

Fall 2013

Protecting the sanctity of human life: The Catholic Church & her relationship with HIV/AIDS prevention

Emma Joanne Burke

University of New Hampshire, Durham

Follow this and additional works at: <https://scholars.unh.edu/thesis>

Recommended Citation

Burke, Emma Joanne, "Protecting the sanctity of human life: The Catholic Church & her relationship with HIV/AIDS prevention" (2013). *Master's Theses and Capstones*. 168.
<https://scholars.unh.edu/thesis/168>

This Thesis is brought to you for free and open access by the Student Scholarship at University of New Hampshire Scholars' Repository. It has been accepted for inclusion in Master's Theses and Capstones by an authorized administrator of University of New Hampshire Scholars' Repository. For more information, please contact nicole.hentz@unh.edu.

PROTECTING THE SANCTITY OF HUMAN LIFE:
THE CATHOLIC CHURCH & HER RELATIONSHIP
WITH HIV/AIDS PREVENTION

BY

EMMA JOANNE BURKE

Bachelor of Arts, University of Southern Maine, 2012

THESIS

Submitted to the University of New Hampshire
in Partial Fulfillment of
the Requirements for the Degree of

Master of Arts

in

Justice Studies

September, 2013

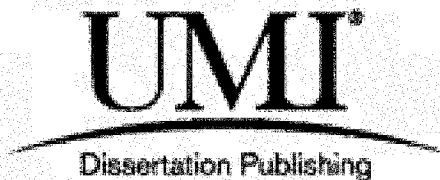
UMI Number: 1524302

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 1524302

Published by ProQuest LLC 2013. Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code.



ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

This thesis has been examined and approved.

Marion Girard Dorsey

Thesis Director, Marion Girard Dorsey, Associate Professor of
History

Mary Malone

Mary Malone, Associate Professor of Political Science

Rebecca Warner

Rebecca Warner, Professor of Psychology

8/12/13

Date

DEDICATION

I dedicate this Master's Thesis first and foremost to my family – Mom, Dad, Mae, and Mitchell – for being the constant and reliable support all graduate students must have to not only survive, but also thrive.

I also dedicate this Thesis to Heather, Daniel, Carissa, Sarah, and Monica – you provided the laughs for the long days, company for the late nights, and friendship for the long haul.

Lastly, I dedicate this Thesis to Dr. Ronald Schmidt, Jr., Dr. Sandra Wachholz, and Dr. Piers Beirne – your guidance, optimism and support during my undergraduate years are the foremost reasons that I have found joy in scholarship.

ACKNOWLEDGEMENTS

I would like to acknowledge the hard work and dedication of my advisor, Dr. Marion Girard-Dorsey. Without her direction and encouragement, the success of this Thesis would not be possible.

I would also like to acknowledge Dr. Rick Trinkner and Deborah Briand for all their constant advice and assistance.

ABSTRACT

PROTECTING THE SANCTITY OF HUMAN LIFE:
THE CATHOLIC CHURCH & HER RELATIONSHIP
WITH HIV/AIDS PREVENTION

by

Emma Joanne Burke

University of New Hampshire, September, 2013

Though prevention is the most stressed component of the global fight against HIV/AIDS, global agreement regarding the most successful prevention method does not exist. For example, the majority of the medical and scientific community agrees that condoms and other safe-sex practices are the key to reducing the number of HIV transmissions, while the Catholic Church and her ranking officials claim that abstinence and monogamy are the only moral solutions.

This Thesis examines the policies of the Church, including her dedication to the protection of the sanctity of human life, in an attempt to determine if the Church's words are shaping HIV/AIDS prevention and if there is an opening for a reprioritization on her stance on condoms without abandoning her principles. At the conclusion of this Thesis, it is established that the Church's own policies could support the use of condoms for disease prevention without compromising on her morals or canon.

TABLE OF CONTENTS

DEDICATION.....	iii
ACKNOWLEDGEMENTS.....	iv
ABSTRACT.....	v
CHAPTER	PAGE
INTRODUCTION.....	1
Organization of Thesis.....	5
Literature Review.....	6
Brief History of HIV/AIDS in the United States.....	7
I. CATHOLIC CHURCH POLICIES.....	11
The Church & Sexual Relations.....	11
The Church & HIV/AIDS.....	12
Prevention solutions offered by the Church.....	12
The opinions of the Popes.....	13
Pope John Paul II.....	13
Pope Benedict XVI.....	21
Pope Francis I.....	34
II. CHURCH OPINIONS & CONFLICTS.....	36
Opinions About Church Policy.....	36

	Working in Catholic Healthcare.....	43
	Church Policies, Opinions, & Conflicts Discussion.....	48
III.	HIV/AIDS IN THE UNITED STATES.....	52
	Current HIV/AIDS Statistics.....	52
	The Case for Prevention.....	54
	The condom.....	55
	Other methods.....	58
	Support from the medical community.....	58
	The realities of sex and ABC.....	60
	Chapter Discussion.....	62
III.	DISCUSSION & CONCLUSION.....	65
	Discussion.....	65
	Conclusion.....	74
	LIST OF REFERENCES.....	75

INTRODUCTION

The HIV/AIDS virus has been both a medical and societal crisis in the United States since the early 1980s (Center for Disease Control and Prevention, 2013). To reduce HIV/AIDS from its pandemic status, science must work in two directions. While the work to find a cure is critical, the fewer new infections there are, the quicker the virus will be eradicated. Thus, prevention is also vital to the end of HIV/AIDS. More importantly, tools of behavioral prevention (such as condoms), are currently much more publicly accessible than methods of chemical prevention (such as vaccination). Thus, while the scientific community is working diligently towards more effective treatments and medications for those afflicted with HIV/AIDS, the behavioral prevention aspect must continue to be taken up by the United States and others just as persistently. Indeed, the implementation of public prevention efforts is essentially the only measure that presently greatly reduces the number of new infections (Center for Disease Control and Prevention, 2006). Without these efforts, the crisis of the HIV/AIDS virus is unlikely to be assuaged by any substantial degree in the United States, the region that will be the focus of this Thesis.

Prevention further establishes itself as worthy of public focus when two other factors are taken into consideration. Firstly, medical breakthroughs are relatively few and far between – only recently was the first person announced cured of HIV (an infant born HIV-positive that was given antiretroviral therapy from the moment of birth) (Guinan, 2013), and individuals being cured of either

HIV or AIDS cannot be considered as a dependable solution at this juncture. While current medicines can provide HIV/AIDS patients with a much longer life than what was once expected, they will still suffer from the symptoms and risks of the virus (Leland, 2013). Secondly, most behavioral prevention measures (hereinafter referred to as prevention measures because they are the only ones currently available) are exceedingly easy to implement because they are physically simple and relatively low-cost. Some of the more common measures of prevention are educational lessons, such as how to safely handle bodily fluids and using clean needles and needle exchanges. However, the most efficient lessons and techniques come from the discipline of sex education. The teaching of safe sexual relations and the use of prophylactics (mainly condoms) have been and can continue to be the United States' main weapon in its arsenal for the prevention of new HIV/AIDS infections. The majority of public middle and/or high schools in the United States offer some level of sex education (Tremblay & Ling, 2005), and condoms – arguably the cheapest and easiest prophylactics to use – are for sale in almost all drug stores, and offered free of charge at doctor's offices and health centers.

However, the use of condoms as a HIV/AIDS prevention method has not been without debate. The Catholic Church has disagreed with the widespread acknowledgement that the condom is one of the best prevention tools the medical field has to offer. The Church is against the use of condoms because of her traditional principle that contraceptives, abortion, and euthanasia violate the Catholic dedication to the protection of the sanctity of human life (John Paul II, 1995). Although in the case of HIV/AIDS the goal of condoms is not to prevent

conception but to greatly reduce the risk of transmission of a deadly virus, the leadership of the Church has not swayed. The immovability of the Church's policies means that her 1,600 medical institutions that treat HIV/AIDS patients within the United States are still promoting a condom-free approach to HIV-prevention, even to those who are HIV-positive. Indeed, the Catholic Church is one of the world leaders in HIV/AIDS medical care, coincidentally causing any Church policy involving the virus to possibly have a global impact. Undoubtedly, the Church is not the only agency that rejects the idea of condoms – evangelical Christian churches, as well as some Jewish and Muslim organizations have also been known to speak out against them. Certainly, evangelical churches and groups hold much more political power in the United States than the Catholic Church does, by claiming more politicians and lobbyists (Parker, 2007; Waldman, 2009). However, the Catholic Church's sheer size, international influence, and its status as a medical power-player afford her a unique status. Whereas the specifics of the influence that develops from this status are difficult to determine, the influence is undoubtedly there.

Indisputably, the United States is less susceptible to the influence of outside agencies, such as the Church, than other, less-developed nations. However, it is not immune to 10 million of its citizens being members of a single religion, and the strength of that religion's resources and non-profit, charitable institutions. Indeed, Catholic Charities USA, which includes healthcare as a main priority, has member agencies in 48 states that serve over 10 million people a year, many of which whom do not identify as Catholic, but are living in poverty, which is what brings them to the services that Catholic Charities offers (Catholic

Charities USA). There is also the Catholic Health Association of the United States, Dignity Health, Catholic Health Partners, Catholic Health East (all non-profit organizations), and many other Catholic health agencies in the United States.

The U.S. is also not immune to the effects of HIV/AIDS, and has a rate of HIV infection significantly higher than other first-world, Western nations. Assuredly, the United States has a prevention problem, and thus any possible prevention-harming influence must be analyzed with scrutiny. Prevention is crucial to the eradication of any communicable disease or virus, but it is especially so with HIV/AIDS because there is no realistic or verified cure, it is transmitted so easily via sexual practices, and it is deadly. While today's medications can delay the morphing of HIV to AIDS, sometimes permanently, individuals with HIV will most likely spend the rest of their lives facing down infections and other conditions that their weakened immune systems cannot fight (Leland, 2013). Many older individuals with the virus say they can feel it aging them faster than if they were not infected. With the combination of age and illness, HIV/AIDS still readily kills its victims, just not as fast or, perhaps, as uncomfortably as before (Leland, 2013).

Simply, prevention is truly the only way to put an end to HIV/AIDS. Even if an outright cure were to be delivered tomorrow, the medical community would have to find and treat tens of millions of individuals, many in developing or undeveloped nations. It also needs to be remembered that HIV/AIDS is a virus, and therefore is capable of rapidly changing, making the curing of it even more difficult. While prevention techniques may not stop every transmission, if they were used in every situation in which transmission was possible, HIV/AIDS

would eventually be demoted from its pandemic, and then epidemic, status (Center for Disease Control and Prevention, 2005 & 2013).

Organization of Thesis

Overall, with examining both the current state of HIV/AIDS in the United States and the policies of the Catholic Church, there are three main parts of the Thesis to follow. The first inspects the Catholic Church's policies on contraception, and what it offers as a preferred prevention method instead of condoms. The second discusses the contradictions and complications that the Catholic Church policy creates for those working in and studying Catholic healthcare. The third scrutinizes the role of the condom itself as a prevention method for HIV/AIDS, and if it is/why it is considered better than alternatives, such as the ones of the Church promotes. The Thesis will examine the conflicts and merits in each part, and attempt to determine whether the Catholic Church's continued prohibition of condoms is harmful to the medical field's attempts to eradicate HIV/AIDS, or if it is simply just an alternative that does not deserve the vitriol it has come under.

This Thesis has four main chapters. The first chapter focuses on the Catholic Church and her relationship with HIV/AIDS, from the virus's beginnings in the early 1980s, to present day. The second chapter examines the real-life consequences that the Church's policies have had thus far in those tasked with carrying them out. The third chapter is devoted to a medical and scientific approach to the virus. It reviews the current HIV/AIDS statistics, medical support for different types of prevention techniques, and what kind of sexual education the United States is currently implementing. The fourth chapter

contains the analysis' discussion and conclusion, where it will be argued that the Catholic Church can reprioritize her policy on the condom so that, not only can she diminish the amount of controversy she is facing, she can reduce the amount of harm her focus on abstinence and monogamy only has caused while not abandoning any of her principles.

Literature Review

The literature analyzed in this Thesis comes from a variety of sources. The focus is placed upon the works of Popes John Paul II and Benedict XVI to establish the Catholic Church's history and her current relationship with the HIV/AIDS virus. The Popes' ideas have been expressed in the forms of Addresses, Messages, and Encyclicals. An Encyclical is "A papal document treating of matters related to the general welfare of the Church, sent by the Pope to the bishops," and is "Used especially in modern times to express the mind of the Pope to the people" (*Encyclical*, 2013). An Address is a speech to a specific audience (such as an *Address of His Holiness John Paul II: Mission Dolores Basilica, San Francisco* [1987b]), while a Message is a public speech in regards to a specific event or holiday (such as *Message of the Holy Father for the World Day of the Sick for the year 2002* [John Paul II, 2002]). All of the papal materials were found on the official Vatican website, which offers the use of a comprehensive search engine and the official translation of all papal documents into multiple languages. In Chapter Two the focus is on Catholics within the hierarchy who have published in peer-reviewed journals (Cessario, 2006; Trujillo, 2004) and those working in Catholic healthcare and education that have published in anthological texts (Campos, 2002; Flynn, 2002; Hogan, 2002).

For statistics and information on HIV/AIDS and prevention methods and education, medical sources such as the Center for Disease Control and Prevention (2006 & 2013), and peer-reviewed medical journals like *The New England Journal of Medicine* (1996, 2006, & 2011), *Perspectives on Sexual and Reproductive Health* (2005 & 2010), *Preventative Health Care* (2005), the *British Medical Journal* (2001), and the *Journal of Adolescent Health* (2011). News publications, such as *The New York Times* (2013) and *The Guardian* (2013) were also used to gain information on current sociological aspects of the virus.

While much literature exists on the relationship between the Catholic Church and her policies and the HIV/AIDS virus, it would appear that very little of it, if any, attempts to argue that Church could reprioritize her stances on condoms as contraceptives and condoms as disease-prevention devices by using her own policies. The opinion is certainly in existence (Carroll, 2006; Hogan, 2002), but thus far has lacked substance and formal organization.

Brief History of HIV/AIDS in the United States

The first cases of the AIDS virus in the United States were discovered in 1981. Young gay men, who appeared to be healthy, started developing odd illnesses. In Los Angeles, it was a rare type of pneumonia, while in New York it was the equally rare cancer Kaposi's sarcoma. These conditions then started to be found in heterosexual individuals who had experience with intravenous drug use. In 1982, doctors and scientists realized these patients, and others like them, were suffering from a new virus, one they named Gay Related Immune Deficiency (GRID) because the majority of the patients were homosexual, and assumed it

was something related to the gay lifestyle that was infecting them. However, the blood-borne nature was soon discovered, as well as the viral component, thereby prompting a renaming, and the birth of acquired immune deficiency syndrome (AIDS). In 1984, several teams of doctors discovered the antigen, or the viral precursor to AIDS, which they labeled human immunodeficiency virus (HIV). They also determined the three main means of transmission: intravenous by way of sharing needles or blood transfusions (the latter now a very minimal threat), sexual transmission through anal or vaginal intercourse, and mother to child via pregnancy (Kowalewski, 1994, pg. 19-21).

