

The Pope and AIDS in Africa: A human and spiritual wake-up call

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Pope Benedict's words on 17 March 2009 regarding the use of condoms in preventing the spread of HIV, generated a media storm. But the Pope's comments are not a cause for concern as they were reported to be, argues Michael Czerny SJ. Why is the Church's teaching on this issue not 'unrealistic and ineffective' as alleged, but valuable, efficient and grounded in reality?

Setting out on his first visit as Pope to Africa, Benedict XVI held his traditional press conference with journalists accompanying him to Yaoundé on the plane.¹ The fifth question went like this:

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?

Any answer would probably have generated headlines. As it was, a fragment of the Pope's reply instantly launched a media frenzy which has left many perplexed, saddened and even outraged. Let's take a careful look behind the headlines at what Pope Benedict XVI actually said and try to understand what he meant.

First, a bit of background. According to 2006 figures, baptised African Catholics numbered about 150 million, some 17% of the African population, compared with 12% back in 1978. According to UNAIDS (2007), about 22 million in sub-Saharan Africa are infected with HIV. This makes up 67 percent of the world's HIV-positive people. Of recorded AIDS-related deaths in 2007, three-quarters occurred in sub-Saharan Africa.

In response to the journalist, Pope Benedict gave a brief reply, touching on several dimensions of this highly complex problem.

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1. To the question of the Church's position being 'unrealistic and ineffective', the Pope replied: '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.' Religious communities of brothers, sisters and priests, as well as lay communities, 'do so much, visibly and also behind the scenes' and 'take care of the sick'.

Vatican officials estimate that around the world the Catholic Church now provides more than 25 percent of all care administered to those with HIV/AIDS.² The proportion is naturally higher in Africa, nearly 100% in the remotest areas. Let an HIV-positive Burundian on antiretroviral drugs explain the service:

When we go to other places, they only see numbers in us. We become hospital cases to be dealt with. We are problems. We lose our sense of dignity and worth. Yet we never feel that when we come to our Church programme. This is because we get a complete approach to our problems, whether spiritual, medical, mental, social or economic. (Personal testimony)

2. Building on the Church's important, effective and realistic track record, the Holy Father now raises two critical issues:

2a. '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] ...'

Without explicitly using the vocabulary, the Holy Father is making a crucial contrast between the Church's approach ('human dimension and responsible behaviour') and the typical public policy approaches of governments and international organisations ('money'). Public policy deals with whole populations. It uses statistics to grasp a problem and then tackles it through policies and programmes. The hoped-for result is a statistical improvement. In the case of AIDS, public health does what is technically necessary and possible to reduce the numbers infected and the numbers dying.

Not to undervalue this contribution, let us recognise that public policy and programming function as a lowest common denominator, a minimum which every citizen has a right to. Public health policy deals with figures and trends – not with human faces and persons.

The Christian vision includes all that, but goes broader and deeper than policy. With a holistic vision, the Church sees each person as a child of God, as brother or sister, each one capable of both sin and holiness. Now, such unique, whole and holy persons are not readily detectable in tables of averages. But they are the real people of real life. As believers, they are the pillars of communities, the silent agents of deep transformation. So the Church's work of addressing, forming, guiding and challenging persons is more ambitious than public health, deeply different in quality and spirit.

Facing not only AIDS but multiple crises in most corners of the continent, Africans have good reason, based on experience, to believe in the Church's bold vision for them.

2b. Having pointed towards the Church's holistic programme and taken distance from the necessarily narrower approach of public policy, the Holy Father now critiques the further reduction of public policy to a single means and method: '...the problem cannot be overcome by the distribution of prophylactics: on the contrary, they increase it.'

In Europe and North America, where condoms are culturally accepted by many, people ask incredulously, 'Why on earth does the Church oppose their promotion?' Some with muddled thinking have even

accused Popes John Paul II and Benedict XVI of presiding over an AIDS genocide.

There are two distinct issues here: the moral status of individual acts; and the viability of a strategy targeting whole populations.

Regarding individual acts: According to prevention experts, a condom, when it is correctly used, can reduce the risk of HIV-infection during an act of intercourse, and individuals who use condoms consistently are less likely to give or get HIV. Now, when a man and woman have sex before, within or outside marriage, public health is unconcerned with the morality of what they do in the privacy of the bedroom. Culturally and legally, in Europe and North America, there is considerable acceptance for sexual behaviour as long as it is consensual, that is, provided the two individuals freely agree. In this context, the condom seems common sense. Western opinion makers and media really want the Church to approve of extramarital sex, which is against the religious faith and traditional cultural values shared by millions throughout the world.

The Church understands sexual intercourse within a moral vision. Catholic faith permits intercourse only within a married couple and excludes artificial means of contraception. Doing something wrong might be safer with a condom but safety doesn't make the act right. The Church cannot encourage 'safer' without suggesting that it is somehow right. To say, 'Do not commit adultery but, if you do, use a condom' is tantamount to saying: 'The Church has no confidence in you to live the good life.'

