

SPECIAL SUPPLEMENT
FOR WORLD AIDS DAY

THE NEWSJOURNAL OF CATHOLIC OPINION

CONSCIENCE

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What Catholics Want in Healthcare Reform

Should we cover some people,
some parts of people, or all
parts of everybody?

JON O'BRIEN AND SARA MORELLO

We Believe in Healthcare Reform

CATHOLICS FOR CHOICE

Placing Women in the Blind Spot

BARBARA CROSSETTE

A Catholic Archipelago of Evil

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KEVIN OSBORNE

ALSO: Reviews of Dambisa
Moyo's *Dead Aid*, Michelle
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CATHOLICS
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EDITOR'S NOTE

THE CHASM BETWEEN WHAT CONGRESS BELIEVES Americans want from healthcare reform and what Americans actually want from healthcare reform is

immense. Let me temper that, if American Catholics are to be believed—and they have been an excellent bellwether in recent years for what America believes on political issues—the chasm is more than immense. A prime example is abortion. As the country watches Congress seek a solution to the healthcare crisis, abortion has been a sticking point—but only in Congress.

A poll we carried out in September found overwhelming support for government and private insurance coverage for abortion in many circumstances. Large majorities of Catholic voters support health insurance coverage for abortions when a pregnancy poses a threat to the life of a woman; in cases of rape or incest; when a pregnancy threatens the pregnant woman's health and in cases of severe fetal abnormality. Fully half support coverage when a woman and her doctor decide an abortion is appropriate. In addition, more than two-thirds oppose the US bishops' instruction that Catholics must oppose reform if it includes coverage for abortion.

These are the opinions of church-attending Catholics. A large majority of those polled, 84 percent, attend church regularly. These figures are not within the realm of the debatable, nor are they anywhere near the margins of error. They are, however, the views that our representatives in Congress ignore as, for example, did Senator Orrin Hatch when he claimed that "even prochoice people do not agree that tax-payer funds should be used for abortions." Certainly, there are some who vocally oppose any inclusion of abortion. But they are clearly a small minority and in a representative democracy, we should pay proportionate attention to their beliefs. CFC president Jon O'Brien and vice president Sara Morello reflect on the healthcare debate in light of these poll figures, alongside a lengthy explanation of the results.

Elsewhere, we have a series of articles on the HIV and AIDS crisis. Kevin Osborne considers the stigma that too often goes with a diagnosis of HIV; Carolina S. Ruiz gives some refreshing news from the Philippines, where the bishops' sway over political debate may be waning; and Barbara Crossette reflects on the Vatican's influence at the UN. Finally, we review several important books, including Dambisa Moyo's *Dead Aid: Why Aid is Not Working and How There Is a Better Way for Africa*.



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 are far more progressive than their bishops, our instinct tells us that, and our poll results prove it.”

— JON O'BRIEN AND SARA MORELLO, *p12*

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.

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Second-Trimester Abortion

IN 1990 IN BRITAIN, abortion rights activists had to accept law reform that reduced the upper-time limit for legal abortions from 28 to 24 weeks, excepting grounds of risk to the woman's life or health and risk of serious fetal abnormality, for which there is now no upper time limit. In the debates, both antiabortion members of parliament and the handful of gynecologists who were providing second-trimester abortions after 20 weeks of pregnancy, who were the source of the reform, supported the measure. The gynecologists (as I recall there were only six nationwide) felt they could no longer carry the burden of these abortions, and in any case there was no one to take their place. This was before the possibility of medical abortion up to 24 weeks of pregnancy existed, and all abortions were by dilatation and evacuation.

Previous attempts by antiabortion campaigners to lower the time limit, a thinly veiled way of attacking all abortions, had failed. In 1980, the National Abortion Campaign in London used the slogan "As early as possible, as late as necessary" during one of these campaigns, to express our position on all abortions. At the time, we were described by antiabortion activists as supporting abor-

tion up to birth in order to discredit the reality of second trimester abortions and our support for the women who needed them. Plus ça change. Susan Yanow's article "Confronting Our Ambivalence: The Need for Second-Trimester Abortion Advocacy" (Vol. xxx, No.1, 2009) concludes with that same slogan. It was picked up from the draft title of the 2007 International Consortium for Medical Abortion conference on second-trimester abortion, but dropped as we feared the slogan was too radical. The constant hammering of the antiabortion movement against second-trimester abortions was gaining ground.

There will always be women who need abortions after 13 weeks of pregnancy. Their numbers diminish greatly by 20 weeks of pregnancy, becoming rare after 24 weeks. It is not the law that makes this happen, but women themselves. The tiny number of women who seek abortions after 24 weeks of pregnancy are no different from those in the 20-24 week category, just a week or two later. The recommended procedure for their abortions is the same, and their need to terminate their pregnancies as great. Criminalizing them would force involuntary motherhood upon them. Why is that acceptable?

Antiabortion campaigners did not stop campaigning against late abortions after

1990 in Britain. Instead, they began to call for the time limit to be reduced from 24 to 22, 20 or 18 weeks. This is a clever tactic, as calling for all abortions to be illegal would not be accepted. Their aim is to make second-trimester abortions seem worse than other abortions; they are not, however. All abortions have the same intention—to terminate the pregnancy. In 2008, the government in Britain rejected these calls to reduce the abortion time limit further, as there were no scientific or medical grounds to do so. We were lucky that time. However, none of us is ready to defend later abortions successfully if called upon to do so. It is time we got ready.

MARGE BERER
Editor, Reproductive Health Matters
Chair, International Consortium for Medical Abortion

AS SUSAN YANOW NOTES, second trimester abortion can be a difficult issue for patients, providers and advocates. Some aspects of second-trimester abortion are beyond our power to change. Some women—for psychological, social or economic reasons—will inevitably make the decision to abort later in pregnancy, though before viability. These women deserve to be treated with the same empathy and compassion as women who reach that decision quickly. Medical students and residents need firsthand experience with abortion care so they can understand and respect women's decisions about pregnancy. Such experiences are important for students

who don't become abortion providers as well as those who do, helping them provide compassionate care and referrals to women.

Thankfully, there are other aspects of second-trimester abortion that we can change. Initiatives like the Family Planning Fellowship, an academic training opportunity for doctors after residency, are training more physicians to offer second-trimester procedures, often in hospital settings that can handle medically complex cases. As the fellowship grows, so does women's access to abortion care. As Yanow notes, however, we need a robust and up-to-date referral network to ensure that women can find a provider in a timely manner.

As a provider working in a hospital setting, I often treat women with underlying medical problems. I recently cared for Claire, a mother of two with high blood pressure who had delivered her children by Caesarean section—both factors that made her abortion more complicated. Claire had to visit three clinics before she made her way to my office, delaying her abortion for a month. I see many women like Claire each year, whose abortions could have happened in the first trimester if we had a timely and accurate system for referrals.

Women will always need second-trimester abortions. Physicians and advocates can work to reduce unnecessary delays and provide empathetic care to our patients.

ANNE DAVIS, MD, MPH
Medical Director,
Physicians for Reproductive Choice and Health

Letters may be edited for clarity and length.

Provider Refusal and the Ethical Use of Research

JAMES O'NEILL, THE FORMER principal associate deputy secretary of the Department of Health and Human Services, expressed his concern in an article in *USA Today* (April 30, 2009, "Medical workers deserve robust 'conscience clause'") regarding the likely reversal of the provider refusal rule, as proposed by the Obama administration. The provider refusal rule is an expansion of the conscience clause which protects healthcare personnel from acting against their moral or religious convictions.

In his article, O'Neill argues that the provider refusal role should stay in force and, to support his opinion, he refers to a study published in the *New England Journal of Medicine* in 2007, in which 52 percent of the physicians participating in the survey object to abortion for failed contraception.

However, after reviewing the original article published in *NEJM*, we learned that this is actually not the case. Firstly, questionnaires for this cross-sectional survey were sent out to 2,000 physicians. Only 54 percent (1,091 out of 2,000) responded to the question of whether or not they object to abortion, which is a very low response rate and could be subject to selection bias, as physicians who feel strongly about a topic are often more inclined to respond to surveys than those who do not. A low response rate coupled with selection bias greatly reduces the external validity and thereby the generalizability of the study.

Secondly, out of the 52 percent of the respondents who object to abortion due to failed contraception, 83 percent of them feel that physicians are obliged to disclose all possible options to patients and 60 percent feel that they are obliged to refer the patient elsewhere. Thirdly, even though a physician may object to an abortion for failed contraception, this does not mean that the doctor will refuse to perform legal abortion procedures.

Considering these issues, it is disturbing that this study is used as an expression of the general opinion on abortion-related issues among US physicians and raises concern about the unethical use of peer-reviewed articles. I encourage *Conscience* to continue to address this matter in coming issues.

JEFFREY V. LAZARUS, PHD, MSC
*Institute of Public Health,
University of
Copenhagen, Denmark*

The Sex Abuse Crisis

THE ITEMS RELATING TO clergy/child abuse (Vol. xxx, No.1, 2009) suggest that Catholics for Choice should marshal support for impartial inquiries to take place into child abuse and any cover-up that has occurred, especially in South America and Asia.

The sexual abuse of children, even if by a tiny minority of American priests, was devastating. Equally repugnant was the cover-up of the crimes by the church hierarchy. To their high moral credit, the problem was acknowledged and corrected by most church authorities. But, are such revolting

crimes occurring and being covered up elsewhere?

Impartial and independent Catholic authorities should investigate, detect, report and punish any child abuse by priests and any cover-up of the crimes by the church hierarchy.

JOHN TOMASIN
West New York, N.J.

EVERY TIME I READ ABOUT the sexual abuse crisis (Vol. xxx, No.1, 2009) I have the impression that there are huge gaps in the story. I do not understand Ruth Riddick's comments about the portrayal of the mother, Mrs. Miller, in *Doubt*. As a parent of a fearless, trusting son, I'm loaded with guilt about the inadequacy of my supervision, although I do not know if anything bad happened to him as a result of my inattention.

I feel some sympathy for the bishops who fail to inform authorities because what I've seen and heard of child abuse proceedings in the United States reminds me of witch hunts and lynching. There is obviously an abundance of ignorance and, worse yet, a lot of people who think they "know" things they could not possibly know. There is a presumption of guilt instead of innocence. If you throw someone accused of witchcraft into deep water and she drowns, she was innocent. If she floats, she is obviously guilty and she must be burned.

DALE BERRY
Grants, N.M.

Enough Is Enough

I APPRECIATE YOUR IMPORTANT work over the years and wish to continue to be a

Conscience subscriber.

However, I can not, in conscience, support the Catholic church any longer. I think it is a violent institution. It is violent toward children, women, families, the poor, and gay men and lesbians. There must be reform before renewal and I believe the Roman Catholic church is simply too corrupt, too used to power and has no intention of reforming.

I think the American Catholic bishops and their systems bear some of the responsibility for Americans not having a single-payer type of health insurance. They have worked against it in the past and I think they still work against it at this time. I think they have made the issue of abortion into an idolatry which has supplanted the actual gospel.

The Holy Spirit was with the Roman Catholic protesters who formed the Reformation of the 16th century and I think the same Spirit is with reformers now. The Catholic church insists on teaching what the majority of Catholics around the world do not accept and many of its officials blame Vatican II for the fact that Catholics speak out against these teachings.

It would be better to form a new community that would not shame us. It would be better to put our efforts into being part of a community that would reflect the ideals of love, justice and peace instead of power and hierarchy. It would be better to construct rather than work against.

J. MCDONNELL
Pomfret Center, Conn.

The Church and State

US Catholics Leaving Church Due to Teachings on Sex

LATE THIS SPRING, THE Pew Forum on Religion & Public Life released its findings from a study examining the reasons Americans switch or leave religious affiliations. The study's findings on Catholicism showed that over ten percent of American adults who were raised Catholic have left the church and only 2.6 percent of American adults join the Catholic church after being raised in another faith tradition.

Among the reasons former Catholics cited for leaving the church, the most common were unhap-

piness with church teachings on abortion and homosexuality (56 percent), women's equality (39 percent) and birth control (48 percent). A less common reason, but still prevalent, was unrest with the clergy sex abuse scandal (27 percent).

In response, the United States Conference of Catholic Bishops (USCCB) noted that Catholics still make up 22 percent of the US population. However, the key point of the Pew Forum study was that Catholics are leaving at a much faster rate than others are joining, largely due to a lack of satisfaction with church teachings on sex and sexuality.

Come Again?

In July, Pope Benedict released his long-awaited encyclical, *Caritas in Veritate*. Predictably, most Catholics, including ourselves, found a lot to like in the document, but expressed reservations about other sections. However, the archconservative Catholic pundit George Weigel was less tolerant than most in expressing his contempt for the pope's thoughts. In an article on the encyclical he penned for *National Review*, Weigel threw around phrases such as "duck-billed platypus," "simply incomprehensible," "naïve," "dumb," "clotted and muddled" and "warbling of an untuned piccolo" to describe the sections of the encyclical that he disliked. [George Weigel, "Caritas in Veritate in Gold and Red," *National Review*, July 7, 2009.]

If this conservative Catholic is allowed to criticize the pope with impunity, shouldn't those of us who question the pope's stance on sexual and reproductive health be able to do the same? Weigel might demur, but then having double standards is standard practice for conservatives of his ilk.



Representatives Rosa DeLauro (D-Conn.) and Tim Ryan (D-Ohio) at a press conference in late July 2009 announcing the Preventing Unintended Pregnancies, Reducing the Need for Abortion and Supporting Parents Act.

The Church and Contraception

Representatives DeLauro and Ryan Introduce Bill to Reduce the Need for Abortion

ON JULY 23, REPRESENTATIVES Rosa DeLauro (D-Conn.) and Tim Ryan (D-Ohio) introduced the "Preventing Unintended Pregnancies, Reducing the Need for Abortion and Supporting Parents Act," a bill that will help to reduce the number of unplanned pregnancies and support women and men who want to have children. The bill includes provisions on family planning, contraception, comprehensive sexuality education and support for new parents.

While Representatives DeLauro and Ryan are both Democrats and Catholic, they overcame many ideological and political differences to forge this partnership and craft this bill. For supporting this legislation, Ryan has attracted criticism

from ultraconservative groups such as Democrats for Life of America to which he responded, "We're working in Congress with groups that agree with preventative options while [the DFLA] is getting left behind. I can't figure out for the life of me how to stop pregnancies without contraception. Don't be mad at me for wanting to solve the problem."

For the most part, advocates across the spectrum are supporting this legislation. Other supporters include Catholics for Choice, NETWORK, Planned Parenthood, Rev. Jim Wallis and Rev. Joel Hunter. The United States Conference of Catholic Bishops is not among these supporters.

On page 20, we reprint an ad that appeared in *The Hill* newspaper. It is an open letter to the US Congress from over 50 Catholic state legislators asking Congress to pass the Ryan-DeLauro legislation.

The Church and Abortion

New Dominican Republic Constitution Influenced by Vatican

THE NEW CONSTITUTION IN the Dominican Republic is set to be the first to incorporate key Vatican policies. Two articles define the family as the fundamental unit of society and marriage as the union between a man and woman. The third states, "The right to life is inviolable from conception to natural death."

A backroom deal between the president and a leader of the opposition assured passage of these amendments on their second reading and they will be nearly impossible to change in the near future. Their deal eliminates consecutive terms for the president but allows a president to run for office again for non-consecutive terms.

Advocates in the Dominican Republic and around the world have protested these amendments. On the day of the first vote, hundreds of women stood in front of the Senate with signs reading, "No Rosaries on My Ovaries." The College of Physicians and the Dominican Gynecology and Obstetrics Society have also spoken against the amendments.

Aldrian Almonte, president of the Dominican Gynecology and Obstetrics Society, stated, "I would like the honorable legislators to tell me what are we going to do before the presence of a woman with severe pre-eclampsia or eclampsia, convulsing in any emergency

room around the country, what must we do, see her die to protect ourselves from the repercussions that Article 30 stipulates?"

House Bill Allows DC Abortion Funding, USCCB Protests

UNDER A SPENDING BILL passed by the House of Representatives in early June, the District of Columbia government could fund abortions for low-income

shown." However, as 93 percent of voters in the District of Columbia voted for the prochoice presidential candidate in the 2008 election, the cardinal's assertion is likely inaccurate, at least in the region this bill affects.

Catholic Monaco Legalizes Abortion

AFTER A FIVE-YEAR DEBATE, Monaco has joined most of Europe and liberalized its abortion laws. Monaco's

cases, they are not telling the truth. There is a risk that all of the rest will follow and the worst is to be feared because they will not stop trying to conform Monaco to the lowest ethical standards."

Ireland and Malta, countries where a majority of politicians seem to be beholden to the Catholic hierarchy, are the only two countries left in Europe which completely prohibit abortion.



Judges of the European Court of Human Rights attend the official opening ceremony of the 2009 judicial year—a year in which the court will hear a key Irish abortion case in its Grand Chamber.

women. The measure passed by a narrow margin, 219-208.

The United States Conference of Catholic Bishops was quick to protest. In a letter to the House Appropriations Committee, Cardinal Justin Rigali asserted that "no lawmaker or Administration can support such a policy change and still claim to support 'reducing abortions.'"

The cardinal went on to say that "public funding of abortion is rejected by the American people, as numerous surveys of public opinion have

official religion is Roman Catholicism and the population is over 90 percent Catholic.

That notwithstanding, in April Monaco's government passed a new law permitting abortion in the cases of rape, fetal deformity or illness, or danger to the life of a pregnant woman.

The church hierarchy was less than pleased with the legislation. Archbishop Parnard Barsi stated, "When they say that the text [of the law] only concerns extreme

Irish Women Take Abortion Ban to EU Court

THIS JULY, THE EUROPEAN Court of Human Rights decided to move a key Irish abortion case to its Grand Chamber. Three Irish women, known as A, B and C, are challenging Ireland's restrictions on abortion, claiming that these restrictions violate their human rights.

The hierarchy of the Catholic church in Ireland is one of the main opponents of abortion rights in Ireland. Another antichoice propo-

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nent, the Alliance Defense Fund, has been granted intervention status and will be able to submit briefs and opinions.

If the court rules in favor of the women, the decision would be binding on all member states, including Ireland. As of now, the case is only in the first stages and hearings will start in December.

Women at Catholic Schools More Likely to Have Abortions

A NEW STUDY SHOWED THAT young women who attend Catholic colleges and universities are more likely to have an abortion than those who attend public schools.

The study, carried out by Professor Amy Adamczyk of the City University of New York, examines how religious involvement and school type affected the rate of abortion. It found that the rate of abortion did not vary between Catholic and secular schools. The only religious group that was reported to have fewer abortions were conservative Protestants.

Conservative Catholics were quick to condemn not the study, the findings from which were echoed in a Catholic News Service study, but Catholic institutions themselves. Patrick Reilly of the Cardinal Newman Society—the ultraconservative Catholic organization which monitors Catholic colleges—stated, “This dangerous anti-life trend at Catholic educational institutions confirms what Pope Benedict XVI has reiterated many times, that there is an

underlying crisis of faith among young people that is not being adequately addressed even by Catholic educators.”

Adamczyk, however, noted that the reasons for having an abortion are much more complex. She stated, “This research suggests that young, unmarried women are confronted with a number of social, financial and health-related factors that can make it difficult for them to act according to religious values when deciding whether to keep or abort a pregnancy.”