AIDS, in effect, is the “late stage of HIV infection, when a person’s immune system is severely damaged and has difficulty fighting diseases and certain cancers” (Center for Disease Control and Prevention, 2006). At this moment, there are no established cures for either AIDS or HIV, though medications, many developed in the mid-nineties, have made the transition from HIV to AIDS a possibility, instead of an inevitability (Center for Disease Control and Prevention, 2012). However, the statistics for HIV/AIDS are still grim: currently, there are approximately 34 million people around the world who are HIV-positive, with the United States being home to one million (“A look at,” 2013), and “Despite major advances in diagnosing and treating HIV infection, in 2007, 35,962 cases of AIDS were diagnosed and 14,110 deaths among people living with HIV were reported in the United States” (Center for Disease Control and Prevention, 2013).

HIV/AIDS, however, has proved to be more than just a medical crisis – it has been a societal, sociological, and religious one as well. In 1985, New York City shut down gay bars and barred them with police officers, stating they were

locations that supposedly allowed high-risk activities that spread HIV. In 1986, California attempted to pass a law, officially entitled Proposition 64 but more commonly known as the LaRouche Initiative, that “proposed that all AIDS patients be quarantined and barred from school and food service jobs” (“A look at,” 2012). The proposition was rejected, but it was not the only one of its kind. In 1990 the Food and Drug Administration banned those of Haitian and sub-Saharan African origin from donating blood (who have a higher likelihood of having the virus), which brought massive protests and an eventual end to the policy. There were also fights over the medications that debuted in the mid-nineties, with complaints regarding the extremely high cost of the life-saving prescriptions. In 2001 Bristol-Meyers Squibb, along with 38 other pharmaceutical companies, sued South Africa for attempting to buy or develop its own cheaper versions of common HIV/AIDS drugs. Celebrities diagnosed as HIV-positive or with AIDS also helped draw attention to the plight of its victims, although sometimes after their deaths – Arthur Ashe, Rock Hudson, Liberace, Freddy Mercury, Magic Johnson, Larry Kramer, Jerry Smith, Alvin Ailey, and Isaac Asimov, to name a few (“A look at,” 2012).

For the reason that most cases of HIV/AIDS, if now not virtually all, are preventable in the United States, and once sexual/genital contact was identified as one of the main routes of HIV transmission, the medical community immediately suggested condoms as one of the best prevention methods. The Surgeon General Everett C. Koop directly recommended them in 1988, as part of his role in shaping the nation’s policies on prevention methods for all major infectious diseases (Smith, 1994, p. 2). However, the Catholic Church has

continuously fought back against this suggestion, basing it on her long-standing policy on protecting the sanctity of human life, which includes “banning” contraception, abortion, and euthanasia (John Paul II, 1995). The Church cannot accept condoms as a prevention method because they act first and foremost as a contraceptive device. This clash over prevention methods – one side representing the scientific and medical world, the other side the religious realm, continues to the current day, a full 25 years after Koop’s initial announcement of the condom strategy.

CHAPTER ONE

CATHOLIC CHURCH POLICIES

The Church & Sexual Relations

The Catholic Church has a longstanding canon regarding sexual relations, and over the past few centuries this canon has not changed, even while the idea of sex has undergone significant transformations in general society (Finer, 2007). This canon has several main tenants – abortion, sexual relations before marriage, homosexuality, and contraception are all considered immoral; the committing of any of these acts is considered a mortal sin under the Catholic Church (John Paul II, 1995). The canon also has a strict definition of sexual intercourse – it is the act of intercourse between two married persons, of the opposite gender, without physical obstruction (such as contraception). Also, an act of intercourse including the strict objective of not conceiving a child is also labeled as immoral under Catholic doctrine (Cessario, 2006, p. 320). Immorality carries a heavy burden under the teachings of the Church, for an act that is considered to be immoral is an act that is against God, and an individual must seek forgiveness for such acts. An immoral act that goes without being forgiven is taught as a bar to entrance into Heaven, conceivably the goal of most, if not all Catholics. Accordingly, any act of sexual intercourse that includes the implementation of some type of contraception requires a request for forgiveness if that individual is to be allowed into Heaven.

This definition of moral sexual intercourse established by the Catholic Church is problematic, for it simply does not mesh with what the American society has appointed as its “definition” of sexual intercourse. American society, instead, has very wide and flexible definitions of sexual intercourse, and they have been allowed to change over periods of time. Thus, the Church is creating policies based upon a definition to which many others in the world do not relate. The Church, who promotes her policies for everyone, has not changed her definition to resolve this conflict, for the Church does not base her policies or morals upon present trends. Instead, the Church’s principles come from her traditional canon, meaning that the source is unchanging, and thereby forcing the contradiction between what she promotes and what many in the United States practice. The potential harm developing from this conflict, however, is quite difficult to measure. What is relevant and feasible is to concentrate on how much of Catholic policy regarding HIV/AIDS results from its traditional definition of sexual intercourse, and how much results from the traditional Catholic principle of protecting the sanctity of human life. Although the former is unlikely to change, the latter could allow for a shift in policy so that more lives would be saved. This is to be examined in the next section.

The Church & HIV/AIDS

Prevention solutions offered by the Church. The Catholic Church has, without doubt, publicly addressed the problem of HIV/AIDS. There shall be no argument that the Church either downplays the severity and virulence of the virus, or its pandemic status. The Church has, in fact, adopted an official method of prevention with the goal of decreasing the number of new HIV infections. This

prevention method consists of two parts – an individual is to remain abstinent until marriage, and an individual, once married, is to remain faithful to his or her spouse (John Paul II, 1995). The Church stresses abstinence as a prevention measure for HIV/AIDS because if individuals are choosing not to have sexual intercourse before marriage, this greatly limits the number of sexual partners one is likely to have in life, and therefore lessens the chance of one having contact with an infected individual. Monogamy works in the same way – if an individual remains faithful once married, one is both limiting the number of people who might infect them, and the number of people one might infect if they were to become infected.

The Church was able to make such recommendations because they do not contradict her position on the purpose of sex and the idea of sexual relations that she has had for centuries, and she believes they are effective in reducing infections. In fact, even though the Church has applied these principles to the HIV/AIDS crisis explicitly, this is how she suggests that individuals should lead their lives in any case. While this does not take away from the usefulness of remaining abstinent and monogamous to prevention efforts regarding HIV/AIDS, the moral component must register as an important factor of the Church's relationship with HIV/AIDS because it requires neither change, modification, nor concession on the part of the Church and her policies.

The opinions of the Popes.

Pope John Paul II. Pope John Paul II, elected to the papacy in 1978, was the first pope that had to manage the Catholic Church's response to the HIV/AIDS crisis after it was discovered in 1981 (Center for Disease Control and

Prevention, 2006). While disease had typically, and continues to be, a focus of Catholic missionary and relief work throughout the world since the virus's beginnings, (John Paul II, 1987a) the relationship between HIV/AIDS and sexual actions, especially the supposed connection with homosexuality, formed a new obstacle for the Church and its leaders. It brought the Church, and more specifically the Pope, to an intersection of two principles of traditional Catholic policy: dedication to helping the suffering, and dedication to the sanctity of human life (John Paul II, 1995). Over the course of his papacy, John Paul II was forced to confront this conflict.

A search on the Vatican's website for the term "AIDS" with Pope John Paul II as the author returned 88 documents, with 66 relating to the HIV/AIDS virus (the other 22 had returned as results for containing the word "aids"). Of these 66 documents, the two earliest were both Addresses written and delivered in September of 1987 (during a papal visit to the United States and Canada), six years after the discovery of the virus. The first Address took place in Phoenix, and was given at a conference of those working in Catholic healthcare, with a focus on maintaining Church policy, especially regarding the sanctity of human life, even though changing technology led to difficulties, such as the idea of euthanasia, abortion, in-vitro fertilization, and birth control. The Pope also thanked those working in Catholic healthcare, namely those dealing with new challenges, one being the "crisis of immense proportions which is that of AIDS" (John Paul II, 1987a). Consequently, this was the moment in which the Pope announced the Catholic Church's recognition of HIV/AIDS, during an Address in which he also commented on the importance of upholding traditional Catholic policy

concerning the sanctity of human life. John Paul II did not make any direct connection between the discussion of HIV/AIDS and the one on the challenges of new technologies to the Catholic definition of sex, life and death, implying that the existence of HIV/AIDS was not associated with a need to rethink Catholic canon at that moment in time.

Several days later, the Pope delivered an Address to a mission in San Francisco. This Address focused on the greatness and strength of God's love for all human beings, and the Pope reminded his audience of the lessons from Saint Francis. Towards the end of the Address, the Pope stated "God loves you all, without distinction, without limit. He loves those of you who are elderly, who feel the burden of the years. He loves those of you who are sick, those who are suffering from AIDS and from AIDS-Related Complex..." (John Paul II, 1987b). This statement marked another first for the Catholic Church and her relationship with the HIV/AIDS virus. The Pope's remarks in Phoenix were the first mention of the virus in general, specifically towards those working with combating it and the victims of it, while the comments in San Francisco were the first mention of those actually suffering from it. However, the Pope makes no mention as to what should be done regarding those who are suffering, only stating simply that God loves them as he loves all of his children. Thus, by the late 1980s, Pope John Paul II had announced the Catholic Church's explicit recognition of the HIV/AIDS virus, but had neglected to provide any suggestions for methods of prevention – he simply had thanked the Catholic healthcare workers for doing God's work in assisting those suffering from the virus, and reminded the suffering that God loves them.

Indeed, it took until 1995 for the Pope to come out more strongly in favor of anything that could be related to HIV/AIDS. Translated from Latin to *The Gospel of Life*, John Paul II's *Evangelium Vitae* (1995) was written with the purpose of reinforcing the Catholic Church's policies regarding the dedication to the protection of the sanctity of human life. While he does not make any direct comment to the HIV/AIDS virus, which at this point had been a known crisis for almost 15 years, the Pope does make specific reference to the use of contraception and remarks that in no circumstances has the Catholic Church's position changed regarding its "moral unlawfulness." It would appear that this Encyclical would have been the appropriate place for the Pope to include a message regarding HIV/AIDS, considering it contains discussions on diseases and contraception. HIV/AIDS is directly linked to both of these, as well as causes conflicts in the Church's policies on contraception – but there is no such message. It would be logical to assume that if the Catholic Church was willing to make a concession regarding contraceptives in the case of HIV/AIDS prevention, then John Paul II would have included it in this Encyclical.

On February 11, 2002, marking the Catholic Church's tenth World Day of the Sick, John Paul II published a Message, which, once again, thanked medical workers around the world for treating patients with debilitating illnesses, and "new diseases such as AIDS" (John Paul II, 2002). Accordingly, at the time of this statement, even though the HIV/AIDS virus had been publicly recognized for over 20 years, John Paul II again referred to it as a new disease, the same as he had done 15 years previous in 1987. Also, the Pope failed once more to make direct mention to the causes or consequences of the virus, and made note of only

those who were “contending the spread” of it. Consequently, as of the year 2002, Pope John Paul II had yet to specifically recommend a morally acceptable prevention technique.

The year 2003 began with the appearance of upholding the *status quo*, with the Pope’s eleventh World Day of the Sick Message on February 11th fundamentally saying the same as the previous year’s Message during its discussion of HIV/AIDS (John Paul II, 2002; John Paul II, 2003a). However, only four days later, the Catholic Church’s relationship with the virus changed dramatically. Up until this juncture, the Pope had simply offered the Church’s support to both HIV/AIDS workers and victims, while remaining outside of the dialog concerning the subject of prevention techniques. In an Address to the Bishops of the Gambia, Liberia, and Sierra Leone on February 15th of 2003, however, John Paul II moved the Catholic Church into that exact dialog:

...this Gospel of life...is being threatened in your countries by widespread polygamy, divorce, abortion, prostitution, human trafficking and a contraceptive mentality. These same factors contribute to irresponsible and immoral sexual activity leading to the spread of *AIDS, a pandemic which cannot be ignored*...Every educational programme, whether Christian or secular, must emphasize that *true love is chaste love*, and that chastity provides us with a founded hope for overcoming the forces threatening the institution of the family and at the same time for freeing humanity from the devastation wrought by scourges such as HIV/AIDS. (John Paul II, 2003b) (Italics original).

In this statement, the Pope did two things that he had not yet done – firstly, he made a direct reference to what he believed to be the cause of HIV/AIDS, and secondly he suggested, somewhat more indirectly, the morally sound prevention method according to Catholic policy. Essentially, John Paul II blamed the scourge of HIV/AIDS on irresponsible and immoral sexual activity, and stated that the

best way, indeed the only way, to reduce the number of new infections was for everyone to be chaste – in other words, to abstain from premarital sex and to stay monogamous once married.

The impacts from this statement were twofold – firstly, it matched existing traditional Catholic policy to a prevention method for a disease that is spread through sexual activity, and secondly, it imparts a slight amount of victim-blaming. Essentially, through this statement, Pope John Paul II completely redefined how the Church was to view HIV/AIDS, for instead of the victims simply being considered victims, it was now to be understood that they had a part in their becoming infected, via immoral sexual activity, and that the Church was to fight such a disease *and* immorality by concentrating on traditional Catholic rule. Therefore, no changes in official Catholic policy came out of this statement made to the Bishops of three African nations, only a revised outlook on the HIV/AIDS virus.

Approximately four months later, the Pope fully established this statement as the turning point in the philosophy of the Catholic Church regarding HIV/AIDS when he gave an Address to the Bishops of India in June 2003 (John Paul II, 2003c). This Address contained much of the same rhetoric as the African Address, while also going a step further. To the Indian Bishops the Pope stated:

...an incorrect understanding of the moral law has led many people to justify immoral sexual activity under the guise of freedom, which in turn has resulted in a commonplace acceptance of the contraceptive mentality. The consequences of such irresponsible activity not only threaten the institution of the family but also contribute to the spread of HIV/AIDS...” (John Paul II, 2003c)

Once again, this Address brought about two new conclusions from the Church on HIV/AIDS. Firstly, this was the initial instance in which contraception and HIV/AIDS were referred to as being directly connected. Secondly, this was also the first instance that tied the use of contraception to the likelihood of HIV infection; *i.e.*, that the use of contraception increases the likelihood of a person contracting HIV. While the latter conclusion lingered as a vague part of the Church's overall stance on HIV/AIDS for the remainder of John Paul II's papacy, the former solidified itself as the primary principle of the Catholic Church's policy on HIV/AIDS prevention – contraception is never acceptable, even when some types, specifically condoms, could be used as a prevention method for a lethal virus – the usage of them makes an act of sexual intercourse immoral and irresponsible. In essence, the Catholic Church was wedged between the confinements of her own definitions and her own principles.

As discussed previously, the Church's definition of moral sexual intercourse does not take into account the use of condoms. Thus, when a sexually transmitted disease develops into a pandemic, and the Church is compelled to respond because of her principles regarding the protection of the sanctity of human life, a conflict develops. It would be logical to assume that either the Church must concede either on her definition or on her priority. However, the Pope, in this Address, announced the Church's decision as to what she was going to do – concede on neither its definition nor its principles, and instead, apply its principles and its definition to the problem, in an attempt to find a solution without, in effect, actually compromising.

In 2005, the Pope confirmed that this stance had become, for the time being, the directive of the Catholic Church concerning HIV/AIDS. Once again, during his Message for the annual World Day of the Sick, John Paul II discussed the virus, but for the first time at a large papal event, the Pope spoke about it at length. During this Message (a search of which results in 10 instances of a specific reference to “AIDS”), John Paul II mentioned prevention, specifically, for the first time – “it is necessary to increase its prevention by teaching respect for the sacred value of life and the correct approach to sexuality” (John Paul II, 2005).