A man and woman, not married to each other, who have consensual intercourse are disregarding the Church's teaching. They hardly need the Pope to tell them to use a condom. What they badly do need is for the Church to help them live a respectful and responsible sexuality. Which is why, in 2003, the African bishops spelled it out: 'Abstinence and fidelity are not only the best way to avoid becoming infected by HIV or infecting others, but even more are they the best way of ensuring progress towards lifelong happiness and true fulfilment.'³

In the age of AIDS, there is a special case: married couples who are discordant (one spouse being HIV

positive) or doubly infected (both being HIV positive). Here, the Church accompanies a couple pastorally in making the most life-enhancing decision about their lives, their family, their marital relationship and their desire to have children. They deserve the same respect and dignity as every other Christian, which includes help to form their consciences, not having a neatly packaged solution dictated to them from the pulpit, much less in the press or on a billboard. You will not find a stauncher champion of the duty to follow one's conscience than Pope Benedict.

What of the many situations that make Africans, especially women, more vulnerable to HIV infection – poverty, conflict, displacement, abuse and rape (even within on-going relationships)? It is obviously a total illusion to imagine that a sexual aggressor could ever be persuaded to use a condom by the Pope, the State, an NGO or anyone else. But we can imagine a de-facto discordant couple, where the husband refuses to be tested, insists on intercourse and invokes Church teaching not to use a condom. Involved in several layers of self-deception, the man is not entitled to claim the moral high ground, putting his wife's life at risk. But no general solution is going to address the evils at work here. At the parish level the Church can and usually does offer moral formation, encouraging people to get tested and defending the rights of women.

On the second issue of a strategy for whole populations, there is widespread belief that condom-use programmes are effective in reducing HIV infection rates. However, this proves true only outside Africa and amongst identifiable sub-groups (e.g. prostitutes, gay men), but not in a general population. There is no evidence that condoms as a public health strategy have reduced HIV levels at the level of the whole population.⁴ Indeed, greater availability and use of condoms is consistently associated with higher (not lower) HIV infection rates, perhaps because when one uses a risk reduction 'technology' such as condoms, one often loses the benefit (reduction in risk) because people take greater chances than they would without the technology.⁵

Therefore at the public level, how does an aggressive condoms policy 'increase the problem'? It deflects attention, credibility and resources from more effective

strategies like abstinence and fidelity – or in secular language, the postponement of sexual debut and a reduction in the proportion of men and women reporting multiple sexual partners. Abstinence and fidelity win little public support in dominant Western discourse, but they are vindicated by solid scientific research and are increasingly included, even favoured, in national AIDS strategies in Africa. Two countries with the worst HIV epidemics, Swaziland and Botswana, have both launched campaigns to discourage multiple and concurrent partners, and to encourage fidelity.

The Pope has identified correctly where the emphasis should go – toward maintaining mutually faithful monogamy. Not to be underestimated is the custom – laughable in the West but prized by many ethnic groups in Africa – of preserving the woman's virginity before marriage.⁶

The promotion of condoms as the strategy for reducing HIV infection in a general population is based on statistical probability and intuitive plausibility. It enjoys considerable credibility in the Western media and among Western opinion makers. What it lacks is scientific support.⁷

Some specialists in the prevention of HIV assume that, since vast numbers of people do not know whether or not they are infected, condom use should be automatic, mandatory and universal. Yet 95% of Africans between 15 and 49 years of age are *not* infected (UNAIDS 2007). Knowing your status is a crucial step towards taking responsibility for your actions. Several Africans have told me that once they tested positive, they made a firm option for abstinence, rather than risk infecting someone else.

Thus, the Bishops of Kenya:

Even if HIV did not make pre-marital sex, fornication, adultery, abuse of minors and rape so terribly dangerous, they would still be wrong and always have been. It is not the risk of HIV or the sufferings of AIDS, which make sexual licence immoral; these are violations of the Sixth and Ninth Commandments which are sinful, and today in Kenya surely the worst of their many destructive consequences is HIV and AIDS. The Church does not teach a different *sexual morality*, when or where AIDS poses no danger. But this teaching is not easy for 'the world' including the media to understand, much less accept.⁸

The fact is, culture counts. A condom is more than a piece of latex. It also makes a statement about the meaning of life. While in Europe and North America the idea is quite acceptable (although not to all), in Africa fertility is highly valued and the condom seems foreign and strange, and the values it embodies alien. A Jesuit in South Africa wrote to me, 'Most people here think that "the Pope and condoms" is a side-show, stoked up by the media, and not an issue on which we want to spill more ink or destroy more forest.'

So when Benedict XVI affirmed that 'the distribution of prophylactics ... increase[s] the problem,' it was not a casual remark or a gaffe; he had good grounds for saying so.

3. 'The solution must have two elements:

[3a] firstly, bringing out the human dimension of sexuality, that is to say a spiritual and human renewal that would bring with it a new way of behaving towards others ... our effort to renew humanity inwardly, to give spiritual and human strength for proper conduct towards our bodies and those of others.'