Obama Visits Notre Dame, Garners Widespread Reactions

THIS SPRING, PRESIDENT Barack Obama was invited to speak and receive an honorary degree at the commencement ceremony

at the University of Notre Dame. Almost immediately, Catholics and non-Catholics of every political leaning weighed in on what grew into a major controversy.

The church hierarchy and conservative allies spoke out against the invitation, stating that as Notre Dame is a Catholic institution it should not honor a prochoice proponent. And while these groups claimed otherwise, a poll of Catholics by the Pew Research Center showed that, of those expressing an opinion, 64 percent favored the invitation.

For all of the press in the lead-up to the event, the speech went relatively smoothly. One protestor caused a brief stir, but cheers from the crowd quickly drowned him out.

President Obama did not shy away from the contro-

versy. During his speech, he stated, “Maybe we won’t agree on abortion, but we can still agree that this is a heart-wrenching decision for any woman to make, with both moral and spiritual dimensions.”

Vatican Newspaper Draws Criticism from the Right

IN APRIL, AN ARTICLE IN *L’Osservatore Romano*, the Vatican newspaper, by Archbishop Rino Fisichella, the head of the Pontifical Academy for Life, garnered criticism from conservative Catholics.

The article criticized the actions of the church hierarchy in Brazil for excommunicating the doctor and family of the nine-year-old girl who had an abortion after being raped by her stepfather. In the article, Archbishop Fisichella stated



US President Barack Obama addresses commencement ceremonies at the University of Notre Dame in South Bend, Ind.

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Justice Sean Ryan releases the findings of a government report on child abuse to media in Dublin.

that the decision by the bishops was “hasty” and implied that the abortion was justified.

Antichoice Catholics launched a letter and petition campaign to the newspaper. In addition 27 members of the Pontifical Academy for Life wrote the archbishop asking him to correct his so-called “mistakes.” Fisichella refused.

After the letter made its way to Pope Benedict, *L’Osservatore Romano* printed a clarification. The clarification was, however, unclear. It stated that a distinction needs to be made in the case of abortion to save the life of the woman: “On the one hand, a procedure that directly causes the death of the fetus...can never be licit...on the other hand, a procedure not abortive in itself...can have, as a collateral consequence, the death of a child.”

In the case of the girl in Brazil, many agree with Fisichella’s characterization of the bishops’ actions as hasty and distasteful. The

controversy over this article suggests that, even at the highest ranks of the church hierarchy, disagreement on the prohibition of abortion persists.

The Church and the Sex Abuse Crisis

Vatican to Investigate Legionaries

DIRECTLY FOLLOWING THE news that the late founder of the Legionaries of Christ fathered a child while in the priesthood, Vatican Secretary of State Cardinal Tarcisio Bertone announced that the Legionaries will be subject to a Vatican “visitation,” or papal investigation.

Fr. James Farfalia, a former Legion priest, stated, “A civil war is starting to emerge in the order. Maciel set up a Mexican oligarchy to run the Legion. The people around Maciel all those years had to know [about the daughter]...Many Americans

in the Legion are outraged about the deceit.”

For more on Fr. Marcial

Maciel Degollado and the Legionaries, read David J. Nolan’s review of “Vows of Silence” on page 48.

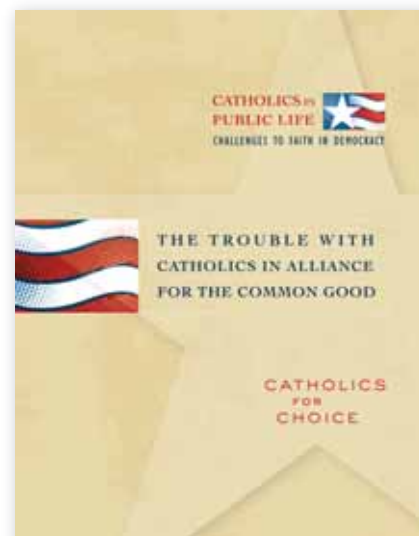
Irish Abuse Scandal Comes to a Head

AT THE END OF MAY, THE Irish government released a 2,600-page report on the nine-year investigation of Catholic schools and reformatories. The report, headed by Justice Sean Ryan and known as the Ryan Report, confirms that thousands of children were physically and sexually abused by priests and nuns over the past 65 years.

Eamonn McCann takes an in-depth look into the Irish sex abuse scandal on page 25. ■

LET US KNOW WHAT YOU THINK.

Send in your letter to the editor and receive a free copy of Catholic for Choice’s recent investigative report on Catholics in Alliance for the Common Good, a young but vehemently antichoice organization.



Please e-mail letters to:
Conscience@CatholicsForChoice.org





What Catholics Want in Healthcare Reform

SHOULD WE COVER SOME PEOPLE, SOME PARTS OF PEOPLE, OR ALL PARTS OF EVERYBODY?

By Jon O'Brien and Sara Morello

THE UNITED STATES IS EMBROILED in a debate over healthcare. Ideological divides over morality and money are front and center, and threatening to derail any real progress on what has become a major crisis.

There is a curious divide in the national conversation we are having about what exactly healthcare is or what it should be. More often than not, it's about who or what should be left out of the final plan. Some say that it should only be about providing care to some people; others say it should be only about covering some parts of people. Proponents of these positions claim the moral high ground while seeking to leave out undocumented residents or restrict access to reproductive healthcare. What they are really doing is projecting their own vision of what is moral onto those who will be most affected by this distortion: the taxpayers who will fund and use whatever system emerges.

Coming on the heels of the economic crisis, it is no wonder that many focus on the questions, "what can we afford?" or more precisely, "what are we willing to pay for?" They are not unreasonable questions. But the answers that some people, who claim to speak for

American Catholics, provide are not reflective of what Catholics in the United States believe. We know, because rather than simply relying on those who seem to have the best public relations, we asked nearly a thousand American Catholics what they believe about healthcare and healthcare insurance. If you've relied on the newspapers, bloggers and television news, the answers might surprise you.

Most American Catholics think providing healthcare to all people who need it is a matter of social justice. As Catholics, we understand that social justice means we are obliged to be concerned about and care for people who are poorer than we are, or marginalized, or those who don't have a voice in decisions that have an impact on their lives and the lives of their families. When we asked Catholics, they said that their understanding of social justice includes extending healthcare to the whole person, not just some parts of people. As a result, a majority of American Catholics think that reproductive healthcare services should be covered in any eventual reform of the US healthcare system—including pre- and post-natal care for women, contraception, condom provision as part of HIV/AIDS prevention, and, yes, even abortion.

American Catholics don't want to be denied the healthcare services they need at hospitals and clinics that receive their tax dollars. Two-

JON O'BRIEN is president and **SARA MORELLO** is vice president of Catholics for Choice.

SUPPORT US

Catholic or not,
the Catholic
hierarchy's role
in influencing
public policy affects
YOU through
limiting the
availability of
reproductive health
services.

**Help us
fight back.
Make a
contribution
today.**



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www.CatholicsForChoice.org

WHAT CATHOLICS WANT IN HEALTHCARE REFORM

thirds (65 percent) of Catholics polled think that these hospitals and clinics should not be allowed to claim a religious exemption to providing procedures or medicines. Perhaps they understand better than many that the right to object to providing healthcare belongs to doctors, nurses and pharmacists, actual people who have a conscience. These people have the right to exercise their conscience to act—or not act—in a way their internal moral compass prescribes. They understand that it does not make sense to suggest that an insurance company, HMO, hospital system, pharmacy or clinic has a conscience or a religion. American Catholics can picture themselves as patients, and want to be able to get birth control and condoms when they go to their doctor. They trust in patients to decide, in good conscience and with the advice of their doctors, on their best options. They don't want yet another obstacle placed in the way of receiving healthcare they're paying for—especially one that's based on a false premise.

American Catholics also think they can speak for themselves. While most are not strongly opposed to the US Catholic bishops taking a stand on the issue of healthcare reform legislation, they certainly do not want the bishops telling Catholics that they should oppose healthcare reform if it includes coverage for abortion that they themselves, their wives, sisters or daughters might need. And despite his historic election with support from 52 percent of Catholic voters, the Catholics we polled don't think President Obama—or the Democratic Party—are well representing their interests.

Catholics for Choice is clear about what we believe. We believe that all people should have access to the healthcare they need. Nearly three-quarters (73 percent) of American Catholics polled agree. We believe contraception should be available and covered by insurance. More than 60 percent of American Catholics agree. We believe that abortion should be covered by insurance—whether private or government subsidized. Depending on the circumstances, as many as 84

percent agree with us, and when the question really comes down to respecting a woman's conscience in regard to her own health, a full half (50 percent) of Catholics polled agree that abortion should be covered whenever a woman and her doctor decide she needs it. Catholics are far more progressive than their bishops, our instinct tells us that, and our poll results prove it.

This conversation about healthcare and what Catholics think about it is, however, bigger than reforming healthcare and health insurance in the United States. US commitments to improve the health of people around the world, especially for women and girls, have been neglected for many years. Unfortunately, this neglect is compounded by the power of the Catholic hierarchy and other conservatives to do exactly what we are trying to avoid in the healthcare reform process. We cannot allow the voices of a small, well-funded and politically powerful group without much personal stake in the outcome to decide what parts of people are worthy of care, to decide from afar what women and men need to live healthy lives.

At Catholics for Choice, we believe in a world where women and men are trusted to make important, moral decisions about their lives. Perhaps no issue is more central to people's lives than their health. Using the status of political or religious leadership to promote an agenda to which one's community does not subscribe does a disservice to that community. It is not a social justice agenda. Social justice does not mean telling people what would be best for them, and then seeing to it that those who disagree do not have the means to do otherwise. We believe it means making sure everyone has a chance to make the most of their lives, trusting people to make the decisions they need to make for themselves and their families. That means giving them a hand up when they need it—whether we are of the same nation, political party, faith or family. We believe the conversations on healthcare should focus on social justice and doing the right thing. ■

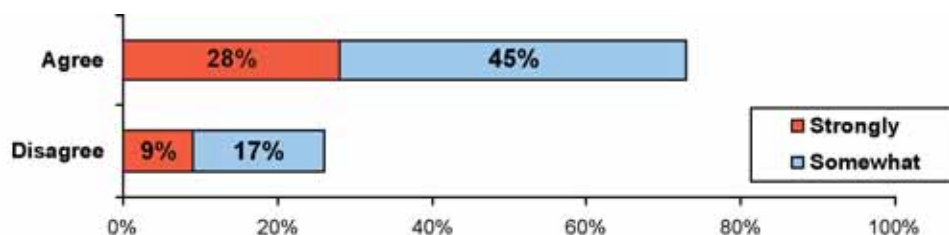
Catholic Voters' Views on Healthcare Reform and Reproductive Healthcare Services

A NATIONAL OPINION SURVEY OF CATHOLIC VOTERS

Conducted by Belden Russonello & Stewart for Catholics for Choice, September 2009

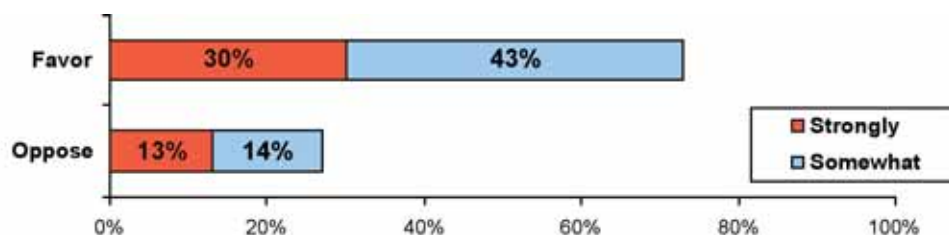
THESE VOTERS, 84 PERCENT OF WHOM ATTEND CATHOLIC MASS regularly, strongly support the creation of a government health insurance option for those who do not already have insurance. Catholic voters also want broad coverage—under either private insurance or government insurance—for a number of controversial procedures, including abortion. Unlike the leadership of the Catholic church, most Catholic voters firmly disagree with the arguments being made by some US Catholic bishops that healthcare reform must be blocked entirely if abortion coverage is included as part of reform.

Calling Healthcare a Social Justice Issue



Q30. Do you agree or disagree with the following statement? Providing healthcare for people who need it is important because it is a matter of social justice.

Support for New Government Health Insurance Plan



Q13. Would you favor or oppose a new government plan that would make health insurance available to people who do not already have it?

While they give high priority to reforming healthcare and strongly support a key element of Obama's plan—a government health insurance plan—Catholic voters generally are not sold on what they perceive to be President Obama's overall healthcare reform agenda.

REDUCING HEALTHCARE COSTS IS A TOP PRIORITY FOR CATHOLIC VOTERS.

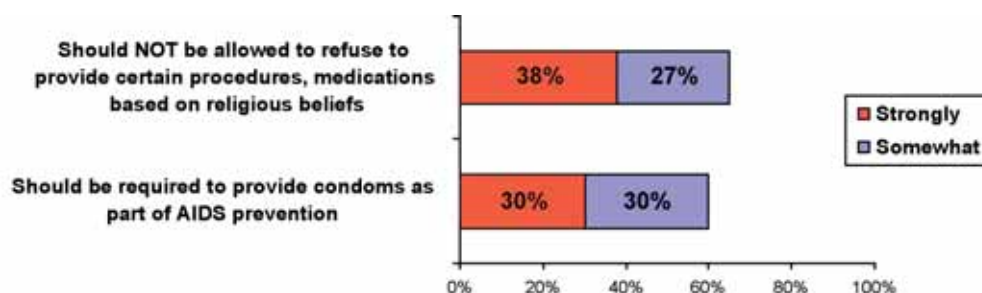
Healthcare is among the top priorities for Catholic voters, second only to improving the economy (56 percent saying highest priority) and closely followed by resolving the war in Afghanistan (33 percent). Reducing costs is Catholics' top healthcare priority for Obama (37 percent highest priority), followed by ensuring that everyone in the country is covered by health insurance (28 percent).

Social justice is an important concept for Catholic voters in the healthcare reform debate. Nearly three-quarters (73 percent) believe that reforming healthcare—"providing healthcare for people who need it"—is important because it is a matter of "social justice."

CATHOLICS TAKE AN EXPANSIVE VIEW OF WHAT HEALTHCARE REFORM AND INSURANCE SHOULD COVER.

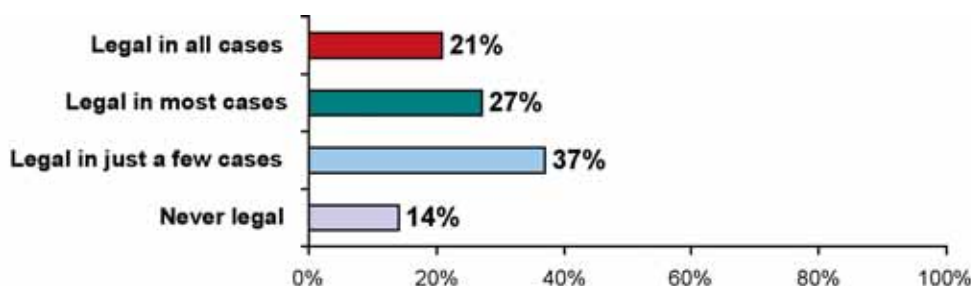
The poll reveals Catholic voters would like healthcare reform to include a government health insur-

Hospitals and Clinics that Take Taxpayer Dollars...



Q31. Do you think that hospitals and clinics that take taxpayer dollars should or should not be allowed to refuse to provide certain procedures or medications based on religious beliefs? Q32. Do you think hospitals and clinics that take taxpayer dollars should or should not be required to include condoms as part of AIDS prevention.

Legality of Abortion: Abortion Should Be...



Q33. Thinking about abortion in general, do you think abortion should be legal in all cases, legal in most cases, legal in just a few cases, or never legal?

ance option and they also support insurance coverage for a broad array of services. These views are more progressive than the views of Catholic bishops, and to some extent, the Obama administration.

Three-quarters (73 percent) of Catholics support “a new government plan that would make health insurance available to people who do not already have it.”

When tax dollars are involved, Catholic voters believe that caring for people in need should take precedence over allowing medical institutions to deny certain types of care based on religious objections. Two-thirds (65 percent) believe that hospitals or health clinics that receive taxpayer dollars should not be allowed to refuse patients certain medical procedures or medications based on religious beliefs related to the institution.

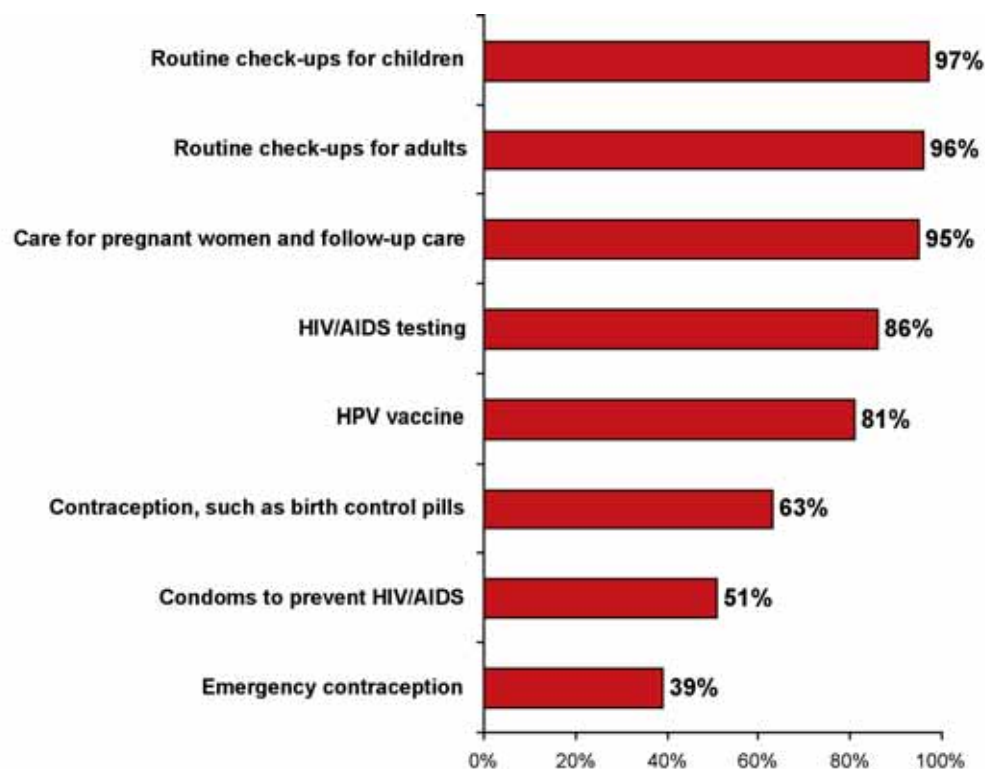
Catholics see many services related to reproductive health, including abortion, as basic healthcare services that should be covered by insurance. Half or more support health insurance coverage—whether it is private or government insurance—for:

- An abortion when a pregnancy poses a threat to the life of a woman (84 percent);
- The HPV vaccine, described in the poll as “the HPV vaccine, which is given to girls to prevent them from getting cervical cancer” (81 percent);
- An abortion when a pregnancy is due to rape or incest (76 percent);
- An abortion when a pregnancy poses long-term health risks for a woman (73 percent);
- An abortion when test results show a fetus has a severe, abnormal condition (66 percent);
- Contraception, such as birth control pills (63 percent);
- Condoms to prevent HIV/AIDS (51 percent); and
- An abortion whenever a woman and her doctor decide it is appropriate (50 percent).