The Pope then follows that statement with this explanation:

...if there are many contagious infections passed on through the blood especially during pregnancy - infections that must be combated with every possible means - those contracted through sexual intercourse are by far the most numerous and can only be avoided by responsible conduct and the observance of the virtue of chastity. (John Paul II, 2005).

While the growth in the Church’s recognition of the enormity of the HIV/AIDS crisis, from John Paul II’s first statement mentioning AIDS in 1987 to the World Day of the Sick Message in 2005, is clearly seen, so is the conflict that HIV/AIDS has caused to arise between Catholic policies. It is exemplified in the above statement, to wit the difference between “must be combated with every possible means” and “can only be avoided by responsible conduct and the observance of the virtue of chastity,” which are literal opposites of one another. Undoubtedly, the Catholic Church wishes for the eradication of HIV/AIDS no less than any other organization or state, but the results of that wishing are confined by other principles in Catholic canon.

In sum, it is fair to conclude that Pope John Paul II was relatively quiet on the issue of HIV/AIDS until 2003. Certainly, he did not ignore the virus, its victims, and those working to combat it, but his rhetoric remained mostly the same through his papacy, until the final years in which he spoke out in a stronger tone against the use of condoms. While he kept himself at a distance from the more vitriolic dialog that was taken up by both Catholic scholars and his successor, John Paul II kept the Catholic Church from taking any kind of stance on HIV/AIDS at all for many years, other than that it was an unfortunate addition to the numerous types of human suffering with which the world was currently afflicted. Only within the last two years of his papacy did Pope John Paul II start to confront the dichotomy in Catholic canon regarding the HIV/AIDS virus.

Pope Benedict XVI. When Pope John Paul II died in April of 2005, Cardinal Joseph Ratzinger was elected to the papacy as Pope Benedict XVI. Benedict XVI was elected during a time in which the Catholic Church was starting to experience increased publicization of her policies on HIV/AIDS and HIV prevention, mostly due to Pope John Paul II's increased rhetoric on sexual immorality, sexual irresponsibility, and the use of contraceptives. Though Benedict XVI was only Pope for eight years, a rather short reign for a papacy, he did much to increase the Church's absolutism concerning her policies and thus her relationship with HIV/AIDS.

Indeed, only in 2005, which included the first six months of Benedict XVI's papacy, did he create a distance between himself and HIV/AIDS – his only mention of the virus was in a general Prayer held November 30th, the day before

World AIDS Day. The Pope said, simply, that he was alarmed at the number of people affected and that he prays for comfort for the suffering (Benedict XVI, 2005), a very similar statement to many John Paul II made during his papacy.

In 2006, however, Benedict XVI changed and strengthened his rhetoric, such as John Paul II did in 2003. During an interview in early August, the Pope was asked the following question: “Believers throughout the world are waiting for the Catholic Church to answer the most urgent global problems such as AIDS...Why does the Catholic Church pay so much attention to moral issues rather than suggesting concrete solutions to these problems that are so crucial to humanity...?” (Benedict XVI, 2006). This question would seem to point to what Pope John Paul II had established as the Church’s policy on HIV/AIDS, which was simply adding the virus to the list of “issues” covered by the Catholic principle on the sanctity of human life – in other words focusing on the morality of using contraception and suggesting chastity and monogamy only, and not recognizing, at least publicly, that methods not typically accepted under Catholic policy could be more effective (Carroll, 2008). The Pope provided this response:

...do we really pay so much attention to moral issues?...I am more and more convinced after my conversations with the African Bishops - that the basic question...is about education, formation...I believe that the real problem...lies in the imbalance between the incredibly fast growth of our technical power and that of our moral capacity, which has not grown in proportion. That is why the formation of the human person is the true recipe, the key to it all, I would say, and this is what the Church proposes...of course, we have to learn, to acquire knowledge, ability, know-how, as they say...But if we only teach know-how, if we only teach how to build and to use machines and how to use contraceptives, then we should not be surprised when we find ourselves facing wars and AIDS epidemics...Throughout Africa and in many countries in Asia, we have a vast network of every level of school...in these schools we try to communicate more than know-how; rather, we try to form

human beings ...who know that we must build and not destroy, and who have the necessary references to be able to live together...So I think we should correct that image that sees the Church as spreading severe 'no's'. We work a lot in Africa so that the various dimensions of formation can be integrated and so that it will become possible to overcome...epidemics." (Benedict XVI, 2006)

While this response is perhaps not as straightforward as some of John Paul II's remarks, Benedict XVI is certainly more in line with the opinion of John Paul II here than he was the year previously. Essentially, the Pope explains to the interviewer that instead of the Church saying "no" to contraceptives like condoms, they are instead educating a person in a way that gives them the freedom to make a choice, and the knowledge to make the "right" choice on decisions such as using contraceptives. Simply, it appears the Pope was trying to dispel the notion that the Church forces its no-contraception policy upon individuals and attempts to prevent certain behavior, and instead empowers people to make their own moral choices. For his reasoning behind why she attempts to educate individuals in this manner, Benedict XVI explains that a human must not be instructed in just "know-how" but also in morality, or, as the Pope says elsewhere in his response, "the formation of the heart." Without this formation, societies could be left where they started, which is in the middle of violence and epidemics, because they will be doing without thinking or feeling.

Also different in this statement was that the Pope attempted to explain a new reasoning for the Church's emphasis on the immorality of condom use to prevent new HIV infections. Instead of staying the course and taking the stance that condoms, like all contraceptives, have always been immoral and this policy was unmoving, the Pope seemed to realize that the rest of the world was starting

to question this approach, as can be seen in the interviewer's question. To this end, the Pope described how in the specific case of the HIV/AIDS crisis, the usage of condoms/contraceptives was immoral because it turned the matter into one of heartless technology and teaching individuals to implement a type of "machinery" without discussing the emotional and moral consequences.

Perhaps the most crucial attitude taken up by the Pope in his response, however, was the concept of victim-blaming. While Benedict XVI attempted to assuage the backlash that the Church's promoted prevention methods were receiving, he also, in effect, kept the finger pointed at those who use contraception as the ones who were responsible for creating such epidemics as HIV/AIDS, and keeping them going. Instead of relating it to the Catholic principle of protecting the sanctity of life, the Pope essentially said HIV/AIDS and other such epidemics are caused by individuals who have not been educated in the ways of Catholic policy, and that they are not considering the morality of their actions, or acting in a moral manner. Realistically, it could be pondered that what Pope Benedict XVI was also stating was that those who either use or promote the use of condoms as a HIV/AIDS prevention method are not acting or thinking morally. This statement was the first, between both John Paul II and Benedict XVI, that went further into explaining as to why Catholic policy was appropriate to use specifically for the HIV/AIDS crisis. Whether it is logical or not according to secular and Western medical reasoning is perchance a different argument; however, it undoubtedly is a marker of growth within the Catholic Church as to how she was adapting her policies, and defending those adaptations, to the adversity that is HIV/AIDS.

In 2007, Pope Benedict XVI continued on path that Pope John Paul II had constructed concerning HIV/AIDS, which focuses on two main elements: the immorality of contraception and the benefits of chastity and monogamy. Since the beginning of his papacy, Benedict XVI seemed to place more attention on the immorality of condom use, perhaps because of the increased attention on them as a prevention method by the Western medical community (Center for Disease Control and Prevention, 2006). However, the Pope made sure to restate that the Church had also not wavered on her promotion of chastity and monogamy as the best tools to reduce the amount of new HIV infections. In an Address to the new ambassador of Namibia to the Holy See, the Pope made the following remarks:

The Church's contribution to the goal of eradicating AIDS from society cannot but draw its inspiration from the Christian conception of human love and sexuality. The understanding of marriage as the total, reciprocal and exclusive communion of love between a man and a woman...prompts the most effective behaviours for preventing the sexual transmission of disease: namely, abstinence before marriage and fidelity within marriage. It is for this reason that the Church dedicates no less energy to education and catechesis than she does to health care and corporal works of mercy. Mr. Ambassador, I encourage the leaders of your nation to legislate in a way that promotes the life of the family, which must always be held as sacred and most fundamental for a stable society. (Benedict XVI, 2007).

Whereas the focus on chastity and monogamy in this Address is really no different than Addresses Pope John Paul II gave, there is an inclusion on another topic that is quite worthy of noting: the Pope, in subtler terms, asks the ambassador of Namibia to help "the leaders of [his] nation to legislate in a way that promotes the life of the family..." This, in no uncertain terms, is a statement by the Pope requesting that an African nation create laws built soundly upon

Catholic policy with the express intention that the laws are directly related to how that nation confronts its HIV/AIDS crisis.

Without, doubt, this was yet another added step in the Catholic Church's insistence that her sponsored prevention techniques were the most effective as well as the most moral, for this was a request for an entire nation to structure some of its laws on Church canon – in colloquial terms, a rather bold move for an institution that is aware that her policies have come under strict scrutiny by many other institutions, organizations, and individuals. This statement by Benedict XVI also creates quite a dichotomy between it and the response to the interviewer in 2006. Then the Pope had concentrated on the idea of educated individuals having the freedom to choose whether to follow Catholic policy and not take on a contraceptive mentality; here the Pope is expressing his wish that entire nations create laws that would, in effect, compel the entire citizenry of that nation to adhere to such Church doctrine regarding family and sexual practices. This would also diminish the Pope's idea of needing to instill a sense of heart and morality, for it is a debatable question whether a citizen needs to gain those skills to simply follow a law they had no voice in making.

The question then arises as to whether this dichotomy was to be solved, for Pope Benedict XVI had essentially publically endorsed two relatively separate ways of influencing others to take up the one prescribed Catholic prevention technique. One focuses on education and individual freedom and choice, and the other on legislation and nation-wide uptake of traditional Catholic canon. This contradiction also lends itself, though, to understanding how seriously the Catholic Church took the HIV/AIDS crisis. Assuredly, the Pope would probably

not feel the need to request the passage of statewide laws unless he felt that a great number of lives were at risk.

While the year 2008 represented itself as a relatively quiet year for Pope Benedict XVI, he spoke out again on January 1, 2009, in his Message for the Church's World Day of Peace (Benedict XVI, 2009a). In this Message the Pope spends a good deal of time discussing pandemics, such as malaria, tuberculosis, and HIV/AIDS, and when focusing on the latter, says the following:

...countries afflicted by some of these pandemics find themselves held hostage...by those who make economic aid conditional upon the implementation of anti-life policies. It is especially hard to combat AIDS...unless the moral issues connected with the spread of the virus are also addressed. First and foremost, educational campaigns are needed...to promote a sexual ethic that fully corresponds to the dignity of the person; initiatives of this kind have already borne important fruits, causing a reduction in the spread of AIDS. Then, too, the necessary medicines and treatment must be made available to poorer peoples as well. (Benedict XVI, 2009a).

This Message refocuses the Pope's rhetoric regarding HIV/AIDS, and also adds another element to the Church's perspective on her policy on such. Firstly, there was Pope John Paul II's inclusion of HIV/AIDS as a condition that Catholic medical workers were treating; secondly, John Paul II made mention of the victims of HIV/AIDS and noted that the Church stood with them and hoped that their suffering was alleviated; thirdly, John Paul II remarked that the morally Catholic solution to the HIV/AIDS crisis was to follow traditional Catholic policy – chastity and monogamy without contraceptive use; fourthly, at the end of his papacy, John Paul II suggested that the promoted Catholic prevention method was the strongest and that adherence to other techniques, such as using condoms, could prove to be harmful; fifthly, Pope Benedict XVI stated that the

use of condoms and contraceptives could increase the incidence rate of new HIV infections; and sixthly, Benedict XVI pronounced that the HIV/AIDS issue not only fit under the traditional Catholic policy of protecting the sanctity of human life, but also created its own moral condition – the usage of condoms for HIV/AIDS prevention only instructed individuals to do, and not to think about the moral consequences of their actions – thus the Catholic prevention method still reigned supreme because it required education as well as moral forethought. Pope Benedict XVI, during this Message, was to add the seventh part of this continuing chronicle, by suggesting that the Catholic prevention method had been both implemented and was provably successful.

Interestingly, however, the more Pope Benedict XVI added to the Church's course of action for HIV/AIDS, the more he also added to its contradictions and confusions. He had already pronounced that the Catholic Church should be both educating individuals so they make moral choices, as well as appealing to other nations to create legislation based upon Catholic policy. Here the Pope increases the confusion by suggesting that Catholic prevention methods have helped decrease the incidence of the virus (but does not provide any examples), and that nations are coerced into implementing prevention methods that include contraceptives by being threatened with economic aid taken away, which also goes unsupported. Perhaps the most puzzling is the Pope's comment on "necessary medicines" being made available to the poor who are suffering from HIV or AIDS, which, with the Pope's use of the word "then" suggests that the availability of the medicine is subject to the implementation of Church-promoted prevention methods. It is also quite odd the Pope focuses only on the poor

instead of all individuals suffering from HIV/AIDS. Essentially, what the Pope was attempting to say here is quite unclear, but what is clear is that HIV/AIDS was greatly impacting Church policy, but in a way that was contradictory and puzzling. Realistically, the Church was trying to create a valid connection between the virus and Church policy in the face of contradictory policy and pressures from other sources, but was struggling to do so.

These inconsistencies and conflicts were continuing to coexist when the Pope, debatably, made one of the most controversial and widely publicized remark of his papacy. In March of 2009 the Pope was hosting a press conference during a flight to the African nation of Cameroon, and was asked the following question: “Your Holiness, among the many ills that beset Africa, one of the most pressing is the spread of AIDS. The position of the Catholic Church on the way to fight it is often considered unrealistic and ineffective. Will you address this theme during the journey?” (Benedict XVI, 2009b). The Pope responded by saying

I would say the opposite. I think that the most efficient, most truly present player in the fight against AIDS is the Catholic Church herself, with her movements and her various organizations...I would say that this problem of AIDS cannot be overcome merely with money, necessary though it is. If there is no human dimension, if Africans do not help (by responsible behaviour), the problem cannot be overcome by the distribution of prophylactics: on the contrary, they increase it. (Benedict XVI, 2009b).

Assuredly, the Pope’s comment on condoms in this response were not completely shocking, for both Pope John Paul II and Benedict XVI himself had previously criticized the types of sexual behaviors they believed condom use to increase, and that such behaviors were also the kinds of activities that would lead to an increase in new HIV infections. However, this statement was the first that explicitly stated

that the usage of condoms directly increases the rate of new HIV infections and the overall incidence of AIDS. Simply, it would seem that at this juncture the Church had become more defensive about her policies and the implications for an individual not following them, and was moving away from the traditional stance of being “offensive” about her principles and sharing with individuals how their lives would become enriched if they were to take-up such beliefs. Indeed, the interviewer’s question is the epitome of the type of complaint about policy to which the Church frequently had to respond.

Without doubt, the Catholic Church, with the aid of her Pope, was moving herself even deeper into the HIV/AIDS crisis. Indeed, not only had she become a player in the HIV/AIDS struggle, she was now fighting back against states, organizations, and institutions that presented opposing solutions. These opponents were, basically, any entity that included the use of prophylactics in its prescribed prevention method, for they were not only, in the view of the Church, hurting the disadvantaged by giving them and teaching them how to use condoms, but overall demeaning the sanctity of human life. The question thus arose – was this the Catholic Church’s new system of combating HIV/AIDS, or was this simply a phase the Church was going through while attempting to resolve the contradictions between her contraception ban and her duty to protect the sanctity of human life?

