HIV & AIDS and the Catholic Church in the Philippines

FR. JAMES McTAVISH, FMVD

The Philippines is only one of seven countries in the whole world where the number of HIV and AIDS cases is rising. This essay presents up to date statistics on the situation of HIV-AIDS, looking at causes, modes of transmission, effects of the HIV virus and ways of prevention. This information is vital for priests and religious because the Church, in the spirit of the Good Samaritan, is called to minister to our brothers and sisters living with HIV and AIDS. The main risk groups are those engaged in promiscuous sexual activities especially the so-called MSM group (Males having Sex with other Males, both homosexual and bisexual). The MSM is now the dominant mode of transmission in the Philippines. Other high risk groups include the OFW (Overseas Foreign Worker), Injecting drug users (IDU) and Sex workers. This all has implications for the content and form of our catechesis, homilies and preaching. Some helpful catechetical points will be given relating to our message regarding human sexuality including a discussion on why the real solution to the epidemic is not the distribution of condoms but on the humanization of sexuality.

Keywords: HIV, AIDS, MSM – Males having sex with males, Condoms.
Definitions

Let us begin by clarifying the definitions we will use in the following article:

**HIV** is an abbreviation for the **Human Immunodeficiency Virus**. It is a type of virus called a retrovirus. Once a person is infected there is no cure. HIV is the virus that eventually causes AIDS.

**AIDS** stands for **Acquired ImmunoDeficiency Syndrome**. **Acquired** through various modes of transmission. **ImmunoDeficiency** because the immune system of the infected person becomes deficient. **Syndrome** as a plethora of diseases can arise due to the weakened immune state.

**PLHIV** represents **Persons Living with HIV**. It is the preferred term to “patients” or worse, “victims.” Alternatively **PLWHA** can be used for **Persons Living with HIV & AIDS**.

Introduction

In the spirit of the Good Samaritan the Church is called to minister without prejudice to those people living with HIV & AIDS. The recent pastoral letter on AIDS of the Catholic Bishops’ Conference of the Philippines (CBCP) reminds us that “every Christian must reach out to members of our families and society who may be at risk of the virus and offer compassionate understanding and the support they need.”

The tradition of the Church recognizes Jesus as the divine Physician and Good Doctor. He was often seen treating the sick and those suffering from diseases including the woman who suffered from haemorrhages for many years (see Mark 5:25-34). We applaud the efforts of those Church workers and personnel who dedicate themselves to the health care ministry carrying on the work and mission of Christ the Good Doctor. Jesus identifies himself so closely with those who are sick that he even

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1 Catholic Bishops’ Conference of the Philippines, Pastoral letter on AIDS “Who is my neighbor?” July 2011.
2 See for example the letter of St. Ignatius of Antioch to the Church of Ephesus, 7.
becomes one with them - as he reminds us in chapter 25 of Matthew’s gospel, “I was sick and you cared for me” (Matthew 25:36). So as Good Doctor he becomes truly one with those he heals.

The images and reality of the Good Samaritan and Christ as the Good Doctor and patient are complemented too with the symbol of Jesus as Good Shepherd. The Church is entrusted with the propagation and extension of His mission and is called to reach out to many lost sheep. May the Lord’s coming find us faithful in this challenging task! This essay hopes to give the reader an update on the situation of HIV & AIDS in the Philippines, and to highlight the groups most at risk and in need of compassionate outreach. Pastoral strategies will also be outlined as well as evaluating some moral aspects of HIV & AIDS care.

How is HIV transmitted?

There are three ways that HIV can be transmitted:

1. Sexual contact - this could be heterosexual or homosexual.
2. Mother to child transfer either during pregnancy, delivery or breastfeeding.
3. Blood such as sharing HIV infected needles in injecting drug users (IDU) or through receiving an infected blood transfusion which is relatively rare nowadays. It can also be transmitted through a needle stick injury or from tattooing.

The mode of transmission is thus through an infected body fluid: either seminal and vaginal fluid, blood and breast milk. There is no transmission of HIV through coughing, sneezing, mosquito bites, swimming in the same pool, using the same toilet bowl, kissing, hugging, eating at the same table or from the same plate or drinking from the same glass.

What happens when a person contracts HIV?