Even Catholic voters who oppose the government offering a health insurance plan are in

Should Health Insurance Policies— Government or Private—Cover Services

% saying “Yes”

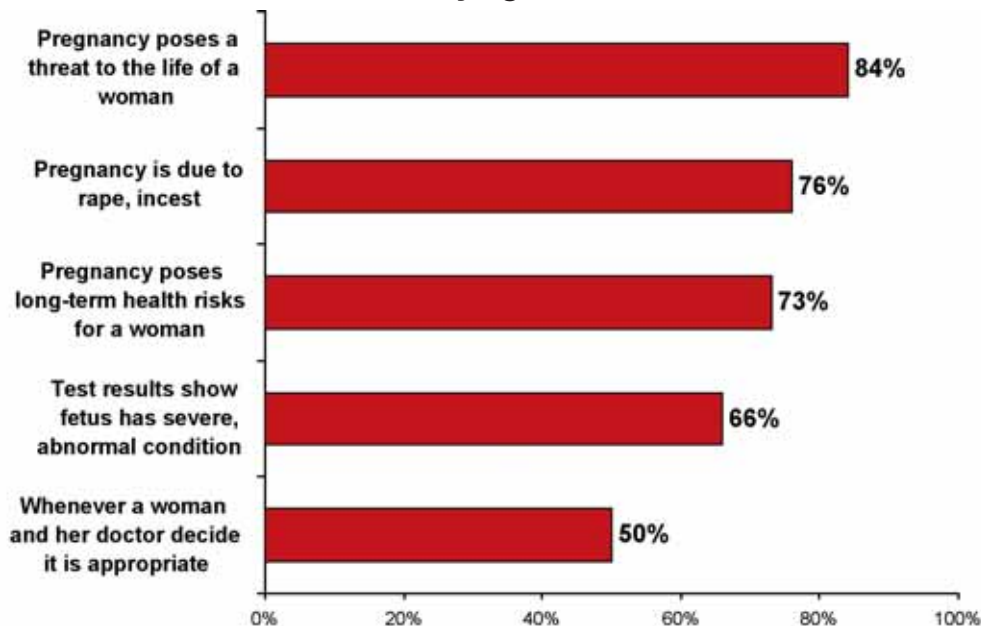


- Routine check-ups for children (97 percent) and adults (96 percent);
- Care for pregnant women and follow-up care after the baby is born (95 percent);
- HIV/AIDS testing (86 percent);

Q14-21. Do you think health insurance policies – whether they are private or government – should cover each of the following? Q20. Routine check-ups for children Q21. Routine check-ups for adults Q16. Care for pregnant women and follow-up care after the baby is born Q19. HIV/AIDS testing Q17. The HPV vaccine, which is given to girls to prevent them from getting cervical cancer Q14. Contraception, such as birth control pills Q18. Condoms to prevent HIV/AIDS Q15. Emergency contraception, also known as the morning after pill.

Should Health Insurance Policies— Government or Private—Cover Abortions When....

% saying “Yes”



Q22-26. Do you think health insurance policies – whether they are private or government – should cover abortions under each of the following circumstances? Q24. When a pregnancy poses a threat to the life of a woman Q22. When a pregnancy is due to rape or incest Q23. When a pregnancy poses long-term health risks for a woman Q25. When test results show a fetus has a severe abnormal condition Q26. Whenever a woman and her doctor decide it is appropriate

support of health insurance coverage—government or private—for abortions in many circumstances, as well as for HIV/AIDS testing and the HPV vaccine.

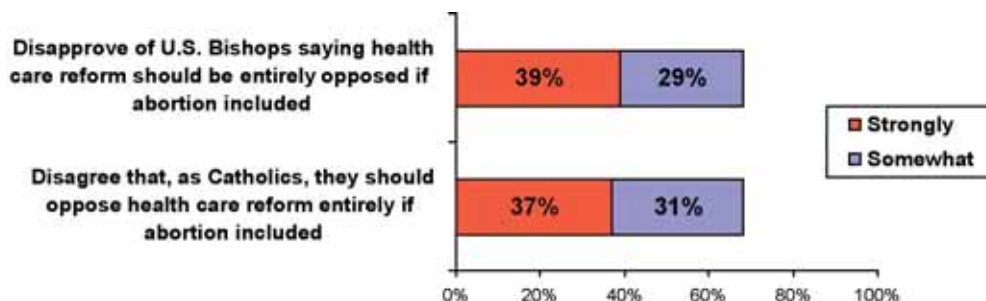
CATHOLICS PART COMPANY WITH CATHOLIC BISHOPS, REJECTING ARGUMENTS THAT HEALTHCARE REFORMS INCLUDING ABORTION COVERAGE SHOULD BE OPPOSED.

Catholic voters reject the argument being made by some US Catholic bishops that Catholics are obligated to entirely oppose any healthcare reform plan that allows for the coverage of abortions. Sixty-eight percent of Catholics reject this argument, including 37 percent strongly. Even those who oppose Obama’s healthcare reform agenda (53 percent) or oppose creation of a government health insurance plan (46 percent) largely reject the bishops’ argument that they are obligated to oppose healthcare reform entirely if coverage for abortion is included.

PRESIDENT OBAMA HAS NOT MADE A STRONG CASE FOR HIS IDEAS ON HEALTHCARE REFORM.

As national polls have shown, the general public is increasingly disapproving of President Obama’s handling of the healthcare issue. Indeed, 48 percent disapprove and 48 percent approve of Obama’s handling of healthcare in a September 2009 ABC

Opposing Healthcare Reform Entirely If It Includes Coverage for Abortions



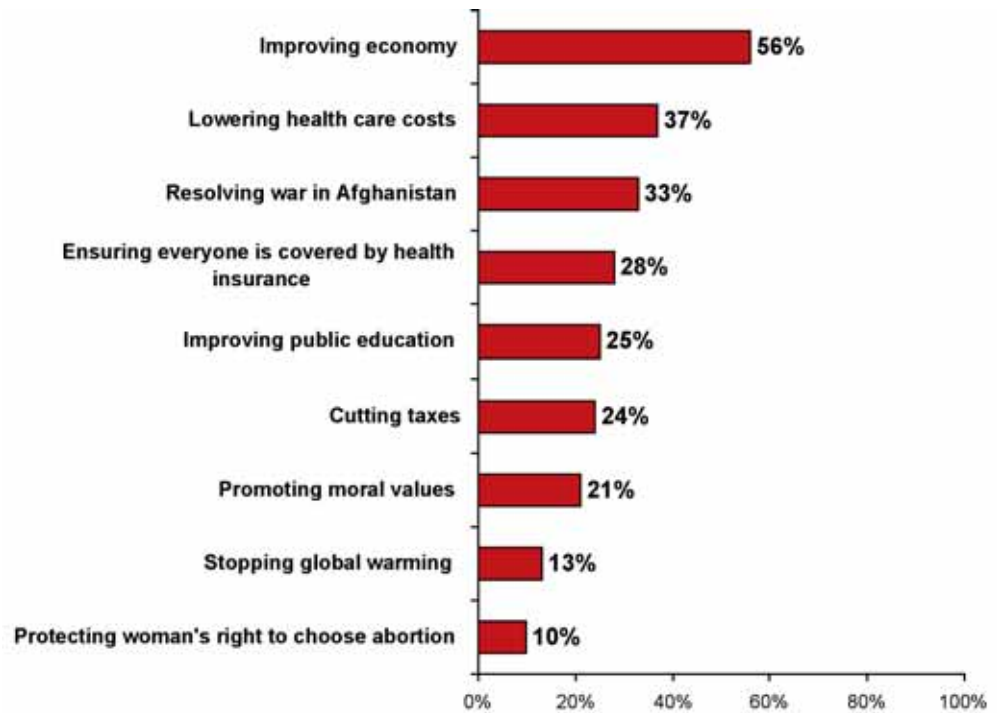
Q29. Do you approve or disapprove of US Catholic Bishops saying that all Catholics should oppose the entire healthcare reform plan if it includes coverage for abortions? Q27. Do you agree or disagree with people who say that, as a Catholic, you should oppose the entire healthcare reform plan if it includes coverage for abortions?

News/*Washington Post* poll. Catholic voters reflect this national ambivalence as they split 52 percent to 48 percent over whether they agree or disagree with President Obama's ideas on changing the nation's healthcare system.

While confidence is lagging for Obama's general ideas on healthcare reform, polling shows broad support for many of the policies that are part of the president's plan for healthcare reform. For example, in this survey 73 percent of Catholic voters support the creation of a government health insurance plan. Recent polls of the general public show similar trends, with majorities of Americans in favor of creating a government health insurance plan.

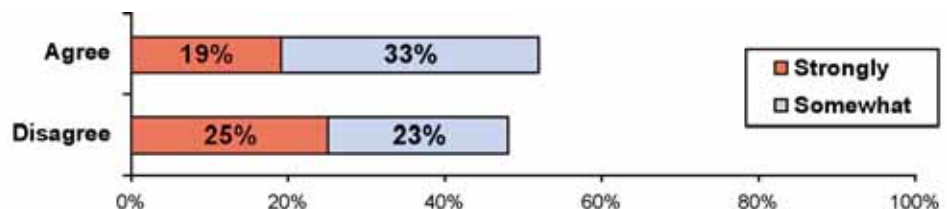
This seems to be a case of Obama failing to make an effective argument for the American public, including Catholics, about his ideas on healthcare reform. Data from this survey underlines the gap between support for key elements of Obama's plan and overall disagreement with the president's ideas: over half of Catholic voters who favor a government health insurance plan (54 percent) still disagree with Obama's ideas on how to change healthcare, even though a government health insurance option is a part of Obama's agenda. ■

Priorities for President Obama



Q2-10. Using this 1 to 7 scale, how high a priority do you think each of the following should be for President Barack Obama? ONE means the lowest priority and SEVEN means highest priority. Use any number from one to seven. Q4. Improving the economy Q2. Lowering healthcare costs Q9. Resolving the war in Afghanistan Q3. Making sure that everyone in the country is covered by health insurance Q5. Improving public education Q6. Cutting taxes Q7. Promoting moral values Q10. Stopping global warming Q8. Protecting a woman's right to choose abortion

President Obama's Ideas on Changing the Healthcare System



Q12. Do you agree or disagree with President Obama's ideas about how we should change the nation's healthcare system?

CATHOLICS FOR CHOICE

IN GOOD CONSCIENCE

We Believe in Healthcare Reform

The healthcare system in the United States is broken. Forty-seven million people are uninsured and 30 million more are underinsured. With the current state of the economy, men and women around the country are struggling to make ends meet. They are making the tough decisions between putting food on the table and going to the doctor. Now, more than ever, we need a system that works for everyone. We need healthcare reform.

As Catholics, we believe that healthcare is a right, not a privilege. Keeping in mind Catholic social teaching which calls for a preferential option for the poor and knowing that those living in poverty are the most adversely affected by our healthcare system, we believe in a universal healthcare system that provides comprehensive healthcare to every person living in the United States.

As President Barack Obama, his Administration and Congress work to repair and rebuild our healthcare system, the Catholic bishops and their conservative allies are undermining this work by seeking to obliterate any sexual and reproductive healthcare services from the plan, mainly through spreading myths about the nature of the healthcare reform proposals.

While it is important to debunk these myths, we also cannot risk missing the forest for the trees. Not only must we debunk any myths about healthcare reform, we must also speak out in favor of including sexual and reproductive healthcare in any healthcare reform plan.

We believe that contraception should not just be affordable, it should be free.

Oftentimes, women and men living in poverty choose less-costly contraceptive options, if they choose to use contraceptives at all. When contraception is not free and when insurance only covers certain contraceptives, the freedom to choose which contraceptive best fits one's lifestyle is taken away. We believe that everyone, regardless of their socioeconomic status, should have that choice.

Providing contraceptives free of charge will save taxpayer money. For every one dollar spent by the federal government to provide

contraception to people living in poverty through Title X and Medicaid, it saves over four dollars. It's not just good for the soul; it is good for the pocketbooks of the American people.

Currently, healthcare reform plans include provisions that would allow states to use federal funds to provide birth control assistance to women who do not qualify for Medicaid. Otherwise, the coverage of contraception remains the same—good but not great.

As access to free contraception provides men and women with the resources they need to lead happy and healthy lives and saves money, including provisions for free contraception ought to be obvious to the architects of healthcare reform.

We believe that abortion should be federally funded and covered by all insurance companies.

Abortion has emerged, not surprisingly given the myopic mindset of social conservatives, as a key issue in the healthcare reform debate. Fear mongering has become all too common, with the United States Conference of Catholic Bishops and others demanding that any mention of abortion be stripped from the healthcare reform plan.

The bishops' protest to the inclusion of abortion in healthcare reform is particularly disturbing given their peculiar view on sexual and reproductive health—a view that is not generally shared by Catholics or the American public. The bishops would do well to remind themselves of the declarations of the Second Vatican Council on religious freedom for all. It goes against these principles for the bishops to require healthcare reform proposals that will affect all Americans—Catholic and non-Catholic—to conform to the minority outlook of the church hierarchy on sexual and reproductive health.

Some antichoice groups have suggested that the president's healthcare reform plan will overturn the Hyde Amendment, which restricts federal funding of abortion, and force all insurance companies to cover the procedure. Although this is blatantly untrue, we believe that the healthcare reform plan should indeed

include federal funding for abortion and require insurance companies to cover this vital procedure.

Other groups have suggested that abortion should be left out of the debate because it is too divisive. Here, they are wrong. A poll by the bishops themselves found that 89 percent of American adults believe that abortion should be provided in some or all cases.

All of these groups, however, neglect to mention that abortion is a legal medical procedure in the United States and should be covered in healthcare reform. Women's lives depend on it.

We believe that all men and women should be able to access affordable assisted reproductive technology services.

Just as men and women need access to family planning services in order to choose when and if they have children, those who are unable to conceive but wish to have children must also be supported.

Currently, assisted reproductive technology (ART) services are generally reserved for only those of means due to high costs and limited insurance coverage for these procedures. In states that mandate insurance coverage for ART procedures, however, the rate of utilization is nearly three times that in states that do not mandate coverage.

In addition to helping men and women expand their families, covering ART is also economically advantageous for the country. For instance, the cost of in vitro fertilization comes back seven-fold once the child enters the workforce and pays taxes.

Income level should never be a determinate of who does and does not receive treatment for infertility.

We believe that women who choose to continue their pregnancy should have access to quality pre- and postnatal care.

Every year, nearly one million pregnant women from the United States do not receive adequate medical attention before or after giving birth. Maternity and childbirth costs far outweigh costs for any other medical procedure. Due to the high costs of these procedures, pregnant women across the country have found that the services are profit-driven rather than compelled by evidence about quality maternity care.

All pregnant women should have access to quality maternity care and we are pleased that currently healthcare reform proposals will cover all pre- and postnatal care. However, the quality of care currently administered under private insurers and Medicaid plans also needs to be vastly improved.

Just as women who choose to end a pregnancy should be supported, so too must women who choose to continue a pregnancy. Merely covering the costs of pre- and postnatal care is

not enough. Healthcare reform proposals should also improve the quality of pre- and postnatal care.

We believe that access to HIV prevention, care and treatment should be covered.

Nearly half of people living with HIV/AIDS in the United States lack access to the healthcare services they need. Many living with HIV are considered "too healthy" to obtain Medicaid benefits but cannot afford or are denied private insurance coverage. Because private insurers often refuse to cover people with HIV, only one in five people living with HIV have private insurance coverage.

Healthcare reform efforts must include ways to provide coverage for all people living with HIV and also include strong provisions on prevention. With nearly 60,000 people newly infected with HIV each year in the United States, the rate of new HIV infections remains disturbingly high.

Luckily, the healthcare reform plan does include provisions on HIV/AIDS. The plan will allow states to extend Medicaid coverage to thousands of low-income people living with HIV who are currently "too healthy" to obtain coverage and also increase the number of people who benefit from the AIDS Drug Assistance program. Finally, the plan contains several prevention and wellness provisions that will increase access to voluntary HIV testing and other prevention methods. More can always be done, but this is a good start.

We believe in healthcare reform.

Surely, the church hierarchy and their conservative allies will continue to wave their flags against any inclusion of sexual and reproductive health in healthcare reform. However, bowing to the cries of this minority will be gravely harmful to men and women throughout the country.

An overwhelming 71 percent of Americans support provisions for sexual and reproductive health in healthcare reform, according to a poll by the National Women's Law Center. Last November, a majority of Catholics voted for the prochoice presidential candidate knowing that he maintains common sense values on sexual and reproductive health. Catholics for Choice stands with President Obama and this majority who understand the fundamental need for sexual and reproductive healthcare services in the United States.

Sexual and reproductive healthcare is a vital part of the well-being of our society. When men and women have access to high-quality sexual and reproductive healthcare, our country is healthier and stronger. And without a doubt, we can all agree that a stronger country is better for everyone.

Your voice as a Catholic who believes in more choices for your fellow Americans is critical. Do not let a handful of bishops and their antichoice allies speak for you. Tell your congressional representative today that Catholics want choice in healthcare. ■

An Open Letter from Catholic State Legislators To Our Colleagues in the US House of Representatives

This is a different kind of "Dear Colleague" letter. **We, Catholic state legislators from across the country, are writing to you, our fellow legislators in Washington, DC, to do the right thing for American families and support H.R. 3312, the Preventing Unintended Pregnancies, Reducing the Need for Abortion, and Supporting Parents Act.**

Families in our districts are facing unprecedented challenges. Factories are closing, homes are being foreclosed on, jobs eliminated, small businesses shutting their doors. **Parents are facing choices between groceries or education; between healthcare for them or for their children.** And those of us elected to make things right—or at least possible—for these families are facing our own challenges. Budgets are tight and the endless partisan and ideological battles continue to get in the way of passing legislation that could make a difference.

You have the opportunity in this 111th Congress to make a change, to help people have real choices and real prospects for the future. **H.R. 3312, the Preventing Unintended Pregnancies, Reducing the Need for Abortion, and Supporting Parents Act cosponsored by Representatives Tim Ryan (OH) and Rosa DeLauro (CT)** is designed to meet some of the most basic needs of American families.

This legislation **speaks to many concerns we have both as elected public servants and as Catholics.** Our faith tradition calls us to have a preferential option for the poor. As do you, we represent a range of people from different economic conditions with a range of faith beliefs or no religious belief. However, we do believe we have a special responsibility to speak for those who have little or no voice in the political process. They are the families who are the hardest hit by the economic crisis, who have the least resources to draw upon as we wait for the better times we know are ahead.

We are also representative of Catholics across the nation who support policies that enable women to make decisions about whether to become pregnant, or whether to continue a pregnancy. As Catholics, we also strive to **support parents who find themselves facing hard times,** giving them access to the resources they need to provide for their families.

The Preventing Unintended Pregnancies, Reducing the Need for Abortion, and Supporting Parents Act does this in many ways that uphold the right of our constituents, and yours, to support their families in ways that make the most sense for them. It **helps end a cycle of poverty for families that are already struggling** by providing funding for pregnancy prevention programs, including the federal Title X program and expanded Medicaid coverage. It funds programs that provide age-appropriate, evidence-based sexuality education to help teach young people about avoiding unplanned pregnancies. Too often, these pregnancies result in young women and men leaving school to seek jobs that are scarce, at best, and pay barely enough to afford the basics for them and their children.