In 2010 Pope Benedict XVI completed another first, but this time it was something related to the papacy: the Pope agreed to be interviewed by Peter Seewald for a book in which essentially nothing was off-limits. The book, entitled *Light of the World: The Pope, the Church and the Signs of the Times* (Benedict

XVI & Seewald, 2010) contained discussion of many of the controversies that Benedict XVI inherited during his papacy, including sexual abuse by clergy and the Church's relationship with Islam. When asked about contraception, the Pope stated that the usage of contraception "separate[s] sexuality and fecundity from each other in principle" which in turn makes "sexuality becom[e] arbitrary" and that "this approach to fecundity as something apart from sexuality, so far apart that we may even try to produce children rationally and no longer see them as a natural gift, was, after all, quickly followed by the ascription of equal value to homosexuality" (p. 146). Unfortunately, it must be made clear that the Pope is applying a very negative connotation to homosexuality in his response; thus the idea of having sex with the clear intention of not conceiving (*i.e.* having sexual intercourse with the use of contraceptives) is also, in the Pope's opinion, a starkly detrimental act.

Somewhat earlier in the text, however, the Pope had been asked a lengthy question regarding HIV/AIDS and, specifically, the response he gave to the interviewer during the flight to Cameroon. The question asked by Seewald, in part, was:

On the occasion of your trip to Africa in 2009, the Vatican's policy on AIDS once again became the target of media criticism. Twenty-five percent of all AIDS victims around the world today are treated in Catholic facilities. In some countries...the statistic is 40 percent. In Africa you stated that the Church's traditional teaching has proven to be the only sure way to stop the spread of HIV. Critics, including critics from the Church's own ranks, object that it is madness to forbid a high-risk population to use condoms. (p. 117-118).

The Pope answered with a nearly two-page response, stating that he felt he was being provoked when asked the question on the flight to Cameroon, and was

frustrated with the ignorance on how much the Church does to support and help those who are either afflicted with HIV or AIDS, or are orphans because of HIV/AIDS. He also made mention that he was not “making a general statement about the condom issue, but merely said, and this is what caused such great offense, that we cannot solve the problem by distributing condoms. Much more needs to be done. We must stand close to these people, we must guide them and help them; and we must do this both before and after they contract the disease” (p. 118). Moving away from the Cameroon trip debacle, the Pope also spoke pointedly about the relationship between Catholic policy and condoms for HIV/AIDS prevention:

As a matter of fact, you know, people can get condoms when they want them anyway. But this just goes to show that condoms alone do not resolve the question itself. More needs to happen. Meanwhile, the secular realm itself has developed the so-called ABC Theory: Abstinence-Be Faithful-Condom, where the condom is understood only as the last resort, when the other two points fail to work. This means that the sheer fixation on the condom implies a banalization of sexuality, which, after all, is precisely the dangerous source of the attitude of no longer seeing sexuality as the expression of love, but only a sort of drug that people administer to themselves. This is why we fight against the banalization of sexuality is also a part of the struggle to ensure that sexuality is treated as a positive value and to enable it to have a positive effect on the whole of man's being. There may be a basis in the case of some individuals, as perhaps when a male prostitute uses a condom, where this can be a first step in the direction of moralization, a first assumption of responsibility, on the way toward recovering an awareness that not everything is allowed and that one cannot do whatever one wants. But it is not really the way to deal with the evil of HIV infection. That can really lie only in a humanization of sexuality. (p. 119).

Seewald, seeing the immense proportion of change at which the Pope had just hinted, immediately followed up with the question “Are you saying, then, that the Catholic Church is actually not opposed in principle to the use of condoms?” (p.

119). The Pope responded: “She of course does not regard it as a real or moral solution, but, in this or that case, there can be nonetheless, in the intention of reducing the risk of infection, a first step in a movement toward a different way, a more human way, of living sexuality” (p. 119).

The media, with many proclaiming that the Pope and the Catholic Church were finally amending their contraceptive policies for HIV/AIDS prevention, quickly pounced upon this statement. The *New York Times* published an article on the day the book was released entitled “After Condom Remarks, Vatican Confirms Shift,” though the “confirmation” was simply the Pope’s spokesman repeating the Pope’s response in the text about condom use being a first step towards responsibility (Donadio & Goodstein, 2010). In truth, the Pope confirmed that he meant to say the words that were published in the book, but that what others were taking from his words was not what he meant. For, realistically, the Pope never approved of condom usage. He simply stated that if the usage of a condom encourages or persuades someone to think and care about the person they are having sexual relations with, then condoms, in that instance, do not represent an adversary to the policy of protecting the sanctity of human life. The key to Benedict XVI’s discussion about condoms in *Light of the World* was his declaration that condoms were neither “a real or moral solution,” meaning that there was never the hint of approval, only of acquiescence to the notion that condoms might increase people’s awareness of the consequences of their actions on their partner(s). This controversy, however, would follow him to the end of his papacy in the winter of 2013 (Zerilli, 2013).

In all, what came to define Pope Benedict XVI during his papacy concerning his and the Church's relationship with HIV/AIDS is that he was troubled by the type of sexual relations individuals were having, because proper and appropriate sexual relations (*i.e.* stemming from a heterosexual, marital, and monogamous relationship) "presupposes that couples take time for each other" (Benedict XVI & Seewald, 2010, p. 147). The Pope continued on to say that was "fundamentally different from" someone using contraception "so that [they] can jump into bed with a random acquaintance" "without binding [themselves] interiorly to another person" (p. 147). Essentially, condoms do not require forethought and emotional connections to one's partner, while having monogamous, marital sexual relations does, and that is the central issue regarding the morality of condoms, apart from the denying conception aspect (the Church does support natural family planning, therefore the condoms actual contraceptive capabilities are perhaps not always considered the "worst" features of them). This is why the Pope continuously stressed the role of education and formulation of Catholic policy throughout his papacy, even though at times he offered dichotomous solutions that, evidently, were not resolved.

Accordingly, while Pope Benedict XVI made some attempt towards the latter half of his papacy to clarify the Church's position on HIV/AIDS prevention methods, it is apparent that some of them were lost in translation from the devout Catholics to the secular institutions and states. Perhaps, though, what became most clear was the Pope's understanding of the legitimacy of the HIV/AIDS crisis, and that while many others did not agree with his tactics, Benedict XVI put much thought into how the Catholic Church was to deal with

such a pandemic, and made the combating of HIV/AIDS a focus of his papal reign.

Pope Francis I. At the time of this writing Pope Francis had only been in the papal office for approximately four months, and has, as Pope, remained quiet thus far regarding the HIV/AIDS crisis, other than plans to visit AIDS patients during papal trip to Brazil in July 2013 (Pullella, 2013). However, rumors surrounding which direction on condoms the Pope will take are already forming. *The Guardian* published an article in mid-March, immediately after the papal election, claiming that Francis I “takes a slightly more pragmatic view on contraception, believing that it can be permissible to prevent the spread of disease” (Rice-Oxley, 2013). However, the *National Catholic Reporter* released an article stating “Bergoglio [the Pope’s last name before becoming Francis I] is seen as an [sic] unwaveringly orthodox on matters of sexual morality, staunchly opposing abortion, same-sex marriage, and contraception...Nevertheless, he has shown deep compassion for the victims of HIV-AIDS; in 2001, he visited a hospice to kiss and wash the feet of 12 AIDS patients” (Allen, Jr., 2013). Thus, it appears that Pope Francis I, given his history and his origination from Argentina, a country no stranger to the plight of the HIV/AIDS pandemic, is quite aware of the HIV/AIDS crisis. What he will do as Pope regarding Catholic policy and the virus, however, is yet to be seen.

CHAPTER TWO

CHURCH OPINIONS & CONFLICTS

Opinions About Church Policy

Outside of the papal offices, the debate about Catholic policies and HIV/AIDS ranges far and wide, both with respect to opinions held, and who holds them. Weighing in on the matter are Catholics who are officials in the lower Church hierarchy (such as priests and nuns), lay Catholics who are strongly tied to the Church (such as those who are active in the Church community and/or publish about the Church), those who work at Catholic organizations, and those who study Catholicism. The opinions extend from accepting condoms as fitting within Catholic policy, to being even stricter than Popes John Paul II and Benedict XVI.

At one end of the spectrum are the individuals who tend to believe that contraception is damaging or that contraception is not allowable or moral under any Catholic policy. Romanus Cessario, a member of the Dominican Order of Preachers, who published an article in the *Studies of Christian Ethics* journal in 2006, holds the epitome of this type of opinion. In this article, Cessario takes up the situation in which one spouse has is HIV-positive, and the other is HIV-negative. The question, of course, arises as to whether it is moral for the married couple to use condoms as means to keep the other spouse from becoming infected, or, in the words of Cessario “to sterilize their procreative acts” (Cessario,

2006, p. 306-207). It could be considered, given that the individuals already meet the “requirements” that Pope Benedict XVI set forth regarding the relationship between the partners, that the use of condoms in this instance might be permissible. Cessario, however, disagrees, saying through sexual intercourse “spouses become one flesh” and that the

Use of condoms deprives the act of its proper matrimonial matter and end. No room exists for appeal to the so-called ‘totality’ of the marriage, for that very totality is by nature ordered to this act. Even when one or both spouses are HIV-positive, there is no moral argument that validly concludes to the licitness of condom use in the context of the marital act. The reason is that insofar as one presupposes the marital act, the contraceptive nature of the condom is objectively significant. (p. 320).

Therefore, even when the situation is perhaps at its most moral in its relationship between the partners (for they are married), and the purpose of using the prophylactic (to protect the other partner from contracting the virus instead of denying conception), Cessario still does not find the usage of a condom morally acceptable. It can be inferred, then, that there is no other situation in which he would conclude the usage of a condom to be sanctioned.

What Cessario appears to be concentrating on is the change that the use of contraceptives creates in the Catholic definition of sexual intercourse that requires “penetration with deposit” (p. 320). It can be concluded then, it is not that Cessario is not aware of the pandemic status of HIV/AIDS, indeed he refers to it exactly as such (p. 306), but that he is not willing to accept any acts that do not fit within the Catholic definition of sex. Essentially, he has prioritized, and keeping the traditional sense and definition of the Church’s canon is placed above

reducing an individual's chances of contracting HIV. He is also of the opinion, like the Popes, that if someone were to keep more to the Catholic definition of sex (*i.e.* being abstinent and monogamous), they would greatly reduce their chances of becoming infected without having to use prophylactics.

There is not a lack of other individuals in the Church hierarchy who hold opinions similar to Cessario's and the Popes. Cardinal Alfonso Lopez Trujillo, from Colombia, is president of the Holy See's Pontifical Council for the Family, and he too considers condoms to be immoral because of Catholic canon, saying "one cannot truly speak of objective and total protection by using the condom as a prophylactic, when it comes to the transmission...of HIV/AIDS...it is necessary to promote responsible sexual behavior that is inculcated by means of authentic sexual education...that does not consider others as mere instruments of pleasure and thus objects 'to be used'" (Trujillo, 2004). This is directly in line with Pope John Paul II and Pope Benedict XVI, as well as Cessario, in the sense there is a correct and appropriate way of behaving sexually. However, Trujillo continues to remark that condoms are not safe to use, and not only because they induce irresponsible sexual actions, but because they are not as reliable as they are advertised to be. In an attempt to prove his point, he invokes scientific, instead of religious logic. Indeed, the Cardinal said that because "the AIDS virus is about 25 times smaller than the sperm cell's head, and 450 times smaller than the sperm cell's length" (Trujillo, 2004), condoms cannot be counted upon to reduce the transmission. (However, it must be noted that some of the studies Trujillo relies on to support his claim were done in the 1930s). He also said that because of the high belief in condoms, they actually increase the HIV/AIDS infection rate

because people use them without enacting other responsible behaviors. Granted, this is not as popular an opinion as others, such as those centered around the idea of education, but it deserves attention nonetheless for Trujillo has not shied away from sharing this opinion with others, and he also holds a high position at the Vatican which carries a relatively substantial amount of weight. In short, he is an influential individual in the Catholic Church's hierarchy.

There are other influential individuals however, that take up a position opposite of the likes of Cardinal Trujillo's and Cessario's. James Carroll, once a priest, is now a distinguished scholar-in-residence at Suffolk University, and writes often on religious and political issues (Wagner, 2008). In 2006, he published an article in the *Boston Globe* entitled "Outlawed AIDS Prevention" which states that while "caring for the sick has always been a defining act of" Catholicism and describes how the "Catholic hospitals and other ministries threw themselves into caring for those who became infected [with HIV/AIDS]" (Carroll, 2006), overall he found the failure of the Church's response to the arrival of the virus to be shocking. He discusses that the science of condoms, and their likelihood of stopping the spread of disease has been proven repeatedly, and there is no basis for the remarks from the papal office that doubts the efficacy of them. The Vatican, he remarks, has a "special responsibility" in regards to HIV/AIDS prevention for several reasons – firstly, it has already done a great deal of damage with its ban on contraception; secondly, it already has many of the structures in place, such as hospitals, that could reach the vulnerable much better than they are reached currently; thirdly, that the acceptance of the use of condoms to prevent the transmission of a virus such as HIV/AIDS is not going to

cause the moral collapse of an institution as large and strong as the Catholic Church. In the close to his article Carroll states, “for more than 20 years, the hierarchy’s rejection of condom use has been killing people” (Carroll, 2006). Without doubt, Carroll’s argument for his opinion could not be more opposite than those of Trujillo’s and Cessario’s.

Carroll is also not without support. John Hooper, a writer for *The Guardian*, has published several articles highlighting Cardinals that favor the idea of either amending the current policy essentially banning condoms, or perhaps even promoting the use of them (Hooper, 2004 & 2006). In 2004, Hooper reported that Cardinal Godfried Danneels had broke the “Church’s taboo” on the condom issue, one of the first to do so, stating that he believed “condoms...in certain circumstances...should be used to prevent the spread of AIDS” and “he added that if someone who was HIV-positive did have sex, failing to use a condom would be sinful - a contravention of the sixth commandment: thou shalt not kill” (Hooper, 2004).

In 2006 Hooper described how Cardinals in the Church have been pushing for reform, or have at least been discussing it, since the late 1980s, drawing attention to Cardinals Cardinal Georges Cottier and Carlo Maria Martini. Cardinal Cottier, Hooper reports “signalled [*sic*] doubts within the papal household and argued that the Roman Catholic ‘theology of life’ could be used to justify a lifting of the ban. ‘The virus is transmitted during a sexual act; so at the same time as bringing life there is also a risk of transmitting death,’ he said. ‘And that is where the commandment ‘thou shalt not kill’ is valid” (Hooper, 2006).

Cardinal Maria Martini has stated that a married person with HIV is “obliged’ to protect his or her partner from the disease” (Hooper, 2006).