This sexuality is based on faith in God, respect for oneself and the other, and hope for the future. Compare this vision with reliance on condoms. Everyone must recognise that 'condoms all the time for everyone' goes with a notion of 'sex as fun without consequences'. Deep down, we know what a lie that is. It means treating another human being as a vehicle for my own pleasure. As public policy, it is to treat people as rapacious, unable to control themselves, incapable of anything beyond immediate self-gratification. Such an attitude is horribly pessimistic about humankind in general and, when imposed by public and international agencies on Africans, it also represents unconscious but abhorrent racism. This is not a route that the Church can take.

Instead, sound epidemiological research supports what the Church teaches: 'As evidence mounts about the high prevalence and deadly nature of multiple and concurrent partnerships, we must reorient prevention interventions and research to promote behaviour change — in particular, partner reduction and sexual exclusivity.'⁹

The Christian ideal of sexuality is a dynamic blend of freedom and responsibility integrated into the personality at each stage of life. Striving for the ideal of total self-giving, Catholic sexual morality would guide each one to receive as a gift the sexuality with which one has been created, to embrace it in a straightforward way, both personally and socially, recognising the responsibility which goes with one's sexual potential, and to integrate this sexuality holistically at all stages of life.¹⁰

3b. 'Secondly, true friendship offered above all to those who are suffering, a willingness to make sacrifices and to practise self-denial, to be alongside the suffering ... this capacity to suffer with those who are suffering, to remain present in situations of trial.'

Such compassionate and generous service has been the lived African experience, practically from the beginning. Those afflicted by AIDS have usually found acceptance, solace and assistance from the Church whether they are members or not. Moreover, the formation of conscience (3a) and the selfless care (3b) go together. A Church who tirelessly serves those in need is also credible in the teaching and formation which she offers. 'And so,' the Holy Father sums up, 'these are the factors that help and that lead to real progress' in the fight against AIDS.

Springing up out of Catholic faith and tradition, the Pope's whole and indeed holistic message is for the people he is visiting. It connects thoroughly with the human reality on the ground. A Congolese Jesuit wrote to me, 'Over here we are following the visit of the Pope with great interest, as well as the speculation in the press about the question of condoms arising from the Holy Father's wise statement before touching down in Africa. What a shame that so far people don't realise that the solution to AIDS won't come with distribution of these things, but by handling the whole question as a whole.'

4. The Holy Father concludes by answering again the journalist's allegation of 'unrealistic and ineffective?': 'It seems to me that this is the proper response, and the Church does this, thereby offering an enormous and important contribution. We thank all who do so.'

According to my experience, most Africans, Catholic or not, agree. To them, what the Holy Father said is profound and true. He is reiterating what they have been experiencing for years and what they continue to expect. They too thank those who implement the Church's strategy.

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http://www.vatican.va/holy_father/benedict_xvi/travels/2009/index_camerun-angola_en.htm

² Cardinal Javier Lozano Barragán, *Statement* to UNGASS Review of Progress achieved in realizing the Targets set out in the Declaration of Commitment on HIV/AIDS, New York, 2 June 2006.

³ Symposium of Episcopal Conferences of Africa and Madagascar, October 2003, paragraph II, <http://www.jesuitaids.net/go.aspx?B1=htm/secam-aids2003e.htm&RZ=1&TL=1>

⁴ Prof. Edward C. Green, director of the Harvard AIDS Prevention Research Project, *Interview* in *Christianity Today* posted 20/3/2009 citing research published since 2004 in *Science*, *The Lancet*, *British Medical Journal* and *Studies in Family Planning*

<http://www.christianitytoday.com/ct/2009/marchweb-only/111-53.0.html> (24 March 2009).

⁵ Kathryn Jean Lopez, "From Saint Peter's Square to Harvard Square: Media coverage of papal comments on AIDS in Africa is March madness," *National Review*, 19 March 2009,

<http://article.nationalreview.com/?q=MTNINDc1MmMwNDM0OTEzMjQ4NDc0ZGUyOWYxNmEzN2E=>

⁶ Bénédet Bujo, "Community Ethics and AIDS" in Bujo & Czerny, eds., *AIDS in Africa: Theological Reflections*, Paulines Publications Africa, 2007.

⁷ Ten AIDS experts recently concluded that 'consistent condom use has not reached a sufficiently high level, even after many years of widespread and often aggressive promotion, to produce a measurable slowing of new infections in the generalized epidemics of Sub-Saharan Africa.' Malcolm Potts, Daniel T. Halperin, et al. 'Reassessing HIV Prevention,' *Science* 9 May 2008 (Vol. 320. no. 5877), pp. 749-750.

⁸ Kenyan Episcopal Conference, *This We Teach and Do*, Volume One, 2006, p. 26.

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⁹ Edward C. Green, Timothy L. Mah, et al., "A Framework of Sexual Partnerships: Risks and Implications for HIV Prevention in Africa," *Studies in Family Planning* 40[1] (2009), 68.

¹⁰ Michael F. Czerny, 'AIDS: Africa's greatest threat since the slave trade' in *Civiltà Cattolica* 3741, 6 May 2006, http://www.jesuitaids.net/pdf/2006_Czerny_AIDS_Civiltà_ENG.pdf