We are your fellow legislators and your constituents. **We will do our part in the states, and urge you, our colleagues in the US House of Representatives, to do yours.** This is an opportunity to show that the cynicism about government is not well-founded, to show that we can stand together despite economic hurdles and partisan differences to deliver real help to people across the nation.

Help the American people with common sense legislation, like the Preventing Unintended Pregnancies, Reducing the Need for Abortion, and Supporting Parents Act, that realizes the promises we all made when we were elected.

REPRESENTATIVE
JOHN LESCH (DFL)
66A – Minnesota

REPRESENTATIVE
SUZANNE H. BASSI (R)
54 – Illinois

REPRESENTATIVE
DEBBIE J. BENEFIELD (D)
29 – Colorado

SENATOR
RICHARD BROWNING (D)
9 – West Virginia

REPRESENTATIVE
THOMAS J. BURCH (D)
30 – Kentucky

REPRESENTATIVE
OLIVIA CAJERO BEDFORD (D)
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REPRESENTATIVE
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18 – New Mexico

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Sullivan 4 – New Hampshire

REPRESENTATIVE
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REPRESENTATIVE
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Merrimack 11 – New Hampshire

SENATOR
D. SCOTT DIBBLE (DFL)
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REPRESENTATIVE
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Merrimack 3 – New Hampshire

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58A – Minnesota

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12 – New Mexico

REPRESENTATIVE
AL PARK (D)
26 – New Mexico

REPRESENTATIVE
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Coos 4 – New Hampshire

REPRESENTATIVE
MARY BETH WALZ (D)
Merrimack 13 – New Hampshire

REPRESENTATIVE
DEBORAH H. WHEELER (D)
Merrimack 6 – New Hampshire

REPRESENTATIVE
KELLI LINVILLE (D)
42 – Washington

SENATOR
ROBERT J. GARAGIOLA (D)
15 – Maryland

REPRESENTATIVE
MARIA ANTONIA BERRIOS (D)
39 – Illinois

REPRESENTATIVE
MARY J. BRANDENBURG (D)
89 – Florida

DELEGATE
HEATHER R. MIZEUR (D)
20 – Maryland

REPRESENTATIVE
AUSTIN J. BADON Jr. (D)
100 – Louisiana

REPRESENTATIVE
SALLY KELLY (D)
Merrimack 7 – New Hampshire

SENATOR
REBECCA RIOS (D)
23 – Arizona

SENATOR
TIM SHAUGHNESSY (D)
19 – Kentucky

REPRESENTATIVE
ALMA WHEELER SMITH (D)
54 – Michigan

SENATOR
MICHAEL N. SWITALSKI (D)
10 – Michigan

REPRESENTATIVE
TRICIA ANN COTHAM (D)
100 – North Carolina

SENATOR
AMANDA AGUIRRE (D)
24 – Arizona

REPRESENTATIVE
CANDACE C.W. BOUCHARD (D)
Merrimack 11 – New Hampshire

REPRESENTATIVE
KEITH FITZGERALD (D)
69 – Florida

REPRESENTATIVE
MARY E. GRANT (D)
6 Essex – Massachusetts

REPRESENTATIVE
CHRISTINE SCANLAN (D)
56 – Colorado

REPRESENTATIVE
ROSEMARY E. MULLIGAN (R)
65 – Illinois

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DAVID M. LUJAN (D)
15 – Arizona

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LUIS R. GARCIA Jr. (D)
107 – Florida

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JOHN W. THOMPSON (D)
13 – Connecticut

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JESSICA FARRAR (D)
148 – Texas

REPRESENTATIVE
RAFAEL ANCHIA (D)
103 – Texas

REPRESENTATIVE
JEB BARDON (D)
25 – Indiana

SENATOR
LINDA M. LOPEZ (D)
11 – New Mexico

REPRESENTATIVE
DIANNE PRIMavera (D)
33 – Colorado

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This open letter from state legislators was sent to members of the House of Representatives. It appeared as a full-page ad in *The Hill* on September 8, 2009.

Placing Women in the Blind Spot

THE VATICAN'S SUPPORT FOR INTERNATIONAL DEVELOPMENT HAS A GAPING HOLE AT ITS CENTER

By Barbara Crossette

THEY WERE ONCE SEEN AS separate crises: climate change, environmental degradation, precarious food stocks, a persistent HIV/AIDS epidemic and intractable poverty. No longer. Development experts in once-disparate fields are on converging paths toward a shared reality: the denial of reproductive choices to the world's neediest people, often in the name of religion, is entrenching poverty, easing the spread of disease and fueling the multitude of pressures that are the hallmarks of failed states.

At the same time, however, the global economic crisis rippling across both industrial nations and the developing world is putting a strain on funding from secular donors, government and private, presenting new opportunities for faith-based charities with conservative agendas to expand their influence in developmental work.

It is at this fork in the road that both the Vatican and its critics now stand. Will the strictures of Roman Catholic dogma prevail against the tide of new development thinking across the United Nations system and beyond, or will secularists in national governments, private agencies and international organizations be able to curtail the spreading influence of faith-based groups that refuse to accept new realities? Where will the United States, which everyone watches for clues, come down in this debate?

BARBARA CROSSETTE is the United Nations correspondent for *The Nation* and a former foreign and United Nations correspondent for the *New York Times*.



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Where Pope Benedict XVI stands was made quite clear in Cameroon in May, when he told an African audience that condoms not only do not stop the spread of HIV, they may also actually make the contagion worse by facilitating promiscuous behavior. The Vatican continues to oppose all modern family planning methods, whatever the human cost. The

message is repeated tirelessly in every United Nations forum and in testimony to national governments. The pope's remarks underline concerns about how much influence the church hierarchy, a major player in the distribution and management of development assistance around the world, can exert on programs in poor countries.

Although the pope made an effort to welcome President Obama to the Vatican in July, there is a wariness among some of the church's followers about the American president's plans, since the US is now reviewing or redrawing its most important policies on programs to fight HIV/AIDS and strengthen projects to help women.

That there are new openings for those who would make aid delivery conform to religious beliefs was demonstrated at a summit of "faith and development" leaders in Ghana in July. A World Bank official suggested there that a financial crisis should prompt national governments and aid agencies to "strengthen their links with faith-based organizations to make the most of their development expertise and grass roots organization."

The Bank official, Graeme Wheeler, managing director for human develop-

sensitivity is not limited to religiously-based aid organizations, and that this phrase is often used as a smokescreen to hide very insensitive attitudes, especially toward women. In Rome in July, Pope Benedict issued the encyclical *Caritas in Veritate*, (Charity in Truth) ostensibly a call for more humane economic development. "Only in truth does charity shine forth," he wrote. But it was his version of truth, and his version of development, not that of the experts.

"The pope fails to show a true compassion for women, who often are the last to benefit from development aid," Jon O'Brien, president of Catholics for Choice, wrote in a commentary on *Caritas*. "He rightly decries infant mortality, but never mentions maternal mortality. He fails to fully address the impact of HIV and AIDS on developing economies, and neglects to support a holistic

discriminates against half its population, he wrote.

Catholic relief and development organizations do much good work worldwide. But as the shift in development thinking moves toward more reproductive services to empower the neediest people, major Catholic aid agencies continue to adhere to the old rules. Caritas, the international Catholic relief network, with branches in 162 countries and a headquarters in the Vatican, works with a number of UN agencies. Yet its guidelines on dealing with HIV/AIDS, devastating maternal health statistics and other issues, avoid mentioning contemporary family planning tools in tackling family economic stress, sexually transmitted disease or mounting population pressures.

The world's population, now at 6.8 billion, will continue to grow in this century

Cultural sensitivity is not limited to religiously-based aid organizations, and this phrase is often used as a smokescreen to hide very insensitive attitudes, especially toward women.

ment, told the audience, which included representatives of UNAIDS, the World Health Organization and the United Nations Development Program, that faith-based groups already provide between 30 and 70 percent of the health services in poor countries. "You have enormous influence on family and individual's beliefs, attitudes and perceptions," he said. Among those at the meeting was Cardinal Theodore McCarrick, a doctrinal conservative who is archbishop emeritus of Washington, DC.

To underline this trend, Thoraya Ahmed Obaid, the executive director of the UN Population Fund (UNFPA), told a roundtable of representatives from faith-based organizations in August that it was crucial to build "systematic, deliberate and focused" engagement with them, in part because they can carry out "culturally sensitive" development work.

If development experts have learned anything in decades of work it is that cultural

approach to HIV-prevention that includes the provision of condoms."

No other church has the global social reach, in hospitals, schools and field services, to block programs such as comprehensive sexuality education, reproductive aid for vulnerable teenagers, modern forms of family planning, the wide distribution of male or female condoms to prevent HIV infection and, of course, abortion and emergency contraception. Though the Catholic church is the largest and richest player, it is not alone in blindsiding women.

"The truth is that male religious leaders have had—and still have—an option to interpret holy teachings either to exalt or subjugate women," the former American president Jimmy Carter wrote in July in a commentary in the Australian newspaper the *Age*, explaining why he had broken with the Southern Baptist Convention. "They have, for their own selfish ends, overwhelmingly chosen the latter." Everyone pays a price when a country

almost entirely in poor nations, where food is already scarce and environmental resources under severe stress. Yet global funding for reproductive services has been declining sharply since the mid-1990s, by as much as 30 percent in real terms according to some estimates.

With a 2015 deadline fast approaching for meeting the UN's Millennium Development Goals, most of them—but especially improving maternal health by providing universal reproductive health services, and enhancing prevention of HIV/AIDS—are in trouble. The London-based International Planned Parenthood Federation, whose affiliates in more than 100 countries form the largest secular nongovernmental network of family planning aid, issued this warning in July 2009 in a new report, "Contraception at a Crossroads."

"The world is stumbling toward a contraceptive crisis," the IPPF said. "Today, and every day, we are failing to meet the



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US President Barack Obama arrives for a meeting with Pope Benedict at the Vatican.

contraceptive needs and desires of over 200 million women around the world, a situation that will only intensify as the largest cohort of young people the world has ever seen—some 1.5 billion strong—become sexually active.” UNAIDS adds that young men and women aged 15–24 account for 45 percent of all new HIV infections in adults. A denial of condoms amounts to a death sentence for many.

“At a time when the world is more focused on global poverty reduction than ever before,” the IPPF report said, “one of the most trusted, most cost effective and proven poverty reduction interventions is being marginalized and neglected.” The IPPF called the global shortage of condoms “alarming.”

In Africa, where the Roman Catholic church, the Anglican communion and numerous Protestant churches and sects are all experiencing swings toward conservative social doctrines—thus perhaps the

reason the pope’s comments were made in Cameroon—the IPPF found that between a quarter and a third of sexually active women have an unmet need for contraception, and half the world’s abortion deaths are African.

At the United Nations, where international policy on reproductive health is debated, the Roman Catholic church has a diplomatic observer mission led by a papal nuncio. This unique position, denied to other religions, is based largely on the Holy See’s minuscule piece of territory in Rome. Vatican diplomats take part in UN conferences and interact with UN agencies.

The current chief of mission, Archbishop Celestino Migliore, hews consistently to a rigid Vatican line. In March 2009, at the Commission on the Status of Women, his remarks on the HIV/AIDS pandemic focused almost entirely on palliatives such as care giving and the provision

of antiretroviral medications. A month later, the archbishop told the Commission on Population and Development that high birthrates could be a good thing for Africa, which would be spared the labor shortages of the aging industrial countries. Apparently the church is not asking African women if this is what they want for themselves and their families.

Pope Benedict has allies at the UN. Islamic conservatives and some American evangelical Protestants, who enjoyed outsized influence under the Bush administration, formed a loose front against reproductive rights in the first decade of this century that experts in UN agencies say cost a precious eight years of progress. But the high point—or nadir, depending on where one stands—of the Vatican’s attempt to steer international social policies its way came at the 1994 International Conference on Population and Development in Cairo.

The Holy See's delegation worked hard to derail a growing consensus on a new way to address population issues, giving the lead to women and families, not governments or other institutions. The Vatican's disciples raised the pitch of dissent, accusing national delegations of falling for a "feminist" agenda that masked abortion and lesbianism, among other things. The same language was later used to attack UN agencies, as UNICEF discovered when it began to use the phrase "rights of the girl child."

The Vatican, however, lost across the board in Cairo.

"They utterly failed in their objectives," said Adrienne Germain, executive director of the International Women's Health Coalition, which played a large part in setting the agenda and changing the parameters of debate at Cairo. "They failed to form an effective political alliance with the strict Islamic states. They failed to prevent language explicitly related to safe abortion. They failed in regard to their goal of restricting the rights of adolescents to sexual and reproductive health education and services. Did they make our lives miserable? Well, a little bit, yes. Have they continued to make it miserable? To some extent."

Germain is among those optimists who believe that the Vatican and its supporters never really recovered at the UN, even during the friendlier Bush years. She sees that representatives of the Holy See often take a back seat in negotiations, most recently at the Commission on Population and Development, where Germain was a member of the official US delegation. Instead, country delegations (in that case, St. Lucia) appeared to be reading the Vatican script. On other occasions, diplomats from some of the newer European Union member countries play that role.

A tactical maneuver? Yes, say European diplomats, who have seen strongly Catholic countries such as Poland, Malta and Ireland "front" for the Vatican, preventing or shattering European Union consensus on social issues. Because of the Holy See's standing at the UN, the pope's voice is always heard, directly or indirectly. Without US support in recent years, the Europeans had to work



UN Secretary-General Ban Ki-moon meets Pope Benedict XVI at the Vatican.

double-time to counter it.

At the UN, Germain sees the most aggressive opposition to reproductive health services coming from Islamic nations led by the Syrians, Egyptians and Iranians. Iran is an interesting case, however. Working with the United Nations Population Fund (UNFPA) it has created a very successful family planning program. Contraception is accepted; expanded rights for women and gay men and lesbians is another issue altogether.

Behind the scenes there are other divisions that can play into the Vatican's influence. In the Nordic and some other northern European countries that are significant contributors to the UN Population Fund, there has been a great reluctance to promote contraception because it could be interpreted as a cultural intrusion, a

Scandinavian diplomat said. One can only wonder if anyone there is listening to beleaguered village women in poor countries.

Joseph Chamie, a former head of the UN's population division and now research director at the Center for Migration Studies in New York, argues that the public message of UNFPA must be more on contraception and attendant health services for women

and less on reproductive rights, a rich-world concept that can raise hackles among conservatives in all religions, and has led some to assume, wrongly, that promoting family planning for its own sake is not a high priority. "Checkmate, Vatican," Chamie says.

Money talks within the UN. Nations that are big donors to agencies like UNFPA or UNICEF sit on their governing boards. In this environment Washington is infinitely more powerful than the Vatican. The US is the UN's largest contributor, including to UNAIDS, a multi-agency body. It also leads in funding the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Obama administration may say that the advancement of women globally is a priority, and that will be reflected at the UN. But given President Obama's sympathetic view of faith-based organizations, how much he will engage with them or parcel out to them large development projects will be a bellwether of US leadership in the population and reproductive health fields internationally.

If they successfully apply pressure in Washington, the Catholic bishops and organizations like Catholic Relief Services, could have a significant impact on HIV/AIDS and population programs worldwide, greater than the Holy See alone could achieve directly within the more fragmented and complex UN system. Should the Vatican prevail in Washington, the message will reverberate everywhere. ■

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A Catholic Archipelago of Evil

SEX ABUSE AND THE CHURCH IN IRELAND

By Eamonn McCann



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A crow flies past the Papal Cross in Dublin, Ireland.

THE SUFFERING OF THE INMATES of Termonbacca Home run by the Sisters of Nazareth was well-known in the area but spoken of only in whispers. We'd see them in procession in the mornings and afternoon, walking in silence two by two, to and from the Brow of the Hill school run by the Christian Brothers, where they'd be brutalised again. Neigh-

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bors might murmur a variation on the rosary imprecation. "There's the Home Boys, God's pity on them."

Everybody knew. We may not have known the full extent or intensity of their suffering. But the Nazareth nuns and the Christian Brothers did. And it beggars belief that the bishop didn't know, too. Or the civic authorities North and South as well.

The Derry diocese spans the border. The Home Boys were drawn from

Donegal in the Republic of Ireland (the South) as well as Derry in Northern Ireland. The sectarian regime in the North had as little interest as their Southern counterparts—if for different reasons—in standing up for tortured Catholic children.

Soon after the establishment of the two States in 1921, the Unionists handed control of the education and welfare of Catholic children to the church in return for the church agreeing to use its power to

discourage Catholics from rebelling. This isn't a long-past arrangement. In the 1980s, the diocese which covers Belfast, Down and Connor, in the person of Bishop, later Cardinal, Cathal Daly, warned British ministers that if they proceeded with a plan to merge Catholic and Protestant teacher training, such would be the anger of the Catholic people the church would be unable to restrain them from supporting the Irish Republican Army's armed struggle. The British, having a great deal of experience in these matters, understood, and backed down, sharply.

There was cross-border abuse by diocesan priests as well as by brothers and nuns. Here's one example. A priest is transferred from the South to a parish in the North. The night before he arrives, other priests of the parish are visited by

abuse by members of the De La Salle Order at their home in Kircubbin, Co. Down. The abuse had begun literally within minutes of him being handed over to the brothers by a social worker who had driven him the 100 miles from Derry. The decision to consign him to Kircubbin had been taken at a "case conference" by three social care officials working for the Northern Irish government.

In neither case did the civil authorities, North or South, show any willingness to investigate until after the scandals had been exposed in the media.

In the Republic, state collusion in child torture has largely been put down to the obeisance of politicians toward the bishops, which is half of the truth. The other half is that in the Republic too, the church was doing the state some reciprocal service.

of secularism in the 1970s forced cracks in the surface of society through which the truth has begun oozing out into the mainstream.

As I write, publication is imminent of a report into child abuse in the Dublin diocese over the last 60 years. In a preemptive strike in April, in his Holy Thursday homily, Archbishop Diarmuid Martin warned that the revelations "will shock us all"—the formulation implying that he would share in the shock. The report, compiled by a commission under Justice Yvonne Murphy, will tell of specific allegations against 140 priests and suspicions raised against another 32. Settlement of 120 cases against 35 priests has cost €12.4 million (about \$17.8 million) so far, with 26 other cases currently being processed.

The notion that the Irish bishops have been shocked by revelations of clerical child abuse would be laughable if it weren't that the detail would take tears from a stone.

an emissary of the bishop who tells them generally to "keep an eye" on their new colleague and specifically to ensure that he is not left alone with children. But he eludes the surveillance, such as it was, and rapes two little girls. The family of one of the victims, eight years old at the time, tells the bishop. He does nothing. The family writes to the cardinal, telling him in stark terms what has happened and describing the shattering effect on the child and her extended family. The cardinal acknowledges the letter, assuring the family that he will have them in mind in his prayers. The rapist is moved out of the parish to a monastery in the Republic. When he is traced there and exposed, the bishop lies in public that the church had earlier informed the civil authorities of the allegations.

Or again: a friend of mine, a native of Donegal, hanged himself from the fire escape outside his flat in Derry a few years back after futile years trying to persuade church or state to properly investigate his story of prolonged physical and sexual

Colonial oppression in Ireland had been expressed for three centuries in anti-Catholic practice and laws. To an extent, freedom from Britain came to be seen as freedom to be Catholic. Church bosses were not slow to take advantage. The nationalist movement which arose in the aftermath of the Easter Rising of 1916 was steeped in Catholicism, as, naturally, was the state which emerged alongside the North in 1921. In the Republic, the church didn't have to struggle to assert its ideological dominance: it was built in from the beginning, the church operating from a position of already-entrenched power to assert control over its "own" people and to denounce and marginalize any threatened eruption of radicalism.