Therefore, there are, apparently, at least some number of higher-ranking Catholic officials who do not agree with the stance taken by the Church thus far on HIV/AIDS. It does not appear, though, that they have yet to hold much sway, for while there have been rumors about shifts in Vatican policy, none have yet to take place. The comments of Pope Benedict XVI regarding condoms in his text *Light of the World*, which seemed that at the time as if they might be a marker of change, were quickly “corrected” by the Congregation for the Doctrine of the Faith. A month after the book was published the Congregation released a statement which said, in part,

...a number of erroneous interpretations have emerged...Some interpretations have presented the words of the Pope as a contradiction of the traditional moral teaching of the Church. This hypothesis has been welcomed by some as a positive change and lamented by others as a cause of concern – as if his statements represented a break with the doctrine concerning contraception and with the Church’s stance in the fight against AIDS. In reality, the words of the Pope – which specifically concern a gravely disordered type of human behaviour, namely prostitution...do not signify a change in Catholic moral teaching or in the pastoral practice of the Church...the Holy Father was talking neither about conjugal morality nor about the moral norm concerning contraception...The idea that anyone could deduce from the words of Benedict XVI that it is somehow legitimate, in certain situations, to use condoms...is completely arbitrary and is in no way justified either by his words or in his thought...On the pages in question, the Holy Father refers to the completely different case of prostitution, a type of behaviour which Christian morality has always considered gravely immoral...In this regard, it must be noted that the situation created by the spread of AIDS in many areas of the world has made the problem of prostitution even more serious...In this situation, the Holy Father clearly affirms that the provision of condoms does not constitute ‘the real or moral solution’ to the problem of AIDS and also that ‘the sheer fixation on the condom implies a banalization of sexuality’ in that it refuses to address the mistaken human

behaviour which is the root cause of the spread of the virus. In this context, however, it cannot be denied that anyone who uses a condom in order to diminish the risk posed to another person is intending to reduce the evil connected with his or her immoral activity. In this sense the Holy Father points out that the use of a condom 'with the intention of reducing the risk of infection, can be a first step in a movement towards a different way, a more human way, of living sexuality.' This affirmation is clearly compatible with the Holy Father's previous statement that this is 'not really the way to deal with the evil of HIV infection...' Some commentators have interpreted the words of Benedict XVI according to the so-called theory of the 'lesser evil...' An action which is objectively evil, even if a lesser evil, can never be licitly willed...In the battle against AIDS, the Catholic faithful and the agencies of the Catholic Church should be close to those affected, should care for the sick and should encourage all people to live abstinence before and fidelity within marriage. In this regard it is also important to condemn any behaviour which cheapens sexuality...(Congregation for the Doctrine of the Faith, 2010)

Thus, it appears that at the very highest of levels of the Catholic Church, there is practically no acceptance of condoms as a moral, promotable, or acceptable prevention method for HIV/AIDS. The papacy also garners support from more traditional members of the hierarchy, like Cardinal Trujillo and Father Cessario. There are detractors, or progressives, however, inside the ranks, such as Cardinals Danneels, Cottier, and Martini that are willing to accept or promote a change regarding advocacy for condoms as a HIV/AIDS prevention method, and who may use traditional interpretations of Church canon to do so. However, there is another group that has yet to be heard from – those actually working with individuals suffering from the illnesses of AIDS or being HIV-positive, or have been tasked with teaching the policies of the Church outside of a congregational atmosphere.

Working in Catholic Healthcare

Hogan, a lecturer of theology at the University of Leeds, published a 2002 essay that details the daily contradictions of an Irish nun named Sister Mary. Sister Mary works for a HIV/AIDS prevention and education service, which is funded by the Church. Her job requires her to travel to secondary schools, which, in Ireland, are run mainly by the Catholic Church. Because of this, Sister Mary must educate the students based upon Catholic principles, which for the most part she is dedicated to promoting. However, she experiences many contradictions, for Hogan explains how Sister Mary “is convinced that if she simply repeats the official Church line on HIV prevention and if she tries to avoid or ignore the difficult questions, then her message too will be dismissed as being unrealistic” (Hogan, 2002, pg. 41). Thus, Sister Mary conceived her own program to deal with the realities regarding the sex lives of her high-school aged (and soon to be college-aged) students, and that upholds the Catholic principles she both believes in and has a duty to teach. Hogan describes Sister Mary’s program as the following:

In the program she talks frankly about sexual relationships, about HIV prevention, and condoms, and about a range of related issues involving sexual health. She does so in the context of discussing the importance of moral values and virtues and the nature of relationships. She advises students to take decisions about entering into sexual relationships very seriously...She tries to gain a balance between being realistic about young people’s behavior and promoting the values implicit in Church teaching on sexuality. Over the years she has realized that it is pointless for her simply to give a lecture about abstaining from sex until one is married. She knows that if her message about HIV prevention is to be successful, then she must acknowledge that many young people have active sex lives...Of particular concern to her is the issue of condom use...She talks honestly about the benefits of using condoms, especially in situations of casual sex. She talks about the effectiveness of proper

condom use in limiting the risks of contracting HIV, and of course about the failures of condoms as well. (Hogan, 2002, p. 42).

Hogan also depicts how Sister Mary has been chastised by many people, including fellow sisters, superiors in the Church, parents of the students she teaches, and from authorities in the schools, for her approach. She has even been disciplined, with one parish priest ordering her to stop teaching in the schools in his parish until she changed her program and strictly followed Church principles. To this kind of opposition, Sister Mary explains her she justifies her actions by looking “to the Church teaching on conscience in order to explain her approach...she appeals to the positive valuation of sexuality within some aspects of the Catholic tradition...[and] she applies another neglected aspect of the tradition to the ethics of sexual activity...the aspect which stresses the importance of circumstances and intentions in assessing the morality of decisions” (Hogan, 2002, p. 43). Thus, Sister Mary is devout Catholic, but yet finds in Catholic principles a way to teach ethically (as she sees it) about the use of condoms. She does not promote them, just simply shares the facts concerning them, and in turn actually promotes the Catholic principles of having positively valued sexuality, and caring for your partner.

In a similar situation is Eileen Flynn, who is a professor at an American Catholic university (Flynn, 2002). Flynn instructs an introductory course on morality, in which one of the first segments concerns HIV/AIDS, and therefore is faced with whether to teach on the subject of condoms or to not. The decision to do so, she says, required much “soul-searching” (p. 150). She comments that her classroom discussion regarding condoms worry her as to whether she will be

disciplined by the hierarchy, as others have for committing similar actions (p. 149). However, after weighing the options, she is always brought back to realizing

...I am a teacher, a person who has influence, but not someone who dictates what students think or do. I wish there was no HIV, no pandemic...And I wish the sexual climate were restrained; I would even welcome a return to the way it was when I was their age...But...HIV is not going to vanish and cultural change is not going to sweep over society like a blizzard in winter. And so I keep plodding. I reluctantly agree with my students that it would be predictable for those who are sexually active and unmarried to use condoms every single time than to have unprotected sex. I also maintain that it would be much better to wait for sex until after marriage and to be faithful to one's partner for an entire lifetime. Above all, I try to convey the message that sex should be reconceptualized as a life-giving blessing from God, not as a threatening encounter which could become the locus for transmission of a deadly virus. (Flynn, 2002, p. 154-155).

Flynn, then, makes a choice similar to that of Sister Mary. In simple terms, she put the need of her students over the instructions from the Church hierarchy, and even over her own personal belief. She knew that some of her students were already involved in pre-marital sexual relationships, and if not now, they might be in the future, and she had a duty to educate them to the best of her ability.

However, Campos (2002) tells the story of a Catholic hospital in India which refused to share some of its facility's open space with a nongovernmental organization (NGO) that focused on working with HIV/AIDS patients, and the at-risk community in general. At first the hospital had been amenable to the idea of hosting a community resource for HIV/AIDS work, but then realized that the NGO abided by the advice of the World Health Organization, which includes condom education, and the "promotion of safe sex" (Campos, 2002, p. 199-200). The Sisters who ran the hospital consulted "Catholic experts" who suggested that the hospital not share space with the NGO, and thus the NGO was turned away

(Campos, 2002, p. 200). Campos, a reverend in the Congregation of the Most Holy Redeemer and a professor at a Catholic university in India, writes much in his essay about how the term “safe sex” is a misnomer, and it is the downfall of the condom prevention method. He claims that the reason condoms are not the preferred prevention solution of the Catholic Church, partly, is because they are not infallible, and calling them “safe,” when they are not always, is harmful for those who use them. They could think they are being perfectly protected, when they are not (p. 203).

Overall, the theme emerging from this section does appear to be that the more experienced an individual is with the realities of human sexual behavior and the effects that having AIDS or being HIV-positive can have, the more open that person is to not relying on absolutist policy. As one moves downwards in the Church hierarchy, the members become more attuned and involved with general society, and general society’s problems, and the solutions that go with those problems. There are the stalwarts such as Cardinal Trujillo (2004), Father Cessario (2006), and Reverend Campos (2002), but it is perhaps because they have remained in the absolutist realm of pontifical councils and Roman Catholic scholarship that they have remained such stalwarts. Perhaps, if they were to switch roles with either Sister Mary or Professor Flynn for a period of time, their opinions might change.

Overall, the variety of opinions creates a very large scope. There are those who argue that the condom is flawed in its promoted efficacy (Trujillo, 2004), that the possible chance to reduce the likelihood of transmission is not as significant as denying the conception of a child (Cessario), and there are those

who claim that because Catholic Church policy is supposed to be first and foremost about taking care of the sick and vulnerable, condoms are exactly what it should be promoting (Carroll, 2006). There are also those in the middle, who are uncomfortable with the idea of condoms because of their contraceptive nature, but believe that in the case of HIV/AIDS, using them is the lesser of two evils (Flynn, 2002; Hogan, 2002; Hooper, 2004 & 2006). Whether the condom controversy is to be solved in the relatively near future is uncertain. Either the Pope(s) and the pontifical councils will continue to be upholders of traditional Catholic canon, or they will be persuaded to change their policies.

Whichever direction the Church chooses to go in, either reprioritizing the position of the condom or not, the world of HIV/AIDS patients will be affected. While the statistics vary, the Catholic Church is a domineering force in the worldwide battle against HIV/AIDS. In a question to Pope Benedict XVI, Seewald mentioned “Twenty-five percent of all AIDS victims around the world today are treated in Catholic facilities” (Benedict XVI & Seewald, 2010, p. 117). ABC News has reported that Catholic Relief Services has facilities in ten different countries, and has reached approximately 300,000 people (Hesson, 2013). In 2011, the Catholic News Agency released a statement saying “the Pontifical Council for Health Care [was] report[ing] that the Catholic Church [was] currently running 117,000 centers to care for AIDS patients throughout the world” (Church operating 117,000, 2011), while “Caritas Internationalis is a global confederation of 165 Catholic organisations working in humanitarian emergencies and international development” that focuses on HIV/AIDS (“About Caritas”).

Accordingly, the question as to how much power the Catholic Church has with its policies is valid, for even though it has over one billion followers (“Number of Catholics,” 2010; “The Pope’s grievous,” 2005) it is up to each individual lay Catholic to determine for themselves which Catholic policies, if any, they choose to abide by. However, for the purpose of this type of analysis, it is not the individual followers that must be focused upon, but instead the organizations that work with HIV/AIDS patients and/or a vulnerable population the Catholic Church either runs or sponsors. This focus is the most crucial simply because these organizations do not, usually, independently choose whether or not to follow Catholic policy, for they are under the direction of the Church’s hierarchy; they also are responsible for educating, helping, treating, and caring for many individuals that are not Catholic themselves. Apart from their connection with the Church’s facility, these individuals, who do not profess themselves to be Catholic, might not be persuaded to follow Church canon in their personal lives. Thus, Catholic policies concerning HIV/AIDS produce direct results on non-Catholics. For instance “Catholic Charities USA has 1,600 agencies across the country that provide specific services to AIDS patients, including housing and mental health support” (Stahl, 2008) – meaning that Catholic Charities USA has, on average, 30 agencies in each state, making it one of the largest providers of HIV/AIDS care in the United States.

Church Policies, Opinions, & Conflicts Discussion

Interestingly, the Church has made many a specific reference to the HIV/AIDS virus. In many instances in which vague terms such as “disease,” “violence,” and “poverty” are used, there is also the inclusion of a specific

mention of HIV/AIDS. There could be several reasons for this, partly because it is a global issue, and that many Catholic missionaries and healthcare workers are faced with comforting and taking care of the infected, but it is also the first illness in modern times that has brought about such a conflict in Catholic policy.

In effect, the Church has been brought to a rather uncomfortable juncture. As can be seen in the previous discussion of the opinions of mainly the two previous Popes, the Catholic Church is dedicated to the protection of the sanctity of human life. Thus, the Church is devoted to causes that will help end human suffering from poverty, diseases, hunger, violence, and the like. However, this dedication also requires the Church to denounce all forms of contraception, for contraception is an implement that stops the creation of a human life, which in the view of the Church, is the opposite of protecting human life. Accordingly, the fact that the main suggested prevention measure for HIV/AIDS from the medical field is the use of condoms, which are a contraceptive, causes a clash in how the Catholic Church applies her principle regarding the sanctity of human life. This conundrum forces the Church to make a decision, perhaps a reprioritization—either the Church protects human sanctity by allowing the use of condoms to prevent disease, and thus the deaths of thousands already living, or the Church continues to disallow the use of condoms so that no future child goes unconceived.

The decision the Church has continued to uphold thus far, that condoms and contraceptives are still banned under policy, allowed for the making of as slight a compromise as possible. It could not ignore the worldwide impacts of the HIV/AIDS virus, but the allowance of contraception, even for one type of

instance, would serve to go against Catholic canon. Thus, the Church decided to combat HIV/AIDS with that canon itself, claiming that abstinence and monogamy are just as effective, if not more effective, than condoms themselves. The Church, then, is not simply denying the prevention measures established by other institutions, she has her own she is promoting. A Catholic individual, or an individual that is subject to Catholic influence, is offered two different paths regarding their choice of prevention measures, if they are exposed to having a choice – and the existence of that decision creates competition between the prevention measures as set by the Church, and the prevention measures set by the medical community. That competition is what can create a negative and harmful effect.

Perhaps the best way to sum up that negative and harmful effect is with the word “doubt.” The Catholic Church is the only institution with such size and power to deny condoms; without her presence, the condom debate might not exist at all, or at least to degree as it exists now. However, whether there is merit to the Catholic Church’s policies, and thus merit to the condom debate itself, is another matter. There is, of course, no question that in many instances debate is healthy, and provides multiple options and viewpoints. But those debates tend to be over ideals and opinions based on philosophy, and in this case philosophy and theology has become mixed with science and medicine. A debate over something as serious as to the most effective way for someone to protect himself or herself from becoming HIV-positive perhaps does have a right and wrong answer. Or, put another way, when there is a known prevention solution, an argument exists as to whether there are justifications for holding policies that claim the

prevention solution is not moral, not safe, and not reliable, when it is capable of saving hundreds of thousands of lives, if not millions. Simply, saving an existing life by using a contraceptive device could be considered more important, more moral, than not using a mechanism that could deny a potential life.

The leaders of the Catholic Church have made their position clear – they will continue to pronounce condoms as an unsuccessful and immoral prevention method for HIV/AIDS. Some others in the Catholic Church, however, do not agree so readily. The next step of this Thesis is to study the virus more closely, specifically the use of condoms, to gather evidence to determine whether the merit belongs to the Catholic Church's official contraceptive ban, the detractors within the Church that are hoping for, or would be amenable to change, or both.

