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CONSCIENCE

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Catholics and Condoms: Why What the Pope Says Matters

JON O'BRIEN

Negotiating with People's Lives

JODI ENDA

To Act without Prejudice

KEVIN OSBORNE

The Sin of Sexual Miseducation

CAROLINA S. RUIZ

Catholic, HIV-Positive and One of God's Children

VINCENT CHIPPRIOTT

**I believe in
God. I believe
in sex. I believe in
being responsible.
I believe in using
condoms.**

**Good Catholics
use condoms.**



DEPARTMENTS

1 Editor's Note**28 Mixed Messages on
Condoms from the
Catholic Hierarchy****Back Cover**

Index: *Recent global
HIV/AIDS statistics*

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THE NEWSJOURNAL OF CATHOLIC OPINION

CONSCIENCE

Conscience offers in-depth, cutting-edge coverage of vital contemporary issues, including reproductive rights, sexuality and gender, feminism, the religious right, church and state issues and US politics. Our readership includes national and international opinion leaders and policymakers, members of the press and leaders in the fields of theology, ethics and women's studies.

FEATURES

**2 Catholics and Condoms:
Why What the Pope Says Matters**
How the Hierarchy Affects the
Reproductive Rights of All

JON O'BRIEN

4 Negotiating with People's Lives
Religion and Politics in the PEPFAR Negotiations

JODI ENDA

8 To Act without Prejudice
Understanding HIV-Related Stigma
and Discrimination

KEVIN OSBORNE

13 Condoms4Life Poster

17 Poland: Sexuality Education in the Crosshairs

ANKA GRZYWACZ

19 The Catholic Church and HIV/AIDS

21 The Sin of Sexual Miseducation
HIV/AIDS and the Filipino Conscience

CAROLINA S. RUIZ

25 Catholic, HIV-Positive and One of God's Children
How Faith Communities Are Failing
Members of Their Congregations with HIV

VINCENT CHIPPIOTT

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CATHOLICS
FOR
CHOICE

EDITOR'S NOTE

THE CONDOMS4LIFE CAMPAIGN IS AT AIDS 2010, THE 18TH INTERNATIONAL AIDS conference in Vienna. In this special issue of *Conscience* magazine, we look at the issues that concern the campaign.

Condoms4Life is an unprecedented worldwide public education effort to raise awareness about the devastating impact of the bishops' ban on condoms. The campaign was launched on World AIDS Day 2001 to remind Catholics and others throughout the world that "Banning Condoms Kills." Since its inception, Condoms4Life has developed newspaper and billboard advertisements, workshops, action alerts and educational materials geared to educate Catholics about HIV/AIDS and challenge the actions of the Catholic hierarchy when they are irresponsible and dangerous. The campaign has educated people around the globe, sharing the truth about protecting themselves and their partners.

The campaign has a tremendous impact at international and regional AIDS gatherings. In August 2005, the campaign unveiled giant billboards in the Dom (Cathedral) metro station in Cologne, Germany, during Catholic World Youth Day, a jamboree attended by nearly 1 million young Catholics. The ads proclaimed in German, English and Spanish that "Good Catholics Use Condoms." In addition to garnering global media attention, the campaign forced a number of cardinals and bishops to acknowledge that condoms are a crucial part of the fight against HIV/AIDS. Catholics for Choice also provided communications workshops based on the Condoms4Life message in both Spanish and English at the 17th international AIDS Conference, where the AIDS Ambassador for the Ministry of Foreign Affairs of the Netherlands singled out Catholics for Choice's work as vital in developing more openness about HIV and AIDS.

More recently, Catholics for Choice and the National Latina Institute for Reproductive Health in the United States launched the first-ever Condoms4Life radio ads. The two Spanish-language ads took on myths about condom use in Catholic and Latino communities. In addition, the campaign sponsored a poll of Catholics living in Ghana, Ireland, Mexico, the Philippines and the United States. It found that Catholics the world over believe that using condoms is prolife because it prevents the spread of HIV/AIDS.

The response we've seen on the ground has been overwhelming. Around the world, Condoms4Life has mobilized activists to encourage bishops to promote a culture of life by lifting the ban on condoms to prevent the spread of HIV/AIDS.

The Condoms4Life campaign is sponsored by Catholics for Choice, its partners in Europe and Latin America and colleagues in Africa and Asia. Our Web site has even more facts on HIV/AIDS and on the Catholic hierarchy's opposition to condoms around the world. We hope you'll visit it at www.Condoms4Life.org. Please contact us to learn more about what you can do and how to get involved, and visit us at booth 491 by the internet cafe.



DAVID J. NOLAN
Editor

Do you know somebody who should be reading Conscience? Send us their name and address and we will mail them a sample copy, with an offer to subscribe.

Catholics and Condoms

WHY WHAT THE POPE SAYS MATTERS

By Jon O'Brien

DURING HIS 2009 TRIP TO Cameroon, a country with an HIV prevalence rate of over 5 percent, Pope Benedict XVI made a shocking assertion about the use of condoms to prevent HIV. He told reporters, "You can't resolve it with the distribution of condoms. On the contrary, it increases the problem."

This false and dangerous assertion caused an immediate uproar from governments around the world. The German Health and Development Ministers issued a joint statement that expressed the "crucial role" condoms play in preventing the transmission of HIV. They stated simply, "Condoms save lives." French officials suggested that the pope's remarks denouncing condom use "endanger public health policies and the imperative to protect human life."

The development minister of the Netherlands noted, "It is extremely harmful and very serious that this Pope is forbidding people from protecting themselves." He also suggested that the Pope was "out of touch with reality." The Spanish health ministry took it a step further. Beyond issuing a statement that characterized condoms as a "necessary element in prevention policies and an efficient barrier against the virus," it also sent 1 million condoms to Africa to fight the spread of HIV.

Belgium's response to the pope's remarks tipped the scale, forcing the Vatican to respond. The minister of public health stated, "His statements

could undo years of prevention and awareness and endanger many lives." The Belgian parliament also issued a resolution calling Pope Benedict's remarks "unacceptable" and encouraging official protest by the Belgian government.

These responses did not go unnoticed. The Vatican issued a statement denouncing their critics, calling their words an attempt to "dissuade the pope from expressing himself on certain themes of obvious moral relevance."

By and large, however, these critics are not out to silence the pope; rather, they are trying to speak the truth about HIV prevention in order to save lives. It is one thing, after all, to disagree with condom use, but it is another thing entirely to spread misinformation about their efficacy in preventing the transmission of HIV.

Several bishops in Africa, especially Bishop Kevin Dowling of South Africa, have been outspoken in their support of the use of condoms. Anecdotal evidence also suggests that many people who work with Catholic relief agencies distribute condoms to those at risk of infection.

Pope Benedict's words—and the Vatican's hard line against homosexuality—further harm prevention efforts. When the Vatican says homosexual sex is "intrinsically disordered" and tells people with "deep-seated homosexual tendencies" not to have sex, it exacerbates the stigma and shame many people feel, resulting in secrecy and denial about their sexual lives. The Vatican's statements do not encourage honesty between sexual partners, nor with health professionals who can advise their patients about safer sex, the correct use of condoms and HIV

prevention. If we've learned anything about HIV prevention, it's that secrecy about sexual activity, sexual history and sexual health endangers people's lives.

WHAT DO CATHOLICS THINK?

Catholics around the world also disagree with the pope's stance on condoms. According to a recent poll commissioned by Catholics for Choice, which interviewed Catholics in Ghana, Ireland, Mexico, the Philippines and the United States, support for condom use among Catholics is overwhelming. When asked if "using condoms is pro-life because it helps save lives by preventing the spread of AIDS," 90 percent of Catholics in Mexico, 86 percent in Ireland, 79 percent in the US, 77 percent in the Philippines and 59 percent in Ghana agreed.

When questioned about the church's responsibility to help prevent the spread of HIV in a healthcare context, 87 percent of Irish Catholics, 86 percent of Mexican Catholics, 73 percent of US Catholics, 65 percent of Filipino Catholics and 60 percent of Ghanaian Catholics believe that "Catholic hospitals and clinics that the government funds should be required to include condoms as part of AIDS prevention."

While condoms are not a panacea for the spread of HIV, they are a critical part of the campaign to reduce the impact of the virus. Medical experts agree that the condom can be a life-saving device: It is highly effective in preventing HIV transmission if used correctly and consistently, and it is the best current method of HIV prevention for those who are sexually active and at risk.

Just as condom use is not the only method of HIV prevention, prevention

JON O'BRIEN is the president of Catholics For Choice. This article originally appeared in *Achieve*. Reprinted with permission.

is not a cure-all for the epidemic. Only when prevention is combined with care, treatment and education will the epidemic unlock its grip on so many societies.

So, if governments, bishops, medical experts and rank-and-file Catholics disagree with the pope's assertion on condoms, then do his words hold any weight? Unfortunately, they do. Quite a bit of weight, in fact, especially in the global South.

instance, operates 280 HIV and AIDS projects in 62 countries in Africa, Latin America and Asia. In 2009 alone, these programs had an expenditure of \$170 million. The Catholic Agency for Overseas Development operates in 60 countries, addressing issues of poverty, working to prevent the spread of HIV and working to change the current global systems that negatively affect people living with or at risk of HIV. That organization

The bishops' efforts have not been limited to the global South. In 2008, the US Conference of Catholic Bishops successfully used its lobbying power on Capitol Hill to remove family planning from the President's Emergency Plan for AIDS Relief (PEPFAR).

Provisions in the final PEPFAR bill not only allow faith-based groups to abstain from distributing condoms, but also to refrain from providing referrals to agen-

It is one thing, after all, to disagree with condom use, but it is another thing entirely to spread misinformation about their efficacy in preventing the transmission of HIV.

The Catholic hierarchy's position holds the most sway in the countries least able to deal economically and medically with HIV disease. Whereas Catholics in Ireland (79 percent), the US (63 percent) and Mexico (60 percent) overwhelmingly agree that "the church's position on condoms is wrong and should be changed," in the Philippines (47 percent) and Ghana (37 percent), support for this change was not as high. These results are not surprising, especially in the Philippines, where the ultraconservative bishops conference has tremendous political influence.

These results show that in many countries outside Europe and North America the Catholic hierarchy's teachings can profoundly influence people's behavior, even if following those teachings endangers their health. Ghana, which demonstrates the most support for the Vatican's position, has the highest HIV rate of all the countries surveyed.

THE CHURCH'S WORK IN AIDS

It must be said that the institutional Catholic church remains a key direct service provider to people with HIV. And though most Catholic relief agencies and organizations working on the ground do not provide condoms, these organizations do extensive work in terms of care and treatment both internationally and domestically. Catholic Relief Services, the US bishops' development aid arm, for

provides educational programs aimed at risk reduction as well as holistic care for people with HIV. Caritas International is active in 107 countries providing food, counseling, medicine, employment and education, as well as working to eliminate stigma. Caritas also is involved in advocacy to government entities and pharmaceutical companies to produce lifesaving child-friendly HIV treatment.

