverty and other "related barriers to AIDS prevention," which she outlines as poverty, racism, the low status of women, and an exploitative economic system. She focuses on the common good and other tenants of Catholic social teaching as ways to dynamically engage the epidemic.

Cahill's essay pivots on a statement that often resurfaces in the scholarship of other contemporary theologians: "AIDS is a justice issue, not primarily a sex issue."[17] Despite the context of an epidemic where the commonest mode of transmission is sexual

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[16]Lisa Sowle Cahill, "AIDS, Justice, and the Common Good," in *Catholic Ethicists on HIV/AIDS Prevention,* ed. James F. Keenan, assisted by John D. Fuller, Lisa Sowle Cahill, and Kevin Kelly (New York: Continuum, 2000), 282-93. In 2000, various Catholic moral theologians formed the Catholic Theological Coalition on HIV/AIDS Prevention (CTCHP) and created a collection of thirty-five essays addressing the apparent conflicts of moral theology in HIV-prevention. The book *Catholic Ethicists on HIV/AIDS Prevention* contains essays and narratives highlighting prophylactics, the dangers of religious scrupulosity, gender inequality, homophobia, child vulnerability, and Christian ethnocentrism among other transglobal moral issues related to HIV/AIDS.
[17] Ibid., 282.

activity, Cahill's essay challenges the notion that changing sexual behavior should be the primary goal of the Church's prevention efforts. Her statement summarizes the dichotomy in much contemporary moral theology between justice-based and behavior-based approaches to prevention. Before addressing the validity of this dichotomy and what is at stake for the Catholic Church in adopting either approach, I will outline each approach's theological thrust in the following two chapters. Upon further analysis, these seemingly contradictory areas of Catholic moral thought can be brought into a more fruitful conversation than many moral theologians might consider, generating a more holistic vision of Catholic HIV/AIDS prevention.

Chapter III: The Social Injustices Aggravating the AIDS Epidemic

In a speech to the 11th International Conference on AIDS in Vancouver, Richard G. Parker, Secretary General of the Brazilian Interdisciplinary AIDS Association, argued that examining various social vulnerabilities makes it possible to more fully understand "the consequences…of the sexual stigma and discrimination so often faced by gay men or sex workers, of the gender power relations and gender oppression so often faced by women, or of the social and economic marginalization faced by the poor."[18] An examination of the many social realities make people more vulnerable to HIV/AIDS offers a fitting starting place for discovering how Catholic moral thought might relate to an epidemic of such magnitude. Such examination quickly reveals the disconcerting connections between methods of transmission, information about the populations most highly infected by and transmitting HIV, their access to treatment options, and those conditions that most frequently correlate with incidents of transmission.

Section 3.01 Poverty

One of the most explicit factors arising from and contributing to the spread of AIDS is poverty, whereby the most impoverished members of societies endure the largest threat of HIV-contraction while unable to equally access preventative education, economic opportunity, and medical care. While HIV/AIDS has impacted societies of all levels of wealth and economic stability, a plethora of data suggests a correlation between

[18] Richard Parker, "Empowerment, Community Mobilization, and Social Change in the Face of HIV/AIDS," (paper presented at the XI International Conference on AIDS, Vancouver, July 7, 1996).

the factors that spread HIV and the poorest sections of global society. In fact, Cahill describes poverty as "the primary cause"[19] of the continuing spread of AIDS. While the term *cause* can be problematic (as a later chapter will address), statistics reflect that the vast majority of HIV/AIDS cases occur in the developing world.[20]

The sheer number of poverty-related factors that aggravate HIV/AIDS is astounding. In most cases, "an extensive AIDS epidemic is more likely to occur in countries that are deficient in the operation of [sound] social features, especially if there is much inequality in the distribution of national wealth."[21] These deficient social features include a lack of access to sanitary water or disinfectants to prevent transmission during home care. Another deficient social feature is persistent unemployment in unstable local economies, which necessitates migration among poorer populations in pursuit of work and places them in situations that foster extramarital sexual activity and the proliferation of STIs.[22] Still another is limited access to accurate health education and services, allowing misconceptions regarding HIV transmission and prevention to proliferate among at-risk populations. For example, surveys from forty countries in 2006 indicate that more than 50 percent of young people aged fifteen to twenty-four had serious misconceptions and myths about how HIV/AIDS is transmitted.[23]

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[19] Cahill, "AIDS, Justice, and the Common Good," 282.
[20] UNAIDS, *Executive Summary: 2008 Report on the Global AIDS Epidemic*, 5.
[21] Robert Vitillo. "The Role of the Catholic Church and Other FBOs Advocacy with and on Behalf of the Behalf of those Affected by HIV and AIDS" (paper presented at the meeting of Justice and Peace Coordinators and Staff, Johannesburg, South Africa, March 3, 2007).
[22] Ibid.
[23] Alsan Marcella, "The Church & AIDS in Africa: Condoms & the Culture of Life," *Commonwealth: A Review of Religion, Politics, and Culture* 133 (2006): 8. Regarding the proliferation of myths regarding HIV/AIDS, Marcella cites research showing that 35 percent of twelve- to fourteen-year-olds thought that sex with a virgin could cure AIDS, or were unsure whether or not that statement was true. In other

HIV/AIDS rates continue to flourish in nations lacking adequate health care resources, the absence of which prevents large portions, and sometimes majorities, of national populations from receiving care that can prevent the spread of HIV. Physiologically, the poor are uniquely vulnerable to the disease. They may carry untreated sexually transmitted infections (STIs) and other conditions that increase the likelihood of HIV infection,[24] while lacking access to proper treatment. For example, living in poverty increases one's susceptibility to malnutrition, malaria, tuberculosis, and worm infestation, all of which can depress the immune system and increase the likelihood of contracting HIV upon contact with infected sexual fluids.[25] Additionally, the poor are often unable to afford the expenses or opportunity costs of HIV/AIDS treatment such as antiretroviral treatment (ARVs), which can reduce a person's HIV viral loads and decreases the risk of transmitting HIV sexually.[26] Similarly, insufficient access to ARVs among pregnant women increases the risk of neonatal infection, though this risk can be significantly reduced when the mother receives proper treatment during gestation.[27] While the combination of prophylactic treatment and other interventions has "almost

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impoverished nations, AIDS is thought to be spread by witchcraft, mosquito bites, or through polio vaccination.

[24] Michael J. Kelly, "HIV and AIDS: A Justice Perspective," *Jesuit Centre for Theological Reflection Quarterly Bulletin*, no. 69 (2006), http://www.jctr.org.zm/downloads/hivkelly.pdf.

[25] Ibid.

[26] While my primary concern is HIV prevention, the relationship between poverty and improper AIDS treatment holds weight. With insufficient access to ARVs, poverty can worsen by harming the individual's physical well-being, preventing the increased vitality the drugs promote among persons living with HIV, enabling them to work productively in society. And only with funded health care infrastructures, access to HIV/AIDS treatment and proper care can persons with HIV/AIDS to live longer, more dignified lives. Proper treatment requires balanced nutrition, medication for opportunistic infections and common illnesses, access to antiretroviral drugs (ARVs), the medical and social infrastructures to provide and monitor treatment, and supportive human care. For further reading on this relationship, see Kelly, "HIV AND AIDS: A Justice Perspective," 24.

[27] NIAID, *HIV Infection and AIDS*, 4.

entirely eliminated HIV infection among infants in industrialized countries,"[28] these measures have yet to be duplicated in many severely economically-disadvantaged regions of the world.[29]

Section 3.02 Stigma and Discrimination

The Catholic Church's position as a main actor in the AIDS crisis, and its influence over communities and parishes, offers the potential to affect sexual behaviors and norms. Yet these Catholic faith communities and organizations face the challenge of upholding particular beliefs about sexuality while eschewing stigmatization and discrimination against those living with HIV/AIDS. Stigma and discrimination can be powerful forces of injustice in HIV/AIDS. Stigmatization refers to the experience among persons with or affected by HIV/AIDS who experience the discrediting of their perspectives, demeaning of their personhood, or devaluing of their worth as members of their communities. Discrimination refers to unfair and prejudicial consideration or treatment of persons based on their HIV status. Victims of these forces often experience a diminished sense of self-worth in the face of persecution in their homes, workplaces, places of education, religious communities, social networks, and even healthcare facilities.

Attempts to shun those affected by AIDS have been noted across diverse racial, ethnic, social, and economic groups. In some instances, governments have enacted

[28] WHO, "Key Facts from the World Health Report 2004," *The World Health Report 2004: Changing History*, May 2004.
[29] UNAIDS/WHO, *2004 AIDS Epidemic Update: December 2004*, 6: available at unaids.org/wad2004/EPI_1204_pdf_en/EpiUpdate04_en.pdf; Internet; accessed 21 November 2008.

policies of forced isolation and restriction of travel by HIV-infected persons, while others have tolerated, and even encouraged, violence toward such individuals. In religious communities, HIV/AIDS has at times carried fearful and sinful connotations and spawned ugly judgmentalism. For example, religious leaders such as priests and ministers have refused pastoral care and church burial to persons with HIV and AIDS victims,[30] and some Catholic communities have aggravated these injustices.

