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The Theology Of Transmission: Roman Catholic Church Teachings and HIV/AIDS on the African Continent

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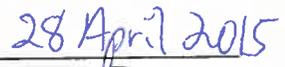
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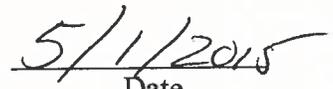
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THE THEOLOGY OF TRANSMISSION

Roman Catholic Church Teachings and HIV/AIDS on
the African Continent

Abstract

The Roman Catholic Church has committed through doctrine and teachings in the 20th century to a responsibility of existing and acting as a church in the modern world. The modern world has faced, and is still facing, the crisis of HIV/AIDS, particularly on the developing continent of Africa. Church teachings on conscience, freedom, solidarity, and contraception come to the fore in these issues, especially as portrayed in *Humanae Vitae*, *Gaudium et Spes*, and *Caritas in Veritate*. Ultimately, the responsibility of the Church is to work towards education and equality that allow for the possibility of the discussion of more nuanced doctrinal teachings, like those of marriage and sexuality.

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INTRODUCTION

The Roman Catholic Church is a multi-layered and multi-dimensional reality. It is an assembly of believers, of those who have been baptized into the faith. It is a hierarchical institution. It is the vicar for Christ on earth, which should bind on earth what Christ shall bind in heaven, and loose on earth what Christ shall loose in heaven.¹ With those definitions, and many more, and the significant role the Church plays on earth, quick adaptation to change does not, and arguably cannot, readily occur. Like an evolving species, the Church adapts slowly over time, with each new generation demonstrating a new genetic organization, with certain thoughts and practices being more predominant until they are effectively universally accepted within the population. A genetic “mutation” now in the form of a new concept, does not enter the population rapidly, but takes significant time to develop and prove itself to be adaptive.

But with an institution, a population that is evolving at such a slow rate, there are moments in time where a new “threat” occurs in the sociological ecosystem which must be dealt with rapidly and effectively to enable survival. In the late 20th century, that sociological crisis was the epidemic spread of the human immunodeficiency virus which develops into acquired immunodeficiency syndrome, HIV and AIDS respectively.² While this virus and subsequent syndrome pose a

1 Matthew 18:18

2 As a point of distinction, HIV is the actual virus that a person can contract, whereas AIDS is the onset of symptoms as the immune system starts to fail due to a dangerously low T-cell count.

significant medical risk, it is their sociological effect that the Catholic Church must respond to if it is to continue to be a church in the modern world.³

Historically, the populations who were at risk for contracting AIDS were those who were already severely marginalized and powerless. The disease was observed but relatively ignored when large populations in Africa were dying of seemingly non-fatal diseases because the people were visibly malnourished and unhealthy; due to a lack of education in the affected population, death was commonly attributed to these factors. In the United States, when the immune system failure seemed to be contained within the population of homosexual men, it was largely overlooked or treated with hostility. AIDS was seen as a punishment for homosexuality, sent directly from God.⁴

That type of bias, bigotry, and hostility to human beings, Catholic and non-Catholic, made in the Divine Image of God according to the Church, is not acceptable. As the scientific understanding of HIV and AIDS has developed, the survivability of the Church in modern crises must be evaluated. There exists a clear tension between the ravaging effects of disease, and its controversial modes of transmission, and the ideal applicable dogmas set forth by the Magisterium. Is the Church, both as institution and as people, responding to the AIDS crisis in a way that is consistent with the teachings of the Church? If not, is she truly fulfilling her duty as the vicar to Christ on earth?

³ The English translated title of the Vatican II document *Gaudium et Spes* is "The Pastoral Constitution on the Church in the Modern World."

⁴ Jerry Falwell, "Assault on Gay America." *Frontline Interviews: PBS*. 2000. Accessed March 21, 2015. <http://www.pbs.org/wgbh/pages/frontline/shows/assault/interviews/falwell.html>

1A) HUMANAE VITAE

i. Context:

Humanae vitae: On the Regulation of Birth is an encyclical letter written by Pope Paul VI in 1968.⁵ It was written in response to the scientific advance of hormonal birth control, and the confusion surrounding church teaching on the use of these methods of contraception. Prior to widespread access to hormonal birth control, in the form of “the pill”, the Roman Catholic Church had been definitively opposed to barrier methods of contraception, namely condoms. However, hormonal contraceptives seemed to be an alternative to using abstinence to space birth order. Saint John XXIII called for a papal commission to assist in research for making a determination on the Church’s official stance on all methods of contraception⁶.