CHAPTER THREE

HIV/AIDS IN THE UNITED STATES

Current HIV/AIDS Statistics

As mentioned previously, it is estimated that there are approximately 34 million people throughout the world that have AIDS or are HIV-positive; in the United States alone, there are around one million (“A look at,” 2012). The Center for Disease Control and Prevention (CDC) currently estimates that out of the one million or so HIV/AIDS patients in the U.S., more than 200,000 are not aware of the infection, thereby greatly increasing the risk of them transmitting the virus to someone else. The CDC also reports that there were 47,500 new HIV infections in the United States in 2010 (the most recent year for which data is available), with about two-thirds of those infections being in men who have sex with men (typically men who identify as gay or bisexual). In 2011, the estimated number of HIV diagnoses was 49,273, with almost 40,000 of them being for adult or adolescent males (“new infections” is a different measurement than “diagnoses” – diagnoses is the actual number of diagnoses made in a certain year, while new infections measures the number of people who were infected with the virus in a certain year – *i.e.* individuals who were diagnosed in 2011 may have contracted the virus in another year) (Center for Disease Control and Prevention, 2013).

More attuned CDC statistics show that an individual is more at risk for contracting the virus if they are in between the ages of 20-34 years old. Of the

HIV diagnoses made in 2011 (49,273), the number of diagnoses that were made in individuals aging between 15-19 years old was 2,240, while in the next age group, ages 20-24 years old, the number was 8,054, the highest number of diagnoses for an age range in 2011. The next two age groups, ages 25-29 and ages 30-34, also had higher rates of diagnoses, but with declining numbers of 7,484 and 6,209 diagnoses, respectively. Men who have sex with men and African-Americans are also more likely to become infected versus their counterparts. Indeed, “Black/African American men and women were also highly affected and were estimated to have an HIV incidence rate that was almost 8 times as high as the incidence rate among whites” (Center for Disease Control and Prevention, 2013). There is also a positive trend of HIV diagnoses with a state’s population – according to the CDC the HIV diagnoses in four states made up almost half of the total number HIV diagnoses made in 2011. These states were California (5,973), Florida (5,403), Texas (5,065), and New York (4,960), which were also the four most overall populated states in 2011 (Center for Disease Control and Prevention, 2013; U.S. Department of Commerce, 2011).

Conceivably the most important statistic for this analysis, however, is the data from the category labeled “transmission.” The transmission category is the manner in which the individuals diagnosed with HIV contracted the virus. The data for 2011 illustrates that sexual contact, in some nature, definitely accounted for 43,975 of the 49,273 total diagnosed cases, or 89.24%. Out of these almost 44,000 individuals, 30,753 became infected by male-to-male sexual contact, while 13,402 became infected by heterosexual sexual contact (4,588 men, 8,814 women). Another 1,407 individuals are unsure of their transmission category

because they practiced both male-to-male sexual contact as well as intravenous drug use. The other cases whose transmission category was not sexual contact of some kind were either in the “injection drug use” or “other” transmission categories. The “other” category consists of transmission from blood transfusions, hemophilia, or mother-to-child via pregnancy (Center for Disease Control and Prevention, 2013).

For AIDS diagnoses (or HIV Stage 3) made in 2011 in the United States, in which there was a total of 32,039, 26,426 of those individuals had contracted HIV from sexual contact of some kind, or 82.48%. Of all of the AIDS diagnoses made from 1981 until the end of 2010 in the U.S., in which there was a total of 1,146,270, 769,228 of those individuals had contracted HIV from sexual contact, or 67.1% (Center for Disease Control and Prevention, 2013). Essentially, the data, really, could not be any clearer – sexual contact is the most common way that people contract HIV.

The Case for Prevention

On the CDC’s HIV/AIDS website there is a frequently asked questions section, and the question “How is HIV passed from one person to another?” is posted as a common concern. The CDC responds to the question with stating

Only certain fluids—blood, semen, pre-seminal fluids, rectal fluids, vaginal fluids, and breast milk—from an HIV-infected person can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream for transmission to possibly occur. Mucous membranes can be found inside the rectum, the vagina, the opening of the penis, and the mouth...In the United States, HIV is spread mainly by: Having unprotected sex (sex without a condom) with someone who has HIV; Anal sex is the highest-risk sexual behavior...; Vaginal sex is the second highest-risk sexual behavior; Having multiple sex partners or having other sexually transmitted

infections can increase the risk of infection through sex... (Center for Disease Control and Prevention, 2006).

The CDC, therefore, makes it relatively comprehensible in this statement that in the vast majority of instances, the transmission of HIV is avoidable and preventable. Also, considering that the CDC has made it clear that most cases of HIV are contracted via sexual contact, thus it can be inferred that taking prevention measures when engaging in sexual contact, or not engaging in sexual contact all, is the best way to keep oneself from contracting the virus.

As mentioned previously, while prevention for any communicable disease is important, including sexually transmitted infections, HIV/AIDS is within a class on its own. It is still not possible to cure HIV, and it is still likely that can it cause or assist in the death of those who shift from HIV to AIDS. Essentially, once a person becomes infected, they will be infected and be fighting the damaging and deadly effects of the virus for the rest of their lives. Simply, there is no fixing HIV at the moment, only preventing it. And until the medical field discovers a cure that is both readily effective and easy to administer, prevention is the only way to slow down the spread of a virus that 34 million people around the world already have.

The condom. Firstly, it should be noted that condoms are not a new tool in the prevention of disease and pregnancy. Indeed, it is suggested that humans first started using condoms, then made out of linen, leather, or oiled silk paper, to protect against pregnancy in 1000 BCE, and in the Common Era, cave paintings depicted the use of them in the year 200. In the 1500s, a doctor by the name of Gabrielle Fallopius (also the doctor that named the fallopian tubes) suggested

that linen sheaths be used to reduce the likelihood of a person contracting syphilis (which is still in existence today, albeit treatable), which was a deadly epidemic during the 16th century and beyond. In the 19th century, rubber was introduced as an ingredient in the condom-making process, which were then being made mostly of lamb and sheepskin. The early 20th century saw the advent of latex condoms, and by World War II condoms were being mass-produced and given to troops who were deploying overseas. Once the 1980s came about, condoms were no longer the embarrassing product they once were. They became publicly discussed and advertised, and “the emergence of HIV as a sexually transmitted disease [took] condoms into the mainstream” (Cichocki, 2007).

There are several reasons that condoms are suggested as a method for HIV/AIDS prevention. Firstly, they are cheap to both produce and purchase, and in many developed and some developing countries they are readily available in drug stores and, yes, gas stations. Doctor’s offices also regularly offer them complementarily (Cichocki, 2007; Shelton & Johnston, 2001). Secondly, they are relatively simple to use, and, perhaps debatably, non-intrusive to sexual intercourse (Browne & Minichiello, 1994). Thirdly, they work. Condoms have been being used by the sexually active for thousands of years because they are a reliable, disposable method for having safer than unprotected sex (Cohen, Chen, McCauley, Gamble, Hosseinipour, Kumarasamy, et al., 2011; Okie, 2006; Steiner & Cates, 2006; Tremblay & Ling, 2005). Fourthly, people are still having unprotected sex in large numbers (to be discussed in detail in an upcoming section), driving the need for those in a sexual educator role to stress the idea of protection. Thus, when it was discovered that HIV/AIDS was transmitted

primarily by sexual contact, the use of condoms to prevent that transmission was obvious.

Indeed, the American Medical Association, in conjunction with its Medical Student Section (AMA-MSS) (a “democratic, policy-making body”) “has developed a list of ways in which AMA-MSS chapters and individual members can take steps to make an impact on the HIV/AIDS pandemic” (American Medical Association-Medical Student Section). The AMA-MSS officially recommends that individuals should “Look up information regarding the HIV/AIDS pandemic and how it is affecting your community (including lack of comprehensive sex education, etc.);” “Work with public schools to increase awareness about voicing concern about proper condom use, reasons/excuses for not using condoms, and the importance of getting tested;” and “Hand out condoms and information regarding HIV testing on university campuses” (American Medical Association-Medical Student Section). Obviously, the AMA-MSS finds the use of condoms to be the priority prevention measure in the United States.

The American Academy of Pediatrics (AAP) also believes in teaching youths about condoms in hopes of preventing HIV/AIDS and other STDs/STIs. Regarding adolescent male sexual/reproductive health care, the AAP recommends “provid[ing] anticipatory guidance/counseling on sexual/reproductive health matters...including the use of messages about dual methods (eg, ‘not having sex is the best way to avoid pregnancy and STIs/HIV, but if you choose to have sex, use condoms consistently and use a reliable contraceptive method for the partner,’” (Marcell, Wibbelsman & Seigel, 2011).

Thus, it should be regarded that condoms are among the primary suggestions for stymieing the HIV/AIDS pandemic by American physicians.

Other methods. The condom is not the only method that an individual can use to reduce their risk of contracting HIV from a sexual partner. Indeed, there is a well known strategy in the medical field, labeled the ABC method, that is widely suggested to everyone that is at risk of contracting the disease, which is, at the risk of sounding obtuse, practically every one that is either sexually active or planning to become sexually active in the somewhat near future. ABC stands for Abstinence, Be faithful, Condoms (Steiner & Cates, 2006), and is recommended to be followed in “alphabetical” order, meaning that individuals should attempt abstinence, then monogamy, and then use condoms if they are not practicing either “A” or “B,” or at least not practicing abstinence if they are unaware of the sexual history and STD/STI status of their monogamous partner. The medical field suggests abstinence and monogamy because, like condoms, they also work. The fewer sex partners a person has throughout their life the less likely they are to contract HIV (as well as other sexually transmitted infections) (Center for Disease Control and Prevention, 2006), and practicing abstinence and being with only one partner at a time both generally reduce the number of sex partners a person is likely to have. Also, simply, if a person is not having sexual contact, they cannot contract HIV from such, thereby drastically reducing their chance of contracting HIV at all.

Support from the medical community. Unlike the discussions in the previous chapter, there is not much equivocation on the part of those in the Western medical field as to the success of condom use. While there is agreement

that condoms are not 100% effective, it is also agreed upon that for those individuals who are already sexually active, or want to become sexually active, a condom is the best tool they can use to reduce their likelihood of contracting any sexually transmitted infection, particularly HIV. Medical experts agree that condoms should be used in the sexually active because they are a single-use, physical barrier between the genital/sexual fluids of each partner. They are also one of the very few instruments that can be used to prevent sexually transmitted infections – unlike the options for contraception which include birth control pills and patches, intra-uterine devices, vaginal rings, diaphragms, and sponges, all of which allow the ejaculation of sperm into the vagina, but usually stop the fertilization process afterwards – male and female condoms purposefully do not allow the sharing of fluids between partners by providing a physical barrier.

The medical field's support for condoms is, essentially, unceasing. Yarber, Milhausen, Crosby and Torabi (2005) state that "male latex condoms, when used consistently and correctly, are effective in reducing the transmission of...HIV" and "consistent condom use is associated with reduced transmission of HIV" (p. 148). Eisenberg, Bearinger, Sieving, Swain and Resnick (2004) are in complete agreement with Yarber et al. (p. 51), and Nelson et al. explain in their 1996 study that "Public health programs in Thailand have led to substantial changes in sexual behavior among young men, especially an increased use of condoms, and the rate of new HIV infections has declined" (p. 297). The consensus continues with Cohen, Chen and Fleming (2011) noting they "recommended condoms to all couples at every visit in the HIV Prevention Trials Network...and subjects...who reported 100% condom use were less likely to have an HIV-1 transmission event"

(p. 1935). In a discussion of the opposite Venter, Ndung'u and Karim (2011) noted in the write-up of a case study that a young, female patient of theirs had essentially begged her partner to use condoms, but he had refused. She was a patient of theirs because she came to them feeling ill, and eventually left their offices with a diagnosis of HIV.

The realities of sex and ABC. The clear similarity that can be observed thus far between the medical community and the Catholic Church is their promotion of the “A” and “B” of the ABC prevention technique. However, the medical community has several, well-supported reasons for also including the “C” – condoms – component. Firstly, those in the healthcare field know that individuals who claim to be abstinent/monogamous either might not actually be, or might not be in the future. They are also aware that while some individuals may be practicing abstinence/monogamy, their partners might not be doing the same. Indeed, “People who intend to remain abstinent may ‘slip’ and have sex unexpectedly. Research is beginning to suggest how difficult abstinence can be to use consistently over time...a recent study...found that over 60% of college students who had pledged virginity during their middle or high school years had broken their vow to remain abstinent until marriage” (Dailard, 2003, p. 5). Haignere, Gold and McDanel (1999) concluded from their research that “periodic abstinence indicate[d] user-failure rates between 26% and 86%” (p. 43). Thus, medical experts are aware that while many individuals do practice or intend to practice abstinence/monogamy, the continuous practice of such can be difficult, and at times unrealistic. Also, it takes only one unprotected sexual act to transmit HIV; therefore medical experts tend to agree that condoms should be a known

prevention method even for those who practice abstinence/monogamy (Center for Disease Control and Prevention, 2006).

Secondly, there is the claim that teaching abstinence/monogamy only, such as in secondary school health education classes, does not work, in the sense that many people choose not to be abstinent/monogamous, and thus are not learning prevention techniques that are not applicable to their lives. Studies illustrate educational programs that include all three measures of ABC in the United States were “associated with delayed onset of first sex, greater use of contraception or condoms at first sex, and healthier partnerships at first sex...particularly among male respondents, reducing their likelihood of having gotten a partner pregnant, multiple partnerships, and recent STI treatment, and increasing the likelihood of condom use at most recent sex” (Lindberg & Maddow-Zimet, 2011, p. 337). The same study also concluded “female respondents receiving Ab+BC were significantly more likely than those receiving only abstinence education to use a condom at first sex, suggesting that more comprehensive sex education better promoted condom use” (p. 337). Underhill, Operario and Montgomery (2007) support the previous conclusion by stating that amongst high-income counties (as established by the World Bank), “abstinence-plus programs appear[ed] to reduce short-term and long-term HIV risk behaviour among youth” (p. 1471). The authors also made clear that the condom education in the programs studied “did not cause harm” by encouraging promiscuous behavior in the youth (p. 1471).

Thirdly, medical experts stress the use of condoms because, even though they are readily available in the United States, many individuals are either not

using them or being educated about using them. “Latex condoms effectively prevent pregnancies and most sexually transmitted diseases or infections (STIs), with method-failure rates between 0.5% and 7%,” say Haignere, Gold and McDanel (1999), “but with user-failure rates between 12% and 70%” (p. 43) – meaning that individuals who claim to use condoms when having sexual intercourse could possibly not be using them up to 70% of the time. It has also been found that while individuals in the United States start having sex at about the same age as those in other industrialized countries, the rates of sexually transmitted infections are higher, and the rates of condom usage lower (Harper, Henderson, Schalet, Becker, Stratton & Raine, 2010). Lindberg and Maddow-Zimet (2011) explain how “Between fiscal years 1997 and 2008, the federal government provided more than \$1.5 billion to education programs focused solely on abstinence until marriage. Federal guidance prohibited programs using these funds to discuss contraceptive methods, except to emphasize their failure rates” (p. 332). Therefore, when it comes to HIV/AIDS, there is more than one “condom problem” – not only does the Catholic Church refute both their use and usefulness, they are also either not being taught or being used in the United States at the rates that medical experts would like.