While Cahill and other moral theologians have highlighted the incongruity of justifying stigmatization and discrimination with Catholic social teaching, these forces have at times be justified by the misappropriation of certain theological principles. For example, HIV carries the potential to be seen as a reinforcement of a natural law theology that views the virus as the result of sexual behaviors that are contrary to the natural and Christian purpose of sexual acts.[31] In response to such justifications, the Magisterium has embraced a role of condemning discriminatory practice in places where it still affects the treatment of individuals by their religious communities. The Southern Africa Catholic Bishops' Conference, for example, condemned a natural law interpretation of the disease: "AIDS must never be considered as a punishment from God. He wants us to be healthy and not to die from AIDS. It is for us a sign of the times challenging all people to inner transformation and to the following of Christ in his ministry of healing, mercy and love."[32] Pope John Paul II also made several emotional appeals to rid AIDS of hateful

[30] Vitillo, "The Role of the Catholic Church and Other FBOs," 2.
[31] Kowalewski, *All Things to All People,* 4.
[32] Southern African Bishops Conference, "A Message of Hope to the People of God from the Catholic Bishops of South Africa, Botswana, and Swaziland" (statement presented at the Plenary Session of the Southern African Bishops Conference, Pretoria, South Africa, July 30, 2001).

connotations. In a 1987 visit to AIDS patients in San Francisco, for example, he emphasized God's love and the Church's concern for all people affected by AIDS: "God loves you all, without distinction, without limit … He loves those of you who are sick, those suffering from AIDS. He loves the friends and relatives of the sick and those who care for them. He loves all with an unconditional and everlasting love."[33]

As issues of injustice, stigma and discrimination not only reflect the unjust treatment of individuals, but a barrier difficult to the effective management of the disease and the reduction of its spread. Michael J. Kelly notes the "double effect" of these forces, which demean individuals while making it more difficult to effectively deal with the disease.[34] Stigma and discrimination can contribute to the proliferation of HIV/AIDS when persons with HIV refuse testing because of the social ramifications of infection, fostering fear and secrecy about HIV/AIDS among them and in their families. For example, a 2000 *UNAIDS Report,* for example, revealed studies in Côte d'Ivoire and South Africa showing that in nations with particularly high rates of HIV infection, women refused HIV testing or did not return for their results. In southern Africa, a study on needle stick injuries in primary health care clinics found that nurses did not report these injuries because they did not want to be tested for HIV infection. In another study on homecare schemes, fewer than one in ten people who were caring for an HIV-infected patient at home acknowledged that their relative was suffering from the virus's symptoms. A 2002 UNAIDS Report similarly described at this double effect, warning

[33]Pope John Paul II, "A Meeting with AIDS Victims," Address at Mission Dolores Basilica, San Francisco, Calif. (September 17, 1987), Origins 17:18 (October 15, 1987): 313.
[34] Kelly, "HIV and AIDS: A Justice Perspective," xv.

against overemphasizing a distinction between prevention and treatment in HIV/AIDS discourse and education. The report suggested that without the essential connection between prevention of the disease and care to those already living with it, HIV status retains its association with negative stigma and discrimination. When prevention is promoted as the ultimate goal, people may be fearful or apathetic toward learning about the disease, being tested, and disclosing their HIV status.[35]

Section 3.03 Gender Inequality

Physiologically, females are more susceptible than males to HIV infection.[36] Yet a wide range of sociocultural and economic factors also put women at great risk of HIV infection. Delivering a paper at a 1998 theological symposium on HIV/AIDS, African theologian Teresa Okure argued that two viruses of equal danger enable HIV to spread among a uniquely vulnerable section of global society. One is the "virus of global injustice which is causing such terrible poverty in many parts of the world," and the other, "a virus which affects people's minds and their cultures…which makes people look on women as inferior to men—and it affects women as well as men."[37] A decade after Okure's presentation, the inferior status of women continues to aggravate the spread of HIV, especially in the developing world. Statistics suggest that across the globe, women

[35] UNAIDS, *Report on the Global HIV/AIDS Epidemic, 2002,* 83.
[36] Thomas C. Quinn and Julie Overbaugh, "HIV/AIDS in Women: An Expanding Epidemic," *Science* 308 (2005):1582–1583.
[37] Ibid.

are at particular risk of HIV infection due to their "lack of power to determine where, when, and how sex takes place."[38]

One phenomenon in the spread of AIDS has been called the "feminization of poverty,"[39] where tumultuous economic stability disproportionately affects women and girls. Women affected by this instability may encounter educational and job discrimination, unequal health care access (including access to ARVs and health facilities), rights to land ownership, and inheritance. One UNAIDS/WHO update referenced the compounded vulnerability of women with insecure financial situations and unequal gender relationships to HIV, stating that in countries the epidemic is widespread, women are more likely than men to become infected with HIV: "the combination of dependence and subordination makes it very difficult for girls and women to demand safer sex or to end relationships that carry the threat of infection."[40] In many developing countries, women in situations of financial insecurity may become dependent on their relationships with men, either informal or recognized marriages. Women may respond to food insecurity by migrating, often to urban ghettos where their lack of resources and educational access fuels the spread of HIV. In these cases, women and children may be compelled to barter sex for employment, food, and other essentials.[41]

In addition to social displacement, women often encounter sexual violence based on cultural beliefs about gender relations and fidelity. The power gap between men and

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[38] UNAIDS, "Fact Sheets—Men Make a Difference," 1. Available at http://www.unaids.org/fact_sheets/files/WAC_Eng.html; Internet; accessed 20 November 2008.
[39] Marcella, "The Church & AIDS in Africa," 8.
[40] UNAIDS/WHO, *AIDS Epidemic Update: December 2002,* 19.
[41] Ibid., 33

women not only negatively influences women's sense of self-worth, but also diminishes their sexual autonomy and self-determinism. Women experience a "lack of power to determine where, when, and how sex takes place."[42] HIV also spreads through the commodification of sex where women of all ages use what Cahill terms "survival strategies" to poverty that increase their risk of HIV infection by and to others. Paul Farmer, the Harvard physician and anthropologist, has noted that the Haitian women he interviewed were frank about " the nonvoluntary aspect of their sexual activity: in their opinions, poverty had forced them into unfavorable unions."[43] Without sexual self-determinism, even married women become vulnerable to HIV despite practicing low-risk sexual behaviors themselves. Kevin Kelly observes that the low status of women is "responsible for the shocking fact that in many countries of the developing world, the condition that carries the highest risk of HIV infection is that of being a married woman."[44] Women in marriages or committed monogamous relationships may become infected with HIV because of their partner's extrarelational sexual activity. In some studies, the majority of married women who have become infected with HIV have had no other sexual partner than their husbands.[45]

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[42] UNAIDS, "Fact Sheets—Men Make a Difference," 1. Available at http://www.unaids.org/fact_sheets/files/WAC_Eng.html; Internet; accessed 20 November 2008.
[43] Marcella, 8. Some moral theologians have argued that when sex is nonvoluntary, the moral status of the interaction is affected and the moral implications for condom use also changes. See section entitled "A Sexuality that Does Justice."
[44] Ibid., 19.
[45] Nafis Sadik, "Gender Dimensions of HIV/AIDS: A Key Challenge to Rural Development," (statement presented at a roundtable discussion on "Economics and Rights: Interconnections in the Context of HIV/AIDS and Feminized Poverty" for the United Nations, New York, April 30, 2003).

Finally, particularly in countries with insufficient healthcare services, the challenges of nursing and caring for those suffering from AIDS often falls on their families, most often on mothers and older female relatives who may themselves be living with HIV/AIDS. In many cases, these responsibilities can become so burdensome that adolescent girls are taken from school to provide additional household and nursing care. They are deprived of educational opportunities, life skills and HIV/AIDS education that could protect them from contracting HIV.[46] Stephen Lewis, U.N. Special Envoy for HIV/AIDS in Africa, summarized the injustice of gender inequality fittingly when he described that the epidemic, particularly in Africa, as "conclusively and irreversibly, a ferocious assault on women and girls."[47]

Section 3.04 Unequal Economic and Political Structures

Political sources of structural injustice can contribute to the spread of HIV/AIDS. In parts of Africa, for example, the legacy of colonial racism and apartheid still affect the spread of HIV. In South Africa, migrant labor systems and mining industries have separated husbands from wives, making normal family life unworkable.[48] Thus the conflation of separation from wife and family with harsh working conditions and the proximity of brothels facilitates the spread of HIV from sex workers to spouses and sometimes to infants.[49]

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[46] Kelly, "HIV AND AIDS: A Justice Perspective," xi.
[47] Steven Lewis, "HIV/AIDS as a Ferocious Assault on Women and Girls" (statement Barcelona, July 3, 2002.
[48] Marcella, 8.
[49] Ibid.