The HIV attacks the immune system and weakens it. The person who is infected will not have any symptoms at first while the immune
system is still able to function. It can take 5-10 years for any symptoms to develop. However, as the infection spreads, the immune system becomes progressively weakened leaving the person vulnerable to many types of infections and some cancers. The following clinical stages are noted:\footnote{Consult medical textbooks of infectious diseases for full details.}

Stage 1: Asymptomatic, Generalized swelling of lymph glands
Stage 2: Moderate unexplained weight loss, increased infections such as herpes zoster
Stage 3: Severe unexplained weight loss / chronic diarrhoea / prolonged fever
Stage 4: Multisystem infections such as tuberculosis affecting brain, lungs, skin, blood etc.

How can HIV & AIDS be prevented?

A useful mnemonic is **ABCDE**

Abstinence from sex outside marriage

Be faithful to spouse - here both spouses must be mutually faithful

Conscience and correct choices

Don’t use drugs

Education

Global facts about HIV

At the end of 2010 there were approximately 34 million people living with HIV worldwide.\footnote{See World Health Organization, “Progress report 2011: Global HIV/AIDS response.” See www.who.int/hiv/pub/progress_report2011/en/index.html.} More than twenty two million cases have been
reported in Sub-Saharan Africa and around 4 million in South and South East Asia. Worldwide between 2001 and 2009, many countries reported a stabilization or even decrease in the number of HIV cases. However there were 7 countries that actually registered more than a 25% increase in HIV cases. One of these countries was the Philippines.\(^5\)

**HIV and the Philippines - the State of the Nation**

*General Data and Reported Modes of HIV Transmission in Philippines\(^6\)*

<table>
<thead>
<tr>
<th></th>
<th>Dec 2011</th>
<th>Jan - Dec 2011</th>
<th>Cumulative data from 1984-2011*</th>
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</thead>
<tbody>
<tr>
<td>Total reported cases</td>
<td>268</td>
<td>2,349</td>
<td>8,364</td>
</tr>
<tr>
<td>Males</td>
<td>251</td>
<td>2,193</td>
<td>6,890</td>
</tr>
<tr>
<td>Females</td>
<td>17</td>
<td>156</td>
<td>1,463</td>
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<tr>
<td>SEXUAL contact</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Heterosexual</td>
<td>34 (14%)</td>
<td>388 (17%)</td>
<td>2,876 (38%)</td>
</tr>
<tr>
<td>Homosexual</td>
<td>117 (49%)</td>
<td>1,036 (46%)</td>
<td>2,888 (38%)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>87 (37%)</td>
<td>806 (36%)</td>
<td>1,882 (25%)</td>
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<tr>
<td>Blood/Blood products</td>
<td>0</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>30</td>
<td>110 (5%)</td>
<td>265 (3%)</td>
</tr>
<tr>
<td>Needle prick</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Mother to child</td>
<td>0</td>
<td>3</td>
<td>55 (1%)</td>
</tr>
<tr>
<td>No data</td>
<td>0</td>
<td>5</td>
<td>375</td>
</tr>
</tbody>
</table>

*Note: No data available on sex for eleven (11) cases


\(^6\) See www.doh.gov.ph. For latest updates, click “Disease Surveillance” followed by “STI/HIV.”
From 1984 until December 2011 there have been 8,364 documented cases of HIV in the Philippines.\(^7\) Of these 8,364 cases, 7,646 (91%) were infected through sexual contact and 265 (3%) through needle sharing among injecting drug users. Mother to child transmission also occurred in 55 cases (1%) and there were 20 cases (<1%) of HIV contracted through receiving a contaminated blood transfusion - it is thus rare to contract HIV from an infected blood transfusion. Nearly 90% of the 8,364 cases are asymptomatic (still in stage 1 of the disease) and over 80% are male.

It can be seen that the predominant mode of transmission is sexual contact - either heterosexual, homosexual or bisexual. Five years ago, heterosexual sex was the dominant mode of transmission. This has now changed. The group now most at risk of transmitting HIV is the so called MSM group - males who have sex with other males (or men who have sex with men). These are males, particularly in the 20-29 year old age group, engaged in homosexual or bisexual activity. In December of 2011 alone, this accounted for 86% of all new cases of sexually transmitted HIV in the Philippines.

A further risk group is Overseas Filipino Workers, also known as OFWs. Of the 8,364 cases of HIV since 1984, 21% of these have involved OFWs (1794 cases). Previously heterosexual activity put them most at risk but data from 2011 shows that the main risk group is now the MSM group - males who have sex with other males.