This papal commission met several times over a two year period. Following the death of Saint John XXIII, Pope Paul VI, his successor, headed the commission. The encyclical was eventually released separately from the documents of the Second Vatican Council, potentially because of the highly controversial nature of its subject matter. Those within the commission were never able to come to full agreement on the conclusion of hormonal anti-ovulants as contraception; the majority of the committee found that hormonal contraceptive methods, in the form of anti-ovulants, were morally acceptable for use for regulation of pregnancy within the sexual relationship of a married couple when proportional reasons were present. A strong

⁵ Benedict M. Ashley, Jean Deblois and Kevin D. O’Rourke, *Health Care Ethics: A Catholic Theological Analysis* (Washington, D.C.: Georgetown University Press, 2006), 73.

⁶ IBID, 77.

minority opinion opposed the use of contraceptives altogether, stating that it would be inconsistent with Church teachings on marriage, and would lead to an increase in divorce rates and sexual promiscuity⁷. It was with this minority group Pope Paul VI ultimately found to be in unity with the tradition and spirit of the Church.

Now, nearly fifty years since the release of this encyclical, *Humanae Vitae* remains as controversial as ever. In a cultural environment post-sexual revolution, despite a lack of change on the official teachings of the Church, sexual ethics in practice differ greatly from the official teaching of the Catholic Church. It is reported that many couples within the church morally approve of the use contraceptive methods⁸, pre-marital sexual intercourse occurs not infrequently⁹, and divorce within the Church is almost on par with rates of divorce outside the Church.¹⁰ The prevalence of a culture encouraging pre-marital, contraceptive sexual activity has caused many to view the teachings of the Church as outdated, restrictive, and unrealistic in regard to sexual ethics. For a young adult evaluating sexual intercourse in the 21st century, “procreative and unitive”¹¹ are not the first descriptors to jump to the mind; instead, one is more likely to think of pleasure, multiple partners, unwanted pregnancy, lust, sexually transmitted infections, and, of

7 Ashley, Deblois, and O'Rourke, *Health Care Ethics*, 78.

8 PEW Research Center. *Stance on contraception among U.S. Catholics and U.S. population in 2012*. <http://www.statista.com/statistics/218528/stance-on-contraception-among-us-catholics-and-total-population/>

9 Scott H. Beck, Bettie S. Cole and Judith A. Hammond, “Religious Heritage and Premarital Sex: Evidence from a National Sample of Young Adults.” *Journal for the Scientific Study of Religion* 30:2(1991), 177-179.

10 Michael Paulson, “As Vatican Revisits Divorce, Many Catholics Long for Acceptance.” *New York Times*, January 24, 2015, accessed February 12, 2015, <http://www.nytimes.com/2015/01/25/us/as-vatican-revisits-divorce-many-catholics-long-for-acceptance.html>

11 Procreative and unitive are the two dimensions of human sexual intercourse as described by Paul VI in *Humanae Vitae*, II.12

course, the solution to these issues: contraception. Because of this unclear reception of *Humanae Vitae*, a precise textual analysis will particularly demonstrate how the document speaks to the nature of contraception as a “solution.”¹²

ii. Analysis

“The transmission of human life is a most serious role in which married people collaborate freely and responsibly with God the Creator.”¹³ This prefacing statement is primary to understanding the purpose of *Humanae Vitae*. The intentionality of this document is to relate to the “posed problems to the conscience of married people”¹⁴, and is not a commentary on sexual actions outside of marriage. The Roman Catholic Church’s stance on pre-marital sexual intercourse, or other sexual activity, has been unequivocal opposition. Regulation of birth by this approach, therefore, is more about the purpose of sexuality and openness to children within the context of a sacramental marriage. The Church is recognizing the necessity of answering the question of regulation of birth as new technologies arise that older moral teachings could not have anticipated; these technologies are, or could be, “intimately connected with the life and happiness of human beings,”¹⁵ but have potential moral repercussions that must be critically explored.

12 I use the word solution in quotes, as many, including *Humanae Vitae*, will make the claim that there is not actually a problem to be solved. Some see sex without consequences, be those general or specific, as a goal and contraception as the obvious avenue to that ideal. For those who hold that the natural consequences of sexual intercourse are consistent with ideal sexuality, contraception is not a solution, but a burden, perpetuating the true problem.

13 *Humanae Vitae*, 1

14 HV, 1

15 HV, 1

Following the prefacing statement, *Humanae Vitae* takes into consideration what new questions are put before the Church within the growing population of the world, resource allocation, economic and educational difficulties of large families, the dignity of women, and the relationship between conjugal acts and marital love.¹⁶ However, Paul VI considers the most remarkable development to be “man’s stupendous progress in the domination and rational organization of the forces of nature to the point that he is endeavoring to extend this control over every aspect of his own life...even over the laws that regulate the transmission of life.”¹⁷ This is revealing of Paul VI’s rationale in producing this encyclical, as well as John XXIII’s concern when he called for the commission to research the regulation of birth. Technology and its medical application was, and is, growing with such rapidity that dystopian assumptions of the future capabilities of reproductive technologies were quite alarming.