The spreading of HIV may also be connected to deep-seated economic inequalities that manifest themselves in localized poverty. Cahill describes the relationship between HIV/AIDS and the "interlocking local and global economic systems that disrupt traditional societies, displace economic and educational infrastructures, and cut off access to kinds of prevention and treatment whose efficacy in Europe and North America is well established."[50] While policies adopted at the international level are having an increasingly direct effect on the world's poorest, the globalization of the market economy takes shape regardless of its influence on people's lives, marginalizing developing countries. One UNAIDS Report urged that the world's most HIV-affected countries need not only immediate financial support, but long-term international solidarity and cooperative economic efforts to make international trade and global investment opportunity more equitable.[51]

Comments by Church officials have also associated HIV/AIDS with these global economic structures. At a 2001 Special United Nations Session on AIDS, for example, the Head of Delegation for the Holy See described the extreme poverty among a large proportion of the world population as a significant factor in AIDS' rapid spread. The Head of Delegation described the promotion of economic justice as a "decisive factor" in AIDS elimination so that "economic consideration would no longer serve as the sole criterion in an uncontrolled globalization."[52]

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[50] Ibid.
[51] UNAIDS, *Report on the Global HIV/AIDS Epidemic, 2002,* 61.
[52] Cardinal Javier Lozano Barragán, "Address to the 26th Special Session of the General Assembly" (statement presented at the twenty-sixth meeting for the UN Special Session on AIDS, June 27, 2001).

Section 3.05 Orphans and Vulnerable Children

Closely related to the issue of poverty, the impact of HIV/AIDS on children is a significant justice issue impacting the epidemic's spread. Many children orphaned or left vulnerable by AIDS are affected by the virus themselves. With little education and minimal resources, and living in areas with high HIV prevalence, those not affected by the virus are at unique risk of infection. They are deprived of the "first line of protection,"[53] the guidance and protection of their primary caregivers or guardians. Moreover, separation from parents and family is usually detrimental for a child's overall wellbeing and development, and may cause them to suffer from depression, anger, and increased vulnerability to HIV as they engage in high-risk coping behaviors.[54] When their caregivers or guardians die of AIDS or other illnesses, they can experience malnutrition, illness, physical and psychosocial trauma, and impaired cognitive and emotional development.[55]

In households with one or more ill parent are affected, health care increasingly absorbs household financial resources, often leading to the depletion of savings and other resources reserved for education, food, and other purposes.[56] When heads of households die of AIDS, their dependents are left to deal with the emotional and financial burdens of the tragedy, forced to school to find work or forage for food and leading to the

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[53]UNICEF, "Children Without Parental Care," http://www.unicef.org/protection/index_orphans.html (accessed November 12, 2008).
[54] Tiaji Salaam. CRS Report for Congress, "AIDS Orphans and Vulnerable Children (OVC): Problems, Responses, and Issues for Congress," February 11, 2005. http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/RL3225202112005.pdf (accessed March 7, 2009).
[55] Ibid.
[56] Ibid.

breakdown of communities and social networks.[57] As children bear the responsibilities as heads of households with little economic base, an upsurge of poverty is inevitable.[58]

Like women, children in poverty are sometimes forced into bartering food and other essentials for sex, placing them at risk for HIV infection. Unaccompanied girls are at especially high risk of sexual abuse and nonvoluntary sex. Orphans and vulnerable children are placed at higher risk of physical and sexual abuse, exploitation, trafficking, and discrimination.[59] It is expected that more than 25 million children will be orphaned by AIDS by 2010.[60] In twelve African countries, projections suggest that orphans will comprise at least fifteen percent of all children under the age of fifteen years of age by the same year. Even if HIV rates begin to decline, the population of this group of children will not immediately fall. Due to the typical 10-year interval between HIV infection and death, officials predict that this population of children will continue to rise for a similar period.[61]

Section 3.06 AIDS and Catholic Social Teaching

Clearly, many issues of social, economic, and political injustice can contribute to the spread of HIV, issues that moral theology, specifically Catholic social teaching, take up in its discourse. Throughout history, the Catholic Church has offered its resources in the way of direct service, social organization, and political advocacy on behalf of the

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[57] Ibid.
[58] Catherine N. Machyo, "The Catholic Church and the HIV/AIDS Epidemic in Kenya: An Exploration of Issues" *The Eastern Africa Journal of Humanities & Sciences* 1 (2002): 53.
[59] UNICEF, "Children Without Parental Care."
[60] Ibid.
[61] Tiaji Salaam, 2.

most poor and vulnerable. These commitments have been guided by a rich theological foundation of Catholic social thought, a branch of Catholic moral theology. Catholic social teaching describes the hierarchical documents that deal with social issues, beginning with the 1891 encyclical *Rerum Novarum* of Pope Leo XIII.[62] Catholic social teaching has developed formally through a tradition of papal, conciliar, and episcopal documents, though the writing of moral theologians outside the Magisterium has richly contributed to it. The bedrock of both sources of Catholic social thought is the understanding of human dignity, which holds that every person has been created in God's image and likeness and possesses an inherent dignity that must be respected and protected from their conception to natural death. This understanding of human dignity holds that every person, regardless of any differentiating characteristic, such race, sex, age, national origin, sexual orientation, health, or economic status, deserves protection of their right to a life consistent with that dignity.

Catholic social teaching acknowledges systemic injustices as contrary to individual dignity. *Gaudium et Spes*, for example, describes that social, economic, and political injustices, and in fact "whatever insults human dignity," "poison human society" and "are a supreme dishonor to the Creator."[63] Among these "poisons," the bishops name "subhuman living conditions," "prostitution," "the selling of women and children," and "disgraceful working conditions."[64] Catholic social thought demands a proactive and

[62] Charles E. Curran, *Catholic Social Teaching, 1891 – Present: A Historical, Theological, and Ethical Analysis* (Washington, D.C.: Georgetown University Press, 2002) 6.
[63] *Gaudium et Spes*, par. 27.
[64] Ibid.

dynamic application of its teachings to reading "the signs of the times" and provides a dynamic resource for engaging HIV/AIDS as a local and global justice issue.

Catholic moral theologians have stressed the advocacy role of the church on behalf of justice for the world's most vulnerable, as well as providing for their care and treatment. In addition to insulting human dignity, each of these injustices destabilize the common good, or the conditions, whether social, economic, or political, "that allow people to reach their full human potential and to realize their human dignity."[65] A key tenet of the Catholic social tradition, the common good is inextricably linked to justice and human dignity. In *Peace on Earth,* John XXIII writes that "the common good touches the whole [person], the needs both of his body and of his soul…the common good of all embraces the sum of the total conditions of social living whereby [people] are enabled to achieve their own integral perfection more fully and easily."[66] This enabling of people depends on respect for moral truths including sexuality and justice. And as summarized by the USCCB, Catholic tradition teaches that human dignity and the "fundamental right to life and a right to those things required for human decency" must be protected to achieve a healthy community, which can be achieved "only if human rights are protected and responsibilities are met."[67] In other words, social injustice tramples on the human person's most fundamental rights and prevent the possibility of functioning communities.

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[65] National Conference of Catholic Bishops, *The Summary Report of the Task Force on Catholic Social Teaching and Catholic Education* (Washington, D.C.: United States Catholic Conference, 1998).
[66] *Pacem in Terris,* in *Catholic Social Thought: The Documentary Heritage,* eds. David J. O'Brien and Thomas A. Shannon (Maryknoll, NY: Orbis Books, 1992) nos. 58.
[67] National Conference of Catholic Bishops, *Sharing Catholic Social Teaching: Reflections of the U.S. Catholic Bishops,* (Washington, D.C.: USCC, 1998).

Catholic social thought has increasingly utilized need as the basic criterion for justice. The U.S. bishops, for example, describe need in *Economic Justice for All* that the fundamental moral criterion for economic decisions and institutions must "be at the service of all people, especially the poor."[68] Cahill similarly argues that justice describes the association of people according to the relationships and structures of their communities that serve the good of all.[69] With respect to the HIV/AIDS epidemic, she makes a critical ideological point: "Insofar as poverty and gender bias assist the spread of HIV, the recognition of the dignity of every woman and man is an essential precondition of diminishing infection."[70] This notion of remedying social injustices as "essential precondition" to diminishing the spread of HIV through other approaches (e.g. behavior-based) is one of the two critical tensions in moral theology on the issue. The other is the use of prophylactics as a means to diminishing its spread, which I will address in the next chapter.

Section 3.07 Conclusion

Despite advances in the global struggle against HIV/AIDS, the magnitude of the suffering and loss of lives that still persists is staggering. The network of injustices surrounding the epidemic expose the ways in which systems of abuse and oppression exclude millions of God's people from living lives of dignity and justice. By working against the exploitative and unjust structural forces that allow HIV to flourish, the Church

[68] National Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy* (Washington, D.C.: USCC, 1986), 24.
[69] Cahill, "AIDS, Justice, and the Common Good," 287-88.
[70] Ibid.

can more effectively and compassionately provide care to the millions of men, women, and children throughout the world whose dignity has being compromised.

Chapter IV: Sexual Morality and AIDS

Section 4.01 AIDS as a Sex Issue

The historical and social realities of the global AIDS epidemic, as well the role of unjust structural systems in its aggravation, have been articulated at length by many moral theologians including Cahill, who analyzes the structural agents of its transmission through the lens of Catholic social thought. Yet Cahill's argument that "the primary cause of the spread of this horrendous disease is poverty" among other "related barriers to AIDS prevention"[71] creates an important distinction between the terms "barrier" and "cause." Herein lies much of the battleground between conflicting notions of AIDS prevention among moral theologians: whether the Church's prevention efforts should primarily focus on the proximate, behavioral causes or the structural indicators of HIV/AIDS.