The prevalence of HIV in adult Filipinos is still less than 1% but between 2006 and 2010 it has more than doubled. In 2006, 0.008% (8 per 100,000) of adult Filipinos (aged 15-49) were infected by HIV. In 2010, this figure had risen to 0.019% (19 per 100,000). Between 1984 and 2000 there were 0.2 cases reported daily, between 2007-2011, 1.8 cases per day and in 2011 there were 6 new cases reported every day. Those working in the field of HIV & AIDS healthcare ministry summarize this data in the following way:\(^8\)

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\(^7\) The actual number of HIV cases is said by those ministering to people with HIV & AIDS to be at least 3 to 4 times higher. The major reason for this is that many people engaging in high risk behaviours do not get tested, perhaps out of fear.

\(^8\) With thanks to Fr. Dan Cancino, MI, for this helpful summary of the data.
<table>
<thead>
<tr>
<th>Period</th>
<th>Description of prevalence and rate of transmission of HIV</th>
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<tbody>
<tr>
<td>1984-2004</td>
<td>Low and slow</td>
</tr>
<tr>
<td>2005-2009</td>
<td>Hidden and growing</td>
</tr>
<tr>
<td>2010-Present</td>
<td>Fast and furious</td>
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The Church response

The Catholic Church (aided by other faith based organizations) is at the forefront of HIV & AIDS care around the world, being responsible for up to 75% of the global HIV & AIDS care. When the Church speaks about HIV & AIDS she is not pronouncing from a distance or from an ivory tower but as Mother and Teacher, in the frontline of the battle against this deadly infection.

In the Philippines the Catholic Bishops have produced two insightful pastoral letters. The first pastoral letter on AIDS was in 1993: “In the compassion of Jesus” (January 1993) and the latter, “Who is my neighbor?” (July 2011). The Government in the Philippines is also working to reduce the spread of HIV and AIDS but more needs to be done. In a recent conference Dr. Enrique A. Tayag, Assistant Secretary of the Department of Health and Director IV of the National Epidemiology Center in the Philippines shared that prevention must be the cornerstone of the global HIV and AIDS response but many national HIV prevention programmes and spending authorities do not reflect this commitment. Spending on HIV prevention is insufficient, national prevention programmes are neither sufficiently coordinated nor evidence-based, prevention strategies do not adequately reflect infection patterns or sufficiently focus on populations at higher HIV risks.\(^9\) He also related that most of the prevention targets in Philippines are off-track due to inadequate budget allocation.

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\(^9\) Enrique A. Tayag. MD, FETP, FPSMID, Director, National Epidemiology Center, Department of Health, Philippines.
Moral aspects

How are we to affront the growing number of people living with HIV and AIDS? Seeing as the majority of cases involve sexual transmission, it challenges us to present the Good News in the area of human sexuality. After all, Jesus came to redeem and save the whole person, body and soul, not just the spiritual aspect. What could be some pedagogical points for our catechesis?

The doctrine of imago Dei

We find in the book of Genesis the doctrine that is known as *imago Dei* - “Then God said: “Let us make man in our image, after our likeness… God created man in his image; in the divine image he created him; male and female he created them” (Genesis 1:26-27). This is not merely a static image because man is also *capax Dei*, capable of God, of receiving Him, of listening to Him and even of loving like Him. As Jesus reminds us, “Love one another as I have loved you” (John 13:34). Jesus has to be the model of humanity that we never tire of presenting again and again to the contemporary world. In the way he lives his life, the way he loves, the way he gives himself, the way he lives out his sexuality, he announces and proclaims, “I am the Way, the Truth and the Life” (John 14:6). Christ should be the model of self-giving love, a man who never used others for his own pleasure, who respected the dignity of others. When with members of the opposite sex he had a clean gaze, treating them with compassion but also guiding them as he did with the adulterous woman - “Then Jesus straightened up and said to her, ‘Woman, where are they? Has no one condemned you?’ She replied, ‘No one, sir.’ Then Jesus said, ‘Neither do I condemn you. Go, and from now on do not sin any more’” (John 8:10-11).

The Body as a Temple of the Holy Spirit

St. Paul when he wrote to the Corinthians reminded them twice that the body is a temple of the Holy Spirit (see 1 Corinthians 3:16 and 6:19). This confers a great dignity on the human body and reminds us that we cannot just do whatever we want with our bodies because they are holy.
When he wrote to the Church of Rome, St. Paul declared, “I urge you therefore, brothers, by the mercies of God, to offer your bodies as a living sacrifice, holy and pleasing to God, your spiritual worship. Do not conform yourselves to this age but be transformed by the renewal of your mind, that you may discern what is the will of God, what is good and pleasing and perfect” (Romans 12:1-2).