The transmission of life is the human participation in God’s Creation, and is thus an aspect of life that was often used in Scripture as an example of being a blessing to a couple in response to their faith.¹⁸ For man to control that and reduce Creation to something manageable and controlled appears as a threat to faith. As Paul VI states it, every aspect of life, *even* over the laws regulating transmission of life.¹⁹ Certainly, human beings control their minds, emotions, actions, social lives; these are accepted behaviors, but extending that control into the next generation, and selectively

16 HV, I.2

17 HV, I.2

18 This is evident in the examples of Abraham and Sarah, Hannah and the birth of Samuel, Jacob and Leah, etc.

19 HV, I.2

choosing who comprises that next generation, and when they will come into being, is a possibility fraught with unknown consequences to a Church dedicated to the sanctity of life.

Interesting to note in textual analysis of the introductory paragraph to the “Problem and Competency of the Magisterium” section is the brief comment on the change in viewpoint of women; it states simply that the “new understanding of the dignity of woman and her place in society” is noteworthy.²⁰ What that change in understanding of female dignity is comprised of is not stated, nor what her new place in society may be. It speaks at the hint of change, and presumably of improvement, in the treatment of women. The Roman Catholic Church is known for its Patristic period, the Fathers of the Church, the male-dominated theology, and the notable theological assertions of Thomas Aquinas of woman as a “misbegotten male.”²¹ The Scriptural assertion of woman being helpers, second to the leadership of man²², created centuries of discrimination and inhumane treatment; Paul VI hints only briefly at improvement of this situation. However, with the use of contraception, and the understanding of sexuality set forth in *Humanae Vitae*, the role of women is not a brief aside; both parties’ consent and participation in sexual acts is essential to an openness to God and His will for the marital act.

20 HV, I.2

21 Thomas Aquinas, *Summa Theologicae* Ia q.92, a.1, Reply to Objection 1

22 1 Timothy 2:12 (NIV) “I do not permit a woman to teach or to assume authority over a man; she must be quiet.”; Ephesians 5:22 (NIV) “Wives, submit yourselves to your own husbands as you do to the Lord.”; Colossians 3:18 (NIV) “Wives, submit yourselves to your husbands, as is fitting in the Lord.”; 1 Peter 3:1-2 (NIV) “Wives, in the same way submit yourselves to your own husbands so that, if any of them do not believe the word, they may be won over without words by the behavior of their wives, when they see the purity and reverence of your lives.”; 1 Peter 3:7 (NIV) “Husbands, in the same way be considerate as you live with your wives, and treat them with respect as the weaker partner.”

In reviewing the moral norms in practice, Paul VI observes that the customs of morality expected by the Church can often feel as though they can only be achieved “with the gravest difficulty, sometimes only by heroic effort.”²³ Such an admission is an important concession, especially concerning the balance between practicality and morality within Church teachings. *Humanae Vitae* is not written from a perspective that minimizes the difficulty of living within the moral confines of the Church. It is not a question of that which is easiest for the couple, or most convenient, but what is determined to be morally sound. The complicated conditions of life²⁴ in the modern world are not decreased by entering into marriage.

Paul VI posits two potential arguments in favor of the “less prolific but rationally planned family”²⁵: that the principle of totality applies to all of married life, and not each individual act; or that the transmission of life could be regulated by intelligence and will rather than “the specific rhythms of their own bodies.”²⁶

The principle of totality, in this case, would imply that using contraception during some instances of sexual intercourse, but being open to children in the marriage as a whole, would not be inconsistent with a fruitful marital union. This is less of a totality argument, however, than one of proportionality, or perhaps utility. If the good (i.e. being open to children, having intercourse without contracepting) outweighs the bad (i.e. rendering the female infertile via hormonal contraception or

23 HV, I.3

24 HV, I.3

25 HV, I.3

26 HV, I.3

using a barrier method to prevent fertilization, having intercourse while contracepting), then it would be potentially morally justifiable. The latter argument, that intelligence and will should dictate transmission of life, rather than “the specific rhythms of their own bodies”²⁷ makes a potentially concerning implication about human sexual behavior: that only by contracepting is a person able to regulate sexual activity with his or her intelligence and will. However, the assumption can easily be made that this argument is more about pitting human intelligence and desire over the order of nature. In such a case, the assertion of selecting human will over what is seen as natural law may be a strong form of hubris, if it is understood that the natural order is that which was instituted by God.²⁸

The Church and her Magisterium, according to Pius VI, are indisputably competent to interpret the natural moral law.²⁹ He makes this claim based on apostolic succession, and the authority given by Jesus Christ to Peter and the Apostles as commanders of the moral law in its entirety.³⁰³¹ Thus, the Roman Catholic Church “has always issued appropriate documents on the nature of marriage, the correct use of conjugal rights, and the duties of spouses.”³² The commission, therefore, set by “our predecessor Pope John XXIII, of happy memory,

27 HV, I.3

28 An important concern in all consideration of natural law is its distinction from nature; the Church allows for opposition to certain aspects of nature if they seem damaging to the dignity or safety of human beings. Rational control by humans (for example, abstinence) is seen as in accordance with the natural law, but would most likely go against nature, as the biological desire for sex is essential to the strongest instinct of procreation for survival of the species.