Domestically, Catholic agencies provide extensive services to people with HIV across the US. Catholic Charities' Children's Youth Organization provides permanent supportive housing as well as a medical residential care community for people with HIV in San Francisco. Catholic Charities' AIDS Services of Albany, New York, serves all individuals and communities affected by HIV in that region. It provides clients with access to the COBRA case management program and the Ryan White Part D Outreach program. Additionally, it runs a Project Safe Point syringe exchange and access program that provides access to drug treatment programs and HIV testing.

A POWERFUL LOBBYIST

At the same time, however, the institutional church continually lobbies governments to exclude condom promotion from development aid, and the impact of the Vatican's stance on condom use is far-reaching and perilous.

that do. Catholic Relief Services is one of the top recipients of PEPFAR funding: \$103 million in 2007. Through its far-reaching programs, the Catholic church has been able to impose its myopic anti-condom stance on those countries most affected by the HIV epidemic.

CONDOMS4LIFE

In order to stem the national and international impact of the church's teaching on condoms, Catholics for Choice's Condoms4Life campaign provides a vocal counterpoint to the Vatican's stance on condom use. Using the core message "Good Catholics Use Condoms," the campaign supports Catholics and non-Catholics in using and promoting the use of these lifesaving and life-affirming devices and calls on the hierarchy to join others in the active prevention of the spread of HIV throughout the world.

The Catholic hierarchy proclaims its opposition to condom use in the name of the "pro-life" cause. Pope Benedict and the Catholic hierarchy are unable, however, or perhaps unwilling, to acknowledge that condom use is pro-life. From the World Health Organization to the United Nations, experts agree that condom use goes a long way to reducing the transmission of HIV. Not only the experts, but Catholics around the world, agree that condom use as a means to combat HIV is indeed pro-life. ■

Negotiating with People's Lives

RELIGION AND POLITICS IN THE PEPFAR NEGOTIATIONS

By Jodi Enda

IT WAS THE START OF 2007 AND, for the first time in a dozen years, Democrats controlled both chambers of Congress. President Bush had been chastened. This was the Democrats' chance to get something done.

Their newfound power in mind, Representative Tom Lantos and his staff began to craft the bill that would triple funding for America's AIDS work overseas. The California Democrat was confident he would be able to lift restrictions on family planning and ease requirements on funding for abstinence-only education—provisions he felt prevented the program from being as effective as it could be in fighting the disease.

But before the legislation could move out of the Foreign Affairs Committee that he chaired, Lantos died of cancer.

His goal of linking family planning to HIV and AIDS prevention died soon thereafter, a victim of the US Conference of Catholic Bishops and a handful of other religious groups that equated family planning with abortion. By spreading fear that the legislation was an abortion bill in

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The late Rep. Tom Lantos, a key architect of PEPFAR and supporter of reproductive rights, listens to a testimony during a hearing on Capitol Hill. He passed away on Feb. 11, 2008.

disguise, conservatives managed to keep the federal government from expanding the weapons it uses to combat the AIDS pandemic, effectively limiting the value of a program that can mean the difference between life and death for millions of people. Without their leader, Democrats quietly and quickly gave in to the opposition.

The bill, which extended the life of a law enacted in 2003, passed with bipartisan support last July, about a year after

Lantos' staff drafted it. The media reported that it was perhaps President George W. Bush's most enduring legacy, a \$48 billion, five-year commitment to stopping the spread of HIV and AIDS, particularly in Africa, legislation so popular that it was backed by liberals and conservatives, advocates of reproductive rights and antichoice religious groups and cosponsored in the Senate by then-presidential opponents Barack Obama and John McCain.

© REUTERS/HYUNGWON KANG, 2007.

Indeed, Democratic and Republican staffers said in interviews, there is something for everyone in the President's Emergency Plan for AIDS Relief (PEPFAR). The Catholic hierarchy got a strengthened conscience clause that permits organizations to opt out of portions of the law they find morally objectionable, such as distributing—or even mentioning—condoms. And it excised all references to family planning. Progressive groups got rid of earmarks that dedicated a specific pot of money to abstinence-only education, a victory that allowed for greater flexibility in the use of prevention techniques.

Still, questions remain about why the Democrats compromised at all. After all,

take the White House and a new president could fix things.”

As for the Catholic hierarchy—represented by the US Conference of Catholic Bishops, Catholic Relief Services and their lobbyists—it had every motivation to support some form of the legislation. CRS was the third-largest recipient of PEPFAR funding in fiscal year 2007, with grants totaling \$103 million, according to an analysis of State Department figures compiled by AVERT, an international HIV and AIDS charity based in the United Kingdom.

“The Catholic bishops either hired or designated a liaison to the Hill process who was very good. She knew how to keep the ball moving down the court,” said a

also effective,” Colecchi said. “Often the Catholic church has extensive outreach in rural areas that many other organizations do not have. We wanted to make sure that PEPFAR was fashioned in a way that would respect the conscience of providers, to enable all of us to bring our strengths to the PEPFAR effort.”

Toward that end, he said, “the strength in conscience clause was important. Also preserving real resources for abstinence and behavior change, increased partner reduction, increased faithfulness, good decision making on the part of youth. It happens that what is morally important to the church is also highly effective scientifically in reducing the spread of HIV and AIDS in countries

Family planning for most people is an absolute no-brainer. The idea that you would decouple family planning from an AIDS program is bad practice...

they had majorities in the House and Senate. Prospects looked good for a Democratic victory in the presidential race and increased gains in Congress. And the White House was so weak as to be invisible during much of 2008.

The explanation proffered by staff members is that they knew the economy was heading south and felt they needed to compromise in order to get as much money as they could. It makes sense—except that both Democrats and Republicans now say the bonanza of nearly \$50 billion almost certainly will not be spent. The nation simply can't afford it anymore.

“We made big compromises on our side,” said a staffer on the House Foreign Affairs Committee, now chaired by Rep. Howard L. Berman, another California Democrat. Every staffer—Republican and Democratic alike—interviewed for this article spoke on condition of anonymity in order to talk more openly. “Berman decided if we could get the Catholics on board for a \$50 billion bill against the fiscal conservatives on here, we should do it. We knew we would keep the majority and

House Foreign Affairs Committee staffer. “Minus anything that violated their conscience, it was perfect for Catholic Relief Services. Except for family planning, this was a bill for Catholic bishops to drool over.”

Added a Republican staffer: “The bishops wanted to do anything not to topple the bill.”

Neither the bishops' lobbyist, Kathleen Kahlau of Philadelphia, nor a representative of Catholic Relief Services returned phone calls to be interviewed for this article.

Stephen Colecchi, director of the bishops' Office of International Justice and Peace, said that they and CRS worked together “to forge a bipartisan consensus on the bill that would expand PEPFAR, that would improve PEPFAR.” The church, he said, supported not only an increase in money, but an increase in the breadth of the bill to include such things as improved nutrition for patients with HIV or AIDS.

“What we wanted was to ensure the legislation would pass and in a way that we thought would be morally appropriate and

that have an epidemic.”

Family planning advocates said they did not object to continued efforts to change sexual behavior, but contended that the church hierarchy was ignoring evidence that also demonstrates the effectiveness of condoms in preventing the spread of HIV. PEPFAR does permit the distribution of condoms, but the conscience clause now allows faith-based groups not only to abstain from distributing them, but to refrain from providing referrals to agencies that do.

“It's a huge deal to decouple family planning when you're talking about preventing HIV from spreading from mother to child,” said Jon O'Brien, president of Catholics for Choice. “The approach the bishops adopted was a very self-serving one. Few Catholics share their view in the US and globally. Family planning for most people is an absolute no-brainer. The idea that you would decouple family planning from an AIDS program is bad practice... Studies show that abstinence-only programs do not work. What happened in this instance

was that the bishops ignored the evidence to get their beliefs to hold sway on Capitol Hill.

“The sellout was allowing a narrow, non-representative, non-evidence-based

but to make it so that the poorest of the poor don’t have access to family planning is a scandal.”

The portion of PEPFAR that focuses on prevention, as opposed to treatment,

C. “We did not oppose funding for condoms. We did not specifically address funding for condoms,” he said. “It was a strategic decision.”

Still, the hierarchy does not permit the distribution of or promote the use of condoms, even in those rural areas in which Colecchi said there is a shortage of other AIDS workers (though he said condoms were plentiful). And it joined forces with other faith leaders—such as the Rev. Rick Warren, pastor of Saddleback Church in California, and Charles W. Colson, founder of Prison Fellowship Ministries—and with antichoice members of Congress, led by Republican Rep. Chris Smith of New Jersey, to effectively strip the legislation of any language on family planning, staffers on both sides of the aisle said.

“In the early stages, there was some fear that PEPFAR funds would be diverted into abortion as a way to reduce mother-and-child transmission,” Colecchi said.

Federal law prohibits the use of tax dollars for abortions. Reproductive rights advocates contend they were trying to prevent the spread of the virus not only through distribution of condoms, but with family planning that would allow women to postpone childbirth or space their children. Abortion, they said, was not part of the conversation until anti-choice groups tried to use it for leverage.

“They said we were hijacking PEPFAR to pay for abortion services even though we can’t use federal money to pay for abortions,” said Ellen Marshall, who lobbied on behalf of the International Women’s Health Coalition.

“At the very beginning, I thought I was clever enough to appeal to Chris Smith and the bishops, that we could include language around family planning that talked about maternal mortality,” said the House Foreign Affairs Committee staffer. “In Africa, once a woman gets pregnant, she has a one in 17 chance of dying...I thought those numbers were so compelling that we could form some kind of agreement on family planning language. But they would not budge even in the face of that.”



© GETTY IMAGES/GREG MARINOVICH, 2001.

A Catholic nun at a stall advertising the use of condoms to prevent the spread of HIV in South Africa.

group to prevail with their particular world view. I think it’s a travesty that it actually happened. The desire to get more HIV and AIDS money is laudable,

has three parts: abstinence, behavior modification and condom use, known as ABC. The Catholic hierarchy supports A and B and, Colecchi said, is silent on

Jodi Jacobson, who chaired the Prevention Working Group of the Global Aids Roundtable, part of a coalition that made recommendations for reauthorizing PEPFAR, said that language linking HIV and AIDS and family planning services was removed from the original draft legislation at the 11th hour. After Lantos died, members of the coalition received assurances from key House staffers that they would stand by the original language, which the coalition helped draft. Jacobson said that the night before the House Foreign Affairs Committee was set to vote on the bill, she learned from a *Congressional Quarterly* reporter that House staffers were negotiating new language with the White House, the bishops and others to broker a bipartisan deal.

"The next morning we woke up to an entirely different bill," Jacobson said, "including language basically applying the global gag rule to PEPFAR funds wherever family planning programs were involved." That rule, rescinded by President Obama during his first week in office, restricted groups that received federal funding overseas from performing or even counseling or providing information on abortion. In addition, Jacobson said, "the bill expands a prior conscience clause to include care, allowing US-funded groups to discriminate as to whom they would provide services to."

The next day, Jacobson said, Democratic staffers told the coalition they had to accept the compromise to pass the bill.

That dashed the hopes of many organizations working to prevent the spread of AIDS. "We would have liked some language in the bill about family planning," said Linda Bales, director of the United Methodist Church's Louise and Hugh Moore Population Project for the General Board of Church and Society. "We strongly support sex education in a comprehensive approach rather than an abstinence approach."