It may not be putting it too highly to say that the shaky stability of both Irish states in their formative and following years would not have been possible without the deployment of church influence. This is one of the reasons there was denial for decades in the highest reaches of the state as well as of the church, before the spurt

At the beginning of June, Archbishop Martin and Cardinal Sean Brady returned from a visit to Rome to brief Benedict xvi on the details of Dublin abuse about to be made public. The pope, the pair announced, had been "distressed" to "learn" the facts.

This is very strange. The Vatican can have had little to learn about clerical child abuse, given the steady flow of scandal from five continents with which it has had to contend in recent years. More pertinently, it is just over three years since Benedict met with Bishop Denis Brennan of Ferns to be briefed on a report on child abuse in his diocese.

The 271-page Ferns Report by retired Supreme Court Judge Frank Murphy detailed 100 cases of abuse by 21 priests over a 40-year period. One priest had sexually abused 10 young girls on the altar, seemingly fancying action in front of the tabernacle. Another had regularly taken children to the beach where he plied them with alcohol and cannabis before abusing them. And so on. Benedict, according

to Bishop Brennan, had felt “distress” and “personal anguish and horror” at learning of these “incomprehensible” events which, he allowed, “had devastated human lives and profoundly betrayed the trust of children.” It is somewhat puzzling therefore that in light of those revelations that he was to be so taken aback by the news from Dublin.

The quotes from Benedict retold by Bishop Brennan included no reference to Judge Murphy’s finding “that the Church had lied, deceived and covered up to protect the offending priests” and that in behaving so had been following standard operating procedure as recommended by Rome.

The Dublin and Ferns reports focused on diocesan clergy. But the biggest splurge of scandal so far concerns abuse in Industrial Schools (for practical purposes, youth prisons) and other homes in the Republic run by religious orders. They operated from the inception of the state until the 1970s. May 5 saw publication of a report by Judge Sean Ryan into abuse in these institutions. His inquiry had been set up following broadcast in 1999 on RTE (Irish State television) of a chilling documentary, “States of Fear,” by journalist Mary Raftery.

Judge Ryan conducted a more thoroughgoing investigation than many had anticipated. He took evidence from more than 1,700 people, including 1,000 former inmates. Some inmates were the children of unmarried parents, considered unfit for outside society. Some had been convicted of juvenile offenses. A few were orphans. A very few had been abandoned. The biggest category comprised children of poor parents deemed incapable of bringing them up, most commonly on account of truancy. Thousands of children were sentenced into the care of various religious orders for such reasons. The investigation covered 216 institutions and around 800 brothers and nuns. Ninety percent of the ex-inmates alleged physical abuse. Fifty percent, mainly boys, reported sexual abuse. One boy said that “One Brother kept watch while the other [sexually] abused me...Then they changed

over...Every time it ended with a beating. When I told a priest in confession he called me a liar.”

The effect of the Ryan Report has been to shatter any comforting assumption that the horrors many were locally aware of had been peculiar to a particular order or institution. The brothers and nuns had been running an island-wide network of child-torture centers, a Catholic archipelago of evil.

Throughout his inquiries, the orders adopted a truculent, uncooperative approach to Ryan. Solicitor Eugene Murphy spoke for representatives of

victims, leaving taxpayers to pick up almost the entire tab. Just as Ryan began formal hearings in May 2002 the orders and the Fianna Fail-led government agreed that the orders would be fully indemnified in return for payment of €128 million. There had been a general understanding that the damages would be split evenly between church and state. At this stage, no one could be certain what the final bill would be. A number of opposition members of parliament and newspaper columnists made the obvious point that striking a deal now made no sense and might well lead to



John Kelly, an abuse victim who attended the Daingean Industrial School between 1965 and 1967, holds a copy of the government report on child abuse in Ireland.

former residents of a number of the Industrial Schools. “All solicitors and clients...are greatly hampered insofar as certain religious Orders are flatly refusing to furnish us with our clients’ records until such times as a High Court writ is issued. These Orders have, through their lawyers, also indicated that, should a writ issue and be served, they will immediately apply to have these proceedings struck out for reasons of, *inter alia*, delay.”

Outrage at Ryan’s findings was exacerbated by the largely successful efforts of the orders to slough off most of the responsibility for compensating their

taxpayers being massively ripped off. But there was no debate in parliament, and the issue didn’t blossom into a serious public controversy. Only Education Minister Michael Woods and one civil servant had been involved in the negotiations. Both the Minister of Finance and the Attorney General had been kept entirely in the dark. The deal was rubber stamped by Woods on the government’s last day of office, as parliamentarians scattered to their constituencies and public attention shifted to the election campaign.

It’s clear now that the compensation bill will come to around €1.2 billion. That

is, the orders will pay about 10 percent in respect of abuse which was 100 percent perpetrated by their members; taxpayers will be compelled to come up with the remaining 90 percent. Spokesmen for the orders have scoffed at suggestions that they might voluntarily cough up a little more. A deal's a deal...even if it is a deal with the devil.

The dioceses have had a similarly shrewd attitude to compensation. Ten years ago, Fr. Ivan Payne of the Dublin archdiocese pleaded guilty to nine charges of child sex abuse. It emerged during the case that the archdiocese had been aware for years that Payne had been named as

loan from the diocese to Payne so Payne could personally compensate Madden. Thus, Connell continued to insist, the pay-off money hadn't come from the diocese, but from Payne himself.

Investigations into other dioceses are under way. It is impossible to say with any precision how many Irish children have been abused by priests and religious over the years but, certainly, the roll call of suffering runs to thousands. The number of abusers very likely tops a thousand.

Despite all, the mindless mantra still sounds across the land that only a tiny minority of priests and religious has been

sible, then we are dealing not with a stain upon the image of an institution but with its deep-dyed and defining coloration. More and more Irish Catholics are drawing this sensible conclusion.

Just a couple of hundred yards from the path the Home Boys used to take from Termonbacca to Brow of the Hill stands one of the best-known modern icons of Irish struggle, Free Derry Wall. The back of the wall operates as a community notice board. In June, it was used to announce a visit by the papal legate to preside over celebrations marking the centenary of the Long Tower parish: "Welcome to the Papal Legate." But on the morning

In the Bogside in Derry in the 1950s my mother would offer up a decade of the family rosary every night for "the Home Boys, God help them."

a sex abuser by former altar boy Andrew Madden. (Despite this, the archdiocese appointed Payne a judge in the Catholic Marriage Tribunal and retained him in this position even after the police had informed Archbishop Desmond Connell that Payne was being investigated for further incidents of child violation.) In 1995, Dr. Connell denied point-blank ever having used church money to pay off an abuse victim. Now, faced with a newly emboldened Andrew Madden, he conceded that he had sanctioned a €35,000

involved, that the vast majority are themselves victims in that their reputations—and that of the church—have been unfairly tarnished. But if despicable behavior persists over decades within an organization of some thousands of people who live and work closely together and exhibit an unusually high degree of internal cohesion and solidarity, and if this behavior is known in detail to the leadership of the organization, which responds by intervening to prevent the extirpation of the behavior and to protect those respon-

of Cardinal Keith O'Brien's arrival, it was discovered that the inscription had been altered: "(No) Welcome to the Papal Legate (until true contrition for child abuse)."

Opinion in the area seemed evenly split as to whether the graffiti writers were vandals or making a valid point. One caller to a local radio station suggested that, "True contrition isn't enough. We'll need a firm purpose of amendment as well."

At least we don't talk about the Home Boys in whispers any more. ■

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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 "tradi-

was 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.

school curriculum. Advocates remain hopeful, but opposition from the Catholic hierarchy has been relentless and even during the interpellation, opponents of the bill insisted on more consultations with the Catholic church over the proposed measure.

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

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.

tional 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

The 2006-2007 report of the Philippine 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.

AS THIS ARTICLE GOES TO PRINT, pending legislation on reproductive health in the Philippines introduced in 2001 is still awaiting final approval in Congress. The bill standardizes the availability of reproductive health services at the primary healthcare level and integrates sexuality education including information on HIV/AIDS in the primary and secondary

to date, framing the debate this way also tends to oversimplify the issues at stake for many 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 citizens' 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



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

from the position of its faculty members but the professors never claimed theirs was the university's official position in the first place. 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

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 position 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 posi-

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 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

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.

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 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

tion 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 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.”

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.

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. ■

To Act without Prejudice

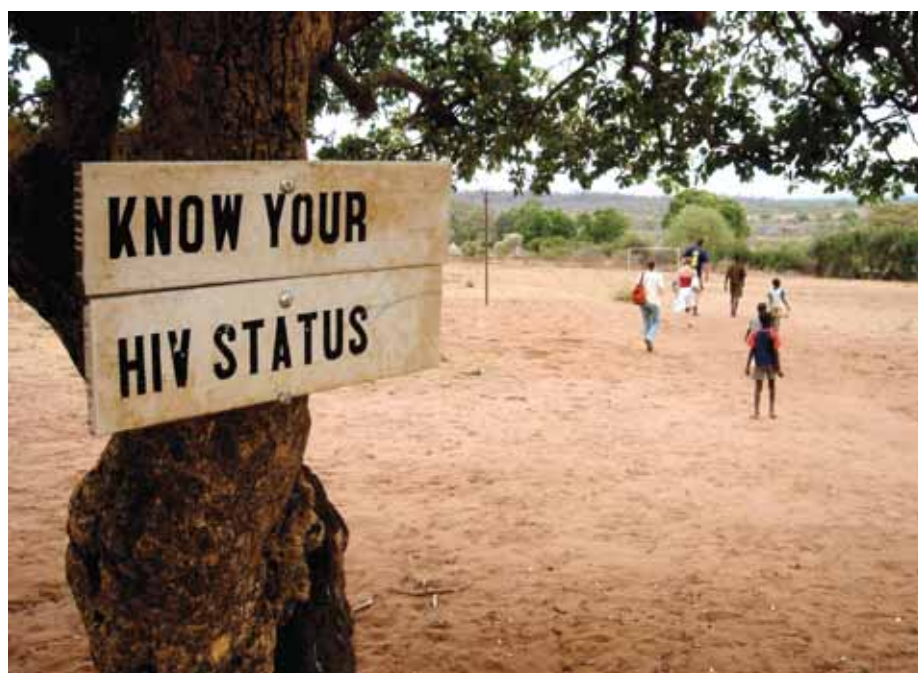
UNDERSTANDING HIV-RELATED STIGMA AND DISCRIMINATION

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 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

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Educational sign posted in the Simonga village in Zambia.

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 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

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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 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 stereo-

For too long we have feared rather than embraced this reality. For HIV is not only about the perception of personal risk and 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



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

types 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.

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 health-care 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.

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 sexuality 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 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



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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.

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 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

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 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

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 criminalization 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



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Stop signs against stigma.

run deep, we need to create spaces 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

experiences of people living with HIV 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

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 accessible 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. ■

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AIDS in Mexico: Not a Disease?

By Robert Joe Stout

“IN MEXICO, AIDS IS NOT A DISEASE.” The smile creasing the young mother’s face seems more of a grimace than a statement motivated by humor as she peers through the window that overlooks a narrow cobblestone street in the city of Oaxaca barrio of Xochimilco. Turning back towards me, she states unequivocally, “It is a sin.”

Her name is Josefina. She would not allow me to use her last name because, she explained, in the small town in the state of Oaxaca in southern Mexico where they lived before coming to the city her neighbors had refused to allow their children to associate with her young son and daughter after Josefina had confirmed that she was HIV positive. Unlike many who postpone getting diagnosed and treated, she sought medical help as soon as she learned that she had contracted HIV.

“The only man I ever was with was my husband,” she looks away again and shakes her head. “It is from him that I became infected.” Like nearly a million other Oaxacans, she explains, her husband migrated to the United States to work, returning only for a few months each winter. “When I told him what had happened he called me a puta (prostitute) and hit me and left me. I have not seen him since.”

Although Mexico’s National Council for Prevention and Control of AIDS (CONASIDA) has officially identified HIV/AIDS as an epidemic, Mexico has one of the lowest HIV-prevalence rates in Latin America. However, the rate of heterosexual infection has increased substantially. Women are increasingly vulnerable,

insists Dr. José Antonio Izazola, the director of Mexico’s HIV/AIDS treatment and prevention program, because traditional gender differences still prevalent in Mexico hamper many women’s ability to control personal risks with sexual partners. He insists that gender equality is a major component in controlling the spread of AIDS and that reform in this area is vital.

Although many states and Mexico’s Federal District provide free or low-cost medical treatment for people living with HIV, it is widely considered a disease that affects only homosexuals, drug abusers and sex workers. Health workers and human rights organizations cite instances where employers have fired HIV-positive workers, where HIV-positive children or children of mothers being treated antiretrovirally are denied school attendance and where doctors and healthcare workers refuse to treat HIV-positive patients, even for non-HIV-involved emergencies.

Politically, historically and geographically Mexico is a divided country. The sprawling Federal District, which encompasses Mexico City and several of its larger suburbs and includes approximately one-fourth of the nation’s population, is the center of “government, crime, corruption, culture and intellectuality,” according to a local journalist, while the outlying regions are more conservative politically and socially as well as being less likely to challenge the church hierarchy. For the past 15 years Mexico City has been governed by a liberal majority while the rest of the nation has remained in the hands of conservative governors and supported the policies of conservative presidents.

“Make condoms available to teenagers?” the governor of Guadalajara, Emilio González, scoffed in 2008, “why not have



A Mexican AIDS activist participates in the March of Silence in Mexico City.

© REUTERS/AGUILAR, 2005.

the state give them a six-pack and chit for a motel room as well?” Like current President Felipe Calderón a member of the conservative National Action Party, González forced the state’s health secretary who had established a HIV-prevention program to resign, although he conceded that Guadalajara would continue to distribute condoms to homosexuals since “they are the ones most at risk of contracting the disease.”

But many gay people, like many living with HIV, refuse to disclose their status to anybody connected to the government, thus inhibiting HIV-prevention programs and making it difficult to obtain accurate statistics. Both CONASIDA and the US Centers for Disease Control and Prevention concede that the number of people living with HIV is probably much higher than the 174,000–200,000 figure indicated

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by official statistics. Mexico registers an average of 5,000 new cases of HIV a year and 6,000 AIDS deaths a year. The majority of infections occur in the 25-44-year-old age group; AIDS is the third-leading cause of death for men and sixth-leading cause of death in women among people between the ages of 25 and 44.

The strong stance taken by President Calderón against abortion and his insistence on family values as a deterrent not only for AIDS but for addiction and crime as well has shifted funding away from public health programs. The federal Department of Health's legal authority, who was also the former attorney for the archdiocese of Mexico, pocket vetoed updating AIDS medications and treatments because he claimed to have found errors in the paperwork. In addition, a federal congressman from the state of Colima proposed that jail sentences be levied against any person who infects another with a sexually transmitted disease.

By contrast in Mexico's Federal District liberal administrations have legalized abortion through the first twelve weeks of pregnancy, validated same-sex unions and facilitated the financing of HIV medication and identification of those most at risk. Nearly half of those identified as HIV positive live there.

When AIDS first appeared in Mexico in 1981 the only reported cases occurred in Mexico City and in cities along the Mexico-US border. Health authorities identified men who have sex with men as the group most affected. The outbreak remained confined until 1988 when, according to statistics from the US Centers for Disease Control and Prevention, it spread beyond that demographic and geographic area until it stabilized in 1996 at between 4,000 and 5,000 new cases a year.

Infection through blood transfusions dropped dramatically after the first years of the epidemic. Injected drug use was uncommon in Mexico and not a major source of transmission. But the rate of heterosexual infection increased substantially every year after 1996, primarily among women and in greater proportions every

year in non-urban areas. A large percentage of those affected were, like Josefina, the wives of men who returned from long periods of time working in the United States or in the border cities.

To counter the spread of cases being reported rurally, the federal government in conjunction with state governments created ambulatory centers for patients with AIDS and sexually transmitted diseases. These centers, called CAPASITS for the initials in Spanish, focus on patient care and monitoring the use of the antiretroviral drugs, particularly for patients who otherwise might interrupt or stop treatment. Despite these efforts, which are focused on treatment rather than prevention, an unknown number of people postpone seeking help until their situations become desperate, a factor in the higher percentages of HIV-related deaths in Mexico compared to many other countries. CONASIDA reported in 2008 that during the previous year only 57 percent of those needing antiretroviral drugs were receiving them and less than one percent of women living with HIV were receiving antiretroviral therapy for prevention of mother-to-child transmission.

Both the federal government and the government of the Federal District have sponsored educational and informational campaigns concerning HIV and AIDS but Dr. Izazola doubts that a person's reaction to "a spectacular announcement" in a microbus or newspaper is going to increase his or her condom use. Information about safe sex and HIV prevention is often confusing and controversial, particularly since the hierarchy of the Catholic church has taken a strong stance against condom use, homosexuality and same-sex unions. In 2003, two bishops condemned President Vicente Fox's wife Marta Sahagún who urged people to have the "moral courage" to fight AIDS through safe sex education. The bishop of the central state of Tlaxcala, Jacinto Guerrero, claimed that "millions of people are infected with AIDS because of the propaganda surrounding condom use."

Bishop Guerrero's appraisal echoes that of Mexico's Catholic hierarchy which has

countered discussions about HIV and AIDS prevention with homilies about family values, heterosexuality and sexual abstinence. Cardinal Norberto Rivera repeated Pope Benedict XVI's dictum, "The AIDS problem cannot be resolved with the distribution of condoms. They only exacerbate the problem...the only efficient way to fight the epidemic is by spiritual renovation." The Conference of Mexican Bishops recently endorsed this stance, insisting that the fight against AIDS had to concentrate on education in "the use of sexuality and the reaffirmation of the role of marriage and the family" without mentioning poverty, migration or lack of employment as factors in the breakup of so many traditional Mexican families. President Calderón echoed the conference's assertion when he announced publicly that youth criminality resulted from a "failure to believe in God."

These attitudes contrast with church support at the parish level of CAPASITS and other AIDS education and treatment programs. Catholic private schools throughout Mexico provide sex education classes in junior high school that conform with federal regulations although (as in public schools) the quality of presentation varies greatly.

Although both international and local HIV/AIDS statistics indicate that the "epidemic" is controlled with the number of deaths more or less equal to the number of new cases, there are danger signs on the horizon. Calderón insists that the country's financial collapse that began in 2008 has bottomed out. Nevertheless, the federal government has made extensive budget cuts in funds destined for health and education. Although part of HIV/AIDS funding comes from private sources (foundations, etc.) cutbacks could severely affect current research projects and CAPASITS' ability to identify and treat people with HIV. In addition, the dramatic increase in drug use within Mexico and the government's failure to fund prevention and rehabilitation programs threatens to increase the propagation of HIV/AIDS and stimulate the popular belief that the disease is retribution for addiction or "immoral" sexual practices. ■

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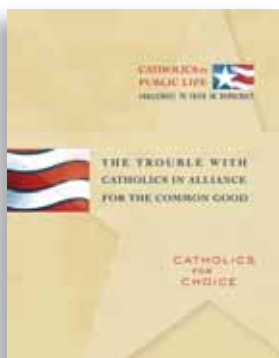
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The image displays four covers of the magazine "CONSCIENCE," each with a distinct color scheme and theme. The top-left cover has a red border and features a signpost with an American flag, asking "Which Way America?". The top-right cover has a blue border and features a portrait of Barack Obama, discussing "Reducing the Need for Abortion?". The bottom-left cover has an orange border and features a large question mark, titled "Shifting Sands in the Abortion Debate". The bottom-right cover has a dark blue border and features a street sign for "CHURCH ST" and "STATE ST", titled "Church and State at the Crossroads". Each cover includes the magazine's title "CONSCIENCE" at the top, a subtitle "THE BI-MONTHLY OF ETHICAL DECISIONS" below it, and a list of featured articles on the left side. A barcode is visible on the bottom left of each cover.