The body is never to be treated as an OBJECT

One danger inherent in modern media is to present the body as an object. But the body is never an object, it belongs to a subject, a subject who is loved and cherished by God. The body is not just a body, or anybody but somebody. One problem with pornography, for example, is that is objectifies the body, making it a kind of play thing, which can be used, abused and then thrown away afterwards when it has served its purpose. Lust has the tendency to objectify the body of another to make that body mine. But that body (of another) is not mine, I do not own it and I cannot possess it or buy it.

Sex is sacred

In Genesis 4:1 we find, “The man had sexual relations with his wife Eve, and she conceived and gave birth to Cain, saying, ‘I have produced a child with the help of the Lord.’” This verse is intriguing because here we find husband, wife, the sexual act and God. Sometimes we might find it easier to keep God out of the bedroom but he is the one who gifted husband and wife with the marital embrace! One tendency we have to work against is that of presenting sex and the sexual act as something unholy or dirty. Nothing could be further from the truth as John Paul II in his groundbreaking teaching corpus of Theology of the Body reveals. John Paul II crowns the one flesh union as being the image of God. For him, the communion of persons is the imago Dei par excellence.10

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Go and be fruitful

A healthy sexuality is very fruitful. An individual living out their sexuality in a healthy way will bear much fruit as Jesus promised, “Remain united to me and you will bear much fruit” (John 15:5). Think of examples like Blessed Theresa of Calcutta. How much fruit she bore in her life! How many people she loved, how many she cared for, helped, fed, embraced, and caressed. And how many other young women entered her order to dedicate totally to the poorest of the poor. Truly hers was a fruitful life, bearing the kind of fruit that endures until today and beyond. Sexuality can be lived in a way that is not fruitful. A couple can be having active sexual relations but be using one another in a selfish way. So just because one is physically sexually active does not mean automatically that one is being fruitful or living out the fullness of his/her sexuality, far from it.

Power is nothing without control

In the world of advertising there was an extremely successful campaign for Pirelli racing tires. It featured Carl Lewis, the then 100 meter sprint Olympic champion, poised to begin the race. He had on a sleek racing leotard, which clearly revealed his well tuned muscles. But he was on a wet Formula 1 race track and the surprising thing was he was wearing red high heels. The slogan ran: “Power is nothing without control.” This means that all his power for the 100 meter sprint would be largely wasted if he tried to do it in high heels with the inference that a powerful car needs the right tires. This slogan could also be applied to our sexuality - power is nothing without control. God gave man a tremendous power inherent in his or her sexuality - the power to love and to generate life. But this power needs order, and focus.

One image that is helpful comes from Sacred Scripture in chapter 47 of the prophet Ezekiel. It is of a powerful river that wherever it flows, life grows. But the river has strong banks because if not, the river can burst its banks and cause mayhem. This happened in Mindanao during the recent heavy rains. The river in Cagayan de Oro overflowed and burst its banks. The same river that once served the people was now the cause of their
death. Our sexuality can generate life but needs to be guided. If it goes out of control it can destroy lives.

With great power comes great responsibility

The not so noted theologian Ben Parker, alias Spiderman’s uncle, gave us this famous line: “With great power comes great responsibility.” God has given us a great power inherent in our sexuality and we are expected to use it responsibly. One day we will all be called to account for how we have used this gift and whether we have used it wisely.

How does the Catholic Church respond to HIV epidemic?

The Church responds to the pandemic of HIV and AIDS as it does to every other human reality - from the depth of its mission: as servant, as animator of spiritual life and pastoral care and as teacher.

As Servant - Church-based health care is responsible for some 50-60% of all health service delivery in developing countries and in the field of HIV & AIDS up to 75% of care.

As Animator of Spiritual Life & Pastoral Care - the Church is unique in its ability to offer pastoral care to those living - and dying - with or affected by HIV and AIDS. Church representatives need to speak openly about HIV and AIDS from the pulpit and in other settings. Church leaders need to provide prayer, liturgies, anointing services, memorial services, rituals and symbols that are meaningful.