"I think it has a major impact," she added. Under the new law, Bales said, "we're not saying anything or providing the resources that we need to promote condoms and give women more access to

birth control and other reproductive health services that would allow them to determine whether or not they want to get pregnant, which has an effect if you're infected, and help with overall reproduc-

couldn't just spend funds on treatment, but turn off the faucet. To really address the epidemic you need to address prevention," said Heather Boonstra, a senior public policy associate at the Guttmacher



Former President George W. Bush greets Bridget Michelo Chisenga of the Catholic Relief Services of Zambia after a World AIDS Day meeting.

tive health, like spacing children, which is life-saving in itself. The whole philosophy of downplaying condoms and playing up abstinence is problematic.

"PEPFAR 1 was really mostly about treatment—getting sick people well again. But in PEPFAR 2 we were aware that we

Institute, a prochoice organization that provides social science research, public education and policy analysis. Because the law fails to utilize family planning as a prevention tool, she said, it "says a whole lot but it changes very little." ■

© REUTERS/KEVIN LAMARQUE, 2007.

To Act without Prejudice

UNDERSTANDING HIV-RELATED STIGMA AND DISCRIMINATION

By Kevin Osborne

ADDRESSING AND PROACTIVELY dealing with HIV requires an unprecedented level of honesty. Honesty about the lack of real political and institutional commitment to address the driving forces of this most human of epidemics. Honesty about the way in which we ensure that young people have access to comprehensive sexuality education programs. Honesty about how we have allowed an “us” and “them” approach to form a large part of our global response. Honesty about how our individual and collective actions or inaction have allowed the fertile breeding ground for HIV to grow unchecked. And honesty about the fact that we have all in some way stigmatized people living with HIV (PLHIV). Stigma and discrimination against people associated with or living with HIV is often cited as one of the primary hurdles in addressing prevention and care issues, and is a stumbling block in ensuring access to essential services. Despite all we have learned over the past 28 years about HIV-related stigma, it continues to thrive—fuelling the continued expansion of the epidemic. It is imperative that we find innovative and personal ways to translate the seemingly ever-growing rhetoric on stigma and discrimination into real action that

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Educational sign posted in the Simonga village in Zambia.

makes a tangible difference in the lives of people most affected by the epidemic.

Our brief HIV history indicates that two of the most important concepts are those of justice and compassion. The vast majority of this epidemic is largely based on ignorance, prejudice and shame. People on their deathbeds have been told—and still are—that they deserve their condition; that it is God’s punishment for their behavior. Children have been barred from schools and perhaps, more painfully, from playing with other children. HIV-positive

women have been denied the opportunity of fully realizing their sexual and reproductive health and rights. Men who have sex with other men, sex workers and people who use drugs are prosecuted and systematically denied access to life-saving information and services. Public policy and private practice have both been forged from pure ignorance and ugly prejudice. In the face of this history, we need to be brave, strong and courageous and begin modeling compassion. If we are compassionate, we will not let children pass through our lives

© RAWLINSON, 2005.

too ignorant to protect their own. If we are compassionate we will not teach others—by our own behaviors—to practice discrimination and false ignorance. If we are compassionate, we will not go quietly into the night while others die by the score. If we are compassionate we will raise not only our consciousness, but our voices and our hearts. We will learn to act without prejudice.

All too frequently stigma and discrimination are grouped together as one concept. While they are related and interlinked, the actions to understand and address each of the individual elements are as different and multifaceted as the epidemic itself.

Stigma is often seen as a sign of disgrace or shame and is described as a process of devaluation. A person who is stigmatized is seen as having less value or worth than other people. This devaluation is an attitude about how people are viewed or even view themselves. HIV-related stigma is not the sole domain of people who are not HIV positive. Because of years of systematic prejudice about HIV, people living with HIV often internalize or assume that stigma should be an inevitable part of their journey. This “felt” or “self-stigmatization” has an impact on how many people living with HIV view themselves, on the kinds of relationships they form and about their own sense of worth. This feeling of being less worthy is often deep-rooted and may take many years (if at all) to be acknowledged.

Discrimination involves treating someone in a different and unjust, unfair or prejudicial way—often on the basis of their actual or perceived belonging to a particular group. It consists of actions or omissions that are a result of stigma and directed towards those individuals who are stigmatized. In other words, discrimination is enacted stigma. However, a person may feel stigma towards another but may decide not to act in a way that is unfair or discriminatory. Discrimination can occur at different levels: individual, family, community or national. HIV-related discrimination is frequently addressed through the creation of policies to safeguard and protect

the rights of PLHIV. However, a policy is only as strong as its accessibility to those at the forefront of the epidemic.

Stigma often builds upon and reinforces other existing prejudices, such as those related to gender, sexual orientation, behavior and race. The devaluing power of stigma results in acts of overt discrimination and hampers access to vital services. It is often assumed that stigma is directly related only to the HIV-positive status of an individual, but key vulnerable populations such as sex workers, men who have sex with men and people who use drugs often face a double stigma. This double stigma is exacerbated by the

Stigma and discrimination are associated with lower uptake of preventive services, testing and counseling, reduced and delayed disclosure of HIV status, and postponing or rejecting care or seeking healthcare services outside one’s community for fear of breach of confidentiality. Stigma and discrimination affect more severely women and girls, and vulnerable populations including sex workers, widows, prisoners and TB patients.

At the individual level one of the most critical challenges is to individualize and internalize the realities of a world with HIV. For too long we have feared rather than embraced this reality. For HIV is not only about the perception of personal risk and



In Armenia, stickers that say, “This is what an HIV-positive person looks like” are being posted on public mirrors during major events.

absence of policies that protect their rights, making access to services a greater challenge. This kind of intolerance is a mobile force. It attaches new fears to old forms. And that is precisely what makes it so hard to pin down and to resist with rational argument—the grounds of racism and intolerance keep shifting. HIV discrimination attaches itself to pre-existing stigmas—to racial stereotypes or to stigma against sexual minorities. A key priority in addressing the stigma felt by people living with HIV is listening to, acknowledging and responding meaningfully to our voices and invaluable experiences.

vulnerability, but also about how to express love and sexuality in the midst of this epidemic. As prevalence levels rise, the chances of meeting and falling in love with someone who is HIV positive will increase. Discordant relationships are increasingly becoming part of the rich fabric of our global society and the challenge of expressing love in this age of AIDS will provide the opportunity to confront the subtle nuances of personal stigma and learnt prejudices. The social discourse has to move away from a single focus on disease avoidance to one which challenges us all—irrespective of HIV status—to find ways of expressing our sexu-

ality in the presence of HIV. Communities of faith, the media, policymakers, healthcare professionals and in- and out-of-school educational facilities are key avenues for building, shaping and empowering individuals to redefine a new way for us to view this epidemic.

Communities too will have to move away from complacency towards transformation—especially as it relates to gender. No longer should culture, religion and tradition be used as convenient vehicles to explain away HIV lethargy. Largely patriarchal societies will need to shift to those in which women are truly empowered and men are viewed as equal partners in the solution. Many current interventions have sought to empower young women and girls, further placing the onus for action on them. This is despite the fact that the social structures and cultural norms continue to reinforce the superiority and dominance of men. However empowered women may be, they are still often unable to make decisions about how, when and with whom to have sex. Gender transformation begins in communities where social and cultural factors that define masculinity and shape men's role in HIV and the implications of these factors for their sexual partners (male and/or female) need to be addressed. Faith leaders in every community have a vital role to play in these conversations if we hope to shape a new world order for tomorrow's generation.

It had always been assumed that knowledge alone will ensure that instances of HIV stigma and discrimination will be reduced. However, in many countries where levels of HIV awareness are high, there is no clear pattern that this necessarily translates into acceptance. Since its debut in 1981, the face of HIV-related stigma and discrimination has undergone a subtle shift. In many countries it is no longer the visible signs of Kaposi's sarcoma or wasted bodies that spur discrimination. Many people will now more readily say that they will buy fruit from a fruit vendor who is HIV positive or perhaps even share an embrace with someone who is openly HIV positive. But in many communities we are still not ready to have our food cooked by a chef who is

living with HIV or have our children taught by someone who is openly living with HIV—or have them become intimately involved with someone who is HIV positive. Or perhaps it's the tell-tale signs of lipodystrophy that many people can more easily recognize. Whatever the reason, HIV stigma has not decreased.

All too often, the experiences of stigma and discrimination felt by PLHIV are deemed anecdotal. The International



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An event organized by Médecins Sans Frontières in Rostock, Germany, demonstrated the high price of anti-retroviral drugs by showing people jumping to catch a pill and then falling into the sea.

Planned Parenthood Federation—in collaboration with UNAIDS, the Global Network of People living with HIV/AIDS (GNP+) and the International Community of Women with HIV/AIDS (ICW)—have developed *The People Living with HIV Stigma Index* which aims to complement our global understanding of stigma by ensuring that responses deal with the most pressing issues facing the HIV-positive community. Roll-out of this index, which has as its core the involvement of people living with HIV, has commenced in a number of countries and gives us an important tool to gauge how successful our collective advocacy efforts to reduce stigma have been. *The People Living with HIV Stigma Index* will build an evidence base to

inform policy and practice. Guided by a trained facilitator, people living with HIV will complete a questionnaire about their perceptions of stigma. One researcher from the pilot work on the PLHIV Stigma Index stated: “Being interviewed by another person living with HIV does make a difference—as you feel they really would understand more about how you feel about things related to being HIV positive.” In ways like this, we will sharpen both our understanding of and response to HIV-related stigma and discrimination.

Ten things to do to address HIV-related stigma and discrimination:

1. Remain updated on the latest developments around HIV. All spiritual communities and leaders are perfectly placed to deal with both the preventative and care components of HIV and need to remain aware of the salient developments in the epidemic. The treatment as prevention paradigm has the ability to transform the way we not only manage HIV but how we view those who are living with HIV. Building on their role to educate, inform and advise, leaders of faith need to be familiar with the latest trends and developments in HIV. Listening and acting without prejudice is a science we must perfect.
2. Practice what we preach. A few years ago I attended an Easter service conducted by Dean Rowan Smith at the cathedral in Cape Town, South Africa. Amongst all the Easter paraphernalia I found a simple message with a universal ring: a message not of years gone by or one relegated to the dusty verses of a Bible or Torah or Koran. It was a message of our modern times that forms the basis for addressing HIV stigma. Neatly and expertly interwoven into the age-old Easter ritual was the connection of all of our spiritual teachings to HIV—a message of life and love, of care and compassion. The dean of the cathedral challenged all his

parishioners to accept the challenges that HIV has placed in front of us. And he challenged his very cathedral to assume a more visible role in the epidemic. For HIV is sitting in the pews of every church, in the halls of every synagogue and mosque. The dean came up with a rather wonderful idea that a board should be put up prominently in the cathedral as there was in the days of apartheid. But the message on this board would be a little different. It should simply and unequivocally state: "This Cathedral has AIDS."