Chapter Discussion

Perhaps the most useful example of the implementation of the ABC method is the country of Uganda. It is true the United States and Uganda are incomparable in most ways, but in this case that incomparability provides more support for how successful a more concentrated effort to implement prevention measures in the United States could be, for the U.S. has the infrastructure and

capital Uganda does not. Once having very high rates of HIV incidence and prevalence, Uganda, from the 1980s to 2003, greatly reduced those rates by employing the ABC method throughout the country. Studies completed by Singh, Darroch and Bankole (2004) reported “Increased delay in initiation of sexual activity over the period 1988-2000 contributed to a reduction in the risk of HIV infection;” “Sharp increases in monogamy also contributed to lowering the risk of HIV infection...among younger married women and among unmarried sexually active women of all ages...Increased monogamy protected unmarried men...and...data available...show that this factor changed in the direction of reduced risk of HIV infection for them;” and “Steep increases in use of the condom among the unmarried sexually active population, both men and women, also contributed to reduction in HIV risk” (p. 129-130). Unfortunately, however, during more recent years the rate of HIV-positive individuals in Uganda has been on the rise again. This trend reversal has been attributed somewhat to a new cultural stigmatization of condoms, that has been partly driven by a relaxing of the ABC approach as policy. Simply, safe sex in general is not given the positive status it once was, partially because governmental focus has shifted to Uganda’s struggling economy. The stigma that has evolved from this collusion of regrettable factors is that individuals who choose to use condoms are assumed to be HIV-positive, thus individuals “show off” their HIV-negative status by not using condoms (Bahe & Risku, 2013). Uganda, therefore, is a prime example of the importance of implementing the correct, whole method of ABC.

It is debatable as to whether such a level of stigmatization could exist in the United States, but the U.S. is also lacking the commitment to the

implementation of the complete ABC method as Uganda once had. Secondary school students in the U.S. are often exposed to abstinence-only sexual education programs (which are often unconnected to the Church), and are then relatively likely to not practice abstinence perfectly during their college and early-adulthood years – coincidentally the same age ranges when an individual is most likely to contract HIV. Furthermore, the average American loses their virginity at age 17 (Harper et al., 2010, p. 125), meaning that some teenagers are sexually active *before* they are exposed to either an AB or ABC method sexual education. As also reported previously, even for those individuals who are aware of how to use condoms, they do not always implement them. Summarily, these issues are what have the medical community in the U.S. continuously stressing both education for and use of condoms for people of all ages, and what has them frustrated with those who argue against such, for they do not see it as coincidence that compared to similar countries, the United States has lower condom use and a higher HIV rate.

CHAPTER FOUR

DISCUSSION & CONCLUSION

Discussion

It would appear that before existence of the HIV/AIDS virus, the two main Catholic Church policies discussed here, taking care of the sick and impoverished and protecting the sanctity of human life, had a symbiotic relationship. For taking care of those suffering from illness, violence, or hunger was also protecting the sanctity of human life, and to protect the sanctity of human life the Church had to help those afflicted by suffering of some kind. The HIV/AIDS virus, however, put these two principles at odds. The most widely suggested and proven prevention method for HIV/AIDS has been the distribution and use of condoms, which would help Catholics fulfill their dedication to helping decrease human suffering by reducing the number of new infections, and over time reducing the number of infected individuals as a whole (Center for Disease Control and Prevention, 2006; Harper et al., 2010; Lindberg & Maddow-Zimet, 2011; Singh, Darroch & Bankole, 2004; Underhill, Operario & Montgomery, 2007). This would, however, provide a challenge to the principle regarding the sanctity of life, for condoms are considered by the upper echelons of the Church hierarchy to be an immoral device that stops the conception of a human being, and only God should have the power to bring about or stop a conception (“Tuesday, January 22,” 2013, p. 301).

The Church, however, has devoted herself to caring for those infected and those orphaned by the virus. Indeed, the Church is one of the largest, if not the largest, provider of HIV/AIDS care in the world (Flanigan, 2009; “How Caritas works;” Stahl, 2009). HIV/AIDS, accordingly, is something the Church is readily familiar with, and certainly not an issue she has tried to ignore. Because of this, the Church has come to publicly stress prevention for the virus. The Church’s preferred prevention method is the use of abstinence and monogamy to decrease the number of sexual partners a person is exposed to in their lifetime, and also because abstinence and monogamy are also considered to be the only way to live sexually moral, according to Catholic policy. The looming issue, though, is that the Church can only support the AB prevention method, and not the medically preferred ABC method. To do so would be to break away from historical Catholic canon, for it calls for the use of condoms, which are banned under the protecting the sanctity of life principle.

Essentially, there is a sense that if the Catholic Church were to compromise on her stance regarding contraception, even for the use of HIV/AIDS and other STIs prevention only, she would be compromising on its traditional definition of sexual relations. Compromising does not typically work well with principles like the ones that are the focus of this analysis – they are centuries longstanding and are devolved from religion, thus providing no “gray area” and little room for change and adaptation, and are deeply and sincerely held by the Church.

However, it is possible for the Church to, perhaps not embrace, but at least not reject, the more comprehensive ABC prevention method without

compromising any of her principles. Indeed, the evidence given in this analysis suggests that the Church simply has prioritized in a way that places her contraception ban before helping to end human suffering. While, conceivably, that conclusion may lend a cruel connotation to the Church's actions, it has to be remembered that when one considers the length of the Church's existence, HIV/AIDS is still a very new phenomenon, and the ban on contraception the exact opposite. It should be thought of, instead, as a default placement – the HIV/AIDS crisis was unexpected, and everyone around the world is still learning as to what is the best way to manage it. Pope Benedict XVI himself said “I believe that the real problem of our historical moment lies in the imbalance between the incredibly fast growth of our technical power and that of our moral capacity, which has not grown in proportion” (Benedict XVI, 2006).

This is not to excuse the Church from any type of criticism, however. She has been well informed of the devastation of the HIV/AIDS crisis, first-hand, for more than two decades. It is within her power to reprioritize, and to do so without damaging or compromising on her canon. In fact, it is perhaps a more genuine employment of Catholic canon to reprioritize to allow for the use of a tool originally and usually meant for contraception to prevent the transmission of HIV. When examined more closely, it becomes apparent that the Church has given banning contraception a default priority over other issues, such as HIV/AIDS prevention because until 1981, there really was no other issue that caused such a moral contradiction in Catholic policy. The contraception ban is in place because of the Catholic dedication to the protection of the sanctity of life, and condoms, by their nature, are meant to interrupt the conception of a life.

However, with the arrival of the HIV/AIDS virus, *not* using a condom could mean the transmission of a lethal illness. The debate thus becomes, which method fits the concept of the Church's principle on protecting the sanctity of human life more?

It has to firstly be considered that even if two individuals are implementing the use of condoms for disease and virus prevention, the condom is still acting as a contraceptive. This has been one-half of the Church's reasoning behind not supporting condoms as an HIV/AIDS preventative measure – the other being that abstinence and monogamy make for a more successful method. However, the Church soundly supports natural family planning because, as Pope Benedict XVI explains: it is “a way of life. Because it presupposes that couples take time for each other” (Benedict XVI & Seewald, 2010, p. 147). It could be argued that using a condom with the intent to keep one's partner safe is also a signal of couples taking “time for each other,” and a commitment to having safer sexual relations is, also, “a way of life.”

There also needs to be the weighing of which is the more detrimental consequence when an individual either does or does not use a condom. If a couple uses a condom, and neither are HIV-positive, it is possible they have denied the conception of a child while unnecessarily protecting themselves against a virus neither of them have. Or, the couple could choose not to use a condom and be open to the conception of a child, but one of the partners is HIV-positive. This leaves one partner open to becoming infected, as well as the potential unborn child. The problem is simply that many individuals that are HIV-positive are not aware of their status (Center for Disease Control and

Prevention, 2006 & 2013). Therefore, the choice to not wear a condom when having sexual intercourse when a person is not sure of their HIV status is putting one existing life in peril, as well as one potential life, versus wearing a condom denies the possible conception of that potential life, but safeguards the existing life of their partner to a much greater extent. When one analyzes this comparison, and evaluates what action better serves the concept of dedication to the protection of the sanctity of life, it would seem to be decidedly the couple choosing to use a condom.

The debate does not end this simply, however. There are those in the Catholic Church that argue against the safety of condoms and that the term “safe sex” is a misnomer (Campos, 2002; Trujillo, 2004). The medical community has staunchly denied the claims of those who argue that condoms are not safe, and their data has consistently supported them, but they do make the concession that condoms are not perfectly effective 100% of the time. The Catholic Church, then, claims that the term “safe sex,” which is used to denote sexual intercourse with a device that protects against the transmission of sexually transmitted infections and diseases, is misleading because there is no way of having sex while being completely protected from ailments such as HIV. The Church certainly does have merit when she says that condoms are not 100% effective – realistically, no agency, organization, nor community says as such. The problem is that the Church is applying a different definition to the term “safe sex” than what the medical field is. When the Church refers to the idea of “safe sex” she is meaning something that works without error, to which she says only abstinence meets that definition. The medical community, conversely, uses “safe sex” in the way that

people tend to use the word “safe” for the lessening of risk in any activity that can lead to death, injury or illness – such as wearing a helmet when riding a bike, wearing a seatbelt when riding in a car, or wearing a life vest when boating. Wearing a life vest would mean a person is practicing safe boating, but does not mean that person has eliminated all risks of drowning. Simply, the Church is correct with her claim that condoms are not perfect, but is incorrect when she claims that using them does not make sexual intercourse safe, or safer.

The Church also maintains the assertion that the usage of condoms increases the type of risky behavior that increases an individual’s likelihood of contracting HIV. While the literature is somewhat unclear as to what specific behavior the Church is alluding to (perhaps an increase in the number of sexual partners or riskier sexual practices), it would be assumed she means that people will not practice abstinence and monogamy, thereby increasing the number of sexual partners a person will have over their lifetime. The United States medical community, however, has found no evidence that condom education, like that found in ABC or “abstinence-plus” sexual education programs, does any harm by increasing risky sexual behavior (Dailard, 2003; Haignere, Gold & McDanel, 1999; Lindberg & Maddow-Zimet, 2011; Underhill, Operario & Montgomery, 2007). It also needs to be remembered that an increased number of sexual partners in which condoms were used does not necessarily mean more risk compared to having only sexual relations with the same person without protection, namely because one partner cannot control the sexual history or current sexual behavior of the other, and so many individuals who are HIV-positive do not know it.

Thus, while the Catholic Church is absolutely correct in recommending abstinence and monogamy as prevention methods, there is an assumption that follows the promotion of such that both partners are behaving in similar manners. However, it must be considered whether it is fair for one partner to agree to be unprotected when they have no control over the sexual history of his or her partner, nor of their current behavior. Abstinence and monogamy are only successful prevention techniques when both partners commit to them – essentially, it could be considered a gamble for an individual to agree to have unprotected sexual relations with another unless explicit knowledge of the other’s sexual behavior and history is had. Unfortunately, this is a common problem in many African nations, in which wives are monogamous and pressured into not using condoms (by many sources), but are contracting HIV from their husbands who are having affairs, and also not using condoms (Alsan, 2010). Dr. Marcella Alsan, a physician who has worked at Catholic hospital in Swaziland, commented on how HIV/AIDS is spread, and its impact, in sub-Saharan Africa:

The typical patient is a young woman between eighteen and thirty years of age. She is wheeled into the examining room in a hospital chair or dragged in, supported by her sister, aunt, or brother...Surprisingly, the young woman is already a mother many times over, yet she will not live to see her children grow up. More shocking still, she is married; her husband infected her with the deadly virus. This is the reality: A married woman living in southern Africa is at higher risk of becoming infected with HIV than an unmarried woman. Extolling abstinence and fidelity, as the Catholic Church does, will not protect her; in all likelihood, she is already monogamous, it is her husband who is likely to have HIV. Yet refusing a husband’s sexual overtures risks ostracism, violence, and destitution for herself and her children. (Alsan, 2010, p. 145-146).

She concludes her article by stating “If men did not stray, if women had rights, if AIDS did not kill, perhaps the Church's strict ban on condom use would be morally defensible. But none of these conditions applies in Africa today. As a consequence, the cost of the Church's inflexibility may mean not only untold human suffering, but the loss of millions of innocent lives” (p. 153). While the focus of this analysis lies in the United States, and not in Africa, Alsan's point is well taken. The Catholic Church is an international institution, and thus her international impacts must be examined as well. Also, while women in the United States certainly have more rights than women in Africa do, it would be unfair to say that women, or any individual, are never involved in sexual situations that are against their will in the United States, or in any other industrialized, western nation.

While perhaps Alsan's explicit summarization of the Church's effect on the HIV/AIDS crisis may be hard to specifically factually support, she has the right idea – the virus and what is needed to prevent the spread of it does not mesh with Catholic policy the way the Church would prefer. Abstinence and monogamy are simply not as easy or accessible as the Church tries to promote them to be, and condoms are safer than she claims. Because of this, the Church is causing harm. How big this harm is, or how many lives have been affected by it is probably impossible to measure or count – but there is harm nonetheless. It must be remembered that the Catholic Church's policy is taken from a specific theological context, and is being advertised to, and perhaps at some points forced upon, populations that do not belong to that theology. Promoting a prevention technique that has been shown multiple times by numerous studies to be

incomplete and deficient is irresponsible at best and lethal at worst. And bringing non-Catholics under Catholic policy, many of them being brought under because they have nowhere else to receive services, is moral trespassing and, in some cases, taking advantage of the disadvantaged.

Taken as a whole, it would be more logical for the Church to continue her promotion of abstinence and monogamy, and then explicitly promote the use of condoms for individuals who choose to have sexual relations because one has a moral duty to protect the sanctity of life, and, therefore, care for and defend their partner from a deadly illness. The Church should also recommend, as part of this duty to protect the sanctity of life, for all individuals to be tested, to know their HIV status, so she has the right to continue their contraception ban for those individuals who know they are HIV-negative and that his or her partner is as well.

This change in prioritization, to think of a condom as a way to protect life instead of denying it, will also remove the Church from many of the current controversies in which she has found herself embroiled. This will allow her to work better with other agencies working in the fight against HIV/AIDS, for right now,

Groups that emphasize safer sex, including condom use, find it difficult to cooperate with groups that focus on abstinence and fidelity as protection against HIV infection. Because their positions on AIDS prevention diverge in precisely this way, non-Catholic NGOs and the Catholic Church have found it difficult, if not impossible, to work together to alleviate the HIV/AIDS crisis. (Ferrari, 2011).

Conclusion

While the Catholic Church's thoughts about HIV/AIDS prevention are well-intentioned, there is a great deal the Church has not recognized about the difficulty that people have in implementing such methods. Such as for young people, abstinence is not an easy choice to make, and they frequently fail at trying to remain continuously so. And women, in many countries, do not have the power or rights to refuse unprotected sexual advances from their husbands, even if the man has been unfaithful. She has also focused on the fact that condoms are not 100% effective, even though it is much safer to use a condom with a very slight risk of failure than to have completely unprotected sexual intercourse. These controversies have made it difficult for the Church to work with other agencies to fight against HIV/AIDS, and worse, have made it very difficult for some individuals to feel they can morally use condoms to protect themselves and his or her partner against a virus that could kill them. Overall, the Church has the evidence and support she needs to sustain a reprioritization of the place of the condom in Catholic policy – she just needs to do so, and millions are waiting.