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Cameroon: Abortion, the Catholic Hierarchy and the Maputo Protocol

By Elizabeth Atemnkeng



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Pope Benedict XVI waves at the crowd as he arrives to say Mass in Yaounde, Cameroon.

IN CAMEROON, THE SITUATION FOR women is bleak: only 29 percent of sexually active women are using contraceptives and just 32 percent of young women have a comprehensive knowledge of how to prevent the spread of HIV. As prevention options are slim, it is not surprising that 35 percent of reported pregnancies in Cameroon end in abortion, a great majority of these performed using unsafe methods. One in 24 Cameroonian women risks maternal mortality during her lifetime.

While the law in Cameroon permits abortion in the cases of rape or if the woman's health is in danger, abortion services are still widely inaccessible and women who seek out the option are often stigmatized.

As evidenced in Pope Benedict's recent trip to the country (in which he made the now-infamous remarks denouncing condom use as a means of preventing the transmission of HIV), Cameroon has a burgeoning Catholic population. More than a quarter, 26.7 percent, of Cameroon's population identifies as Catholic.

ELIZABETH ATEMNKENG is senior counsel at the Supreme Court of Cameroon and secretary general of the Cameroon chapter of the International Federation of Women Lawyers. She worked at Catholics for Choice as part of the Fellowship Program at Georgetown University Law Center's Leadership and Advocacy for Women in Africa (LAWA).

The Catholic church in Cameroon maintains 28 hospitals and nearly 235 clinics. According to an interview conducted with a physician at a Catholic hospital, contraceptives are not accessible and abortion and emergency contraception are not provided, even in cases of rape. In cases where the rape victim is unwilling to continue the pregnancy, the victim is advised to continue the pregnancy and upon giving birth, place the child in the care of one of the 15 Catholic orphanages.

As some Catholics in Cameroon try to adhere to the church hierarchy's mandates on sexual and reproductive health and rights, the potential impact of the hierarchy is great. Thankfully, the Cameroonian government has stifled this impact and enhanced its commitments to women's rights by ratifying the Protocol to the African Charter on Women (Maputo Protocol) on May 28, 2009. However, as the protocol deals extensively with reproductive rights, the ratification has been met with protests from the Catholic hierarchy.

In a resolution marking the close of the 34th assembly of the National Episcopal Conference of Cameroon, the bishops condemned the Cameroonian government for ratifying the Maputo Protocol on the grounds that it violated Cameroonian laws by permitting abortion. Following the bishops' resolution, conservative allies of the hierarchy started a petition and held a protest in the Douala archdiocese.

The Maputo Protocol is an international human rights instrument that seeks to protect and promote women's human rights in the African region. According to Article 45 of Cameroon's constitution, upon ratification and being made public, international treaties have primacy over every domestic law. It is up to legislators to ensure that, prior to ratification, no provisions of an international convention conflict with existing national laws. If the treaty does contain some contradictions with domestic laws, parliament must either make reservations while ratifying or modify domestic laws before ratification.

As Cameroon signed the Maputo Protocol on July 25, 2006, and ratified it

on May 28, 2009, any observations or protests ought to have been raised within the last three years. Therefore, the current protests from the church hierarchy come a bit too late. It seems though that the real aim of the hierarchy is not to debate domestic versus international law but rather to stifle reproductive health and rights in Cameroon.

As previously stated, section 337 of the Cameroonian penal code allows for abortion in only two instances: when the pregnancy results from rape or when it threatens the health of the pregnant woman. The Maputo Protocol, on the other hand, deals extensively with reproductive health and rights in Article 14 (see box).

Article 14 also specifies the measures to be carried out by state parties to achieve its objectives. These include the provision of adequate, affordable and accessible health services. They also include the "establishment and strengthening of existing pre-natal, delivery and post-natal health and nutritional services for women during pregnancy and while they are breast-feeding" and the "protection of the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus."

Upon first look, the provisions for abortion in the Maputo Protocol seem quite similar to that of Cameroonian law. However, the difference lies in the defi-

nition of the health of a woman. The Maputo Protocol adopts the World Health Organization's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Customarily, Cameroonian law on abortion has taken only physical health into consideration.

For years, the Cameroonian government has ratified a myriad of international instruments which protect the rights of women and reproductive rights including the International Covenant of Economic, Social and Cultural Rights and the Convention on the Elimination of Discrimination against Women as well as the African Charter on Human and Peoples' Rights. And so, the church hierarchy should be reminded that the Maputo Protocol is not the first international instrument which the Cameroonian government has ratified that protects women's reproductive rights—nor should it be the last. Even more so, the women of Cameroon ought not to rest with these international protections in place; they should be constantly working to overturn the prohibitions on abortion that still exist in Cameroonian law. With the sad realities of maternal mortality, not to mention sexual violence and lack of preventative measures in Cameroon, the need to repeal the law and change cultural attitudes criminalizing and stigmatizing abortion in Cameroon is imperative. ■

The Maputo Protocol

Article 14 grants women the following rights:

- the right to control their fertility;
- the right to decide whether to have children, the number of children and the spacing of children;
- the right to choose any method of contraception;
- the right to be able to protect oneself against sexually transmitted infections, including HIV;
- the right to be informed about one's own health status and about the health status of one's partner, particularly information about sexually transmitted infections, in accordance with internationally recognized standards and best practices;
- the right to have family planning education.

The Vatican's War on Dissent

By Jeannine Gramick

AS A YOUNG GIRL GROWING UP in the 1940s and 1950s in Philadelphia, a culturally conservative city whose population was more than 50 percent Catholic, I believed unquestioningly in what the Catholic church taught. Nurtured on the Baltimore Catechism and able to recite questions and answers on demand, I respected and followed legitimate authority. I loved school, the nuns and my church.

My maturation into physical and moral adulthood coincided with the Second Vatican Council. In refining my concept of church, I distinguished between the faithful church and the institutional church. The people of God, as the faithful church, nourish, support and challenge me to grow in my relationship with God. The Vatican, the bishops, the priesthood and Catholic organizations, provide a framework or structure for my relationship with God. While I am proud of all the good works done locally, nationally and globally by the institutional church through such agencies as Catholic Charities, Catholic Relief Services, Cor Unum and various other Catholic organizations, I have too often experienced my institutional church as a repressive government

JEANNINE GRAMICK is a Roman Catholic nun, a co-founder of the activist organization *New Ways Ministry* and coordinator of the *National Coalition of American Nuns*.



Cardinal William Levada (L) shakes hands with Cardinal Francis George of Chicago. Cardinal Levada, head of the Congregation for the Doctrine of the Faith, ordered an investigation of the Leadership Conference of Women Religious while Cardinal George recently reprimanded a sister who is serving as a clinic escort.

© REUTERS/POLICH, 2005.

rather than as a structure enabling the Holy Spirit to come alive in the faithful.

In the course of history, religious authorities have silenced dissent in order to enforce orthodoxy. So too in the Roman Catholic church, we have seen dissenters' works placed on an index of forbidden books. We have seen suspected dissenters tried secretly in the Spanish and Roman inquisitions. We have seen the condemnation of scientific dissenters like Galileo and theological ones like the early 20th century European modernists. In the latter part of the 20th century, we have seen

censures of Leonardo Boff, John McNeill, Ivone Gebara, Hans Kung, Charles Curran and Roger Haight to name but a few.

Some contemporary cases in the United States show that the tradition of dissent by the faithful is still strong and the hierarchy still punitive.

ROSEMARY RADFORD RUETHER

The first situation involves Rosemary Radford Ruether, one of the leading US ecofeminist theologians. In January 2008, the University of San Diego (USD) invited

Professor Ruether to occupy the Monsignor John R. Portman Chair in Roman Catholic Systematic Theology for the fall 2009 semester. The appointment included her availability on campus to counsel and encourage theology faculty, delivering a public lecture and conducting seminars and colloquia for the faculty. The Theology and Religious Studies Department called Ruether a “leading Church historian and pioneering figure in Christian feminist theology.” Ruether received an official confirmation three months later.

After the university publicly announced the appointment in June, a conservative internet news service with a focus on abor-

whose theology was consistent with that of the Catholic hierarchy. Despite protests from faculty and others who signed a petition criticizing the decision as an insult to Ruether and a detriment to academic freedom, USD administrators reaffirmed their decision to cancel the appointment.

How was dissent involved in this situation? USD, a Catholic university with a reputation for fostering academic and theological development, was obviously willing and eager to hire a progressive and innovative theologian. But the university administration, despite support for a free-thinking theologian from faculty and outside forces, bowed to the pressure of

Kolpack to denounce it, make a profession of faith and take a loyalty oath in order to keep her job. Kolpack responded that she could profess her faith and take an oath, but could not renounce her thesis without compromising her integrity as a scholar. She was given no opportunity to discuss the thesis, nor any of the original accusations against her, but was summarily fired within 10 minutes.

Within days of the meeting between Kolpack and Morlino, Kolpack’s supporters held protests. Morlino responded that Kolpack’s firing was a “personnel matter.” Her thesis was not the sole issue, he said. She had a “certain mentality” that

Morlino said he had not read her thesis in its entirety; nevertheless, he asked Kolpack to denounce it, make a profession of faith and take a loyalty oath in order to keep her job.

tion and other sexual issues contacted the university for comment about the reasons for Ruether’s selection. The news service subsequently reported the decision and published an article about what it considered to be Ruether’s history of anti-Catholic teaching, stating that she calls God “Gaia,” has served as a board member of Catholics for Choice and supports abortion, contraception, women’s ordination and a host of other views that “put her in conflict with essential Catholic beliefs.” It also published the university’s contact information, urging concerned readers to advise USD not to honor Ruether. The university received calls from Catholics urging a reversal of the decision or threatening action against the university if a reversal was not forthcoming.

In mid-July, the university provost called Ruether to cancel the offer, saying that the donor funding the chair had a “certain vision” of whom she wanted for the chair. In response to press inquiries, the university maintained it was not influenced by outside groups, but that the anonymous donor expected that the appointment would be given to someone

other outside forces that see themselves as watchdogs to marginalize dissenters.

RUTH KOLPACK

The second situation involves Ruth Kolpack, a laywoman who was fired from her position as a pastoral associate at St. Thomas the Apostle Catholic Church in Beloit, Wisc., in March 2009. She had been a pastoral associate for more than a dozen years and had served the parish in various capacities for the past 38 years. After a brief meeting with Bishop Robert Morlino of the Catholic Diocese of Madison, Kolpack lost her job.

Morlino stated that her views on the teachings of Jesus were “off base.” He referred to Kolpack’s thesis entitled, “Inclusive Language for Naming God: A Challenge for the Church,” written for her masters of divinity degree from St. Francis seminary. The main theme of her thesis is inclusiveness and the patriarchal tone of the church’s liturgy, especially because of the exclusion of women from key roles, such as the priesthood.

Morlino said he had not read her thesis in its entirety; nevertheless, he asked

was “troublesome.” Morlino maintained that he respected her fine pastoral work at St. Thomas and did not want to “hurt her good name.” He discouraged hopes that she would be reinstated, but agreed to come to the parish and speak with the parishioners.

In early April, Morlino met with between 300 and 400 St. Thomas parishioners. He listened to their pleas and received written petitions from her supporters to reinstate Kolpack. However, in May Kolpack was notified that she would not be reinstated and could not serve in any leadership role in her parish. Details on what led to her dismissal were not disclosed although a statement on the diocese’s Web site said that Morlino could not trust her to teach authentic Catholic doctrine.

In this case, there was no evidence, only a presumption of dissent. Once again, there had been complaints made by church traditionalists to a traditionalist bishop, who acknowledged that “external forces” played a part in the dismissal. Tens of thousands of Catholic church personnel can be fired arbitrarily without appeal to

any neutral party when charges of dissent are levelled against them, despite the fact that the US Catholic bishops' pastoral letter, "Economic Justice For All," argues against such injustice. Increasingly during the last two pontificates, we have witnessed little tolerance for dissent and a rise in self-nominated enforcers of orthodoxy.

WOMEN RELIGIOUS AND THE VATICAN

The third situation involves women religious and the Vatican. In January 2009, the Vatican's Congregation for Institutes of Consecrated Life and Societies of Apostolic Life announced it would conduct an apostolic visitation of US women religious in order to examine their quality of life. A month later, came news of a second Vatican probe. This one, from

In the second investigation, Cardinal Levada, the head of the CDF, stated that the doctrinal evaluation was warranted because three issues discussed at a 2001 meeting had not been resolved, as indicated by various addresses given at the organization's annual assemblies in the intervening years. The three areas were the ordination of women priests, the primacy of the Roman Catholic church among the world's religions and homosexuality. Officers of LCWR had one meeting in late May with the investigators, Bishop Leonard Blair of Toledo and Msgr. Charles Brown from the CDF who presented the Vatican's concerns. At a second meeting in the fall of 2009, LCWR will respond.

What is the role of dissent in these inter-

gations and objected to the fact that the reports will be kept secret.

Is the issue of dissent an underlying motivation of the community visitations? Remarks by Cardinal Franc Rodé, the Vatican official who initiated the visitations, certainly seem to suggest so. At a symposium on religious life at Stonehill College in North Easton, Mass., in September 2008, Cardinal Rodé spoke about individual women religious or entire communities that "have opted for ways that take them outside communion with Christ in the Catholic Church, although they themselves may have opted to 'stay' in the Church physically." This is an evident reference to those communities that are pushing the boundaries of traditional Catholicism.

The investigation, from the Vatican's vantage point, has already had some limited success because it has instilled fear and self-silencing in some women religious.

the Vatican's Congregation for the Doctrine of the Faith (CDF), would be a doctrinal assessment of the Leadership of Conference of Women Religious (LCWR), an umbrella organization of 1,500 leaders representing 95 percent of approximately 59,000 US sisters.

In the first investigation, the Vatican appointed Mother Mary Clare Millea, who lives in Rome and is the superior general of a traditional teaching order, to head the visitation. The first phase consisted of meetings, phone calls or correspondence between Mother Millea and about 175 leaders of approximately 340 communities. In the second phase, each leader will receive a questionnaire about their community's life and ministry. After studying the results, Mother Millea will select various communities to receive an on-site visit during 2010 from a team of investigators. The communities are asked to pay for the accommodations and travel of those who will be investigating them. By mid-2011, Mother Millea will send a confidential report to the Vatican with her recommendations.

ventions into the lives of US women religious? Clearly, the doctrinal investigation of LCWR is being conducted because the Vatican, concerned at least about three named areas, is attempting to stifle any future dissent. The investigation, from the Vatican's vantage point, has already had some limited success because it has instilled fear and self-silencing in some women religious. For example, some communities denied or reconsidered hosting progressive groups in their facilities because of repercussions that might materialize. Others defeated proposals at their annual assemblies because of potential Vatican feedback. These actions are deemed necessary to be free of Vatican control, but the religious have already lost some of their freedom by altering their usual manner of acting. Although many religious are being cautious about future actions, approximately 800 leaders in LCWR expressed their thinking about the two investigations. In a public statement at their assembly in New Orleans, August 11-14, 2009, they questioned the motivation and funding sources for the investi-

A document entitled *Instrumentum Laboris*, given to the communities by Mother Millea, delineates the scope of the visitation and shows that dissent is one of the Vatican's core concerns. The visitors will examine "the soundness of doctrine held and taught by the religious." Community leaders will be asked what process they use to respond to sisters who "dissent publicly or privately from the authoritative teaching of the Church" or "from congregational decisions, especially regarding matters of Church authority."

Team members involved in the visitations will be asked to make a profession of faith and an oath of fidelity to the institutional church. In the past, church authorities used loyalty oaths and professions of faith to suppress dissent. About 100 years ago, Pope Pius X's "Oath against Modernism" instilled fear and impeded theological development for decades until the works of many modernist theologians became the foundations for the Second Vatican Council. Pope Paul VI abolished the oath, but within two decades, Pope John Paul II restored it. Sadly, we are

witnessing an attempt to return to a monolithic church where voices, other than the approved ones, are muted. A monolithic church fails to see that persuasive arguments and the witness of one's life, not professions of faith and loyalty oaths, are the authentic safeguards of truth.

DONNA QUINN

One further incident illustrates the attempt to rein in dissent among US nuns. In July 2009, Donna Quinn, a Dominican sister, received a letter from the Vicar for Religious of the Chicago Archdiocese, on behalf of Cardinal Francis George, stating that her "dissent with the Church is widely known." Specifically, Sister Quinn was chastised for being an escort at the ACU Health Center in Hinsdale, Ill., and was asked to cease her "pro-abortion" activity. Because she was a Catholic religious sister, the letter stated, her involvement was a "cause for serious public scandal."

Sister Quinn responded that the clinic is not an abortion clinic, but rather a licensed facility which provides treatment for a host of health issues, such as pregnancy testing, counseling, sexually transmitted diseases, HPV and cancer, abortion, HIV testing, family medicine and urology. Each month, her role at the clinic is to act as a peacekeeper to ensure safe passage for women from their cars to the clinic entrance. She went on to state that she witnessed "mostly men (led by a priest in his black priestly outfit) come to harass women who enter these clinics. These men get up very early, run over to the clinic and leer at, or ogle, the women who attempt to go into the clinic for health reasons known only to them. Then these same men, joined by some women, shout obscenities at the women who become embarrassed and angry as they try to enter the clinic." She then asked, "Is this not another form of sexual abuse?"

Sister Quinn reminded Cardinal George and his representative that clinic workers have been threatened, a peacekeeper murdered, and Dr. George Tiller recently killed while serving as an usher at his church. She herself has been harassed and followed to her car by those attempting

to block women from entering the clinic. Sister Quinn closed her letter by stating that she would do all she could to make sure women seeking medical assistance have safe passage to a facility. Cardinal George responded that it was "interesting to receive your perspective on events that were reported to my office" and that the situation should be resolved between Sister Quinn and her prioress.

Once again, self-appointed informants used the hierarchy to enforce their brand of doctrine. Once again church leaders

tions the Vatican will try to impose on US sisters. Listening to different positions, with a discussion of their merits and drawbacks, is needed in the life of any dynamic organization. Dissent can benefit the whole community when it is public and when it leads to communal discernment. Without the benefit of dissenting voices, the church would still be sanctioning slavery, religious intolerance and torture as it once did.

Not all dissent will lead to truth, but the community's search for truth needs



Women religious wait for Pope Benedict XVI to arrive at St. Patrick's Cathedral in New York City.

used their authority to clamp down on any actions perceived to be in dissent from the Vatican position.

As I mentioned at the outset, I am proud of all the good works effected by my church, but too often I feel embarrassed by repressive measures or statements from the hierarchy. I want to feel proud again of the institutional church, as I felt during the years following the Second Vatican Council.