The most recent CBCP Pastoral letter on AIDS, “Who is my neighbor?” reminds us:

Every local parish must establish itself as a privileged place where education about HIV & AIDS is disseminated and persons most vulnerable to the virus or living with or affected by the virus receive Jesus’ healing love through the physical, emotional and spiritual support of the members…Church workers, seminarians & the clergy must be equipped with
basic knowledge on HIV & AIDS and pastoral counselling skills … to bring hope, healing and reconciliation to those vulnerable to the virus, those infected and affected by HIV, through the sacraments and pastoral care.11

**As Teacher** - At the heart of Episcopal teaching on HIV and AIDS is a call to return to the basic and solid values of the Gospel, with strong emphasis on compassion and service, and on responsibility and respect in sexual ethics: sexual activity within marriage only; sexual abstinence outside marriage. The CBCP states that “parents & educators need to teach, by their word and example, the dignity of the human person, the beauty and sacredness of human love anchored on God’s love. Chastity and monogamous fidelity are the best protection from HIV & AIDS.”12 Education continues to be the only effective “vaccine” to combat denial, ignorance and prejudice which place people at risk of contracting HIV.

Pervasive stigma associated with HIV & AIDS is recognized as a major barrier to an effective response in stopping the spread of the virus. Stigma prevents people from talking about HIV and the behaviors that put them at risk for infection with this virus, and from seeking counsel and health services when such action could help them learn how to protect themselves and their families from HIV infection. Thus it makes HIV a silent and thriving killer.13

**Controversy and condoms**

One area of controversy is the Church’s position regarding the use of condoms. We will focus on two moments when Pope Benedict XVI commented in this regard. The first, on a flight to Africa, pertains to the Church’s position of saying no to a widespread distribution of condoms as a way to fight AIDS. Why does she say this when it might seem logical to do so? The second issue to be affronted is the use of condoms in a specific

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11 CBCP, “Who is my neighbor?”
12 Ibid.
13 Ibid.
instance such as by a person engaged in prostitution which Pope Benedict referred to in a recent book interview.

Why the Church says no to a widespread distribution of condoms

On a flight to Cameroon in March 2009, Pope Benedict XVI responded to a question about the AIDS epidemic in sub-Saharan Africa. He said in part of his reply that the AIDS epidemic “cannot be overcome by the distribution of condoms: on the contrary, they increase it.”14 This remark caused a furore around the world. The Belgian parliament voted to censure the Pope’s comments, France’s former Prime Minister Alain Juppé complained that “this Pope is becoming a real problem.” Daniel Cohn-Bendit, a German member of the European parliament described Pope Benedict’s remarks as “close to pre-meditated murder” and the Spanish congress shipped one million condoms to Africa in protest! In this maelstrom of criticism it seems that the Pope had erred and it was an open and shut case. This was until the Washington Post on March 29, 2009 bore a headline, “The Pope may be right” written by none other than Edward Green, the Director of the AIDS research program at Harvard University. He wrote:

In 2003, Norman Hearst and Sanny Chen of the University of California conducted a condom effectiveness study for the United Nations’ AIDS program and found no evidence of condoms working as a primary HIV-prevention measure in Africa. UNAIDS quietly disowned the study. Since then, major articles in other peer-reviewed journals such as the Lancet, Science and BMJ (British Medical Journal) have confirmed that condoms have not worked as a primary intervention in the population-wide epidemics of Africa.15

Another definitive voice of support for the Pope came from Rev. Fr. Michael Czerny, S.J., Director of the African Jesuit AIDS network. He stated that “greater availability and use of condoms is consistently associated with higher (not lower) HIV infection rates, perhaps because when one uses a risk reduction ‘technology’ such as condoms, one often loses the benefit (reduction in risk) because people take greater chances than they would without the technology.”\(^\text{16}\) This phenomenon is also known as “risk compensation” whereby, believing you are protected, you take even greater risks. This explains why some who use sun screen have more skin cancer than those who do not; they take more risks, thinking they are totally protected, and spend longer than they should in the burning sun.

These facts are relevant as we note with concern that the number of reported HIV/AIDS cases is rising in the Philippines. Some are calling for the widespread use of condoms as a magic solution. Others are criticizing the Catholic Church for her “no” to condoms and lack of support for condom initiatives. Actually the Catholic Church, as Mother and Teacher, is still prudently evaluating the situation of condoms and HIV/AIDS prevention especially where one spouse is infected, because the issue of condom effectiveness is far from resolved despite reports to the contrary. The actual effectiveness of a condom in reduction of transmission of HIV is hard to evaluate. In 2000 a workshop was convened by four US government agencies, which concluded that “condom use decreased the risk of HIV/AIDS transmission by approximately 85%.”\(^\text{17}\) So condoms only eliminate part of the risk of catching this deadly disease. This is hardly “safe sex.”