Because HIV infection in Africa is driven predominately by sexual transmission, many moral theologians have focused on behavior-change in the discourse of HIV/AIDS prevention strategies for sexually transmitted HIV, especially through the promotion of abstinence, or delay of sexual debut, and fidelity, or partner reduction. More than simply sharing the moral convictions of the Church with civil society, and besides informing and alerting people to the dangers of HIV-infection, these organizations seek to educate appropriately and promote particular changes in attitude and behavior which value abstinence before marriage and fidelity within marriage.

[71] Cahill, "AIDS, Justice, and the Common Good," 282.

The effectiveness of this type of behavior-based approach has substantial scientific evidence to warrant its consideration, the most recent of which can be found in a 2008 report by Edward Green, director of the AIDS Prevention Research Project at the Harvard Center for Population and Development Studies, and Allison Ruark, a research fellow, entitled "AIDS and the Churches: Getting the Story Right."[72] Green and Ruark discuss the role of Christian churches in global HIV/AIDS prevention and focuses on common assumptions about the spread of AIDS in Africa. The article's main thrust is that medical and scholarly research is challenging some of these assumptions, while research supports many churches' prevention programs that promote fidelity to one partner and abstinence. Green and Ruark question the "ideology, stereotypes, and face assumptions"[73] driving many responses to the epidemic, among which they name responses that view social injustices like poverty and discrimination as the primary problem, that promote condoms as the ultimate solution, or that presume sexual behaviors are unchangeable.

Green and Ruark specifically address the 2007 report "Faith Communities Engage the HIV/AIDS Crisis" by Katherine Marshall and Lucy Keough of Georgetown University.[74] Like Cahill, Marshall and Keough connect the spread of HIV/AIDS to the social injustices of poverty, gender inequality, powerlessness, and social instability. Yet Green and Ruark site studies that challenge the effectiveness of justice-based paradigms.

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[72] Edward C. Green and Allison Herling Ruark, "AIDS and the Churches: Getting the Story Right," *First Things: A Monthly Journal of Religion and Public Life* 182 (2008): 22.
[73] Ibid., 22
[74] Lucy Keough and Katherine Marshall, "Faith Communities Engage the HIV/AIDS Crisis: Lessons Learned and Paths Forward," *The Berkley Center Religious Literacy Series* (Washington D.C.: Georgetown University Press, 2007): 41-42.

Though acknowledging that poverty may increase an individual's vulnerability to "risky" sexual behaviors, other studies suggest that wealth can facilitate lifestyle choices that increase HIV risk,[75] citing reports from 2005 and 2007 that show that in Africa, the wealthy are some of the most likely to be HIV-infected and noting that the countries of southern Africa are both the continent's wealthiest and the worst affected. [76] Of political and economic instability, the authors argue that while these issues may increase a person's vulnerability to HIV, "it does not follow that an HIV-prevention strategy aimed at changing sexual behavior is doomed in [such] circumstances," citing several examples from the late 1980s to the early 2000s where landmark successes in HIV prevention have taken place despite political and economic turmoil.[77]

The authors discuss gender inequality at length, acknowledging that related disparities may severely affect a woman's right to choose or refuse sex, stressing that faith communities play a crucial role in defending the rights of women and girls from violence, coercion, and exploitation. But the authors make an important shift from Cahill's point by reiterating that the presence of social injustices such as gender inequality does not negate the need for, and effectiveness of, preventative approaches focusing on sexual responsibility and behavior change. Rather, they argue the need to continue focusing on empowering women not simply to negotiate the use of condoms,

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[75] Ibid., 23. Examples given include "living in an urban area, abusing alcohol, and having the mobility and opportunity to acquire extramarital sexual partners."

[76] Ibid. One example given is Tanzania, where women in the wealthiest quintile of the population are more than four times more likely to be infected than women in the poorest quintile.

[77] Ibid. Examples given of include Uganda in the late 1980s, Zimbabwe in the early 2000s, and Rwanda, where sexual behavior "has remained conservative, and at 3 percent, HIV prevalence is low for the region despite experts' prediction that the HIV epidemic would explode "in the face of extreme violence and instability and tremendous numbers of rapes."

but to refuse unwanted sex, and changing male behavior in particular: "If protecting highly vulnerable women and girls in patriarchal societies is a genuine goal rather than a political posture, then there must be explicit strategies for discouraging men from sexual abuse, rape, infidelity, and seduction of minor females."[78]

Research of this nature raises questions about whether a primarily structural-based paradigm is the most "just" paradigm for the Church's AIDS prevention efforts when a behavior-based approach may be more effective and lives are at stake. In other words, Cahill's somewhat interchangeable use of the terms "cause" and "barrier" with respect to AIDS prevention reflects an ideology that sees inequity of health, wealth, and opportunity as having a causal relationship to AIDS. Remembering Cahill's articulation that "AIDS is a justice issue, not primarily a sex issue," the concern is whether the effectiveness of behavior-based approaches can be unintentionally undermined by organizations or individuals representing a faith-based response to AIDS that make such claims.

Green and Ruark's critical point bears weight in the discussion of seemingly conflicting paradigms for the Catholic Church's response to HIV/AIDS, offering insight into the two conflicting paradigms in the moral theological discourse on HIV/AIDS prevention. Many Catholic scholars, including Cahill, appear uncomfortable with approaches to HIV prevention that emphasize sexual responsibility and behavior change, often due to the valid concern of increasing the stigma of AIDS, a concern highlighted in the previous chapter. Marshall and Keogh's musings such as "Should the focus be on changing the behaviors that contribute to HIV/AIDS? (Is that possible? Desirable? How?

[78] Ibid.

With what assurance?)," suggest that changing sexual behavior may not even be desirable. Yet even devoid of moral evaluation or value structures, most research agrees that the epidemic's rampant spread in Africa is the due to the prevalence of multiple and concurrent sexual partnerships, which amplify the virus's spread.[79]

Behavior-based approaches address sexual behaviors, the immediate cause of sexually transmitted HIV infection, in a way other HIV prevention measures based on the indirect factors (e.g. issues of structural justice) do not. For this reason, behavior based approaches that conform to a Catholic sexual ethics should not be discarded as purely ideologically driven or moralistic. Deeming the Church's sexual ethics as "values structures" can wrongly represent the Church's preventative strategy as purely ideologically driven without acknowledging the evidence for decreasing sexual partners as a viable preventative tactic.[80] Moreover, while the Church's decision to emphasize abstinence and fidelity reflects a moral opinion, these prevention strategies have been successful in slowing a generalized epidemic, in addition to other practices. The authors offer studies supporting the effectiveness of prevention programs that promote fidelity and abstinence, noting that every African country with declining HIV prevalence has

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[79] Daniel T. Halperin and Helen Epstein, "Concurrent Sexual Partnerships Help to Explain Africa's High HIV Prevalence: Implications for Prevention," *Lancet* 364 (2004): 4. As opposed to sequential monogamy, concurrent sexual partnerships exponentially increase the number of infected individuals and the growth rate of the epidemic in a region during its initial phase. The primary cause of this amplification is increasing number of people connected in the network at any point in time. If transmission of an infected agent occurs within one partnership, it can spread immediately beyond this partnership to infect others.

[80] Green and Ruark relate such language that surfaced on online discussions after the 2002 International AIDS Conference in Barcelona, where comments like "Religion kills" and "The only good priest is the priest who distributes condoms, and to the discrimination against organizations that refused to distribute condoms that led to a 2003 U.S. Congress's law to end this practice. Also, Marshall and Keough refer to the "paradox" that FBOs provide a significant percentage of the programs addressing HIV/AIDS while being "connected with value structures that have tended to perpetuate stigmatization."

seen an associated decrease in the proportion of persons reporting more than one sexual partner over the course of a year and in premarital sex among young people.[81] FBOs, including those run by the Catholic Church, offer a unique contribution in efforts to slow the epidemic's spread, especially by promoting proven risk-reducing behaviors in areas where the widespread promotion and distribution of condoms has not slowed the epidemic's spread.[82]

Evidence of a behavior-based approach's effectiveness is by no means the primary or solitary assessment of its ethical merit. In addition to the effectiveness of behavior change in HIV/AIDS prevention, a rich supply of moral theological resources highlights its accord with the Catholic understanding of human sexuality.[83] In his book on sexual ethics and AIDS, Kevin Kelly explains that human sexuality enables people to share unique and profound kind of intimacy with each other. This intimacy is not purely physical, but "a more fully integrated personal intimacy, celebrated, communicated,

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[81] Ibid., 22, 24. Green and Ruark note the growing list of countries that have seen both changes in sexual behaviors and declining HIV prevalence as of April 2008. These include entire African countries (Uganda, Kenya, and Zimbabwe), urban areas of the Ivory Coast, Ethiopia, Zambia, and Malawi, and other countries such as Haiti, Thailand, and Cambodia. The authors note that this association "cannot be said for condom use, coverage of HW testing, treatment for curable sexually transmitted infections, provision of antiretroviral drugs, or any other intervention or behavior." Other research suggests that with respect to condoms, this fact may be due in part to a phenomenon known as "risk compensation." This phenomenon occurs when the benefit of using a risk-reduction 'technology' such as condoms is negated by 'compensating,' increases in risky behavior sparked by decreases in perceived risk.