A change in worldview can come about only if more Catholics voice their dissent. Speaking up requires courage because it may cost a job, as in the case of Ruth Kolpack, or the sacrifice of an appointment, as in the case of Rosemary Radford Ruether. We do not yet know what restric-

to allow for dissent because there is much to be learned in the process. Like Jesus' parable about the weeds that should not be pulled up and destroyed to protect the wheat, traditional and dissenting views need to grow together until the harvest (Matthew 13:30). If we sincerely trust the Spirit of God, we will be confident that the testing of time will separate what is false from what is true.

Faithful and respectful dissent is vital to the life of the church. It enables the church community to think, to deliberate, to debate and to grow in relationship to one another and in relationship to God. We cannot afford let our dissenters be silenced. They are a gift to our church. ■

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The Empty Tomb

A REVIEW OF "VOWS OF SILENCE"

By David J. Nolan

IN ROME, A TOMB IN THE BASILICA of Guadalupe lies empty. Its intended occupant, Fr. Marciel Maciel, died in January 2008. He is buried several thousand miles away in Cotija, his remote hometown in Mexico. There are no public plans to move his body to Rome.

For many, the esteem they had for Maciel vanished after accusations that he sexually abused seminarians were all but confirmed by the Vatican in 2006. Others deserted him after his death when it was revealed he had fathered a child two decades previously. While a few still revere him, rehabilitation is now unlikely. Previously declared plans to initiate the process to declare Maciel a saint are most definitely on hold.

Maciel's fall from grace should surprise nobody who was paying attention. Sadly, it is clear that many were either not paying attention, or did not believe the evidence before their eyes. They include his many wealthy supporters, fellow priests, bishops, cardinals and even some popes.

Maciel revealed right from the start that he was a danger to those around him. Despite the fact that he had four uncles who were bishops in Mexico, he was expelled from two seminaries and refused entry to several others. A Jesuit seminary in New Mexico also expelled him, giving him 30 minutes to leave the property. No details were ever made public, but one can reasonably assume that his were not minor transgressions. After he was ordained by one of his uncles, he founded the Legionaries of Christ in 1941—his own, ultra-

conservative order that developed into a cult to worship its leader. Those who wanted to join had to swear an oath to never speak ill of him. He proved to be an adroit fundraiser and by the mid-1940s was already offering immense sums of money as gifts to leading church figures. For example, in 1946 Maciel gave \$10,000 to the vicar general of Rome, Cardinal Clemente Micara, then living in a city decimated by the war. It was a considerable sum of money, but a useful investment in the future.

In 1956, Pope Pius XII suspended Maciel as leader of the Legionaries after allegations of drug abuse and sexual abuse in a seminary. Maciel was reinstated under dubious circumstances in 1959 during the hiatus between the death of Pope Pius and the installation of Pope John XXIII—by Cardinal Clemente Micara.

Despite many accusations, Maciel never looked back after his reinstatement until an investigation by the Vatican's Congregation for the Doctrine of the Faith concluded in 2006 with him being instructed to discontinue all public ministries and lead "a life of prayer and penitence."

"Vows of Silence" is a powerful documentary by investigative reporter Jason Berry based on the 2004 book of the same name. (The book was co-authored with the late Gerald Renner.) Berry broke the story of Maciel's abuses in 1997, in an article in the *Hartford Courant*, also co-authored with Renner.

Using on-screen interviews with several victims, archival still and video footage of Maciel, and his immense knowledge of the case, Berry provides

us with an anatomy of the Vatican's system of (in)justice. In a useful reminder of the accusations against Maciel, we see repeated images of Maciel with young boys and girls and adoring seminarians interspersed with pictures of him with the rich and powerful men and women who enabled his crimes.

These enablers reached the pinnacle of society. From conservative ideologues through political figures and into the papal palace itself, Maciel's charisma charmed money and influence from almost everybody he met. Funders included Carlos Slim of Mexico, one of the world's richest men, who hosted a



Fr. Marciel Maciel prays with Legionnaire seminarians.

\$725,000 fundraiser for Maciel in 2004; Flora Barragán de Garza, the Monterrey widow of one of the wealthiest men in Mexico who donated the land for the order's first school, the Instituto Cumbres in 1952 (and gave Maciel a Mercedes-Benz) and the enormously wealthy Oriol family from Spain. In fact, some critics refer derisively to the Legionaries of Christ as the "Millionaires of Christ." On the political front, advocates include William Bennett, a former US drug czar and Jeb Bush, former governor of Florida and brother of President George W. Bush, both of whom spoke at fundraisers. Jeb Bush addressed the same meeting as Cardinal Franc Rodé who concluded his trip to the Americas with a Legionaries-paid vacation in Cancún. The ideologues included the late Father Richard John Neuhaus, publisher of *First Things*, who called the accusations against Maciel "scurrilous." George Weigel, senior fellow of the Ethics and Public Policy Center and conservative Catholic intellectual, Bill Donohue of the Catholic

DAVID J. NOLAN is the editor of *Conscience*.

League, and Mary Ann Glendon, former US ambassador to the Holy See, also denounced the accusations. Within the Vatican, Cardinal Angelo Sodano, the Secretary of State under John Paul II, obstructed and stymied the investigations against Maciel at every turn. When the abuse was first reported in 1997, Pope John Paul II became Maciel's papal protector. Passive in the face of the charges of abuse, the pope's inactivity did immense damage to the church.

The pope was ably assisted in this obstruction by Cardinal Joseph Ratzinger, head of the Congregation for the Doctrine of the Faith—the department responsible for investigating

government has sought to exonerate itself from its role in permitting and perpetuating the abuse by i) signing an open-ended deal that put Irish taxpayers on the hook for almost 90 percent of the compensation due to victims of abuse and ii) placing the blame on the victims. The Irish Children's Minister Barry Andrews recently claimed that progress had been made because the Irish "deference [to the church] that was at the core of the problem is no longer there." This deference, he claimed, allowed institutional child abuse to thrive for decades. The problem, in Andrews' eyes, is not that the church hierarchy attracted and enabled abusers, or that the Irish govern-

at least 30 witnesses who said that Maciel had abused them. However, when the ax finally fell in 2006, the Vatican's order punishing Maciel failed to say why he had been banished to a life of "prayer and penitence," let alone express any concern about those he had harmed.

Since "Vows of Silence" was made, further revelations have emerged, including the fact that Maciel had a mistress and daughter in Madrid. A spokesperson for the Legionaries of Christ acknowledged that he was guilty of conduct that is "surprising, difficult to understand, and inappropriate for a Catholic priest." Indeed.

Ratzinger's desire to protect the institutional church knew few bounds. On one occasion, Ratzinger said to a reporter, "One can't put on trial such a close friend of the pope as Marcial Maciel."

allegations of abuse. Ratzinger's desire to protect the institutional church knew few bounds. On one occasion, Ratzinger said to a reporter, "One can't put on trial such a close friend of the pope as Marcial Maciel."

The Catholic hierarchy has been remarkably consistent in its response to the sexual abuse crisis. As reports emerge (again) about the extent of the abuse scandal in Ireland, the church hierarchy continues to insist that it is shocked by the extent of the abuse. However, several commentators, including Eamonn McCann in these pages and Michael Fitzpatrick on Spiked Online, have noted that every decade since at least the 1930s has had its whistleblowers and accusations, yet each one is greeted with shock and horror as if the hierarchy had never imagined it could be so bad.

The hierarchy is ably assisted by docile political leaders who either turned a blind eye or actively defended the church. To a man, all those involved seek to place the blame elsewhere. A recent example illustrates this perfectly. The Irish

ment ignored blatant evidence of abuse, but that the Irish people were too deferent to the church when confronted with reports of abuse to do anything about it. (Full disclosure: I knew Andrews socially while I was a student in Dublin in the 1980s.)

Not everyone had the wool pulled over his eyes about the Legionaries of Christ. Some bishops in the United States have banned them from acting in their dioceses. Most recently, in 2008, Baltimore Archbishop Edwin O'Brien banned the Legionaries and Regnum Christi from his archdiocese, all but calling them a cult.

The final and decisive complaint against Maciel was made in 1997 by nine men (one of whom later withdrew his name). One of the complainants, Jose Barba, admitted to having lied to investigators during the investigation in the mid-1950s. Despite assurances and continued requests, nothing happened until 2004, when Cardinal Ratzinger ordered Msgr. Charles Scicluna to investigate the matter. Scicluna interviewed

Berry presents a compelling case—and few would deny that the reality of Maciel's life was a hideous distortion of what he claimed it to be. Sadly the few who do deny the reality of Maciel's life retain significant power to impede the path to whatever form of justice may remain.

Earlier this year, Benedict appointed five bishops from the US, Italy, Mexico, Spain and Chile to investigate the Legionaries. However, Maciel's reputation, and the future of the Legion, may rely on two senior Vatican officials who have a history of blind obeisance to Maciel. Cardinal Angelo Sodano—dean of the College of Cardinals and someone with a history of obstructing complaints against Maciel—and Cardinal Franc Rodé—who spoke at fundraisers for the Legionaries and currently oversees religious congregations for the Vatican—both occupy key Vatican oversight positions. Jason Berry may still have some use for his formidable reporting skills if they become entangled in this latest investigation. ■

Finding Aid that Works

By Cheryl Francisconi, MSW/MPH

Dead Aid: Why Aid is Not Working and How There Is a Better Way for Africa

Dambisa Moyo

(Farrar, Straus and Giroux, 2009, 208pp)

978-0374139568, \$24.00

WHY IS IT THAT AFTER sixty years and over \$1 trillion dollars in aid, sub-Saharan Africa is still the poorest region

in the world? According to Dambisa Moyo the culprit, fundamentally, is aid itself. Moyo adds a new voice to the debate about aid to Africa and, interestingly, a voice that is not from a western economist or celebrity. Moyo is a Zambian woman who holds a master's degree from Harvard and a PhD in economics from Oxford. Her previous tenure as

both a consultant to the World Bank and an economist for Goldman Sachs makes her well-positioned to enter the debate. In her provocative new book *Dead Aid: Why Aid is Not Working and How There Is a Better Way for Africa*, she calls for the end to aid, making the case that aid fosters dependency, corruption and conflict, and stands in the way of entrepreneurship and the development of free enterprise.

Moyo divides her treatise into two. In Part One, "A World of Aid," she paints an overall picture of the African continent at present: poverty is on the rise, life expectancy is low and health indicators

are troubling. Instead of showing positive economic growth, there has been an average annual growth rate of -0.2 percent in the most aid-dependent countries. In addition, over the last 13 years, there

have been civil wars in 11 countries, and over 50 percent of countries across the continent are under nondemocratic rule.

Moyo defines three types of aid: 1) humanitarian aid, 2) aid that comes through charitable organizations and 3) systemic aid. It is not all aid with which she takes issue. It is primarily systemic aid, defined as the billions of loan and grant payments, either

from donor governments or institutions like the World Bank, that are made directly to recipient governments.

To help the reader understand the genesis of aid, Moyo gives a brief and important history. In 1944, at the end of World War II, representatives from 34 countries met in Bretton Woods, N.H., to establish a global system of monetary management. It was at this meeting that the World Bank, the International Monetary Fund and the International Trade Organization were established. The World Bank's primary responsibility was to facilitate postwar reconstruction investments to Europe. Initial reconstruction loans were instrumental in Europe's long-term recovery.

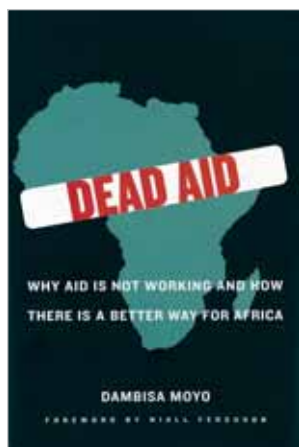
Later, in 1947, the first government-to-government transfers were made.

Under the Marshall Plan, the US government transferred approximately \$20 billion to 14 countries. Through this aid, Europe recovered economically, was able to rebuild its infrastructure and regain political stability. The US won allies in Western Europe and influenced foreign policy. The success of the Marshall Plan in the 1950s prompted the US and other donor countries to look to Africa for replication. Many African countries were gaining independence from colonial powers during this period and it was in the best interest, Moyo says, of Western governments to influence African countries, especially in light of the Cold War. Aid became a tool to ensure that countries would ally with the West rather than the Soviet Union.

Moyo skillfully guides us through five decades and a changing focus of aid, highlighting the 1960s as the decade of building infrastructure, shifting in the 1970s to poverty alleviation in the form of investments in rural agriculture and social services such as education, housing and health. By the end of the 1970s over \$36 billion in aid had made its way across the continent.

Moyo presents the 1980s as the "lost age of development," where, as the debt crisis emerged, recipient countries began defaulting on loan payments. In response, the IMF restructured debt, and more money was lent to help defaulting nations pay what they owed. This served to create more dependency on aid, and pushed countries deeper into debt. The total debt owed by emerging market countries was over \$1 trillion at the beginning of the 1990s.

After almost 40 years of colossal investment, there was little success to speak of, forcing the donor community to fault poor political leadership and weak institutions. The focus in the 1990s turned to good governance which became a determining factor for aid. Moyo ends her historical look at aid with a description of the 2000s as the era of "glamour aid," marked by the rise of campaigns led by celebrities like Bob Geldof and Bono. Moyo is critical of the move toward elevating celebrities as the spokespersons for what is best for Africa. "It would



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appear,” she says, “despondent with their record of failure, that Western donors are increasingly looking to anyone for guidance on how best to tackle Africa’s predicament. Scarcely does one see Africa’s (elected) officials or those African policymakers charged with the development portfolio offer an opinion on what should be done...”

So, why is aid not working?

IN HER VIEW, UNLIKE THE MARSHALL Plan which was finite and targeted toward reconstruction, aid to Africa has reached into every nook and cranny of government, creating a greater dependency on aid. In addition, while many conditions have been placed on the use of aid over the years, she cites a World Bank study indicating that 85 percent of aid was diverted to uses other than originally intended and, despite this, there have been no consequences imposed upon recipient governments. Zimbabwe’s Robert Mugabe, who some consider to be among the most corrupt of world leaders, is a case in point; over \$300 million in aid was given as recently as 2006. Is it possible that aid fosters corruption and, if so, why keep giving it? Perhaps, Moyo suggests, the system has made it next to impossible for donors to stop the vicious cycle since aid has become tied to countries’ ability to pay back what they owe, ultimately affecting the financial lending markets.

Throughout the first half of the book, it is clear that Moyo has done her research. Her arguments are articulately made and, while it may not be possible to causally link the failure of aid to the issues she cites, her case is compelling.

In Part Two, “A World without Aid,” options for development not tied to aid are laid out. These options are not necessarily new and Moyo leaves the reader wondering what would motivate recipient governments to move away from the easy cash they have come to depend on. It is not until the final chapter that she suggests that it might be up to the donors themselves. What if, she postulates, donors give five years to recipient countries to wean themselves off of aid...permanently?

Financing development goals could be done several ways. Moyo lays out a multitiered approach for countries to stimulate their economic growth. African governments could enter the international bond markets, as Ghana and Gabon have previously done, to raise capital for development needs. They could attract more foreign direct investment. Moyo includes an entire chapter highlighting the investment China is currently making in Africa, which has few conditions attached and tangible economic benefits. Encouraging better trade policies, in both rich and poor countries, would be an important step. Finally, improving people’s access to the market could come through increased

microlending, encouraging savings to strengthen banking systems, and easing the high cost on remittances sent from Africans living abroad, a potential source of between \$1 and \$3 billion.

All of this assumes commitment on the part of both donors and recipients to change a deeply entrenched system—the business of giving aid employs thousands of people throughout the world.

Moyo’s critique has triggered much criticism in return from economists such as Jeffrey Sachs who continue to argue that aid is making a difference. Certainly there are aid programs that work. But it is not difficult to see that the system needs an overhaul and Dambisa Moyo is at least asking the right questions. ■

Bookshelf

From the Pews in the Back: Young Women and Catholicism

Kate Dugan and Jennifer Owens (eds.) (Liturgical Press, 2009, 237pp)

Kate Dugan and Jennifer Owens, former classmates at Harvard Divinity School, set out to gather a sense of what it means to be a young Catholic woman in today’s world. Their collection of stories penned by an assortment of young Catholic women does just that. The heartfelt stories cover growing up Catholic, putting faith in action, vocation, spirituality and identifying as a Catholic woman.

An Irish Tragedy: How Sex Abuse by Irish Priests Helped Cripple the Catholic Church

Joe Rigert (Crossland Press, 2008, 177pp)

Rigert, an investigative journalist, reveals the truth about the Irish sex abuse scandal in the same way the *Boston Globe* documented the crisis in the United States. Because Ireland has a history of exporting its priests accused of abuse to the US, he asserts that the roots of the sex abuse scandals are in Ireland. Rigert blames sexual repression both in Irish society and the priesthood for the scandals but demonstrates how the hierarchy in the United States and the Vatican itself are to blame for the extent of the scandal.

The Making and Unmaking of the English Catholic Intellectual Community 1910-1950

James R. Lothian (University of Notre Dame Press, 2009, 487pp)

Lothian, a history professor at the University of Binghamton in New York, presents a comprehensive history of English Catholic thinkers such as Hilaire Belloc, GK Chesterton, Eric Gill and Evelyn Waugh. These intellectuals and others formed a Catholic counterculture of sorts that produced what is now known as “political Catholicism.” Lothian examines this counterculture, its members’ struggle with Catholicism’s negative attitude towards modernity and their desire to engage with contemporary society.

(continued on page 53)

Patriarchy: The Glue that Holds the Culture War Together

By Timothy A. Byrnes

The Means of Reproduction: Sex, Power, and the Future of the World

Michelle Goldberg

(Penguin Press, 2009, 259 pp)

978-1594202087, \$25.95

Quiverfull: Inside the Christian Patriarchy Movement

Kathryn Joyce

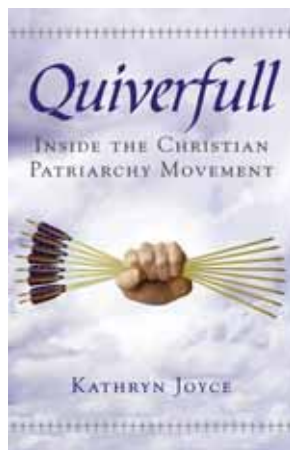
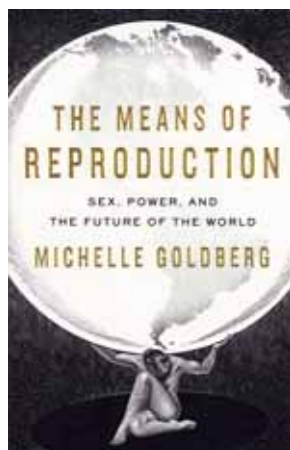
(Beacon Press, 2009, 258 pp)

978-0807010709, \$25.95

THE MEANS OF REPRODUCTION: *Sex, Power, and the Future of the World*, by Michelle Goldberg, and *Quiverfull: Inside the Christian Patriarchy Movement*, by

Kathryn Joyce, are very different books in many ways. But at the core of their arguments they are actually quite similar to each other. Both authors set out to detail (and I do mean detail) the countless ways in which, in Goldberg's words, "conflicts between tradition and modernity are being fought on the terrain of women's bodies." And both books convincingly establish that aggressive and relentless attacks on female sexuality and reproductive freedom reside, as Joyce puts it, at the very heart of "a new cold war, a 'clash of civilizations' to be fought through women's bodies, with the maternity ward

as battleground." Patriarchy, Goldberg and Joyce both believe, serves as the indispensable glue for a powerful intersection of three complex phenomena: religion, reproductive politics and the globaliza-



tion of the American culture war. And that intersection, they also both believe, is not only disastrous for millions of girls and women whose aspirations for individuality and equality are being snuffed out by their religious and political oppressors from Sierra Leone to San Antonio; that intersection is also the place where a clearly defined worldview has emerged that aims to determine what Goldberg's provocative but appropriate subtitle defines as "the future of the world." Goldberg and Joyce have ventured forth into worlds

where female sexuality is explicitly defined as submission, and where female aspiration is exclusively defined as motherhood. They have returned to write disquieting books that ought, at the very least, to challenge the most complacent among patriarchy's opponents.