29 HV, I.4

30 HV I.4

31 Matthew 16:18-19 (NIV) “I also say to you that you are Peter, and upon this rock I will build my church; and the gates of Hades will not overpower it. I will give you the keys to the kingdom of heaven; and whatever you bind on earth shall have been bound in heaven, and whatever you loose on earth shall have been loosed in heaven.”

32 HV, I.4

in March 1963”³³ was a special study by married couples and experts in the field on the correct regulation of births.

The results of this study would “provide the teaching authority of the Church with such evidence as would enable it to give an apt reply in this matter, which not only the faithful but also the rest of the world were waiting for.” The audience for *Humanae Vitae* was not limited to faithful Catholic couples, eager for an official ruling on their use of the birth control pill to plan births. As a major provider of medical care via Catholic hospitals, of education from primary schools to large universities, and of humanitarian and charity efforts, the stance of the Church on the use of contraception would prove to be tremendously far reaching. The conclusions of the commission were not considered as definitive, but rather as a source of advisement for the doctrinal principles ultimately included as the authoritative reply to contraceptive methods.³⁴

To set forth the doctrinal principles to be examined, married love and responsible parenthood are the “two important realities of married life” which “must be accurately defined and analyzed.”³⁵ “It is the whole man and the whole mission to which he is called that must be considered: both its natural, earthly

33 HV, I.5

34 HV, I.6; It is in paragraph 6, in the first section of *Humanae Vitae*, that Pope Paul VI references the disagreement that arose within the commission as to the correct conclusion to be drawn from the moral norms presented. This is often a point of criticism for the Church’s stance on various methods of contraception. I see that argument as an exceptionally weak critique. The Church does not, and should not, base its teachings on what is generally accepted by its members. The faithful are not moral authorities, and very few have the training that would qualify them to be so. Substantive arguments against the morality put forth in *Humanae Vitae*, therefore, need to be based on significantly more than popular opinion or popular practice. With that in mind, though, the doctrines set forth by a pastoral institution should not be impossible for her faithful members to follow and still live self-actualized lives.

35 HV, II.7; This analysis in *Humanae Vitae* is said to be done in light of *Gaudium et Spes*, which will be analyzed in section 1B.

aspects and its supernatural, eternal aspects.”³⁶ This phrasing indicates that the goals of married life should be towards optimal human flourishing for those involved, with the possibility of achieving self-actualization, particularly in relation to spiritual realities, but not negating the more corporeal aspects.

Marriage of those who have been baptized is sacramental in nature, representing the union of Christ to the Church, and is considered to be instituted by God as Creator.³⁷ The marriage itself, then, should be marked by love given through free will, which allows one to love “not only for what he receives, but loves that partner for the partner’s own sake, content to be able to enrich the other with the gift of himself.”³⁸ This type of self-giving, *agapeic* love is fundamental in the language describing what marital love should look like. Married love is meant to benefit both husband and wife, bringing them closer to each other, and closer to God. Fidelity may present difficulties³⁹, but is a source of happiness, with monogamy seen as part of the natural order, according to Paul VI.

A happy marriage is also that which is fecund, as explained in *Humanae Vitae*, by married individuals engaging in responsible parenthood. Responsible parents, thus, are “not free to act as they choose in the service of transmitting life, as if it were wholly up to them to decide what is the right course to follow.”⁴⁰ Married love, then, must be freely entered into, but that freedom apparently does not extend to parenthood. Based on the presented doctrines, it would seem that part of

36 HV, II.7

37 HV, II.8

38 HV, II.9

39 HV, II.9

40 HV, II.10

choosing to enter into marriage, the uniting of oneself with another for the remainder of both lives, is a complicit agreement to therefore have children as part of the couple's duty to God.⁴¹