What actually is the risk of contracting HIV from sexual activity? Well it depends on the type of sexual activity engaged in.\(^\text{18}\) It was commonly


\(^\text{17}\) See report “Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention,” at www.niaid.nih.gov/about/organization/dmid/PDF/condomReport.pdf. This was produced by the National Institute of Allergy and Infectious Diseases, USA in July 2000.

\(^\text{18}\) Some types of sexual activity are more risky than others. For example, penile-anal
held that the chance of becoming infected with HIV in any one sexual exposure with an infected person was 1 in 1000 (0.1%). However more recent data has challenged this assumption and a more accurate figure would be between 0.15% - 2% for every episode.\textsuperscript{19} Even if the condom were to eliminate part of this risk their benefit would soon be offset with repeated use due to the concept of cumulative risk. Cumulative risk means that with repeated exposure the risk rises cumulatively such that even for a disease with only a 1% risk of infection, after 10 exposures the risk of being infected is 9.6% and approaches 40% after only 50 exposures. Even if condoms may decrease the risk of infection in a single event, they will become less and less effective as the frequency of their use increases.

An analogy that might help here would be the case of crossing a busy road or taking the footbridge. If crossing the busy road carried a 1% risk of death then repeated crossing would lead to increased risk of mortality such that for crossing the road twice a day, for one month, the risk of death would be 45%. Now if you were offered a helmet to reduce the risk of death by 85%, for one crossing it would be advisable to wear it but overall it is much better to take the footbridge! No wonder the Church supports prevention through abstinence and marital fidelity (which of course means a 0% risk of infection when practised by both spouses) and speaks out strongly about misinformation campaigns that purport “safe sex” as the solution. Perhaps in one sexual episode you may be lucky and not catch HIV/AIDS but very soon your luck may run out and you will have a deadly disease. Instead of just criticizing the Church perhaps her voice should be listened to.

The Catholic Church correctly teaches and encourages the one foolproof way to stop the spread of this deadly disease - abstinence and

marital fidelity. Widespread distribution of condoms is not the magic solution as they lull the vulnerable into a false sense of security. There is a need instead to discover the beauty of a responsible attitude towards sex. In the HIV/AIDS debate, it seems that the widespread distribution of condoms may not be the “logical” or easy answer after all.

Now what has been said thus far refers specifically to population wide strategies or initiatives at national level. What about in individual cases? Let us take a look at the Pope’s comments in his recent book “Light of the World.”

Specific cases

We turn our attention to Pope Benedict XVI’s comments in a book-length interview with a journalist called Peter Seewald. Seewald interviewed the Pope in his book “Light of the World.” He asked the Pope, “On the occasion of your trip to Africa in March 2009, the Vatican’s policy on AIDS once again became the target of media criticism... Critics, including critics from the Church’s own ranks, object that it is madness to forbid a high-risk population to use condoms.”20 In part of his reply Pope Benedict said: “There may be a basis in the case of some individuals, as perhaps when a male prostitute uses a condom, where this can be a first step in the direction of a moralization, a first assumption of responsibility, on the way toward recovering an awareness that not everything is allowed and that one cannot do whatever one wants. But it is not really the way to deal with the evil of HIV infection. That can really lie only in a humanization of sexuality.” Seewald then asked “Are you saying, then, that the Catholic Church is actually not opposed in principle to the use of condoms?” Pope Benedict replied “She of course does not regard it as a real or moral solution, but, in this or that case, there can be nonetheless, in the intention of reducing the risk of infection, a first step in a movement toward a different way, a more human way, of living sexuality.”

Now much has been said about these comments of the Pope. Some mistakenly read it as a go signal for the use of condoms and a practical overturning of the doctrine of Humanae Vitae. Others would say nothing.

has changed at all with these comments and tried to waylay the relevance of the Pope’s comments by insisting that he was referring to homosexual sex in mentioning “a male prostitute.” Here the use of condom would obviously not be contraceptive. The Vatican spokesman specifically asked the Pope about this. Lombardi said, “I asked the Pope personally if there was a serious or important problem in the choice of the masculine gender rather than the feminine, and he said no, that is, the main point - and this is why I didn’t refer to masculine or feminine in (my earlier) communique - is the first step of responsibility in taking into account the risk to the life of another person with whom one has relations. [...] Whether a man or a woman or a transsexual does this, we’re at the same point. The point is the first step toward responsibility, to avoid posing a grave risk to another person.”