[82] Ibid, 22. Uganda is often used an example of the essential contribution of faith communities in bringing about behavior change and successfully reducing HIV infection rates: "A wealth of peer-reviewed literature showing that the critical factor in Uganda was not increased condom use but reductions in the number of sexual partners." The authors note that few models of how to promote fidelity exist outside Uganda, since programs that advocate deep changes in behavior have been largely absent from wide-scale prevention efforts throughout Africa.

[83] Kevin Kelly, *New Directions in Sexual Ethics: Moral Theology and the Challenge of AIDS* (London/Washington: Geoffrey Chapman, 1998), 12. In the book, Kelly incorporates official Church teaching and moral theological scholarship on human sexuality and sexual ethics, applying them to the context of AIDS.

shared and enjoyed in a very unique way through the highly symbolic physical act of sexual intercourse."[84] In sum, the Church envisions sexual acts as integrating the physical, emotional, psychological, and spiritual aspects of those involved. Official teaching sees extramarital activity and contraception as compromising to this vision.

With respect to abstinence and fidelity, Catholic teaching encourages abstinence among all unmarried persons and sexual fidelity within marriage and emphasizes these behaviors in prevention.[85] It argues that fidelity to these moral principles yields a more fulfilling affective and sexual life. This stance not only reflects the Church's teaching on sexual morality, but also a scientifically justifiable prevention strategy, since the basic epidemiology of sexually-transmitted HIV renders sexual abstinence and fidelity the surest preventative measure.

Section 4.02 Conclusion

Catholic moral theologians have not come to agreement over the true "cause" of HIV/AIDS, and by consequence, what ought to be the Church's main approach for prevention. To borrow Cahill's rhetoric, they disagree whether AIDS is primarily a justice or a sex issue, leading to disparities about the most effective prevention measures. Moreover, the notion of remedying social injustices as an "essential precondition"[86] to another approach (e.g. behavior-based) is one of critical tension in the modern Church.

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[84] Ibid.
[85] See Pope John Paul II, *The Theology of the Body: Human Love in the Divine Plan* (Boston, MA: Pauline Books, 1997); See also United States Catholic Council of Bishops (USCCB), *Human Sexuality: A Catholic Perspective for Education and Lifelong Learning* (Washington, D.C.: USCC, 1997).
[86] Cahill, "AIDS, Justice, and the Common Good," 287-88.

The urgency of this global epidemic persists for the global community, Catholics and non-Catholics alike. Peter Piot noted that the epidemic has turned out to be far worse than predicted, leaving the global community lamenting, "if we knew then what we know now."[87] Yet he urges, "But we do know now" that the epidemic could continue to grow. In light of this urgency, the Church must address the epidemic using all the means that are available and in accord with Church teaching, including behavior-based prevention tactics.

To date, the Catholic Church has committed itself to services and pastoral care to those affected by HIV/AIDS while emphatically upholding official Church teaching regarding sexual morality. However, several bishops have endorsed the "ABC" approach to prevention, where individuals are encouraged to practice A-Abstinence or B-Be Faithful to one sexual partner. While this stance reflects the expectation, especially of Catholics, and surest means of prevention, various circumstances may diminish or eliminate the choice of individuals for abstinence or fidelity. These are many of the injustices Cahill and other moral theologians highlight. As mentioned, individuals, particularly women, can be put at risk of infection because of a partner's HIV-status, often when infidelity has been involved. Others, particularly women and children, lack sexual self-determinism or rely on sex as a survival strategy. For persons whose sexual behaviors or inferior status places them at risk for HIV, or when an individual is

[87] Joint United Nations Programme on HIV/AIDS (UNAIDS), Peter Piot, Preface to *Report on the Global HIV/AIDS Epidemic*, 2002, 6.

unwilling to be abstinent or monogamous, the consideration shifts to C-Condoms to prevent HIV transmission and possible death.

Chapter V: The Condom Question

Like homosexuality and abortion, contraception has been an area of tremendous contention among the Magisterium, clergy, and laity, especially with regard to HIV/AIDS. While correct and consistent use of latex condoms significantly reduces the risk of HIV transmission,[88] the use of all prophylactics, according to the 1968 encyclical *Humanae Vitae* of Pope Paul VI, contradicts the "observance of the precepts of the natural law… [wherein] each and every *marital* act must of necessity retain its intrinsic relationship to the *procreation* of human life."[89] According to Catholic teaching, the only proper context for sexual intercourse is marriage, where it must maintain openness to the act's unitive and procreative dimensions. Because of this condition, the Magisterium and moral theologians have continued to consider the distinctions between condom uses as contraceptive, to prevent pregnancy, or contra mordem, to prevent death. The magnitude of suffering and death due to this epidemic, as well as ever-increasing pressure from the media, non-Catholic organizations and scholars, has spawned an ongoing dialogue between the Magisterium, priests, religious, and lay moral theologians about the protection of life and the Catholic understanding of sexuality.

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[88] UNAIDS, *2004 Report on the Global AIDS Epidemic*, 72.
[89] Paul VI, *On the Regulation of Birth: Humanae Vitae* (New York: Paulist Press, 1968), 11.

Section 5.01 Catholic Bishops on Condoms and HIV/AIDS

In public statements and letters, bishops across the world have spoken on this topic with conflicting conclusions, and their commentary often represents the stance of the church in that country or region toward HIV/AIDS. Bishops in the United States have spent a great deal of time discussing the justice issues at stake with regard to HIV/AIDS and questioning the promotion of condoms in prevention efforts. Their two major statements addressing the epidemic together provide the basic framework of the Church's ethical lens on this issue. In 1987, the Administrative Board of the United States Catholic Conference published the pastoral letter "The Many Faces of AIDS: A Gospel Response"[90] in a response to the U.S. AIDS crisis, which emphasized that every human life, being made in God's image and likeness, must be respected and protected by upholding the Christian duty of caring for the sick and rejecting attempts to blame people for their disease. In many ways, the statement reinforced traditional Catholic teaching on sexuality: "The only reliable safeguard against contracting the [HIV] virus by sexual means is through faithfulness to one's partner in marriage and through self-denial and self-restraint out of marriage."[91]

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[90]USCC Administrative Board, *The Many Faces of AIDS: A Gospel Response* (Washington, DC: USCC, Inc., November 1987).

[91] National Conference of Catholic Bishops, *Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis* (Washington, DC: USCC, Inc., November 1989). The bishops also emphasized the role of society and the Church in their responsibility to compassionate understanding and solidarity with those affected by the disease. The letter also addresses the social dilemmas of prejudice, calling for an end to discrimination, as well as treatment, noting individual issues such as personal responsibility and HIV testing. In each of these areas, the letter emphasized that every human being is created in God's image and has been redeemed by Jesus, who seeks for them to experience everlasting life.

Of significant note is the board's toleration of prophylactic use as one measure of preventing HIV, arousing debates among bishops in light of concerns that condoning condom use would seem to promote extramarital sexual activity or their use to prevent pregnancy.[92] The bishops state that in prevention programs, providing "accurate information about prophylactic devices . . . as potential means of preventing AIDS can be permitted," with the rationale that not everyone takes part in such prevention programs espouses the sexual-moral teachings of the Church. They also argue that it is possible for the Church to provide factual information about prophylactics without necessarily promoting their use. As head of the Congregation for the Doctrine of the Faith, Cardinal Joseph Ratzinger, now Pope Benedict XVI, responded to the U.S. bishops' statement in a letter, stating that condoms are not an appropriate response to HIV prevention.[93] Two years later, after much debate and disagreement among the bishops, a "corrective" statement was issued in which the bishops retracted their approval of providing factual information about condoms. Issued in 1989, the National Conference of Catholic Bishops' letter, "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis,"[94] withdrew its backing of prophylactic use as a preventative tool, stating, "The use of prophylactics to prevent the spread of HIV is technically unreliable . . . [and]

[92] Maria Cimperman, *When God's People Have HIV/AIDS: An Approach to Ethics* (New York: Orbis, 2005), 16.
[93] Joseph Ratzinger, "Cardinal Ratzinger's Letter on AIDS Document," *Origins* 18 (1988): 117-121.
[94]NCCB, *Called to Compassion and Responsibility.*

advocating this approach means in effect promoting behavior which is morally unacceptable."[95]

In the past two decades, the discussion of HIV/AIDS and sexuality among the Magisterium has intensified as cardinals and bishops have addressed the Vatican on the ethical implications of prophylactics. Some have used scriptural justification for the necessity of prophylactics against HIV/AIDS. In 1993, former Archbishop of Toulouse André Collini cited the Fifth Commandment – thou shalt not kill – to argue that a person with HIV who remains sexually active "does not have the right *not* to use a condom," calling a person who engages in unprotected sexual activity knowing his or her positive HIV status "an agent of death."[96] Others have argued that condoms might be tolerable based on the findings of medical research. For example, the Social Commission of the French Hierarchy, the French church's highest authority on social issues, released a 200-page report in 1996 entitled "AIDS: Society at Stake. Though not explicitly sanctioning condom use, the report cited widespread medical opinion that condom use was the sole and necessary barrier against the sexual transmission of HIV, stating that "many competent doctors affirm that a condom of trustworthy quality is presently the only means of prevention. For this reason (the use of a condom) may be necessary."[97] These bishops also proposed a lesser-of-two-evils approach to the condom controversy,

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[95]Ibid. In the letter, the bishops shift their focus to a rejection of the idea that HIV/AIDS is a direct punishment of the individual by God, as well as the immorality of discrimination and violence against persons with the illness. While reemphasizing the theme of emphasizing the unconditional love of God for all individuals emerging in the 1987 letter, they address new concerns, including the disproportionate infection rates among economically disadvantaged populations.