3. Acknowledge and address the stigmatizing attitudes we may harbor about some behaviors or

to confront and talk openly about our feelings and attitudes about issues and behaviors that are all too often silenced or taboo. Move beyond awareness to unlock those deeprooted prejudices that may silently lurk within each one of us.

4. Meaningfully engage with people living with HIV to better understand and change attitudes. People living with HIV should no longer be viewed merely as recipients of either services or sympathy. HIV-positive people can and do play a pivotal role in shaping the attitudes of every workplace and place of worship. But for many, they can only fulfill this role when a supportive and

can, and should, be used to shape our response to and attitudes about the epidemic.

5. Challenge personal complacency and fight like hell for the living. No longer should we hide behind ignorance and silence—because that alone is reason enough for condemnation. It is the responsibility of every individual, of every spiritual leader to help shape compassion and care; to foster support and acceptance without reservation or judgment. Every parent should have the fortitude to have an open conversation with their children about their attitudes towards HIV. Lethargic inaction is fatal.
6. Work in partnership. Finding your niche in addressing HIV-related stigma should include the creation of core partnerships—for these will help sustain momentum. Working with the media to ensure that sensationalist stories about so-called innocent victims have no place in helping document cases of discrimination will pave the way for increased societal understanding of the impact of stigma on the lives of people living with and affected by HIV.
7. Sensitize all health and social service workers to discrimination and act against it. In India, the Lawyers Collective in Mumbai has not only been raising awareness among people with HIV about their legal rights, including those as patients, they have also been sensitizing doctors and other healthcare workers to HIV-related legal and ethical issues. For protective laws and policies to have an impact people living with HIV must have ready access to mechanisms to redress discrimination.
8. Become an active citizen through involvement in a campaign to protect and safeguard the rights of PLHIV. There are a number of active campaigns that aim to address various aspects related to stigma and discrimination. From national campaigns to address the criminal-



Stop signs against stigma.

people who are particularly vulnerable to HIV. Spiritual communities will have to face up to their own prejudices on a variety of issues that are so intimately wrapped up in dealing with HIV: issues around homosexuality, sex before marriage, fidelity and faithfulness, disclosure, poverty, sex work, gender inequality, ethnicity, drug use and race. Because the roots of HIV-related stigma and discrimination run deep, we need to create spaces

nurturing environment has been created. Simple steps make a difference. Workplaces and institutions should ensure that all prospective job vacancies in the organization indicate that HIV-positive people with the requisite skills and experience are encouraged to apply. Implementing the GIPA (Greater Involvement of People Living with HIV/AIDS) principle recognizes that the personal experiences of people living with HIV

ization of HIV transmission or exposure to those that aim to remove travel restrictions for PLHIV, one of the most important ways to understand our own feelings about a number of sensitive issues is to become actively engaged.

9. Ensure that a supportive legislative environment exists so that discrimination can be tackled. Protection from discrimination should be everyone's task. The International Labour Organization has developed a code of practice on HIV and the world of work. Workplace and institutional HIV discrimination has been a focus in many countries. In South Africa the Employment Equity Act has made it illegal for the majority of government departments to carry out pre-employment HIV testing.
10. Develop and implement a robust and innovative workplace policy and

program. A workplace policy, by bringing HIV out into the open, reduces stigma and discrimination as it lays down a standard of behavior for all employees (whether infected or not). It gives guidance to supervisors and managers and helps employees living with HIV to understand the support and care available to them. Simple, practical steps, such as the implementation of policies to protect rights help ensure that respect and support are formalized in contexts where, previously, many people faced discrimination or chose to remain silent.

Stigma begins and ends with each one of us. As the triple combination of ignorance, prejudice and fear creates a nurturing avenue for HIV's continued spread, so openness, acceptance and acces-

sible services are the key to its containment. Shame and fear can be defeated, the chains that link HIV to racism and inequality can be broken and the HIV epidemic can be turned back. The fight against HIV will be won by a unique combination of increased political commitment, adequate resources, sound policies and robust health systems. This much we know. But fundamentally, however, the fight must be won at the personal level. The real battle must be fought by ensuring individuals—be they policymakers or the poor; presidents or patients—have the ability and skills to live, love and find the light that glows in the very shadows of this epidemic. That is where the real battle is. For in truly embracing HIV we can begin the journey of honest reflection and concerted action. ■

Abstinence has a high failure rate.



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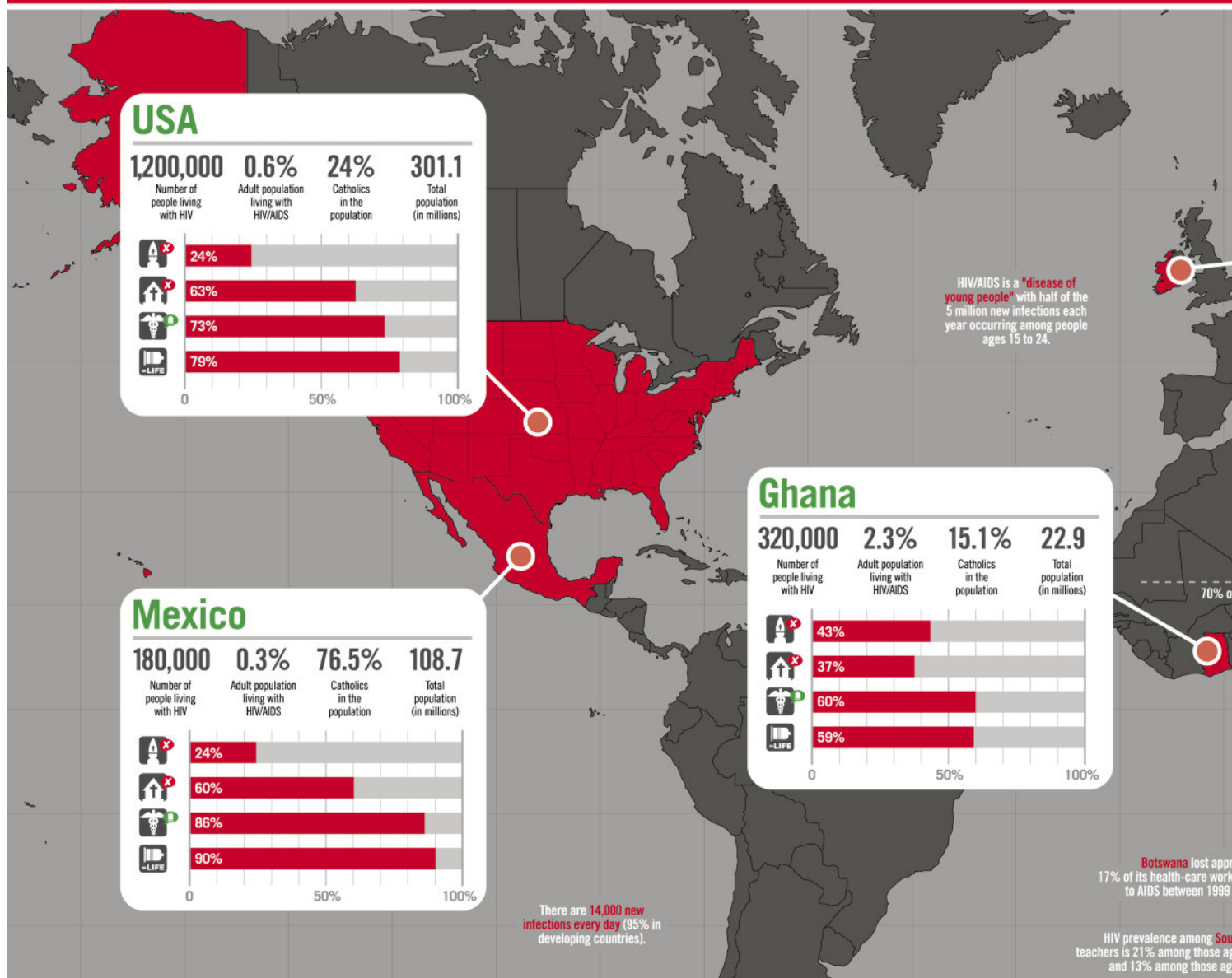
Good Catholics Use Condoms

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Catholics around the World Support the

While it is well known that the Catholic hierarchy preaches and lobbies against the use of condoms to prevent HIV and AIDS—even when a husband or wife is infected and wants to prevent transmission to their partner—that is not the whole story on Catholics and safer sex.

Catholics for Choice conducted an in on four continents to determine wha hierarchy's teaching. The facts on this around the world overwhelmingly be



The questions we asked Catholics over 18 in Ghana, Ireland, Mexico, the Philippines, and the United States were as follows:



Have you ever heard a Catholic priest or bishop speak in a sermon, in the media, or some other way against the use of condoms?

The percentage in the answer represents the amount of people who heard church leaders speak against the use of condoms.



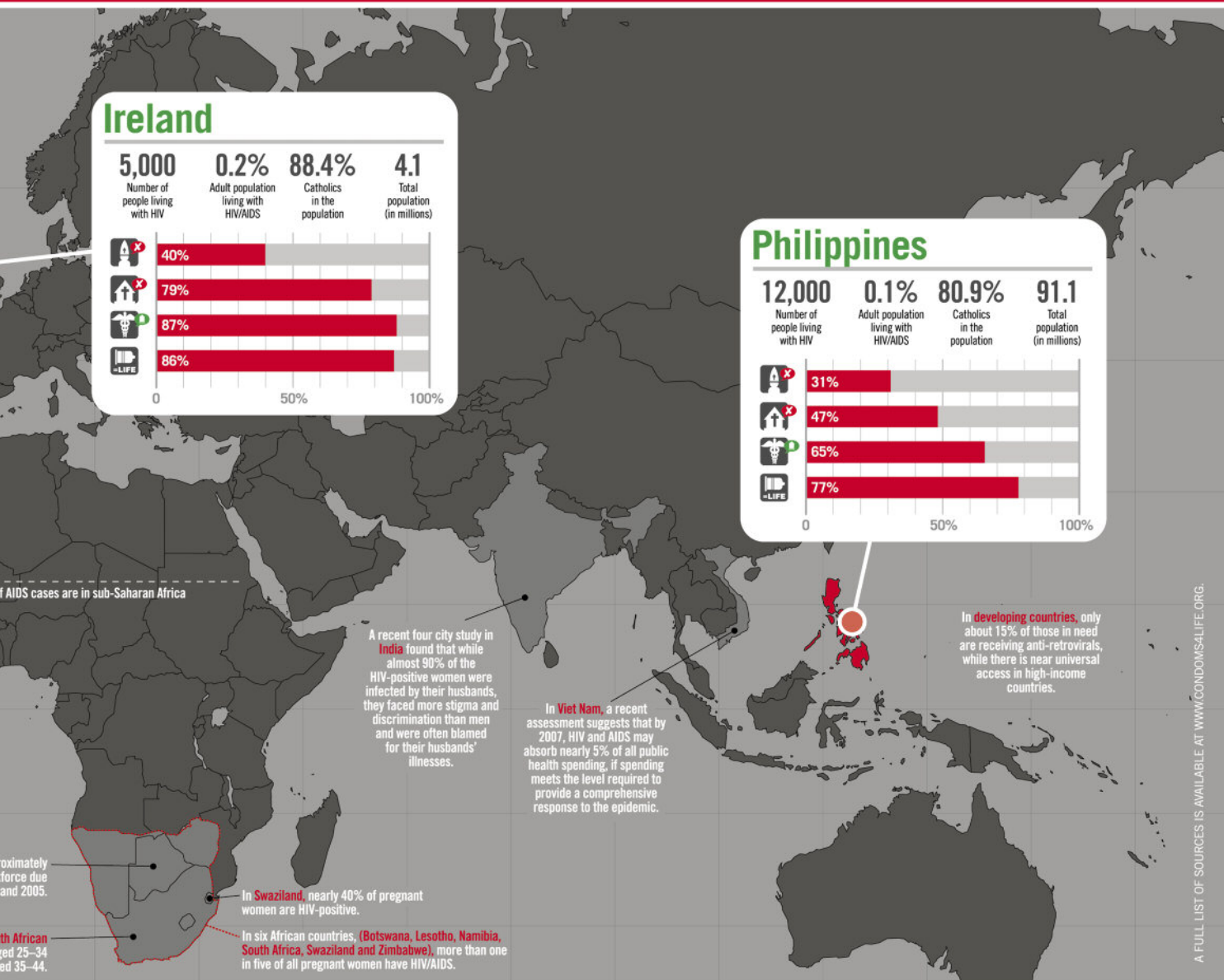
The Catholic church position on condoms is not to be changed. Do you agree more than the position on condoms is should not be changed position on condoms is be changed?