The question at stake would be, “Is it ever legitimate to use a condom during sexual intercourse as a prophylactic against the spread of HIV?” Two scenarios come to mind. One is the case of those involved in prostitution and the other is where one partner is infected by HIV. This question has not been settled by the Magisterium. The fact that it has not been settled shows that it is a difficult issue requiring prudence.

Instead of squeezing the Pope’s remarks to justify one’s own conclusion it is better methodology to also consult expert bodies. One of these is the Anscombe Centre for Bioethics (formerly known as the Linacre Centre) in the United Kingdom. The director, Dr. David Jones, had this to say:

This is indeed a dramatic statement because it is the first time that a Pope has said something positive, albeit in a very qualified sense, about the decision to use a condom to prevent infection. What should be clear is that this first step should not be the last step: that someone in this degrading and dangerous situation needs to find a different way of living altogether.


[...] Note what is not being said here. The Pope is not saying that the use of condoms is in itself moral or virtuous. Nor is he saying that their use can be ‘justified’ on pragmatic grounds as a policy of AIDS prevention. He explicitly denies both of these moves.23

Comments about the Pope’s remarks in “Light of the World”24

- The Pope is supported by a groundswell of medical and scientific evidence supporting the notion that a widespread distribution of condoms is not the solution to limiting a population wide epidemic. Neither will it be the magic panacea and cure all for the Philippines as a whole.

- In individual cases such as those involved in prostitution the use of condoms may be a first step towards responsibility. It is not the only step or the last step. Care should be taken for those involved in prostitution ministry as the widespread public distribution of condoms may lead to scandal. In reality however the main moral issue in prostitution is not the use of condoms but actually why so great a demand, from men in general.25

- The Magisterium has made no specific pronouncement about the use of condoms in a married couple where one spouse is infected. The couple, before making a decision of conscience, should know that the condom is not foolproof and what is at stake is the possibility of transmitting a deadly disease.

25 It seems that in our society girly bars and prostitution services, especially for foreigners, are tolerated as “normal.” As Church we have a prophetic task to speak out. We should be complaining more vocally and in homilies and catechesis the issue of prostitution should be addressed more. Many NGO’s are at the forefront of anti-prostitution and anti-trafficking campaigns. We think of the good work of the Coalition Against Trafficking in Women, Asia Pacific branch (CATW-AP). See www.catw-ap.org/ .
Conclusion

The incidence of HIV & AIDS is increasing in the Philippines. While the overall rate is still low compared to other countries we should not be lulled into a false sense of security. At risk sexual groups include those who are promiscuous, with those engaged in homosexual activity most at risk. The Church should direct more concern and pastoral care to the MSM group (males who have sex with other males or men who have sex with men) especially in the area of prevention as an active homosexual lifestyle is a dangerous one. However it should also be remembered that this group is often stigmatized and sometimes discriminated against and for this reason the Catechism of the Catholic Church reminds us that person who has a same sex attraction must be treated with “respect, compassion, and sensitivity.”26 A more directed and systematic catechesis is required for this group as well as for other risk groups such as those involved in intravenous drug abuse, before rather uncommon, now becoming more frequent. Also the OFWs should be borne in mind as an at risk group.

Some discussion has centred on the lifestyle of those involved in call centres. One young man told me: “Well, it is like being at college again but now we have more money.” The lifestyle of call centre workers is at times linked to drinking and this may lead to promiscuous behaviour. Another factor is that the business may be international and oftentimes there is little emphasis on morality as in the western world this is incorrectly deemed a “private affair.” This largely ignores the truth that we are social beings and our private actions have public consequences.

Any efforts to evangelize in the area of human sexuality should be applauded. The Church cannot just be a megaphone of “don’ts” if we don’t teach people what they actually should do! As priests we should examine seriously our attitude to women too - perhaps it can signal an end to the immature sharing of jokes relating to sexual issues, especially where the woman is portrayed in a derogatory fashion. It is not that priests should be holier than thou but neither should we make a mockery of the gospel in living double lives. This behaviour should be culled out in the seminary.

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26 Catechism of the Catholic Church, n. 2358.
and the having of a girlfriend reserved for those who wish to pursue the vocation proper to married life.