LIST OF REFERENCES

- (2005). The Pope's grievous errors. *The Lancet*, 365, 912. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)71054-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)71054-0/fulltext)
- (2013). Tuesday, January 22: Day of prayer for the legal protection of unborn children. *Magnificat*, 14(11), 298-308.
- A look at the history of AIDS in the U.S. (2012, July 16). *The Washington Post*. Retrieved from http://www.washingtonpost.com/national/health-science/a-look-at-the-history-of-aids-in-the-us/2012/07/16/gJQA5WfgpW_gallery.html
- About Caritas: Caritas Internationalis*. (n.d.). Retrieved from http://www.caritas.org/about/Caritas_Internationalis.html
- Allen, Jr., J. L. (2013, March 03). Profile: New pope, Jesuit Bergoglio, was runner-up in 2005 conclave. *National Catholic Reporter*. Retrieved from <http://ncronline.org/blogs/ncr-today/papabile-day-men-who-could-be-pope-13>
- Alsan, M. (2010). The Catholic Church's opposition to condoms endangers African women. In N. Berlatsky (Ed.), *Opposing viewpoints series: The Catholic Church* (pp. 144-153). New Haven, CT: Greenhaven Press.
- American Medical Association-Medical Student Section. (n.d.). *HIV/AIDS*. Retrieved from <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/medical-student-section/community-service/hivaids.page>
- Bahe, S., & Risku, M. (2013). Africa: Can cultural transformation positively affect the HIV/AIDS epidemic? *International Journal of Innovative Learning and Leadership*, 1(1), 32-38.
- Benedict XVI, P. (2005). *General audience*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/benedict_xvi/audiences/2005/documents/hf_ben-xvi_aud_20051130_en.html
- Benedict XVI, P. (2006). *Interview of the Holy Father Benedict XVI in preparation for the upcoming journey to Bavaria (September 9-14, 2006)*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/benedict_xvi/speeches/2006/august/documents/hf_benxvi_spe_20060805_intervista_en.html
- Benedict XVI, P. (2007). *Address of his Holiness Benedict XVI to H.E. Mr. Peter Hitjitevi Katjavivi new ambassador of the Republic of Namibia to the*

Holy See. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/benedict_xvi/speeches/2007/december/documents/hf_ben-xvi_spe_20071213_namibia_en.html

Benedict XVI, P. (2009a). *World Day of Peace Message*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/benedict_xvi/messages/peace/documents/hf_ben-xvi_mes_20081208_xlii-world-day-peace_en.html

Benedict XVI, P. (2009b). Interview of the Holy Father Benedict XVI during the flight to Africa. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/benedict_xvi/speeches/2009/march/documents/hf_ben-xvi_spe_20090317_africa-interview_en.html

Benedict XVI, P., & Seewald, P. (2010). *Light of the world: The Pope, the Church and the signs of the times*. San Francisco, CA: Ignatius Press.

Browne, J., & Minichiello, V. (1994). The condom: Why more people don't put it on. *Sociology of Health and Illness*, 16(2), 229-251.

Campos, C. (2002). A Catholic hospital in India is asked to cooperate with an HIV prevention program. In J. Keenan (Ed.), *Catholic ethicists on HIV/AIDS prevention* (pp. 199-211). New York, NY: The Continuum International Publishing Group.

Carroll, J. (2006, May 01). Outlawed AIDS prevention. *Boston Globe*. Retrieved from http://www.boston.com/news/globe/editorial_opinion/oped/articles/2006/05/01/outlawed_aids_prevention/

Catholic Charities USA. (n.d.). *Member agencies*. Retrieved from <http://www.catholiccharitiesusa.org/who-we-are/member-agencies/>

Center for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, (2006). *HIV/AIDS basics*. Retrieved from Center for Disease Control and Prevention website: <http://www.cdc.gov/hiv/topics/basic/index.htm>

Center for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, (2013). *Basic statistics*. Retrieved from Center for Disease Control and Prevention website: <http://www.cdc.gov/hiv/topics/surveillance/basic.htm>

Cessario, R. (2006). Moral theology on Earth: Learning from two Thomases. *Studies in Christian Ethics*, 19(3), 305-322.

Church operating 117,000 centers for AIDS patients worldwide. (2011, May

- 27). *Catholic News Agency*. Retrieved from <http://www.catholicnewsagency.com/news/church-operating-11700-centers-for-aids-patients-worldwide/>
- Cichocki, M. (2007, April 24). *The history of condoms*. Retrieved from: <http://aids.about.com/od/condominformation/qt/condomhistory.htm>
- Cohen, M. S., Chen, Y. Q., & Fleming, T. R. (2011). Prevention of HIV-1 infection with antiretroviral therapy. *The New England Journal of Medicine*, 365(20), 1934-1935.
- Cohen, M. S., Chen, Y. Q., McCauley, M., Gamble, T., Hosseinipour, M. C., Kumarasamy, N.,... & Fleming, T. R. (2011). Prevention of HIV-1 infection with early antiretroviral therapy. *The New England Journal of Medicine*, 365(6), 493-505. doi: 10.1056/NEJMoa1105243
- Congregation for the Doctrine of the Faith, (2010). *Note on the banalization of sexuality regarding certain interpretations of "Light of the World"*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20101221_luce-del-mondo_en.html
- Dailard, C. (2003). Understanding 'abstinence': Implications for individuals, programs and policies. *The Guttmacher Report on Public Policy*, (6)5, 4-6. Retrieved from <http://sparky.guttmacher.org/pubs/tgr/06/5/gro60504.html>
- Donadio, R., & Goodstein, L. (2010, November 23). After condom remarks, Vatican confirms shift. *The New York Times*. Retrieved from <http://www.nytimes.com/2010/11/24/world/europe/24pope.html?pagewanted=all>
- Eisenberg, M. E., Bearinger, L. H., Sieving, R. E., Swain, C., & Resnick, M. D. (2004). Parents' beliefs about condoms and oral contraceptives: Are they medically accurate? *Perspectives on Sexual and Reproductive Health*, 36(2), 50-57. doi: 10.1111/j.1931-2393.2004.tb00008.x
- Encyclical. In (2013). *CatholicReference.net*. Eternal Life. Retrieved from <http://www.catholicreference.net/index.cfm?id=33320>
- Ferrari, L. L. (2011). Catholic and non-Catholic NGOs fighting HIV/AIDS in sub-Saharan Africa: Issue framing and collaboration. *International Relations*, 25(1), 85-107. doi: 10.1177/0047117810397001
- Finer, L. B. National Center for Biotechnology Information, PubMed Central. (2007). Trends in premarital sex in the United States, 1954–2003

- (1802108). Retrieved from Association of Schools of Public Health website: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1802108/>
- Flanigan, T. (2009). The Catholic Church and HIV and AIDS. *Catholic News Agency*. Retrieved from <http://www.catholicnewsagency.com/column.php?n=750>
- Flynn, E. P. (2002). Teaching about HIV prevention in an American Catholic college classroom. In J. Keenan (Ed.), *Catholic ethicists on HIV/AIDS prevention* (pp. 148-155). New York, NY: The Continuum International Publishing Group.
- Guinan, M. (2013, March 06). Prevention can mean no babies with HIV. *CNN*. Retrieved from <http://www.cnn.com/2013/03/06/opinion/guinan-hiv-baby>
- Haignere, C. S., Gold, R., & McDanel, H. J. (1999). Adolescent abstinence and condom use: Are we sure we are really teaching what is safe? *Health Education & Behavior*, 26(1), 43-54. doi: 10.1177/109019819902600105
- Harper, C. C., Henderson, J. T., Schalet, A., Becker, D., Stratton, L., & Raine, T. R. (2010). Abstinence and teenagers: Prevention counseling practices of health care providers serving high-risk patients in the United States. *Perspectives on Sexual and Reproductive Health*, 42(2), 125-132. doi: 10.1363/4212510
- Hesson, T. (2013, March 14). Pope Francis' view on contraception could impact AIDS work. *ABC News*. Retrieved from http://abcnews.go.com/ABC_Univision/News/popos-condom-views-impact-aids-work/story?id=18723310
- Hogan, L. (2002). An Irish nun living with contradictions responding to HIV/AIDS in the context of Church teaching. In J. Keenan (Ed.), *Catholic ethicists on HIV/AIDS prevention* (pp. 41-47). New York, NY: The Continuum International Publishing Group.
- Hooper, J. (2004, January 12). Cardinal backs use of condoms. *The Guardian*. Retrieved from <http://www.guardian.co.uk/world/2004/jan/13/religion.catholicism>
- Hooper, J. (2006, November 22). After decades of opposition, Vatican view on condoms begins to shift. *The Guardian*. Retrieved from <http://www.guardian.co.uk/world/2006/nov/23/catholicism.topstories3>
- How Caritas works: HIV and AIDS*. (n.d.). Retrieved from http://www.caritas.org/activities/hiv_aids/sinethemba_a_caritas_response_to_aids.html

- John Paul II, P. (1987a). *Address of His Holiness John Paul II to the leaders in Catholic health care*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/john_paul_ii/speeches/1987/september/documents/hf_jp-ii_spe_19870914_organiz-sanitarie-cattoliche_en.html
- John Paul II, P. (1987b). *Address of His Holiness John Paul II: Mission Dolores Basilica, San Francisco*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/john_paul_ii/speeches/1987/september/documents/hf_jp-ii_spe_19870917_missione-san-francisco_en.html
- John Paul II, P. (1995). *Evangelium Vitae: To the bishops priests and deacons men and women religious lay faithful and all people of good will on the value and inviolability of human life*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html
- John Paul II, P. (2002). *Message of the Holy Father for the World Day of the Sick for the year 2002*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/john_paul_ii/messages/sick/documents/hf_jp-ii_mes_20010813_world-day-of-the-sick-2002_en.html
- John Paul II, P. (2003a). *Message of his Holiness John Paul II for the eleventh World Day of the Sick*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/john_paul_ii/messages/sick/documents/hf_jp-ii_mes_20030207_world-day-of-the-sick-2003_en.html
- John Paul II, P. (2003b). *Address of John Paul II to the Bishops of the Gambia, Liberia and Sierra Leone on their "ad limina" visit*. Retrieved from the Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/john_paul_ii/speeches/2003/february/documents/hf_jp-ii_spe_20030215_liberia-gambia-sierra-leone_en.html
- John Paul II, P. (2003c). *Address of John Paul II to the Bishops of India on their ad limina visit*. Retrieved from the Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/john_paul_ii/speeches/2003/september/documents/hf_jp-ii_spe_20030920_bishops-uganda_en.html
- John Paul II, P. (2005). *Message of his Holiness John Paul II for the 13th World Day of the Sick*. Retrieved from Libreria Editrice Vaticana website: http://www.vatican.va/holy_father/john_paul_ii/messages/sick/documents/hf_jp-ii_mes_20040929_world-day-of-the-sick-2005_en.html

- Kowalewski, M. R. (1994). *All things to all people: The Catholic Church confronts the AIDS crisis*. (1st ed.). Albany, NY: State University of New York Press.
- Leland, J. (2013, June 01). 'People think it's over:' Spared death, aging people with H.I.V. struggle to live. *The New York Times*. Retrieved from <http://www.nytimes.com/2013/06/02/nyregion/spared-death-aging-people-with-hiv-struggle-to-live.html>
- Lindberg, L. D., & Maddow-Zimet, I. (2011). Consequences of sex education on teen and young adult sexual behaviors and outcomes. *Journal of Adolescent Health, 51*, 332-338. doi: 10.1016/j.jadohealth.2011.12.028
- Marcell, A. V., Wibbelsman, C., & Seigel, W. M. (2011). Male adolescent sexual and reproductive health care. *Pediatrics, 128*(6), 1658-1676. doi: 10.1542/peds.2011-2384
- Nelson, K. E., Celentano, D. D., Eiumtrakol, S., Hoover, D. R., Beyrer, C., Suprasert, S., Kuntolbutra, S., & Khamboonruang, C. (1996). Changes in sexual behavior and a decline in HIV infection among young men in Thailand. *The New England Journal of Medicine, 335*(5), 297-303.
- Number of Catholics increases worldwide: 2010 "Anuario" shows growth in Asia and Africa.* (2010, February 21). Retrieved from <http://www.zenit.org/article-28425?l=English>
- Okie, S. (2006). Fighting HIV — Lessons from Brazil. *The New England Journal of Medicine, 354*(19), 1977-1981.
- Parker, J. (2007, January 19). Evangelicals' political power. *ABC News*. Retrieved from <http://abcnews.go.com/Politics/story?id=2807728&page=1>
- Pullella, P. (2013, May 07). Pope Francis to visit Brazilian slum, prisoners, AIDS patients: Why?. *The Christian Science Monitor*. Retrieved from <http://www.csmonitor.com/World/2013/0507/Pope-Francis-to-visit-Brazilian-slum-prisoners-AIDS-patients-Why>
- Rice-Oxley, M. (2013, March 13). Pope Francis: the humble pontiff with practical approach to poverty. *The Guardian*. Retrieved from <http://www.guardian.co.uk/world/2013/mar/13/jorge-mario-bergoglio-pope-poverty>
- Shelton, J. D., & Johnston, B. (2001). Condom gap in Africa: Evidence from donor agencies and key informants. *British Medical Journal, 323*, 139. doi: 10.1136/bmj.323.7305.139
- Smith, R. L. (1994). *AIDS, gays, and the American Catholic Church*. Berea, OH: Pilgrim Press.

- Stahl, B. (2009). *AIDS and the Catholic Church*. Informally published manuscript, Department of Journalism, New York University, New York, NY, Retrieved from <http://journalism.nyu.edu/publishing/archives/pavement/city/aids-and-the-catholic-church/print/>
- Tremblay, C. H., & Ling, D. C. (2005). AIDS education, condom demand, and the sexual activity of American youth. *Preventative Health Care, 14*(8), 851-867. doi: 10.1002/hec.989
- Trujillo, A. C. L. (2004). Family values versus safe sex. *Population Research Institute, 14*(1), Retrieved from <http://www.pop.org/content/family-values-vs-safe-sex-1403>
- Underhill, K., Operario, K., & Montgomery, P. (2007). Systematic review of abstinence-plus HIV prevention programs in high-income countries. *Public Library of Science - Medicine, 4*(9), 1471-1485. doi: 10.1371/journal.pmed.0040275
- U.S. Department of Commerce, United States Census Bureau. (2011). *Texas gains the most in population since the census*. Retrieved from website: <http://www.census.gov/newsroom/releases/archives/population/cb11-215.html>
- Venter, W. D. F., Ndung'u, T., & Karim, Q. A. (2011). Case 15-2011: A 19-year-old South African woman with headache, fatigue, and vaginal discharge. *The New England Journal of Medicine, 364*(20), 1956-1964.
- Wagner, V. (2008). *Opposing viewpoints: AIDS*. New Haven, CT: Greenhaven Press.
- Waldman, S. (2009, July 02). [Web log message]. Retrieved from <http://blog.beliefnet.com/stevenwaldman/2009/07/pro-life-leader-jill-stanek-ex.html>
- Yarber, W. L., Milhausen, R. R., Crosby, R. A., & Torabi, M. R. (2005). Public opinion about condoms for HIV and STD prevention: A Midwestern state telephone survey. *Perspectives on Sexual and Reproductive Health, 37*(3), 148-154. doi: 10.1363/3714805
- Zerilli, U. (2013, February 11). Pope resigns: Kalamazoo theologians say courage and conflict motivate move to step down. *MLive*. Retrieved from http://www.mlive.com/news/kalamazoo/index.ssf/2013/02/pope_resigns_kalamazoo_theolog.html