The percentage in the answer represents the amount of people who think the church should change its policy on condoms.

The Use of Condoms to Prevent HIV/AIDS

International poll in five countries
 at Catholics think about the church
 poster tell the story: Catholics
 believe that the decision to use

condoms is prolife and that Catholic hospitals should be required to
 provide them. Catholic people live in the real world. It is now time for
 the hierarchy to lift the ban on condoms.



prohibits Catholics
 for any reason,
 HIV and AIDS.
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answer represents the
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Do you think Catholic hospitals and clinics that the government funds should be required to include condoms as part of AIDS prevention?

The percentage in the answer represents the amount of people who think catholic hospitals should provide condoms.



Do you agree or disagree with this statement: Using condoms is prolife because it helps save lives by preventing the spread of AIDS.

The percentage in the answer represents the amount of people who think condom use is prolife.

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**We believe in God.
We believe that sex is sacred.
We believe in caring for each other.
We believe in using condoms.**

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Father Ksawery Knotz reassuring a crowd that "Sex is OK," as long as it is in accord with the teachings of the hierarchy.

Poland: Sexuality Education in the Crosshairs

By Anka Grzywacz

IT'S FUNNY HOW THESE MESSAGES of traditional Catholic morality get stuck in your head one way or another. I remember a time when I was a child and read about mastur-

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bation. Straight away, I started to believe that masturbation was a sin and something one was not supposed to practice. I don't know how it happened. While my parents were too shy to talk to me about sex, they never taught me that it was something evil. They were typical Polish Catholics: churchgoing—but not every Sunday; never (or rarely) went to confession and generally did not take their faith very deeply or seriously.

Then, my elementary school friend got pregnant at the age of 16 and had to marry early. Watching this situation somehow shaped me into who I am today—a sex educator. My personal experience of living in a country where abortion is practically illegal and unplanned pregnancy is greatly feared took me on a path of self-education. I realized that to avoid the hell of a backstreet abortion, I needed to know every-

thing possible about contraception. I also understood that I wanted to help other young women and men become better informed about sexuality. Immediately after I came to Warsaw to study I became involved in the prochoice movement and co-organized the pioneer peer sex educators' group, Ponton.

As my feminist and prochoice views were taking shape, I had the increasing realization that I could no longer be a part of the institutional Roman Catholic church. Not only did I support abortion rights and contraception, I was also very much in favor of lesbian, gay, bisexual and transgender (LGBT) rights. How could I not have been? My best friend was gay. I stopped going to Mass,

able to be Catholic and have premarital sex. And I assume most of these teens are Catholic, since the majority of Polish population is. Once in a while somebody raises doubts whether masturbation is a sin. Even then, they are usually just worried about whether masturbation will make them infertile.

The church, however, does interfere in the work done by Ponton. We are not invited or welcome in Catholic schools. In small towns and villages, the situation is even more difficult. There, the role of a priest who teaches religious education (which is practically obligatory in Poland) enjoys a respect equal to that of the school principal. We were invited once or twice to give a class on contra-

in the church, a moral dilemma occurs—they know that to obtain permission and have all papers signed they need to participate in a series of lectures for engaged couples and openly express their opposition to contraception and abortion in all circumstances. Most choose to lie and go to the altar with a heavy conscience. I know a woman in the prochoice movement who was getting married in her home village. She agreed to play this game and solemnly swear she was completely against abortion.

Recently, public discussion about sex and Catholicism has started after Ksawery Knotz, a Capuchin monk, wrote a book about sexuality in a Catholic marriage. Everyone praises him for being so open

I know ... couples who practice their faith but manage to reconcile this with the use of contraceptives. When these people decide to get married in the church, a moral dilemma occurs ... Most choose to lie and go to the altar with a heavy conscience.

taking communion, only occasionally did I stop by the church to pray. I continued to volunteer as a sex educator and advocate for sexual and reproductive health and rights in Poland.

When I first met Catholics for Choice, the idea that you could actually be a good Catholic and have progressive views was immediately appealing. It wasn't the bishops with their never-ending criticism and sexist comments about feminists and the "civilization of life" that brought me back to the pews but the brave and open-minded Catholics supporting a woman's right to choose. Since then, I became more interested in how (and if at all) the teenagers that I work with could reconcile their Catholic faith with their sexuality.

In more than seven years of work in peer education, I have rarely encountered a question regarding the moral aspects of sex. Teenagers want to know whether you can get pregnant the first time you have sex. They don't really care if it is accept-

ception and HIV prevention in a small village, which is difficult for us as it requires more time and energy (and some funding from the host school) to travel any distance out of Warsaw. Nevertheless, we decided to give a class, but the project never happened because the local priest interfered. I hate it when that happens because I know that it might have been the only chance for those kids to learn anything about sex and protection. It makes me even more furious when I realize that soon enough that same priest will be blessing the wedding of an underage pregnant girl whose chance of receiving a good education ended the moment she didn't ask her boyfriend to use a condom.

The lack of progressive Catholic thought and discussion in Poland forces people to lie. I know personally and have heard or read about many couples who practice their faith but manage to reconcile this with the use of contraceptives. When these people decide to get married

and progressive—which only shows that people don't read the books they are so keen to discuss. I wish Father Knotz limited himself to writing about the spiritual aspects of sexuality in a Catholic marriage—an interesting and valuable topic. The remaining "sex education" part is just sad. Instead of explaining why the official teachings condemn the use of condoms, he makes a failed attempt to illustrate what's wrong with condom use, for example by saying that the latex barrier is bad because male sperm is good for a woman's skin and makes the wife less stressed.

Here is my mantra: Do not mix up the two subjects. Let religious education refer to religion, with some place for discussion on the moral aspects of sexuality. Let sex education cover the scientific basics. We must trust that young people, having this knowledge, will be able to choose wisely. And if they choose sex, they will know how to protect their life and well-being. ■

The Catholic Church and HIV/AIDS

THE HIERARCHY OF THE ROMAN Catholic church has developed its own unique response to the immense suffering that accompanies the spread of HIV/AIDS. When discussing the epidemic, the church speaks out about the dignity and value of every person, the rights and responsibilities of society and the love and compassion of God. Through its health-care facilities around the world, the church provides treatment and care for millions who are infected with the disease. Yet when it comes to prevention, the church has taken mixed positions. Most notably, the hierarchy has condemned the use of condoms. However, several Catholic bishops, many theologians and countless individual Catholics have made a case for their use.

DO CATHOLICS HAVE AIDS?

As Bishop Kevin Dowling of Rustenburg, South Africa, has said, “We, the church community, have AIDS.” Although it is difficult to find reliable statistics on how many Catholics actually have been infected by HIV/AIDS, we know from the funerals that take place in Catholic parishes around the world that Catholic people are suffering and dying from AIDS.

WHAT DOES THE CATHOLIC CHURCH SAY ABOUT CONDOMS?

All Catholics need to interpret relevant

church teachings and apply them to the problem of preventing HIV/AIDS. There is no one Catholic position on using condoms to prevent the transmission of HIV. Some church leaders have interpreted church teachings on contraception as prohibiting the use of condoms, despite the threat of HIV/AIDS. Other leaders have looked to church teachings—such as those on the importance of preserving life, preventing evil and honoring the conscience of individuals—and interpreted them as permitting the use of condoms. As Catholics we must consider all church teachings in light of our circumstances and do what our consciences tell us is correct.

Institutionally, the Catholic church has taken the position that the only morally acceptable way to avoid HIV/AIDS is to abstain from sex outside of marriage and to abstain from sex within marriage if a husband or wife is infected with HIV. Its position is based on the church’s teaching that sex should only take place within marriage and should always be open to procreation. This view of sex and procreation does not promote responsible and mature sexuality. It is important that Catholics know that we have choices and know what the church teaches about conscience, the common good, compassion and the principle of the “lesser evil” so that we can make mature, responsible decisions about our sex lives:

- **Conscience:** Everybody has the right to act on their conscience. “It is through his conscience that man sees and recognizes the demands of divine law. He is bound

to follow this conscience faithfully in all his activity...He must not be forced to act contrary to his conscience. Nor must he be prevented from acting according to his conscience...” (Pope Paul VI, *Declaration on Religious Freedom—Dignitatis Humanae*, 1965)

- **Common Good:** “The common good presupposes respect for the person as such. In the name of the common good, public authorities are bound to respect the fundamental and inalienable rights of the human person. Society should permit each of its members to fulfill his vocation. In particular, the common good resides in the conditions for the exercise of the natural freedoms indispensable for the development of the human vocation, such as ‘the right to act according to a sound norm of conscience and to safeguard... privacy, and rightful freedom also in matters of religion’.” (Number 1907, *Catechism of the Catholic Church*, 1994)
- **Compassion:** “Jesus had compassion for them, because they were harassed and helpless.” (Mt. 9:36) There are numerous examples in the Bible of how Jesus showed love and compassion for all without judgment or discrimination. We are called to have compassion for those who suffer.
- **The Lesser Evil:** Catholic tradition allows acting in a usually impermissible way if doing so avoids participating in or causing a greater iniquity or immoral act. This is often referred to as the principle of the lesser of two evils. Some members of the Catholic hierarchy argue that the use of condoms is evil, but others assert that, in defense of life, condom use may

The above text is an extract from Catholics for Choice, Sex in the HIV/AIDS Era: A Guide for Catholics, Washington, DC, 2008. It is available on our Web site and for bulk orders, please contact us at cfc@catholicsforchoice.org.

be or even must be a legitimate option when contracting HIV would place another person's life or health in jeopardy.

CAN CATHOLICS USE CONDOMS?