[96] "French Catholic Archbishop Backs Condom Use," *Reuters*, June 3, 1993.

[97]"Bishop Promotes Condoms Use; In South Africa town, Issue is Protecting Life, Not Preventing Pregnancy," *Grand Rapid Press (Michigan)*, April 15, 2007

acknowledging culture normalcy as a determining factor of sexual patterns and behavior: "Condom use is understandable in the case where a pattern of sexual activity is already established and in the interest of avoiding a grave risk."[98] Later critiqued by other bishops, the commission's chairman, Bishop Albert Rouet, defended the committee's position that "for persons at risk, one should not add one evil to another evil."[99] Nearly a decade later, Cardinal Cottier, named Head of the Papal Household by Pope John Paul II, similarly argued that to save lives, especially in impoverished regions where AIDS-related mortality rates is catastrophically high, condom use is "legitimate" and should be tolerated a "lesser evil" when abstinence and fidelity are simply not realistic.[100]

Other bishops have emphasized the necessity of protecting lives, according to the principle of the dignity of life and in light of cultural norms. Despite the Vatican's opposition to such a policy, South African bishop Kevin Dowling argued in 2007 that condoms are not only acceptable, but necessary in light of the cultural factors affecting the spread of HIV/AIDS, especially the particularly difficult plight of women in traditionally male-dominated cultures: "My passion is for the women. I'm in that corner."[101] Speaking on behalf of his diocese, he argued that premarital abstinence and marital fidelity are "beyond the realm of possibility here. The issue is to protect life. That must be our fundamental goal."[102]

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[98] Ibid.
[99] Ibid.
[100] "Papal Theologian Weighs Condom Use Against AIDS," *Catholic World News,* February 1, 2005, http://www.catholicculture.org/news/features/index.cfm?recnum=34990.
[101] Ibid.
[102] "Bishop Promotes Condoms Use; In South Africa town, Issue is Protecting Life, Not Preventing Pregnancy," *Grand Rapid Press (Michigan),* April 15, 2007.

These statements have not gone uncontested, even by the bishop of Rome. Pope Benedict XVI has held strongly to the Church's theological convictions, reinforcing Catholic doctrine on both contraception and sexual relations outside the sacramental union of marriage. Pope Benedict XVI made his first comments as pope regarding condom use at a 2005 papal audience with bishops from South Africa, Namibia, Swaziland, Botswana, and Lesotho, during their *ad limina* visit to the Vatican: "It is of great concern that the fabric of African life, its very source of hope and stability, is threatened by divorce, abortion, prostitution, human trafficking, and a contraception mentality."[103] The Pope affirmed the concern that by decreasing the risks of pregnancy and HIV-transmission, condoms encourage sexual immorality and may aggravate the spread of HIV/AIDS, urging that adherence to Church teachings of fidelity and chastity has proven "the only fail-safe way to prevent the spread of HIV/AIDS."[104] A statement by Cardinal Alfonso L Trujillo**,** president of the Pontifical Council for the Family, similarly rejected the use of condoms in HIV-prevention programs, calling the "widespread and indiscriminate promotion of condoms as an immoral and misguided weapon" in HIV/AIDS prevention and warning that they may be faulty or used incorrectly. Similarly, the bishops of South Africa, Botswana, and Swaziland argued that condom usage is contrary to human dignity, changing "the beautiful act of love into a

[103] Marcella, 8.
[104]"Pope Rejects Condoms for Africa," *BBC News*, June 10, 2005, http://news.bbc.co.uk/2/hi/europe/4081276.stm.

selfish search for pleasure—while rejecting responsibility" and can "contribute to the breakdown of self-control and mutual respect."[105]

Section 5.02 Moral Theologians and the Church's Position on Condoms

Like Cahill, some moral theologians identify structural injustices as the intrinsic barriers to HIV/AIDS prevention, which ought to be addresses primarily, rather than behavior patterns and sexuality. Other moral theologians focus on AIDS's sexual dimensions, advocate a behavior-based prevention approach. Yet moral theologians from both factions, even those who typically avoid addressing AIDS's sexual dimensions, have entered into the discussion of condoms and the Church's prevention strategies.

The epidemic continues to prompt moral theologians to return to the issue of prophylactics and whether the Church should make accommodations to its teaching on contraception in the case of HIV/AIDS. Some express concern that approving condom use could be misinterpreted as endorsing uncommitted or illicit sexual activity or the use of contraception, thus confusing the Catholic faithful and compromising Church teaching.[106] Many moral theologians have responded to these concerns using established methodological principles including the principle of toleration, choosing the lesser of two evils argument.[107] More recently, theologians have used the principle of material cooperation, which has suggests the permissibility of cooperation in a wrong action, such

[105] Southern African Bishops Conference, "A Message of Hope."
[106] "Reaction to AIDS Statement," *Origins* 17.28 (1987): 489-93; "Continued Reaction to AIDS Statement," *Origins* 17.30 (1998): 516-22. Also see "Mark Johnson, "The Principle of Double Effect and Safe Sex in Marriage: Reflections on a Suggestion," *Linacre Quarterly* 60 (1993): 82-89.
[107] As opposed to material cooperation, the principle of toleration advocates for tolerating the lesser of two evils when a choice between the two is unavoidable.

as the use of contraception in a sexual encounter, to prevent a worse evil, transmitting a life-threatening disease[108] In the context of HIV/AIDS, the principle of "offers a venue for safety, encouraging people to live and supporting life-long growth in a commitment"[109] to persons who choose to be sexually active though abstinence has been advocated first and foremost. Applying these principles to specific cases, such as HIV-infection in a marriage and an individual's choice for extramarital sexual activity, they argue that in certain circumstances, condoms could be acceptable.

Section 5.03 Secular Opinion of the Church's Position on Prophylactics

In response to HIV/AIDS epidemic, organizations outside the church have stressed access to and education on barrier contraceptives as the most basic method of resolution in this crisis. Other main actors in HIV/AIDS prevention see condoms as a critical component to HIV/AIDS prevention, even when abstinence and fidelity are also promoted. One UNAIDS *Report on the Global HIV/AIDS Epidemic* describes condoms as "key to preventing the spread of HIV/AIDS and sexually transmitted infections, together with sexual abstinence, postponement of sexual debut, and mutual fidelity. [110]

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[108] Cimperman, *When God's People Have HIV/AIDS*, 16. In the Catholic moral tradition, the principle of material cooperation is used to discern how to properly avoid, limit, or distance oneself from evil in order to avoid a worse evil or to achieve an important good. In the case of HIV/AIDS, the principle suggests the permissibility of cooperation in a wrong action, the use of contraception in a sexual encounter, to prevent a worse evil, transmitting a life-threatening disease. By avoiding this greater evil, the subjective culpability of the cooperator is diminished or eliminated. For a detailed explanation of the principle of material cooperation see James F. Keenan, "Prophylactics, Toleration, and Cooperation: Contemporary Problems and Traditional Principles," *International Philosophical Quarterly XXIX*, 2, no. 114 (June 1989): 205-220.; James F. Keenan and Thomas Kopfensteiner, "The Principle of Material Cooperation," *Health Progress* 76.3 (April 1995):23-27.
[109] Ibid.
[110] UNAIDS, *Report on the Global HIV/AIDS Epidemic, 2002,* 86.

While the United Nations has stressed the need for nations to expand access to condoms, the Church has shown discontent over the UN's condom policy and the intractability of the policy.[111] Thus, as a larger provider of HIV/AIDS treatment, pastoral care and education, the Church finds itself in at ideological odds with many of its associates in HIV/AIDS, who have led tremendous distribution and educational efforts regarding the importance of condoms to prevention.

The Second Vatican Council sought to bring an end to the antagonism between the church and the world. John XXIII noted that the church needed to begin a process of *aggiornamento,* or the legitimization of a spirit of openness to pluralism and democratic structures within the church. After the council, the church began "adopting a strategy of dialogue with secular society addressing social problems and making use of the findings of the social and natural sciences in theological inquiry" with the intention of increasing the church's relevance to the modern world.[112] While this dialogue is vital to making the Church relevant to a dynamic world, this openness to secular society and the sciences does not always necessitate that the Church concede to medical or widespread public opinion, particularly in issues of morality.