“The fact is, as experience shows, that new life is not the result of each and every act of sexual intercourse.”⁴² This is an important point in the theology presented in *Humanae Vitae*; it is not taught by the Church that a woman must become pregnant from each instance of morally correct sexual intercourse. Instead, it promotes the intrinsic relationship between the marital act, meaning sexual intercourse, and procreation.⁴³ This logic makes sense as an observation of natural law, as it claims to be.⁴⁴ Procreation is, by natural law, intrinsically and inextricably related to sexual intercourse because that is the act through which procreation is achieved. However, the argument that sexual intercourse is intrinsically related to procreation is more difficult to make, because of the admission already made, that new biological life is not the result of each sexual act. To say that procreation is intrinsic to sexual intercourse in natural law is to imply that pregnancy is essential to successful sex. Intercourse can and does occur without creation of life, and

41 It is also stated that to choose to not have children, temporarily or indefinitely, must be a decision made with grave seriousness. It is not enough to simply abstain; abstaining is also being closed off to having additional children, and may therefore be shirking one's responsibility to God. The question becomes, what counts as a serious concern? Would a newlywed couple practicing Natural Family Planning be shirking their duty by delaying having children until they complete school? Is mental illness considered a grave enough concern to abstain? Do the concerns need to be limited to economic, social, or medical, or can emotional well-being be a valid concern? Basically, in situations where additional children may or may not promote flourishing of the adults, how can a couple be expected to make the determination of sinfulness of periods of abstinence?

42 HV, II.11

43 HV, II.11

44 HV, II.11

therefore to limit its purpose to only procreation would be demeaning to the full dignity of sexual intercourse.

“This particular doctrine...is based on the inseparable connection, established by God, which man on his own initiative may not break, between the unitive significance and the procreative significance which are both inherent to the marriage act.”⁴⁵ Accordingly, both unity and procreation are the goal of sexual intercourse; but not unity without openness to procreation, nor procreation without the unifying physical circumstances. *Humanae Vitae* finds these components necessary to true mutual love, and thus any act of the human will that purposefully negates either of these dimensions, either procreative or unitive, would be inconsistent with natural law, and therefore the teachings of the Church.

As a result of these conclusions on the purpose of marriage, the relevant teachings of the natural law, and the competence of the Magisterium in making such a determination, Paul VI concludes that the following are unlawful methods in regulating the number of children in a marriage: direct abortion, even for therapeutic reasons; direct sterilization of either the man or woman, be it permanent or temporary; and any action which before, during, or after sexual intercourse is intended to prevent procreation.⁴⁶ Basically, this includes elective hysterectomy, elective vasectomy, hormonal contraceptive including intrauterine

45 HV, II.12

46 HV, II.14

device, daily birth control pill, etc., male condom, female condom, emergency contraceptives,⁴⁷ and sexual actions that are deliberately opposed to procreation.

Sexual intercourse which is deliberately contraceptive, even if the goal is to bring about a good result, is still considered morally illicit. “Though it is true that sometimes it is lawful to tolerate a lesser moral evil in order to promote a greater good, it is never lawful, even for the gravest reasons, to do evil that good may come of it.”⁴⁸ So, the ends justifying the means is not considered a sound argument for contraception, even when the married life of the couple in its entirety, beyond the use of contraception during sexual intercourse, could be considered morally sound.

Very briefly, but quite importantly, there is a mention of what are considered to be “lawful therapeutic means.”⁴⁹ “The Church does not consider at all illicit the use of those therapeutic means necessary to cure bodily diseases, even if a foreseeable impediment to procreation should result there from.”⁵⁰ Paragraphs 14 and 15, then, in part two of *Humanae Vitae* set up the circumstances where the Church feels it is possible to justify the use of contraception: if contraception is an unintended consequence of that which is medically necessary; or, if contraception is

47 “There are three types of Emergency contraceptive pills: combined ECPs containing both estrogen and progestin, progestin-only ECPs, and ECPs containing an antiprogestin (either mifepristone or ulipristal acetate). All three are available in the United States. Progestin-only ECPs have now largely replaced the older combined ECPs because they are more effective and cause fewer side effects. Although this therapy is commonly known as the morning-after pill, the term is misleading; ECPs may be initiated sooner than the morning after—immediately after unprotected intercourse—or later—for at least 120 hours after unprotected intercourse.” Trussell, J, E Raymond, and K Cleland, “Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy.” Office of Population Research, Princeton University, August 2014, p.2.; Emergency contraceptives could be a misnomer for the drugs named in note 31. Contraceptives, which prevent fertilization of an ovum, should be distinguished from abortifacients, which intentionally cause a miscarriage, i.e. mifepristone.

48 HV, II.14

49 HV, II.15

50 HV, II.15

the lesser of two evils, whereas a proposed good does not require the evil act for the good to come to fruition.