SOME CHURCH LEADERS may tell you that using condoms is morally wrong. But if you or your partner has other sexual partners, or if one of you is infected already with HIV, then it can be a morally good decision to use a condom. Sometimes, Catholic teaching uses the "lesser of two evils" approach to making moral decisions. This approach looks at the complexities of our lives and the decisions we face, and recognizes that it is often necessary to choose between the lesser of two evils in difficult situations. While some modern theologians reserve the term "evil" for only the most extreme violations of human rights, such as genocide, murder and torture, certainly the use of a condom must be a "lesser evil" than threatening someone's life with a deadly disease.

Regardless of your approach to moral decision-making, the Catholic hierarchy teaches that God gave each of us a conscience and no one should be forced to act against his or her conscience. If you carefully and prayerfully examine your conscience and decide that to use condoms is the most moral way to act, you are not committing a sin. To save a life is not a sin.

ABCs OF PREVENTION: ABSTAIN, BE FAITHFUL, USE CONDOMS

Many governments, civil society organization and religious leaders have adopted a three-prong strategy known as ABC to prevent the spread of HIV/AIDS. ABC stands for abstain, be faithful and use condoms for those who are sexually active. However, the ABC model has had limited success; an integrated and comprehensive approach is key to effectively preventing HIV/AIDS. Unfortunately, exportation of the ABC model and its use by some conservative governments has been done in a hierarchical fashion, with the promotion of abstinence presented as the

primary choice, then being faithful to your partner, and lastly, condom use. Often condom education and distribution is restricted to only populations deemed "appropriate," then narrowly defining "appropriate" as only for "high-risk" groups, such as sex workers and serodiscordant couples, in which one partner is HIV-positive and the other is HIV-negative.

This hierarchical framework has negatively impacted those infected with HIV and those at risk of HIV on several levels. The isolation of "high risk" groups further marginalizes already vulnerable individuals and misrepresents the level of risk in many countries. Given the high HIV-prevalence rates in many countries, the reality is that everyone is "high risk" and people need HIV-prevention education, including condom education, before they risk infection or become HIV-positive. The hierarchical model also reinforces a false stereotype that AIDS is a disease that only affects those who are promiscuous. Such a stereotype perpetuates the stigmatization of and discrimination against those infected with HIV. It does not take into account the reality of women who cannot refuse sex, even with their husbands, and the fact that marriage is not necessarily a protective factor. Finally, it reinforces negative attitudes towards sex and sexuality when abstinence is placed about having sex safely.

There is a danger that too much emphasis on the ABC approach can undermine the critical role of integrated strategies of prevention that incorporate empowerment of women and girls and other gender-sensitive initiatives: voluntary counseling, testing and referral; treatment, care and prevention; antipoverty initiatives; and comprehensive sexuality education. AIDS is a complex disease and needs complex responses.

THE LARGELY NEGATIVE response among Catholic bishops about sex and condom use exposes the need to maintain sexual honesty during the HIV/AIDS era. Governments, civil society organizations and religious leaders must make greater strides

not only to provide comprehensive prevention programs as described above, but also to speak positively and honestly about sex, violence against women and girls, and HIV/AIDS prevention so that every person can strive for a mature and responsible sex life free from fear, anxiety and violence.

Here are some specific steps that can be taken:

- Talk about what it means to engage in mature and responsible sex that is consensual and respectful of human dignity.
- Condemn violence against women and girls which in all cases should be reported to civil authorities and the perpetrators punished.
- Recognize and affirm men's rights and responsibilities and their commitment to safe and mature sexual relationships.
- Promote dialogue between men and women to change gender roles and attitudes that perpetuate male dominance over women. Men and boys who are victims of sexual violence should be assisted and supported by their communities.
- Engage in behavior that respects individual human rights. Demand that others respect your human rights.
- Be informed:
 - Know the facts about the transmission of HIV/AIDS and other STIs.
 - Know what sexual acts have no risk of transmitting HIV, which ones have a low risk and which ones have a high risk.
 - Know how to prevent the sexual transmission of diseases, as well as unintended pregnancy.
 - Know the facts about condoms, where to obtain them and how to use them correctly.
 - Know how to access treatment, care and support if you or a loved one is infected.
 - Know your choices.
- Think and talk positively about sex and condoms: Condoms can enable those with HIV/AIDS to continue living their sexual lives fully, safely and with satisfaction. ■



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Catholic religious groups, government employees and students hold candles during the 26th International AIDS Candlelight Memorial in Manila to commemorate those who died as a result of HIV/AIDS.

The Sin of Sexual Miseducation

HIV/AIDS AND THE FILIPINO CONSCIENCE

By Carolina S. Ruiz

IN THE PHILIPPINES, WHEN Catholic bishops have something to say about sexual morality, the media listens. Whether preaching against the negative effects of a pop song on society, calling for a ban of *The Da Vinci*

Code, railing against children's books mentioning magic, chiding married couples about their "lack of control" or condemning condom use and sex education, the Catholic hierarchy's views get top billing for the controversy they generate.

In 1999, the international press took notice when local bishops blasted the UNFPA and Spice-Girl-turned-UN-ambassador

Geri Halliwell for preaching the safe sex message on a visit to the Philippines. Monsignor Pedro Quitorio compared sending the Spice Girl as ambassador to a Catholic country to sending Salman Rushdie as ambassador of goodwill to a Muslim country. Bishop Teodoro Bacani (who was later charged with sexual harassment of a female church worker in 2003)

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even questioned Halliwell's authority to preach about condom use when two of her former band members supposedly got pregnant "out of wedlock."

Coverage like this usually gets explained as the dominance of Roman Catholicism in the Philippines, an explanation that even the Catholic Bishops Conference of the Philippines (CBCP) banks on to explain the relatively low HIV/AIDS prevalence rates in the country. Father Melvin Castro who heads the CBCP Commission on Family and Life once speculated that "culture and man's outlook in life may have been responsible for keeping the number of HIV/AIDS victims in the Philippines relatively low." In the Philippines, when the church and conservatives invoke culture, they often do so in the context of claiming

typically described as "low and slow." Yet even health experts warn that counting only "reported cases" gives a dangerous impression that HIV treatment and prevention does not merit much attention. After all, with only one testing facility in the country, and a highly mobile migrant worker population, HIV/AIDS prevalence in the country is more accurately described as hidden and growing. Since 2007 a dramatic leap in the number of reported cases has been noted. Likewise one in every three persons reportedly living with HIV in the Philippines is a former overseas Filipino worker where, notably, migrant workers are routinely screened and regularly receive information on HIV/AIDS. Many believe that this explains why most reported cases are among migrant workers.

The 2006-2007 report of the Philippine

during the interpellation, opponents of the bill insisted on more consultations with the Catholic church over the proposed measure. An article about the process will appear in the next issue.]

According to most of the accounts in the media, the debacle on reproductive health seems to be stuck in the same place it has been for a long time. The battle is between the Catholic hierarchy's sexual morality and modernity, the East and the West, the conservative and the liberal, the antiabortion and the prochoice, the population control agenda and the reproductive justice model. Unfortunately, while these categories do represent positions and agendas very much in conflict to date, framing the debate this way also tends to oversimplify the issues at stake for many

Tagging the issue as a clash between population control advocates on one side and the Roman Catholic hierarchy on the other side misrepresents the views of those who are both Catholic and pro-human rights.

"traditional Catholicism." Such claims have often stood in the way of opening up the discussion on issues ranging from abortion and women's rights to lesbian, gay, bisexual and transgender equality and divorce.

Similarly, comments invoking a superior culture are clearly more hype and hyperbole than reality-based. Surveys have consistently shown that much like their Catholic counterparts elsewhere in the world, Filipinos rarely accept the views of the church without question on most matters related to sex, particularly when it comes to contraception and sex education. Much like Catholics in other countries, Filipinos agree on the importance of sexuality education for youth and think that reproductive healthcare should be available.

By comparison and in relation to its neighboring countries, the number of reported HIV/AIDS cases in the Philippines seems relatively low, falling under 0.1 percent. Until recently, the prevalence was

National AIDS Council reflects that one of the major challenges to HIV/AIDS prevention and education programs in the country lies in the lack of system-wide and institution-based interventions. A majority of the reported projects cite partnerships with mostly private, nongovernmental organizations (NGOs) and associations. And while there are successful school partnerships with NGOs, the struggle to adopt HIV/AIDS education in Philippine schools runs parallel to the uphill battle to establish comprehensive sexuality education.

[AFTER THIS ARTICLE WAS PRINTED, Congress failed to pass legislation on reproductive health in the Philippines that had been introduced in 2001. The bill would have standardized the availability of reproductive health services at the primary healthcare level and integrated sexuality education including information on HIV/AIDS in the primary and secondary school curriculum. Opposition from the Catholic hierarchy was relentless and even

Filipino Catholics. For instance, tagging the issue as a clash between population control advocates on one side and the Roman Catholic hierarchy on the other side misrepresents the views of those who are both Catholic and pro-human rights.

Human rights advocates from feminists to environmentalists were responsible for challenging the population control framework that was the premise behind most state policies and programs in the 1970s and 1980s, and the International Conference on Population and Development. This struggle culminated in the adoption of the language of rights and the recognition of reproductive health in the ICPD Programme of Action in 1994. The Vatican actively opposed the adoption of the document and continues to do so because of its opposition to all abortion and its belief that the ICPD agreement promotes access to abortion. And while contested, the ICPD Programme of Action and the 1995 Beijing Platform of Action both reflect how the human rights community began redefining the way citi-

zens' rights and the obligations of states were originally conceived in international human rights law. The newfound emphasis on the social, economic and cultural as the enabling conditions of the exercise of rights also brought a focus on socio-economic inequality, something that ironically, Catholic church teaching has a lot to say about.

When the current Philippine President, Gloria Macapagal Arroyo, took office in 2001, she took a stance against "reproductive health" and literally toed the hierarchy's line in equating the term with legalizing abortion. Ironically, Arroyo, claiming to be a traditional Roman Catholic, admitted to having used the contraceptive pill when she was younger. Apart from opposing all manner of spending and budget allocations for modern family planning methods, she also vowed to veto the RH bill during her 2001 State of the Nation address. The Department of Health, which until 2000 had a policy on reproductive healthcare and universal access to modern family planning methods, also started focusing on natural family planning (NFP) and even awarded a 50 million peso grant to a Roman Catholic organization, Couples for Christ, to run the NFP program.

IN THE PAST, ONCE THE CATHOLIC hierarchy launches its standard diatribe against reproductive health, particularly contraception and sexuality education, it became predictable for the target government agency or official to back down from pursuing a program and implementing a policy. These days, however, the bishops are no longer the only Catholics speaking out and making a stand on matters like reproductive health. In 2007, Filipino Catholics became vocal about their support for reproductive healthcare. One group calling themselves the Catholics for RH Movement, a group of Catholics mostly working on health-related issues, women's rights and in the broader human rights movement, came out with a position supporting pending legislation on reproductive health.

By 2008, a group of leading academics

from the Roman Catholic Ateneo de Manila University issued a 16-page position paper, expressing not only their support for reproductive health as a right but also extensively discussing the ethical basis of their position in Catholic thought. The university was quick to distance itself from the position of its faculty members but the professors never claimed theirs was the university's official position in the first place.