The official Church's consistent teaching on condoms reflects the tension between the Church and the widespread opinion among other actors in HIV/AIDS prevention. Response to the Church's stance on condoms among non-Catholic ethicists ranges from avoidance, perhaps because criticism is neutralized by an appreciation for the Church's

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[111] Patricia Miller, "The Lesser Evil: The Catholic Church and the AIDS Epidemic," *Conscience* 22 (2001): 6-13.
[112] Kowalewski, *All Things to All People*, 12.

substantial to care and treatment, to hostile. Patricia Miller's article "The Lesser Evil: The Catholic Church and the AIDS Epidemic" highlights the latter. Miller describes the opinions of secular organizations involved in HIV/AIDS prevention who believe the Church actively suppressed condom use, education and distribution and admonish the Church's involvement in sex education because of its stances on contraceptives and sexual activity outside a marital context. In other words, as major provider of HIV/AIDS care, the Magisterium continues to speak out against what many see as the key element of comprehensive HIV/AIDS prevention strategies. They criticize the Church for urging developed nations to fund increased HIV drug distribution while "deploring the most effective method of halting the spread of HIV: condom education, use and distribution."[113] Others have questioned whether the Church's prevention strategies have merely utilized the epidemic as an occasion to reinforce traditional moral teachings on sexuality and marriage.[114]

Despite these critiques and dissension among the Magisterium, the Catholic Church remains a major provider of AIDS care and services worldwide. For example, Catholic Relief Services, the leading Catholic agency in a consortium of church organizations, offers HIV/AIDS prevention and treatment services in fifty two countries without distributing condoms.[115]

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[113] Miller, "The Lesser Evil," 9.
[114] Machyo, "The Catholic Church and the HIV/AIDS Epidemic in Kenya," 47.
[115] Ken Hackett, "Perspectives on the Next Phase of the Global Fight Against AIDS, Tuberculosis, and Malaria" (paper presented at a hearing before the Committee of Foreign Relations, United States Senate, One Hundred Tenth Congress, Washington, D.C., December 13, 2007).

Section 5.04 The Predicaments of Pastoral Care and Preventative Education

While the moral theological discourse of HIV/AIDS offers a forum for dialoguing about issues of abstinence, fidelity, and prophylactics, persons providing direct pastoral care and preventative education can find themselves caught between official Church teaching and the immediate needs of their communities. With the magnitude of its impact on individual, families, and whole communities, as well as the history of its death-dealing, HIV/AIDS bears the unrivaled potential for dissent from Church teaching.

The Church's theological self-understanding perceives itself not as separated from, but rather dynamic interacting with, a society whose membership, like the Church, is both imperfect and good. As the front line workers of this dynamic interaction, representatives of Catholic organizations and churches, especially those serving communities affected severely by HIV/AIDS, may struggle to remain faithful to hierarchical tradition and Church teaching in their work. As representatives of the Church, they must choose between adhering strictly to authorities Church teaching or making accommodations to it to achieve a "limited, imperfect good in an imperfect society."[116] Priests serve several roles as teacher of official Church doctrine, pastor to those affected by HIV/AIDS, and mediator between higher clergy and communities affected by HIV/AIDS. Lay people educating at-risk populations or caring for the sick

[116] Kowalewski, *All Things to All People*, 17. Using organizational theory to examine the Church's response to HIV/AIDS, Kowalewski argues that while "eschewing the sinfulness found in the world," the Catholic Church upholds the goodness of human culture and participates in it by having both "sinners" and "saints" among its membership. Accepting the fallibility of its members, Catholic theology thus makes "pastoral accommodations in the objective teaching in order to achieve limited, imperfect good in an imperfect society and with an imperfect church membership."

may also find themselves in this mediating role. In both cases, Church representatives can make undocumented negotiations and compromises to remedy the frustration or suffering of those in their care, especially where official teaching and a community's needs conflict.

Decades before AIDS emerged as serious health crisis in the early 1990s, Pope Paul VI acknowledged this very tension between authoritative teaching on contraception and pastoral care in *Humanae Vitae.* After outlining his opposition to contraception, he addressed "pastoral directives," highlighting priests' call to expound the Magisterium's teaching "without ambiguity."[117] Yet while reproaching a multiplicity of moral positions regarding birth control, he reminds married couples and priests of Christ's model of being "intransigent with evil, but merciful toward individuals."[118] Similarly, Pope John Paul II's 1981 encyclical *Familiaris Consortio* admonishes married people, nurtured by Christian forgiveness and love, to follow the official Church teaching on birth control and "consider it as a command of Christ the Lord to overcome difficulties with constancy."[119] Acknowledging that pastoral practice should allow for the "step-by-step advance" of gradual growth, he warns pastors and couples against the "gradualness of the law," which views Church teaching as "an ideal to be achieved in the future" proposes that there are "different degrees or forms of precept in God's law for different individuals and situations."[120] John Paul II argues that church teaching itself is nonnegotiable.

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[117] Paul VI, *On the Regulation of Birth*, 6.
[118] Ibid.
[119] John Paul II, *On the Family (Familiaris Consortio),* Washington, D.C.: U.S. Catholic Conference, 1981.
[120] Ibid.

Moral theologians must continue to consider the unresolved issues for persons in positions of Catholic pastoral care and preventative education. Some have offered alternative approaches to managing friction between authoritative teaching and the individual conscience. For example, Charles Curran suggests that while magisterial teaching must be given a "privileged place" in Christian discernment, a conscience that has been formed by the gospel's demands in "truth and practice" can dissent from it.[121] With this approach, dissension could manifest itself as a pastoral accommodation based on an individual's temporary inability to reach the ideal while they grow in faith or individual's variant ideal of a particular teaching may be the reason for this dissent. In general, Catholics offering HIV/AIDS ministries and services need greater support and guidance in faithfully applying Catholic ethics, especially in situations where structural injustice and the absence of sexual self-determinism have diminished or eliminated an individual's ability to choose abstinence and fidelity.

[121]Charles Curran, *Critical Concerns in Moral Theology* (South Bend: University of Notre Dame Press, 1984).

Chapter VI: The Junction of Social Justice and Sexual Morality in Moral Theology

Despite receiving harsh criticism about his controversial remarks against the use of condoms in March of 2009, Pope Benedict XVI has maintained a firm stance on the Church's position on contraception, even in the case of HIV/AIDS.[122] Official Church's teaching on condoms will likely remain the same in the near future. However, the dichotomy within moral theology concerning, justice, sex, and AIDS can be resolved in the near future, creating a more cooperative relationship between justice-based and behaviour-based prevention strategies. Uniting these moral theological paradigms can begin by recognizing a shared vision of the whole person and belief in the fundamental right to life.[123] It can also begin by recognizing shared goal of both approaches: reducing the spread of HIV/AIDS by preserving human life, protecting human dignity, remedying injustices that compromise this dignity, and promoting behaviors that enhance it. I also propose that in the application of moral theology, the Church must work tirelessly to create *societies that do sexuality justice* while promoting *sexualities that do justice*.

Section 6.01 A Sexuality that does Justice

After exploring sexual ethics and HIV/AIDS, Cahill's statement about the "issue" of AIDS should be qualified. While Cahill expresses valid apprehension of overly

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[122] Richard Owen, "Pope Says Condoms are not the Solution to Aids—They Make it Worse," *New York Times Online*, March 17, 2009, http://www.timesonline.co.uk/tol/comment/faith/article5923927.ece. In his first public comments on condom use, the pontiff told reporters en route to Cameroon that Aids "cannot be overcome by money alone, and that cannot be overcome through the distribution of condoms, which even aggravates the problems."

[123] Charles Curran, *Catholic Moral Theology in the United States: A History* (Washington, D.C.: Georgetown University Press, 2008): 54.

individualistic approaches, "sex," as it refers to the sexual activity of individuals, cannot and should not be separated from the discourse of HIV/AIDS. To say AIDS is "not primarily a sex issue" can be problematic on several fronts. First, sexual contact is the most common route of HIV transmission globally. Cahill is certainly aware of this fact, but her rhetorical strategy suggests that injustices *cause*, rather than *aggravate*, HIV/AIDS: "the primary cause of the spread of this horrendous disease is poverty."[124] Suggesting that a structural social injustice is the primary cause of the disease's spread undermines evidence that reducing or eliminating sexual risk, whether by partner reduction, delay of sexual debut, or correct and consistent use of condoms, are the surest ways to prevent its spread. In theological dialogue, questions of abstinence, fidelity, and condom usage surface again and again because of the epidemic's intrinsic relationship to sexuality. Even those promoting universal condom promotion and distribution agree that eradicating HIV/AIDS requires some changes in behavioral patterns.

Moreover, sex should not be separated from justice. Cahill identifies gender and sexual inequality as some of main injustices driving the HIV/AIDS epidemic, and by definition, these inequalities intrinsically link sex and justice. Right relationship is a criterion for justice, where the individual is understood as an image and likeness of God and having corresponding rights and responsibilities as members of particular communities. Right relationship implies that every person, created in God's image and likeness, must receive what is his or her due and must give others their due. In other

[124] Cahill, "Aids, Justice, and the Common Good," 282.

words, right relationship demands that one treats others justly, in ways befitting their human dignity. In the case of sexuality, justice seeks to identify and remove any obstacle from human relationships which prevent them from being right relationships, especially a failure to honor each partner's full humanity in interactions based on a sense of mutual physical, emotional, spiritual, and psychological integrity. Other obstacles include a lack of sexual responsibility and the absence of sexual self-determinism. By connecting justice and sex, the Church can promote social changes can occur in which help human relationships more accurately reflect God's selfless and loving relationship with humankind.

Third, remedying social injustice may not be able to occur on a timeline that will slow the grave loss of life and rising HIV rates now. While reversing entrenched structural injustices is a long-term goal, the Church is well-placed to promote *a sexuality that does justice* today. This is not at all to say the cause of justice should not be of critical importance to the Church's mission. However, gender inequalities are often deep-seated in developing countries; they exist still in multifarious ways in the world's most developed countries. Similarly, poverty and economic inequalities require shifting local entrenched government structures and require many of the world's superpowers, many of which provide substantial HIV/AIDS relief funding, to overhaul their own international economic and political ideologies. Considering the gravity of the epidemic, immediate solutions must also be promoted.