Of the two books, Joyce's *Quiverfull* focuses more directly on the United States. The title refers to the Quiverfull movement, a relatively loosely organized set of communities that believes that women have the responsibility to produce a quiverfull of children who can serve as "arrows" in the "war" against feminism, or against any notion of family or societal structure that is not defined by the supremacy of male power. Kathryn Joyce is a freelance writer rather than an academic, so she is never really explicit about her method. But more than anything else, her book is an account of her anthropological fieldwork conducted in and among segments of the Reformed Christian churches, and the homeschooling movement. She was a participant observer in the Quiverfull community, and observed some pretty awful ideas being purveyed and some pretty distasteful practices being advanced, including early arranged marriages; constant pregnancy and childbirth; absolute female submission to male authority, whether in the person of a father, a brother, a husband or most cringe-inducing, a self-appointed pastor. Joyce recounts story after story of girls being raised for submission, "Jezebels" being shunned by their communities and men equating their own power in their families with God's power in his kingdom. The worldview she is trying to convey is captured perhaps most clearly in the quiverfull notion that a woman's constant sexual availability to her husband is not only her wifely "duty," but also at the heart of her "ministry" as a believing Christian. Oh my.

Joyce does an excellent job of describing these familial and societal dynamics, and she had no trouble convincing me that the Quiverfull movement is distasteful and deeply damaging to the daughters who are born into it. What she was a little

TIMOTHY A. BYRNES is professor of political science at Colgate University. He has authored several books on religion and Catholicism, including *Transnational Catholicism in Postcommunist Europe (Rowman and Littlefield)* and *Catholic Bishops in American Politics (Princeton)*.

less successful at was convincing me that this subculture, regardless of how unnerving she and I might find it, poses a danger to the values and future choices of American society, and American women, at large. The communities that she visits are sometimes quite small (300 families in one case), and as she puts it: “the number of families who have committed themselves wholly to the Quiverfull path doesn’t represent any pollster’s idea of a key demographic.” For me, then, the least compelling parts of Joyce’s book were the concluding chapters where she tries to connect these communities and their practices to larger forces in society, where she argues that the marginal Quiverfull movement is “nonetheless significant for representing an ideal family structure that many conservatives reference as a counterexample when they condemn modern society.” Well, maybe. But at times, Kathryn Joyce reminded me a bit in this book of Michelle Goldberg’s previous book, *Kingdom Coming*, another warning flare that may have oversold its dangers just a bit (as I argued in a review in these pages). I don’t doubt the need for vigilance in the face of patriarchal movements that have marbled themselves into American culture, and that have sometimes secured for themselves powerful allies in political and other institutional venues. I hope I am not the complacent reader, the complacent male reader, to whom I referred a couple of paragraphs ago. But sometimes subcultures, no matter how troubling they might be, remain just that, subcultures. Such communities do not always morph into significant threats to the nation as a whole.

IN *THE MEANS OF REPRODUCTION*, however, Michelle Goldberg is after much larger prey than she was after a couple of years ago in *Kingdom Coming*, or for that matter than Kathryn Joyce is after in *Quiverfull*. This time, taking an explicitly global and long-term view, Goldberg’s arguments and warnings hit the mark exactly. Every single page of *The Means of Reproduction* conveys the tragic effects that a toxic mix of misogyny, religious zealotry and Amer-

ican power are having on women across the world. It is an ugly tale, and Goldberg doesn’t shrink from depicting the ugliness graphically. She touches all of the woeful bases: the anti-contraception policies of the United States; the expedient alliance between the Vatican and Islamic states at UN conferences on population and on women; genital mutilation; female infanticide; feminism’s purported (but utterly bogus) role in Europe’s demographic crisis; and the general and unavoidable conclusion that many powerful men, both here in the US and abroad, are really, really afraid of women, and of the threat that women’s sexuality ostensibly poses to male dominance of religious and political institutions.

Beyond presenting that catalogue of abuse, however, Goldberg goes much further in her analysis of “sex and power,” and tries to do for “the globalization of the culture war” what Robert Wuthnow did years ago for American religion: she endeavors to “restructure” it. The real clash in today’s world, she writes, is not between different religious traditions or between competing cultures. Rather, the real battle

is between two overarching worldviews, neither of which is housed exclusively in any particular religion or culture, and both of which are based largely on notions of the role women ought to be playing in society, and in directing their own individual lives. “One” of these worldviews, she argues, “saw women as ends in themselves, human beings with dignity and autonomy. The other treated them as the means of group cohesion and identity whose primary value lay in their relation to men.” Michelle Goldberg is not responding here to the mere words of repugnant pastors, or even to the machinations of ambitious politicians. She is, instead, reporting on a titanic global struggle over the status of female bodies and the possibilities of female lives, and she is arguing that no less than the “future of the world,” for all of us, is riding on its outcome. Based on the evidence that she presents in this elegant and persuasive book, neither that outcome, nor our future, is anywhere near assured. *The Means of Reproduction* in that crucial sense, is a call to arms from a raging battlefield. ■

Bookshelf (continued from page 51)

Monkey Trials and Gorilla Sermons: Evolution and Christianity from Darwin to Intelligent Design

Peter J. Bowler (Harvard University Press, 2007, 256pp)

Charles Darwin’s ideas have been and continue to be condemned by some religious leaders. However, what is less recognized is the long history of liberal theologians trying to reconcile their beliefs with Darwin’s theory of evolution. In this book, Bowler sets out to highlight these progressive thinkers and show how evolution and Christianity are compatible.

A Pilgrim in a Pilgrim Church: Memoirs of a Catholic Bishop

Rembert G. Weakland, OSB (Eerdsman Publishing, 2009, 429pp)

Archbishop Weakland, beloved for his progressive leanings and infamous for scandals around the sex abuse crisis and his own sexuality, tells his side of the story in this lengthy autobiography. Throughout the book, Weakland candidly describes his growth as a gay man and how that affected and continues to affect his ministry. Apart from addressing the scandal and his sexuality, this book tells the story of one man’s lifelong struggle in recognizing and confronting the strengths and weaknesses of the Catholic church.

(continued on page 55)

The Church in the World

By Frans Baneke

Global Catholicism: Pluralism and Renewal in a World Church

Ian Linden

(Columbia University Press, 2009, 282pp)

978-0231154161, \$27.50

HAS THE CATHOLIC CHURCH become a globalized institution comparable to the world's largest conglomerates? While the globalization of the last 50 years has changed the church from a Eurocentric institution to one with rapidly increasing leadership in Latin America, Africa and Asia, Ian Linden's latest book makes it clear that the church is, in fact, much more complex than any megacorporation.

In a compact 300 pages, Linden describes the antinomy between the church as it wishes to be, a theological construct, and the church as it is, ridden by the human frailty inherent in an institution with 1.3 billion baptized followers. After all, the church does not simply sell its theology as a product; it must also act in accordance with its teachings. With these complexities in mind, Linden describes the worldwide interplay between centralized Vatican structures and localized parishes and dioceses as well as between evolving theology and the worldly challenges the church faces.

Linden, pulling together his vast international knowledge of Catholicism,

draws a few clear lines. We see, for example, how obsessions with communism, sexuality and celibacy have created havoc with otherwise pious intentions. His authority on the subject allows him

to use strong language, such as "spectacular blunder," "flagrantly biased" and "vagaries of bishops' control." Neither does he avoid criticizing papal actions. This makes it easier to digest the immense quantity of information and, for lay people such as myself, understand the oftendense Catholic jargon. It also helps that Linden never takes sides but

always remains objective.

The undisputed starting point for the most recent expansion of the church was Vatican II, which took place between 1962 and 1965. The preceding period is described as a "time of enforced silence...dominated by Europeans" and controlled by an "inveterately secretive Curial government in Rome." In this period, some theologians developed a progressive approach to theological thought and labor priests stood in solidarity with exploited laborers. However, the church's response to poverty continued to be charity, not social reform.

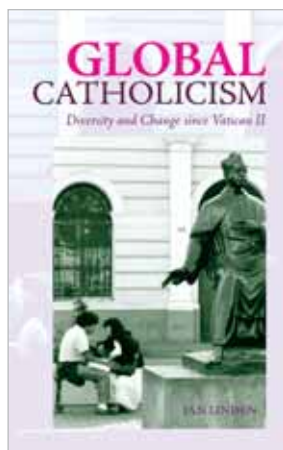
At the time of the Council, I was a student. I remember those spectacular images of Saint Peter's Church filled

with rows and rows of bishops. Linden's book makes me realize how revolutionary the Council was. Imagine honest voting in a staunchly authoritarian and even antidemocratic church and documents prepared by the Vatican being rejected by clear majorities. Delegates from Latin America came with their liberation theology and found allies among French theologians and labor priests. The pope accepted the concept of a welfare state with social policies. Brazilian bishop Helder Camara pleaded for a church of the poor that addressed injustice. One of the key documents that came out of Vatican II, *Gaudium et Spes*, recognized the need for solidarity; human rights were mentioned for the first time. Cultural diversity was accepted. Even communism was addressed in a manner that understood some of its aspirations.

Encouraged by the Council, Basic Christian Communities emerged in Latin America to address poverty and injustice at ground level and liberation theology became more widespread. Unfortunately for the Vatican, the church was not the homogeneous theological construct that it wished it to be. Part of the hierarchy shared the concerns of Latin America's mostly dictatorial governments and feudal landlords about the rise of communism. This led these members of the hierarchy—and the Vatican which was always afraid of communism—to oppose liberation theology and consequent actions from bishops, priests and nuns on the ground.

The situation in the Philippines had some resemblance with that of Latin America: an authoritarian regime under President Ferdinand Marcos, feudal landlords, fear of a communist uprising, a unique brand of liberation theology under Father Ed de la Torre and bishops who were torn between their interests in the status quo and the increasing call for social justice. The church arrived late but was in the end effective in opposing the regime, playing a major role in bringing Marcos down in 1986.

Linden proceeds with a fascinating insight in the role of the Catholic church



FRANS BANEKE recently retired as president of the World Population Foundation in the Netherlands. He is a former member of the Catholics for Choice European Advisory Group.

in South Africa's struggle against apartheid. The mainly white Catholic church was very slow to grasp the opportunity to take moral leadership and has, as a result, continued to play a minor role in South African society. It wasn't until 1985 that it developed a brand of contextual or liberation theology in the Kairos Document, reflecting Latin American influences.

BUT SOUTH AFRICA WAS ISOLATED from other countries in Africa. Initially, the church in these countries was a missionary, white church, providing charity and Catholic social teaching. The latter was not deaf to the call of liberation theology and this contributed to the awakening of African elites, including priests and nuns. In Rhodesia, today's Zimbabwe, led by the courageous Bishop Donal Lamont, the church played a strong role opposing the racist Smith regime; many rebel leaders had received missionary education. In Malawi, the bishops were late in resisting the oppressive regime of President for Life Hastings Banda.

Asia provided the church with another challenge: the relationship between Christianity and culture in an age of globalization. The churches in India, China and Japan developed their own brands of theology. Asia, however, resisted Rome's perennial policing.

In Europe, the main challenge is secularism. Relevant for readers of *Conscience* is a passage that notes: "A doctrinaire attitude returned to all aspects of sexual ethics, most calamitously to contraception. The flight from the institutional Church was hastened while widespread rejection of teaching on sexuality undermined authority irrevocably."

Finally, Linden considers the crises and opportunities facing the church. The former includes the estimated 100,000 priests who have left the church and about double that number of religious sisters. The sexual abuse scandal and Rome's tone deaf response have also exacerbated the low ebb at which the church finds itself. In contrast, Linden sings the praises

of emerging women religious movements, but notes that Rome has yet to accept this form of feminism. It also has yet to develop a "theological ecology" to exercise leadership in matters of the climate and the environment. And, according to Linden, it will never be able to develop a universal theology for war and peace because national sentiments will always prevail, while noting that churches will "dutifully cater to the pastoral needs of our troops."

I hope that Linden and others will continue to deepen our knowledge and look to the future. If the church is comparable to a multinational conglomerate, what of the Vatican's personnel policies? The nomination of bishops is a key tool

of control that remains in the hands of the Vatican—as it is in any multinational company. Where I live, in the Netherlands, a series of nominations that local Catholics opposed has speeded up the flight from the church. It may be very hard to gain insight into the Vatican's personnel policies, but it is a key factor in the future of the church.

How will increasing leadership from other continents impact the Vatican's obsession with sexuality and celibacy? We look forward to Linden's next book. For now, this book can be recommended for anyone looking for a compact, comprehensive and well-informed analysis of the process of globalization of the Catholic church in the last 50 years. ■

Bookshelf *(continued from page 53)*

A Quarter Century on the Firing Line

Edd Doerr and Albert J. Menendez (eds.)

(Americans for Religious Liberty, 2009, 211pp)

For over 25 years, Americans for Religious Liberty has been at the center of the separation of church and state debate. ARL's quarterly journal, *Voice of Reason*, contains an excellent summary of the latest topics and developments related to church and state issues. This anthology comprises the best writing from the journal, eight chapters of articles from the early 1980s until the present. A good overview of the highs and lows of the debate over the last 25 years, the book includes chapters on trends, polls and court cases among others.

The Racket: How Abortion Became Legal in Australia

Gideon Haigh (Melbourne University Press, 2008, 245pp)

Haigh, an Australian journalist, uncovers the fascinating story of how abortion came to be legal in Australia. He follows closely the life and work of Bertram Wainer, a doctor, who pushed the movement for reproductive rights forward. Written like a novel, Haigh's book is a riveting tale of murder, corruption and courtroom drama leading to the legalization of abortion in 1969.

Reproductive Health and Human Rights: The Way Forward

Maura Reichenbach and Mindy Jane Roseman (eds.)

(University of Pennsylvania Press, 2009, 292pp)

Especially pertinent as we celebrate the 15th anniversary of the United Nations International Conference on Population and Development (ICPD), this collection of essays by leading scholars and practitioners looks back on the efforts made during the time since ICPD to improve reproductive health and human rights. On top of that, the collection addresses the challenges to ICPD, demonstrates how social and political contexts impact work on reproductive health and provides recommendations for responding to conservative agendas.

"It's my publisher, the owner, who is infallible, not me."

— Gian Maria Vian, editor of the Vatican newspaper *L'Osservatore Romano*, responds to questions about the recent controversies over the editorial line taken by the publication.¹

"A commitment to the primacy of conscience calls us to strive for moral integrity and an undivided conscience. It demands that we dedicate ourselves to a life-long process of conscience formation, rooted in a commitment to truth, and carefully attending to the teaching of the church and the insights of human reason as we strive to form for ourselves right and true judgments of conscience."

— Father Gregory A. Kalscheur, associate professor at Boston College Law School, concludes his article on conscience and citizenship.²

"In life, he was about as likely a Catholic hero as Pontius Pilate. Now, more than a century after his death, Oscar Wilde has been claimed by the Vatican as one of its own."

— *Times* journalist Richard Owen remarks on an article printed in the Vatican newspaper which hailed Wilde as "a man who behind a mask of amorality asked himself what was just and what was mistaken, what was true and what was false."³

"The Irish report suffers from conflating minor instances of abuse with serious ones, thus demeaning the latter. When most people hear of the term abuse, they do not think about being slapped, being chilly, being ignored or, for that matter, having someone stare at you in the shower. They think about rape."

— Catholic League president Bill Donohue belittles the experiences of Irish victims, who he notes are mostly "delinquents," of physical and sexual abuse after publication of a report from the Commission to Inquire on Child Abuse.⁴

"My dears, we have a Negro here—my God, you haven't washed yourself!"

— Father Tadeusz Rydzyk, the Polish priest who heads Radio Maryja, mocking a black African priest at the Jasna Gora national shrine.⁵

"I am not alone in thinking that bishops who rule by threat and condemnation erode their pastoral effectiveness... We don't need Catholic versions of Rush Limbaugh and Dick Cheney dividing us; we need bishops who bring us together."

— Anthony M. Stevens-Arroyo, *Washington Post On Faith* columnist, lays out his vision for the episcopate.⁶

"If the most ardent supporters of the antiabortion movement are having only one or two children, then there is no stronger argument against being prolife."

— Kerrie Hendrickson, a homeschooling mother of seven, urges antichoice to "practice what you preach."⁷

"Madonna, the singer, is perverse. She wants to be scandalous, show off her body, her eroticism. We can expect to see all this during the concert. She might well masturbate on the stage if she's under the influence of narcotics... Madonna is an anti-icon of the Virgin Mary, she has proven it many times by mocking the Catholic faith."

— Marian Brudzynski, Catholic head of the Pro Polonia Committee for the Defence of the Faith, expresses his anger that Madonna's Sweet and Sticky tour comes to Poland on the same date as the Feast of the Assumption.⁸

¹ John Hooper, "I'm not infallible. But my boss is," *Guardian*, July 20, 2009. ² Gregory A. Kalscheur, "Conscience and Citizenship: The Primacy of Conscience for Catholics in Public Life," *Journal of Catholic Social Thought*, No. 2, Summer 2009. ³ Richard Owen, "You will, Benedict, you will. Vatican claims Oscar Wilde as one of its own," *Times* (UK), July 17, 2009. ⁴ The Catholic League, "Hysteria over Irish clergy abuse," press release, May 20, 2009. ⁵ *Tablet* (UK), "Racist slur by Radio Maryja chief 'in poor taste'," July 25, 2009. ⁶ Anthony M. Stevens-Arroyo, "The Bishops We Need," *Washington Post: On Faith*, May 12, 2009. ⁷ Kerrie Hendrickson, "Prolifers: Practice what you preach!" *New Oxford Review*, May 2009. ⁸ *AFP*, "Polish Catholic group crusades against Madonna concert," August 5, 2009.

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Index: Latino and Latina Catholics
Believe in Healthcare Reform

Overall, US Catholics overwhelmingly support healthcare reform. However, Latinos and Latinas have even more progressive views on many aspects of that reform.

	Latino/Latina Catholics	All Catholics
Catholics in favor of a government health insurance plan	83%	73%
Catholics in favor of government or private insurance coverage for reproductive healthcare services		
Pre- and postnatal care	97%	95%
HIV/AIDS testing	92%	86%
Contraception	67%	63%
Condoms to prevent HIV/AIDS	57%	51%
Catholics in favor of private or government insurance coverage for abortion		
When a pregnancy threatens the life of the woman	87%	84%
When a pregnancy results from rape or incest	80%	76%
When a pregnancy poses long-term health risks to the woman	77%	73%
When test results show the fetus has a severe abnormal condition	71%	66%
Whenever a woman and her doctor decide it is appropriate	53%	50%

Source: Catholics for Choice. *Catholic Voters' Views on Healthcare Reform and Reproductive Healthcare Services*. Washington, DC, 2009.