Fenny Tatad (R), head of a church-sponsored lobby group, answers questions about contraception during a news conference in Manila.

What they were clear on, however, was that theirs was dissent founded on Catholic teaching on the exercise of conscience:

We, individual faculty of the Ateneo de Manila University, call for the immediate passage of House Bill 5043 on "Reproductive Health and Population Development" (hereafter RH Bill) in Congress. After examining it in the light of Philippine social realities, and informed by our Christian faith, we have reached the conclusion that our country urgently needs a comprehensive and integrated policy on reproductive health and population development, as provided by the RH Bill. We also believe that the provisions of the bill adhere to core principles of Catholic social teaching: the

sanctity of human life, the dignity of the human person, the preferential option for the poor and vulnerable, integral human development, human rights, and the primacy of conscience.

The current Secretary of the Department of Social Welfare and Development, Esperanza Cabral, has likewise become one of the most vocal supporters of the measure. By September 2008, seven other national agency heads and cabinet members joined her and threw their support behind the bill.

Despite these gains, however, the Catholic hierarchy in the Philippines continues to influence and pressure politicians against the passage of RH legislation. They have, for the moment, also chosen to ignore the positions taken by Catholics in support of reproductive health policy.

IN 1999, LUIS H. FRANCIA, WRITING for *Poz*, observed how during his interviews with Filipino clerics, the mere mention of the condom was the proverbial "monkey wrench" that caused his conversations with them to break down:

This thin protective sheath assumed enormous proportions. I wasn't surprised. In the continuing interplay between sexual repression and illicit pleasure, the condom has been perversely fetishized by the church. The hierarchy may downplay its importance, yet they focus most of a pastoral letter on it. Emblematic of the male body, the condom provokes the most fervent of responses from the church faithful.

Much of Francia's observation remains true to this day because of the hierarchy's opposition to the contraceptive aspects of the condom, as well as its disease-prevention function. Even the much-lauded Philippine HIV/AIDS law which promotes the principles of voluntary and informed consent, patient confidentiality and rights reflects the traces of this debacle. Advocates who pushed for the bill noted how as the passage of the bill neared, compromises were made to placate the Roman

Catholic opposition and this resulted in the insertion of “provisos” in the section on HIV/AIDS education:

SECTION 4. HIV/AIDS Education in Schools. - The Department of Education, Culture and Sports (DECS), the Commission on Higher Education (CHED), and the Technical Education and Skill Development Authority (TESDA), utilizing official information provided by the Department of Health, shall integrate instruction on the causes, modes of transmission and ways of preventing HIV/AIDS and other sexually transmitted diseases in subjects taught in public and private schools at intermediate grades, secondary and tertiary levels, including non-formal and indigenous

tion taken by the Commission: “We have to think of ways [to address the problem], because it is not only the life of the victim that we have to consider but his or her family as well. This is how we look at the pastoral side.” This same position is reflected in the *Training Manual on HIV and AIDS for Catholic Church Pastoral Workers*, a UNAIDS project carried out in conjunction with the Catholic charity, Caritas Manila.

The Commission’s position was clearly different from the one Caritas Manila took in line with the official church position only two years earlier when it began collaborating with the DOH on the UNAIDS project. The Commission’s position on condom use in this case, even “as a last resort,” was a breakthrough for the

a strong reaction from feminists who criticized the bishop for dismissing the use of contraception by couples (especially women wanting to avoid pregnancy) as “lack of discipline.”

Indeed, in the context of the broader Catholic community, the difference of views on condom use and HIV/AIDS prevention is not surprising. Condom use and HIV/AIDS is one of the most debated issues within Catholic circles and bishops all over the world have come out in the open with dissenting views often expressing a concern for vulnerable groups like women who are exposed both to violence and infection from their partners. Likewise, dissenting bishops believe it is the duty of an infected person who wants to engage in sexual relations to prevent harm.

The Catholic Bishops Conference Episcopal Commission for Pastoral Care for Migrants and Itinerant People took the public by surprise when they came out with a position allowing condom use among married couples as a method to prevent the transmission of HIV.

learning systems: Provided, That if the integration of HIV/AIDS education is not appropriate or feasible, the DECS and TESDA shall design special modules on HIV/AIDS prevention and control: Provided, further, That it shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices: Provided, finally, That it does not utilize sexually explicit materials.

However, by July 2008 different positions were being taken by the Philippine Catholic church hierarchy, especially pertaining to HIV/AIDS. The Catholic Bishops Conference Episcopal Commission for Pastoral Care for Migrants and Itinerant People (ECPC) took the public by surprise when they came out with a position allowing condom use among married couples as a method to prevent the transmission of HIV. Edwin Corros, Executive Director of the ECPC explained the posi-

Filipino faithful but before the month was over, Catholic bishops were again railing against the DOH for promoting condom use in their HIV/AIDS prevention programs. Archbishop Paciano Aniceto, this time the chairperson of the Catholic Bishops Conference of the Philippines’ Commission on Family and Life, said that promoting the use of condoms in the DOH HIV/AIDS prevention and education programs was “dangerous and ineffective.” Father Percival Bacani who served as one of the advisers for Caritas Manila’s UNAIDS Training Manual also acknowledged that “all the dioceses in the Philippines have been mobilized to speak against the bill and they have conducted a signature campaign against the bill.”

Just days before, in a parade commemorating the anniversary of *Humanae Vitae*, Cardinal Gaudencio Rosales also chided married couples for “not exercising self-control and discipline in bed,” prompting

In the Philippine context, the differing positions from the CBCP also reflect the classic difference between the views expressed by those in positions of authority and those directly engaged in active ministry with the Catholic faithful. The head of the Episcopal Commission for Pastoral Care for Migrants and Itinerant People is a priest but the most vocal opposition of RH policy which includes HIV/AIDS prevention and sexuality education has come from bishops. Clerics and lay persons engaged in direct service provision and often in contact with people living with HIV are not caught up in the abstract and are more able to profoundly engage faith and beliefs in concrete terms and with real people’s welfare in mind. ■

Catholic, HIV-positive and One of God's Children

By Vincent Chippriott

I WAS BORN ON MARCH 5, 1950, IN a small market town in Pembrokeshire, South West Wales called Haverfordwest. Both my parents were devout Roman Catholics, my mother being French and my father Maltese. From the age of four I attended the Mary Immaculate Catholic Convent School where I was well educated by a small community of Sisters of Mercy who, though very strict, were also very kind. At the age of 11 I transferred to a secondary school and then to university where I obtained a degree in travel and tourism.

It was during my time at university I first realized my sexual identity as being that of a gay man. I attended Mass regularly and received the Holy Sacrament each Sunday. Knowing the church's teaching on homosexuality, my dilemma was whether to abstain from receiving communion and going to confession or to seek advice outside of the confessional. I decided on the latter: big mistake.

I was 18 years old. The priest to whom I went for counseling was horrified and said my feelings were both unnatural, immoral and a mortal sin. I was told that on no account was I to receive the Holy Sacraments, my soul was doomed for eternal damnation if I continued with my lifestyle and because of my age it was his duty to inform my parents of the situation.

When I left this meeting, I was in a terrible state of mind. I remember

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As an HIV-positive Catholic, Chippriott works to fight stigma around the epidemic, especially within faith communities.

running blindly through the streets of London. I found my way to the entrance of Westminster Cathedral. I went to the chapel of the Sacred Heart and knelt crying, trying to pray for forgiveness and guidance. I lost all sense of time; I only remember arriving back at my student accommodation, unable to sleep with feelings of guilt, sadness and of rejection by our Holy Mother and the church. Worried with thoughts of shame and the reaction I would receive from my loving parents, I contemplated committing suicide. I realized that whatever I did, I seemed to be doomed.

The following morning I was sum-

moned to my tutor's study. He said that he had received a phone call from my father. I was told I had to take the first train to Haverfordwest that afternoon without returning to my student accommodation. For the first time, there was no one to meet me at the train station. When I entered my parents' home, I was not greeted with affection, only grief. My father told me I had brought shame on the family name and that my mother was too upset to see me. I was told to go to my bedroom and wait as the local parish priest and my parents' doctor were coming to see me.

Father Paul Satori came to me first; his attitude was totally different from the priest

who I had first gone for counseling. He was very understanding and gentle; his concern was that homosexuality was still a criminal offense in the United Kingdom. He reassured me that my parents loved me and cared for me and that they were more concerned about my safety. We prayed together. He informed me that the Holy Spirit and the Sacred Heart of Jesus would guide me through this troubled period. And that no matter what, I was still a child of God and would always remain so. We agreed that he would discuss the situation with my parents once the doctor had seen me and would help me with my predicament.

The meeting with my parent's local doctor lasted for about an hour, I was told a lot of young men went through a period

have remained friends to this very day.

Not long after I met a partner and entered into a monogamous relationship. Though I remained a practicing Catholic, I abstained from taking the Holy Sacraments. Regrettably, after 17 years, my partner and I broke up over a conflict with our careers.

In 2004, I had a fall, fracturing my back and shattering my left patella. I was airlifted to a hospital in Sydney and underwent surgery on my leg. During the operation, I developed a high fever and was transferred to an intensive care unit while the cause of the fever was investigated. It turned out that I was HIV positive.

I was immediately put onto antiretroviral therapy and responded positively. While in intensive care, I woke up one

cism are failing members of their congregations who are living with HIV and others affected by the virus. This leaves people vulnerable, ostracized by and community that is otherwise a safe haven and source of strength. HIV-related stigma is an impediment to the well-being of individuals, families and communities and discourages people from going for HIV testing and disclosing their status.

In extreme cases, faith leaders have preached against the use of condoms and the use of life-saving HIV treatments, promising that God will heal those diagnosed with HIV and claiming that prayer alone can offer a cure. Prevention, namely through the use of condoms, is an important feature of stopping the spread of

Many faith communities including Roman Catholicism are failing members of their congregations who are living with HIV and others affected by the virus.

in their teenage years of confusion about sexuality and, with the right treatment, I would soon be a normal heterosexual man.

Two days later, against my will and to my horror, I was sectioned in a psychiatric hospital and forced to undergo electric shock treatment. I was kept in a private ward in the psychiatric hospital for three months while I underwent a series of shock treatments. After leaving the hospital, feeling very confused and lonely, Father Satori arranged for me to go on retreat for two weeks at the Caldey Island monastery before returning to university.

After returning to London and university I continued with my degree and remained a celibate and practicing Roman Catholic until I was 22. I even dated girls and got engaged to a delightful young woman. However, I soon realized that the sexual feelings I had for men were still present and to continue with the engagement would have been unfair and a lie. I broke it off. I was honest with my fiancée who, though shocked, respected my honesty and appreciated that it would only have led to problems in later life. We

afternoon to find a set of rosary beads had been placed in my hands. One of the nurses had noticed a crucifix around my neck and kindly arranged for a priest to visit me. Being diagnosed with HIV on top of surviving a fall proved that my God is not homophobic but an all-accepting and loving.