For these reasons, the Church should promote *a sexuality that does justice*. More than simply behaviors and norms that decrease HIV-risk, sexuality should always be

presented more than not merely a physical act. Its expression creates unique bonds of intimacy that unites people in *right relationship*, which is characterized by the will and practice of improving the situations of the oppressed and to live in loving relationships. Some moral theologians see it as a crucial component of justice. Without right relationship in sexual interactions, individuals cannot become acquainted with the depth of love or integrate loving sexual expression into their lives. Sexual interaction can compromise or confirm the dignity of oneself or another. It can hamper or promote right relationship.

Finally, while other organizations and actors have spent billions on the HIV/AIDS issue, especially in promoting condom usage and remedying social issues that aggravate HIV/AIDS, the problem still persists. The successes of behavior-based programs add power to this argument, but even more so, the goal of Catholicism, in teaching and practice, is to bring others to Jesus Christ and greater personal wholeness. The Church has the capacity to call people to live with integrity, compassion, responsibility, and genuine concern for others, especially if their behaviors jeopardize the individual's physical, emotional, and spiritual wellbeing or negatively impact others. The Church sees itself as holding a unique and God-given mission for caring for and ministering to God's people and creating societies where right relationships reflect God's love.

Section 6.02 A Society that does Sexuality Justice

Though individual-level risks for HIV infection are at the core of the epidemic, social, structural, and population-level risks and protections powerfully impact these

risks. Whether or not condoms are promoted in a behaviour-focused approach, Cahill and other moral theologians are right to avoid any cause-and-effect approach that oversimplifies the epidemic to purely a sex issue and focuses solely on the disease's proximate cause. The Catholic response must comprehensively address this epidemic, including its root causes.

This epidemic clearly flourishes in socially unjust societies and social structures, while socially unjust societies become more and more entrenched in injustice as the disease continues to affect its constituents. [125] To end this cycle of AIDS and injustice, the Church must commit itself more intensely to the reversal of the structural conditions that fuel the HIV epidemic. The Church has the funding and human resources to treat the immediate needs of individuals affected by AIDS and the political clout and social theological framework to powerfully advocate on their behalf, especially for the fairer distribution of resources, the equal status of women, the elimination of AIDS's stigma, and the protection of orphaned and vulnerable children.

Societies that do sexuality justice work toward the reversal of inequities of health, wealth, and opportunity that affront human dignity and keep individuals poor, vulnerable, and marginalized, unable to thrive. Even with the Magisterium's stance on condoms, the Church can continue to advocate forcefully for access for those excluded from right relationship with one another due to injustice. Just societies also nurture behaviors that promote the individual's sexual dignity. Cahill makes the compelling argument that the Church must play a greater role in creating societies where positive life choices are not

[125] Kelly, "HIV and AIDS," 10.

only desirable, but first possible. Individuals are unjustly prevented from entering into right relationship when low-risk sexual options are not possible for them.

Section 6.03 A New Horizon: Justice, Sex, and Holistic Approach to Prevention

To end the cycle of AIDS and injustice, the Church must commit itself to the reversal of the structural conditions that fuel the epidemic. Yet as these efforts address on the social indicators of HIV/AIDS, they cannot separate the role of individual behavior and the importance of empowering individuals. Despite inequities of health, wealth, and opportunity, most individuals exercise self-determinism over their own sexuality and can make behavior choices that will reduce their risk of contracting HIV. Concern for these systemic problems does not negate the merit of behavior-based approaches among the victims of inequity. In fact, empowering individuals to protect themselves despite the injustices affecting them, while working to eliminate these injustices, may be the most holistic response the Church can provide. Conversely, approaches to prevention that see HIV/AIDS as purely the result of human behavior practices oversimplify the epidemic, without examining the social, cultural, economic, and political factors that limit a person's options for reducing their HIV risk. A response focusing on the immediate causes of HIV may be just as dangerous as a response based on biomedical advancement alone because it similarly rests on the underlying presupposition that different behavior patterns are always viable. [126]

[126] Ibid.

Most importantly, the work of moral theologians on HIV/AIDS would be even more productive if it resisted the tendency to delineate between "justice" and sex." This paradigmatic dichotomy is at best unnecessary in moral theology, and at worst, harmful to success HIV/AIDS prevention that integrates holistic spirituality and morality rooted in the dignity of the human person. It can create factions within the Church's scholarly and pastoral communities that do little to end an epidemic influenced by both proximate and root factors that are by no means mutually exclusive. Behavioral changes and the promotion of structural justice can and should complement each other in reducing and eliminating the risk of HIV-infection. AIDS can be equally a sex and a justice issue. Moreover, a truly catholic or universal approach to the AIDS issue encompasses the socio-economic, gender, cultural, and human rights factors that influence HIV transmission, as well as the individual's responsibility for sexual behavior. AIDS is both a justice *and* sexual issue, whereby its root and structural causes are issues of justice, while its proximate and immediate causes are issues of sexuality. Considering the magnitude of suffering, moral theologians must begin the work of breaking down the unproductive dichotomy between justice-based and behavior-based approaches. Members of the Church have spoken clearly and powerfully about morality and HIV/AIDS, with varying conclusions as to the Church's stance on condoms.

With respect to AIDS as either a justice or sex issue, the principles of Catholic social teaching and sexual morality meet no apparent contradiction on this issue. The dialogue between scholars of Catholic social teaching and of sexual ethics is crucial to maintaining the Church's relevance in the modern world. To honor tradition while

remaining significant in society, a healthy Church needs both traditionalists, who seek to protect and defend the faith, and progressivists, who bring new life and fresh ideas to make the Church relevant in a dynamic world. Despite differences in beliefs about the primary cause of HIV/AIDS, behavioral or structural, moral theologians must always stress the value and dignity of every person, the rights and responsibilities of society, and the love and compassion of God.

On the condom question, condoms present an implicit, but not irreconcilable, conflict in Catholic moral theology on HIV/AIDS. Cahill and other current moral theologians suggest that Church, with all its political and international power, has the ability to combat AIDS from other angles, even if its theological ideas on sexuality and contraception do not change. Since hundreds of international organizations working alongside the church view prophylactic promotion, distribution, and use as critical to HIV/AIDS prevention, and promote them heavily, there is much room for intervention in the behavioral causes or root aggravators of the epidemic without promoting them.

The Church is well-placed to make unique contribution to the struggle with HIV/AIDS regardless. In their working relationships with non-Catholic organizations, global AIDS education campaigns, public health experts, government officials, and health care providers (most of whom promote "safer-sex" practices, the dissemination of safer-sex educational materials and condom distribution), Catholic organizations has made taken great efforts to ensure that the Church's official stance on condoms does not hinder collaborative efforts on behalf of suffering communities. In preventative education, for example, the Church has worked to develop curriculum with common and

scientifically-based set of messages, especially on contentious issues relating to sexuality and condom use. While still promoting abstinence and fidelity, Catholic and non-Catholic organizations working together have ensured that, united by the common goal of HIV/AIDS elimination, none of them contradicts, undercuts or belittles the messages being communicated by the others. This collaborative effort is especially critical in preventative education of young people.

In his address on the AIDS epidemic in Tanzania, John Paul II best encapsulates the unique call of the Church: "Members of the church will continue to play their part in caring for those suffering with AIDS, as Jesus taught his followers to do (MT. 25:36)…Our individual and collective concern for them is a definite measure of our humanity, taken to the loftiest sense of the word."[127] Moral theology, Catholic FBOs, and parishes must address HIV/AIDS prevention in a holistic fashion, uniting factions of Catholics to pursue the same goal: saving lives. This dynamic prevention framework should promote effective methods of HIV risk reduction that complement Church teaching on human sexuality while affirming human dignity, justice and right relationship and pursuing the common good.

[127] John Paul II, *Address of His Holiness John Paul II to the Heads of Mission and Diplomatic Personnel Accredited to the Government of Tanzania* (address given to the Heads of Mission and Diplomatic Personnel of the Government of Tanzania, Dar-es-Salaam, Tanzania, September 1, 1990).

Chapter VII: A Personal Conclusion

In T. S. Eliot's Four Quartets, he writes, "What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from." This thesis has truly been a journey from beginning to end to beginning, as I have uncovered more questions in the search for my place in a diverse Catholic community. More than anything, I hope this thesis made some small contribution in honoring multiple theological perspectives and creatively bridging a division in the Church I love dearly.

Throughout this project, I have also had many conversations with my advisor, readers, family, and friends about my hope to connect my seemingly disparate academic interests with the world's needs. This thesis drew me to many disciplines and perspectives, and it has been especially helpful in probing how I might connect them in a graduate program. In any case, after eighteen wonderful, tiring years of formal education, I am thrilled to be taking some time away from a formal classroom setting for the time being (though as a *lover of learning*, I am sure this sabbatical will not last more than a few years). Having been touched by so many faces and stories of HIV/AIDS, I hope return to sub-Saharan Africa before beginning graduate work, and my volunteer application is currently being reviewed by Catholic volunteer organizations in Karonga, Malawi and Durban, South Africa.

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