The remainder of *Humanae Vitae* is a set of pastoral directives.⁵¹ It iterates the duty of the Church in interpreting the law and remaining steadfast while doing so, the difficulty of the proposed lifestyle for married couples, the promotion of a chaste lifestyle, and appeals to public authorities, scientists, doctors and nurses, priests, and married couples to follow and promote the teachings set forth in the encyclical.⁵²

The document proposes an opposition to the interference of the human will with the will of God in instances of transmission of life. Ultimately, it prefers humans to work within the cycles of nature, regarding the cyclical nature of female fertility, rather than to use technology in ways deemed unnatural. It is written in support of the ideal behavior for Christian married couples; it is not written with regard to the transmission of disease, either to a marital partner, or from mother to child. It is also not intended to set standards on contraception for couples who are not married. The Church's official stance is in opposition to premarital sexual intercourse as a whole, with or without contraception.

51 HV, III.19-31

52 HV, III.19-30

1B) GAUDIUM ET SPES

i. Context

Gaudium et Spes plays a special role in the documents produced by the second Vatican Council. This pastoral constitution was the last document released from Vatican II, and the longest, with almost 37,000 words in its English translation.⁵³ It seeks to address the modern world in many capacities: social and economic justice, peace and war, marriage and family, dignity of the human person, development of culture, and the role of the Church in the modern world. The role of the Church in the modern world, as is portrayed by *Gaudium et Spes*, is based upon the dignity of the human person, the community of mankind, and the responsibilities of man in the world. Human beings have a particular role to play in relationship with oneself, one's neighbors, and even strangers. The Roman Catholic Church too has a role to play, and particular responsibilities towards humankind.

ii. Content

"The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ."⁵⁴ Such is the position of the Catholic Church, established at the very beginning of the preface of *Gaudium et Spes*.

⁵³ Massimo Faggioli, "The Battle over 'Gaudium et Spes' Then and Now: Dialogue with the Modern World after Vatican II," 10/11/12, *Georgetown University Conference on Vatican II*.

⁵⁴ *Gaudium et Spes*, P.1

Just as the news of salvation is meant for every person⁵⁵, so too is the empathy of the Church. *Gaudium et Spes* hopes to address the entirety of humanity, beyond simply those who identify themselves as Christian.⁵⁶

Hence, giving witness and voice to the faith of the whole people of God gathered together by Christ, this council can provide no more eloquent proof of its solidarity with, as well as its respect and love for the entire human family with which it is bound up, than by engaging with it in conversation about these various problems.⁵⁷

The Church is here making a twofold claim: first, that it is in solidarity with the entire human family, regardless of faith affiliation; second, that not only are they in solidarity, but that this is a solidarity based on love and respect for each human person.

The cultivation of solidarity with all human kind in the modern world involves the necessary task of “scrutinizing the signs of the times and interpreting them in the light of the Gospel.”⁵⁸ This was of particular concern for the profound and rapid changes happening at the time of the Second Vatican Council. “Triggered by the intelligence and creative energies of man, these changes recoil upon him, upon his decisions and desires, both individual and collective, and upon his manner of thinking and acting with respect to things and to people.”⁵⁹ Though the Church is recognizing a crisis of growth, it does so without fully anticipating the exponential growth in the 50 years following Vatican II. “Never has the human race enjoyed such an abundance of wealth, resources and economic power, and yet a huge proportion

55 GS P.1
56 GS P.2
57 GS P.3
58 GS P.4
59 GS P.4

of the world's citizens are still tormented by hunger and poverty, while countless numbers suffer from total illiteracy."⁶⁰ In the time since this statement was made, that abundance of wealth and resources, particularly as the result of technology, has grown, with a corresponding increase in the number of populations in poverty. Further, that which is not mentioned alongside poverty and hunger is illness. Diseases of poverty, which those living in wealthy countries are very minimally exposed to, target the circumstances of the impoverished and marginalized. Despite not mentioning infectious disease, it can be readily assumed that the Church also puts Herself in solidarity with those who suffer from diseases of poverty and their devastating effects.

"It is also noteworthy how many men are being induced to migrate on various counts, and are thereby changing their manner of life. Thus a man's ties with his fellows are constantly being multiplied, and at the same time 'socialization' brings further ties, without however always promoting appropriate personal development and truly personal relationships."⁶¹ The vagueness of the word socialization, stated in quotes, could have many possible implications. However, a key point that *Gaudium et Spes* brings about is the multiplication of interactions between human beings. That brings about a significant change in the transmission of communicable disease, but even more so a sociological change in the interaction of human beings. Rather than individuals being isolated to a particular tribe, city, or even country,

60 GS P.4

61 GS P.6

there is an increased possibility, and probability, that a high level of interaction will occur.

“An imbalance arises between a concern for practicality and efficiency, and the demands of moral conscience; also very often between the conditions of collective existence and the requisites of personal thought, and even of contemplation.”⁶² This critique of the modern world does not make clear the Church’s position on practicality and efficiency, though it strongly implies that it is secondary to moral conscience in importance. That being said, the practical and efficient concerns should not be neither neglected nor diminished, but should instead be evaluated as part of the demands of moral conscience. The progression of the world is not opposed to moral thought; it is moving quickly, though, and requires a much greater rapidity and acumen of moral thought than would suffice for a less technological age.