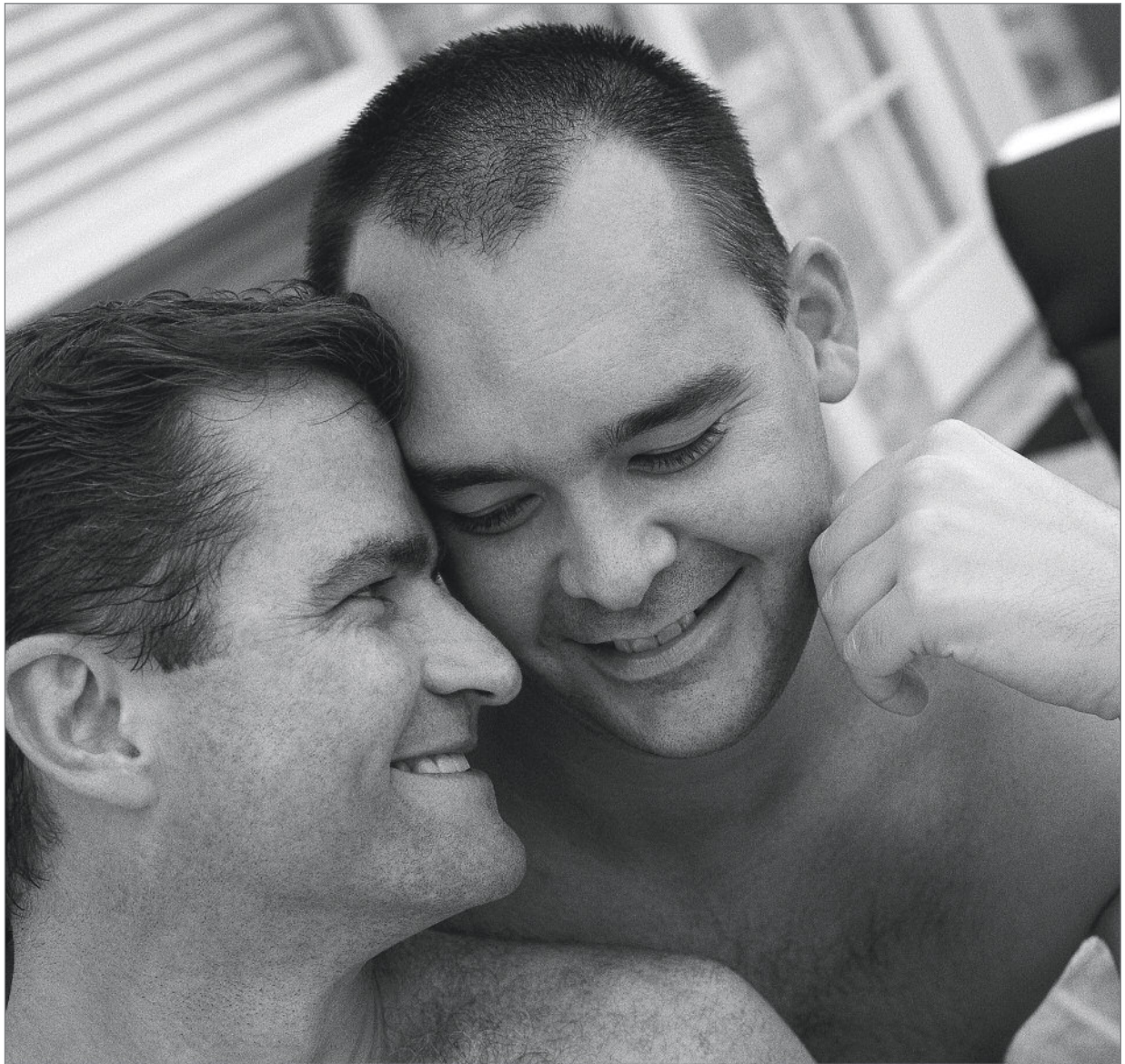
Fast forward five years, I am now living in Scotland, fast approaching my sixtieth birthday. My T-cell count is a healthy 700+. Since early June 2009, I have been actively involved with the Stigma Index Project for the International Planned Parenthood Federation. As part of this work, I have interviewed a wide diversity of people living with HIV and feel privileged, humbled and empowered after listening to the many brave people tell me horrific stories of stigma relating to religious faith in their lives, especially Roman Catholics.

Faith communities bring people of the same values and beliefs together, offering support and community structure, providing spiritual guidance for well-being. Alarming, though, many faith communities including Roman Catholi-

the HIV virus. And although spiritual healing may be an important characteristic of dealing with one's HIV diagnosis, prayer and healing should never undermine treatment, instead it should form part of an holistic approach to living well with HIV.

A person who is stigmatized is seen as having less value or worth to other people. This devaluation affects how people are viewed or even view themselves. People living with HIV often internalize or assume that stigma should be an inevitable part of their journey. This feeling of being less worthy is often deep rooted and may take many years to be acknowledged (if it can be at all).

If I had a vision for the future of faith communities and HIV, it would be that all spiritual leaders and communities would be able to accurately deal with both the preventative and care components of HIV and that they remain aware and updated with all the most important developments in the epidemic. We all must perfect the science of acting without discrimination. After all, we are all God's children. ■



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We believe that sex is sacred.
We believe in caring for each other.
We believe in using condoms.**

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Supporting condom use

Bishop Manuel Clemente, Porto, Portugal

IN RESPONSE TO POPE

Benedict's statement condemning the use of condoms to prevent the transmission of HIV, Bishop Clemente of Portugal denounced the pope's remarks stating that in the case of HIV, condoms are "not only recommended, they can be ethically obligatory." He went on to say that "the great solution to the AIDS problem, like any other problem, has to be behavioral," but those living with HIV/AIDS "have a moral obligation to prevent and not provoke the illness." Finally, he added that the pope's advisors "should be more learned."

—*Bishop Says Condoms Sometimes Needed.* Associated Press, March 29, 2009.

Bishop Hans-Jochen Jaschke, Hamburg, Germany

HANS-JOCHEN JASCHKE, A Catholic auxiliary bishop of Hamburg, Germany, spoke of the need for "no taboo on the condom issue." He wisely declared that "anyone who has AIDS and is sexually active, anyone who seeks multiple partners, must protect others and themselves."

—*Philip Pullella, "Vatican Defends Pope Condoms Stand, Criticism Mounts."* Reuters, March 18, 2009.

Bishop Kevin Dowling, South Africa

BISHOP DOWLING, IN AN interview about HIV/AIDS

prevention and treatment in South Africa said, "Abstinence before marriage and faithfulness in a marriage is beyond the realm of possibility here. The issue is to protect life. That must be our fundamental goal." Drawing attention to the especially difficult plight of women in the traditionally male-dominated societies of his diocese he continued, "My passion is for the women. I'm in that corner." About the African people, he says, "They must use condoms," maintaining his stance despite the Vatican's continued opposition to such a policy.

—*"Bishop promotes condoms use; In South Africa town, issue is protecting life, not preventing pregnancy,"* Grand Rapids Press (Michigan), April 15, 2007.

Cardinal Carlo Maria Martini, Italy

IN AN INTERVIEW WITH THE Italian magazine *L'espresso*, Cardinal Carlo Maria Martini, the retired Archbishop of Milan, says, "Certainly the use of prophylactics can, in some situations, constitute a lesser evil. There is the particular situation of spouses, one of whom is affected by AIDS. It is the obligation of this spouse to protect the other partner and they must be able to protect themselves."

—*Peter Popham, "Pope John Paul II Seen by Many as Main Obstacle for Change,"* Independent (UK), May 3, 2006.

Condemning condom use

Pope Benedict xvi

ON HIS FLIGHT TO CAMEROON, Pope Benedict XVI stated in response to a reporter's question on the HIV/AIDS epidemic: "It is my belief that the most effective presence on the front in the battle against HIV/AIDS is in fact the Catholic Church and her institutions. ... The problem of HIV/AIDS cannot be overcome with mere slogans. If the soul is lacking, if Africans do not help one another, the scourge cannot be resolved by distributing condoms; quite the contrary, it worsens the problem."

—*"Pope replies to questions from journalists."* Vatican Information Service, March 17, 2009.

Archbishop Francisco Chimoio, Maputo, Mozambique

THE ARCHBISHOP OF Chimoio has accused European condom makers of intentionally trying to spread AIDS in Africa. According to Chimoio, the condoms being sent to Africa are first contaminated with HIV "in order to finish quickly the African people." It is estimated that one in six people in Mozambique is HIV positive. While the comments have earned attention, ridicule and reprove worldwide, the Vatican has been silent on the subject, failing to publicly reprimand the archbishop or even denounce his accusations.

—*BBC News, "Shock at archbishop condom claim."* September 26, 2007.

Cardinal George Pell of Sydney, Australia

IN A RECENT TELEVISION interview, Cardinal George Pell of Sydney, Australia, repeated Pope Benedict's attack on the use of condoms to prevent the spread of HIV. He stated, "The idea that you can solve a great spiritual and health crisis like AIDS with a few mechanical contraptions like condoms is ridiculous... Condoms are encouraging promiscuity. They are encouraging irresponsibility."

—*Weekend Australian, "Condoms Will Not Save Africa: Pell,"* April 11, 2009.

Cardinal Geraldo Majella Angelo, Brazil

IN THE MONTHS PRECEDING the papal visit to Brazil, officials came under harsh attack from the country's Roman Catholic hierarchy for the government's support of comprehensive sex education and a successful AIDS prevention program which distributes free condoms. On the television program *Fantastico*, Cardinal Majella, the head of the National Bishops Conference commented, "We cannot agree with condoms because they turn life into a life without responsibility." In a later interview he added that "the use of the condom encourages people to have inconsequential and irresponsible sex."

—*Reuters, "Condom debate flares in Brazil before pope visit,"* March 12, 2007.

—*Pravda, "Brazilian government and church argue over condoms,"* March 13, 2007. ■



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Index: Recent global HIV/AIDS statistics

An estimated 33 million people (30.3 – 36.1 million) were living with HIV in 2007. There were 2.7 million [2.2 – 3.2 million] new HIV infections and 2 million (1.8 – 2.3 million) AIDS-related deaths in 2007.

Globally, women account for half of all HIV infections. This percentage has remained stable for the past several years.

Sub-Saharan Africa remains the region most heavily affected by HIV worldwide, accounting for two thirds (67 percent) of all people living with HIV and for three quarters (75 percent) of AIDS deaths in 2007.

The number of new HIV infections continues to outstrip the advances made in treatment numbers—for every two people put on antiretroviral drugs, another five become newly infected.

After decades of increasing mortality, the annual number of AIDS deaths globally has declined in the past two years, in part as a result of greater access to treatment.

The cost of providing HIV treatment will continue to increase—as some of those on treatment currently need to access second and third line treatment regimens, and as delayed access makes disease management more complex for the estimated 30 million HIV-positive people worldwide who have never been on treatment.

Most countries have policies providing free antiretroviral drugs. However, many patients have to pay “out-of-pocket” costs such as diagnostic tests, treatments for opportunistic infections and transportation, items which can be quite considerable depending on local contexts.

Source: United Nations' 2008 Report on the Global AIDS Epidemic