As Church it is vital that we are informed about HIV & AIDS. We don’t need to be experts but neither should we be ignorant. Situations abound for catechesis, talks, formations, even the beloved homily. I have been very impressed by the attentiveness of the people when you begin to share about HIV & AIDS in the homily. The parishioners and those in recent recollections take very seriously this issue - they are really concerned by our brothers and sisters who are affected by this reality and wish to do something about it.

In the same way priests could speak out against prostitution, especially to denounce the demand. It is not “normal” and we should never resign ourselves to the notion that “well it has been around for centuries” or “it is the oldest profession.” Surely it is time to do something about it. Slavery was accepted for so long until we realized that it is a violation of human rights. Prostitution is not a profession - many women are forced into it. Glib statements will not do, especially as they can mask a laziness and indifference to work for change. The old adage that evil happens when good people do nothing can be well applied here. As priests we should be more vocal in denouncing situations of patriarchal domination which can induce or cultivate a laissez-faire attitude to women who are being abused.

We note that a widespread distribution of condoms is not going to be the simple answer in combating the AIDS epidemic. The Church is correct in not pursuing this policy. Instead she focuses on the person and humanization of sexuality. Regarding the use of condoms in individual cases such as prostitution Pope Benedict’s recent comments shed some light on this difficult area of pastoral ministry. His comments are fully in line with the principle of gradualism which understands moral growth as taking place in small steps or stages.

We conclude by reiterating the conclusion of the most recent pastoral letter on AIDS of the Catholic Bishops’ Conference of the Philippines, with “a call on the rest of the flock to be in solidarity with those living with and affected by HIV and AIDS. They are our brothers and sisters. They are
our neighbors. They are the human face of Jesus in our modern time. To love them is to love God.”


Peter Seewald: On the occasion of your trip to Africa in March 2009, the Vatican’s policy on AIDS once again became the target of media criticism. Twenty-five percent of all AIDS victims around the world today are treated in Catholic facilities. In some countries, such as Lesotho, for example, the statistic is 40 percent. In Africa you stated that the Church’s traditional teaching has proven to be the only sure way to stop the spread of HIV. Critics, including critics from the Church’s own ranks, object that it is madness to forbid a high-risk population to use condoms.

Pope Benedict XVI: The media coverage completely ignored the rest of the trip to Africa on account of a single statement. Someone had asked me why the Catholic Church adopts an unrealistic and ineffective position on AIDS. At that point, I really felt that I was being provoked, because the Church does more than anyone else. And I stand by that claim. Because she is the only institution that assists people up close and concretely, with prevention, education, help, counsel, and accompaniment. And because she is second to none in treating so many AIDS victims, especially children with AIDS.

I had the chance to visit one of these wards and to speak with the patients. That was the real answer: The Church does more than anyone else, because she does not speak from the tribunal of the newspapers, but helps her brothers and sisters where they are actually suffering. In my remarks I was not making a general statement about the condom issue, but merely said, and this is what caused such great offense, that we cannot solve the problem by distributing condoms. Much more needs to be done. We must stand close to the people, we must guide and help them; and we must do this both before and after they contract the disease.

As a matter of fact, you know, people can get condoms when they want them anyway. But this just goes to show that condoms alone do not

27 CBCP, Pastoral letter on AIDS “Who is my neighbor?” Conclusion, July 2011.
resolve the question itself. More needs to happen. Meanwhile, the secular realm itself has developed the so-called ABC Theory: Abstinence-Be Faithful-Condom, where the condom is understood only as a last resort, when the other two points fail to work. This means that the sheer fixation on the condom implies a banalization of sexuality, which, after all, is precisely the dangerous source of the attitude of no longer seeing sexuality as the expression of love, but only a sort of drug that people administer to themselves. This is why the fight against the banalization of sexuality is also a part of the struggle to ensure that sexuality is treated as a positive value and to enable it to have a positive effect on the whole of man’s being.

There may be a basis in the case of some individuals, as perhaps when a male prostitute uses a condom, where this can be a first step in the direction of a moralization, a first assumption of responsibility, on the way toward recovering an awareness that not everything is allowed and that one cannot do whatever one wants. But it is not really the way to deal with the evil of HIV infection. That can really lie only in a humanization of sexuality.

Peter Seewald Are you saying, then, that the Catholic Church is actually not opposed in principle to the use of condoms?

Pope Benedict XVI: She of course does not regard it as a real or moral solution, but, in this or that case, there can be nonetheless, in the intention of reducing the risk of infection, a first step in a movement toward a different way, a more human way, of living sexuality.

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