“Persons and societies thirst for a full and free life worthy of man; one in which they can subject to their own welfare all that the modern world can offer them so abundantly.”⁶³ This may not be a desire borne of the modern world, but rather one that is innate in all human experience. The basic human desire, and therefore what should be the most objective goal of a church in solidarity, is that of a free life oriented to optimal human flourishing. That which detracts from human flourishing is not in accordance with love of man, and cannot be part of the mission of the Church.

62 GS P.8

63 GS P.9

Section I, Chapter I deals with the dignity of the human person, in the eyes of the Church and scripture. Human beings were made in the image of God, and not to be alone, but to live in communion with other persons.⁶⁴ That interpersonal dynamic is essential. Chapter II highlights that interdependence, calling it the community of mankind, which is chiefly a result of modern technical advances.⁶⁵ “At the same time...there is a growing awareness of the exalted dignity proper to the human person, since he stands above all things, and his rights and duties are universal and inviolable.”⁶⁶ The question then becomes not what human beings are capable of, but what the obligations of the Church are to safeguard those fundamental, inviolable rights and duties.

Private and public human institutions are responsible to work for and minister to “the dignity and purpose of man.”⁶⁷ The Church is itself a divine institution⁶⁸; however, it must also labor to minister to the dignity and purpose of man, as it declares to be the duty of human institutions. The dignity and purpose of man, as previously stated, is a full and free life, ultimately working towards optimal human flourishing. Being part of the modern world, with technological advances, movements away from individual conscience, and an increasingly secular experience, the Roman Catholic Church must continue to promote the dignity and purpose of man. As always, this is particularly important for the poor and marginalized, who are constantly at risk of dehumanization and purposelessness.

64 GS I.I.12

65 GS I.II.23

66 GS I.II.26

67 GS I.II.29

68 Though the Church is composed of human beings, it has been divinely instituted.

The key feature to this concern, as highlighted, is education that makes use of the incredible number of resources currently available to humanity.⁶⁹ That must be evaluated with the knowledge that the estimated resources during the time *Gaudium et Spes* was written did not include knowledge of the internet, constant access to cellular phones, and even live-Twitter updates of both sporting events and war. In order for there to be both participation and genuine freedom, there can be neither an excess of life's comforts nor a situation of extreme poverty.

Chapter III, on man's activity throughout the world, is reminiscent of concerns stated in *Humanae Vitae*: that while man strives to improve his life, his mastery has extended over much of nature with the help of science and technology.⁷⁰ This has been a labor that, in general, brings about improvement of the world, and therefore adds glory to God. "Therefore, while we are warned that it profits a man nothing if he gain the whole world and lose himself, the expectation of a new earth must not weaken but rather stimulate our concern for cultivating this one."⁷¹

Therefore, as the Church engages in the modern world, her responsibility is to cultivate this world in the image of the heavenly world. "Pursuing the saving purpose which is proper to her, the Church does not only communicate divine life to men but in some way casts the reflected light of that life over the entire earth, most

69 GS I.II.31 "In order for individual men to discharge with greater exactness the obligations of their conscience toward themselves and the various group to which they belong, they must be carefully educated to a higher degree of culture through the use of the immense resources available today to the human race."

70 GS I.III.33; HV, I.2

71 GS I.III.39

of all by its healing and elevating impact on the dignity of the person.”⁷² It is essential that the Church, above all else, has a healing and elevating impact on the dignity of all persons. For any teaching or its implementation to be in opposition to casting such a light of God would be an affront to the very purpose of the Church on earth.

1C) CARITAS IN VERITATE

In Pope Benedict XVI’s final encyclical letter, and only social encyclical, *Caritas in Veritate*, or charity in truth, he addresses some moral concern of the developing world beyond what is referenced in *Humanae Vitae* or *Gaudium et Spes*. Published in 2009, the encyclical argues that love and truth are essential in the progression towards the common good. Love and truth are common human experiences, and lead to progress that simple rationale and scientific inquiry can never match⁷³.

Most intriguing to this analysis is Pope Benedict XVI’s treatment of duty and responsibility. “The reality of human solidarity, which is a benefit for us, also imposes a duty.”⁷⁴ That duty is rooted in truth and charity.

This dynamic of charity received and given is what gives rise to the Church's social teaching, which is *caritas in veritate in re sociali*: the proclamation of the truth of Christ's love in society. This doctrine is a service to charity, but its locus is truth. Truth preserves and expresses charity's power to liberate in the ever-changing events of history. It is at

72 GS I.IV.40

73 *Caritas in Veritate*, 5.54, 6.71

74 *Caritas in Veritate*, 4.43

the same time the truth of faith and of reason, both in the distinction and also in the convergence of those two cognitive fields. Development, social well-being, the search for a satisfactory solution to the grave socio-economic problems besetting humanity, all need this truth. What they need even more is that this truth should be loved and demonstrated. Without truth, without trust and love for what is true, there is no social conscience and responsibility, and social action ends up serving private interests and the logic of power, resulting in social fragmentation, especially in a globalized society at difficult times like the present.⁷⁵

As a result, the primary duty of the Roman Catholic Church in situations of social ethics is to respond with love and charity, but always rooted in truth. It is therein that the difficulty lies, but also the particular truth to charity in social teaching that potentially distinguishes it from secular relief/aid work. The action, putting the love of Christ towards a particular disadvantaged people, can only be justifiably done and seen as duty if it is consistent with the teachings of truth within the Church. It cannot be simply assessing a situation through triage and then throwing whatever Church resources are available towards it. It must instead be a well-thought out, carefully structured approach that must meet the needs of the people and still maintain a consistent ethic of truth.

⁷⁵ *Caritas in Veritate*, I.5

2A) HISTORY OF HIV/AIDS PANDEMIC

i. Origin of Human Immunodeficiency Virus

Human Immunodeficiency Virus (HIV) has been traced evolutionarily to simian immunodeficiency viruses (SIV), a type of lentivirus that have been shown to infect primate species on the African continent⁷⁶. Lentiviruses infect bovines, horses, sheep, felines, and primates, causing chronic infections, and are most often transmitted horizontally between individuals, as opposed to endogenous transfer between generations.⁷⁷ SIV infections have only been found in African monkeys and apes, suggesting that the viruses evolved after the lineages of African, Asian, and New World primates split 6-10 million years ago.⁷⁸ The majority of species have a species specific SIV infection; when it recombines with a different species' SIV, the combination is often much more powerful.

Specific SIV viruses that have evolved into HIV after transmission to humans can then be traced back to a particular species of primate and location.⁷⁹ It is estimated,

76 Paul M Sharp, DL Robertson, F Gao, BH Hahn, "Origins and diversity of human immunodeficiency viruses." *AIDS* 8: S27-S42 (1994).

77 Horizontal transfer means that the virus is spread from one individual to another via some sort of contact, or contact with the same infected object. Endogenous, or vertical, transfer means that the virus has actually inserted itself into the DNA of a reproductive cell, and is transmitted to offspring genetically; Paul M Sharp, and Beatrice H. Hahn. "Origins of HIV and the AIDS Pandemic." *Cold Spring Harbor Perspectives in Medicine* 1:1 (2011).

78 Paul M Sharp, and Beatrice H. Hahn. "Origins of HIV and the AIDS Pandemic." *Cold Spring Harbor Perspectives in Medicine* 1:1 (2011).

79 *IBID*

based on the strains of HIV infections found in humans, that SIV has jumped to human beings at least five times, with two known types, HIV-1 and HIV-2.⁸⁰

“How humans acquired the ape precursors of HIV-1 groups M, N, O, and P is not known; however, based on the biology of these viruses, transmission must have occurred through cutaneous or mucous membrane exposure to infected ape blood and/or body fluids. Such exposures occur most commonly in the context of bushmeat hunting.”⁸¹ HIV-1 groups N and M both appear to have originated from chimpanzees in Cameroon; HIV-1 group P is thought to be of gorilla origin, but too few cases exist to confirm this, and the origin of HIV-1 group O is unknown. HIV-2 is of sooty mangabey⁸² origin, and is mostly restricted to West Africa; it has a lesser viral load, meaning an infected person has fewer copies of the virus, and thus has a lower transmission rate, and is increasingly being replaced by HIV-1.⁸³

There were several contributing factors to the transition between the jump of HIV from primates to humans and the resulting AIDS pandemic. HIV-1 was mostly likely first transmitted to humans between 1910 and 1930 in colonial west Africa during a time of rapid population expansion, particularly in the urban Leopoldville.⁸⁴ Sociodemographic factors can greatly favor an epidemic spread of

80 Paul M. Sharp, and Beatrice H. Hahn. “Origins of HIV and the AIDS Pandemic.” *Cold Spring Harbor Perspectives in Medicine* 1:1 (2011).

81 *IBID*

82 The sooty mangabey is a primate monkey mostly found in forests from Senegal along the coast to Ghana

83 Paul M. Sharp, and Beatrice H. Hahn. “Origins of HIV and the AIDS Pandemic.” *Cold Spring Harbor Perspectives in Medicine* 1:1 (2011).

84 *IBID*

HIV, like “human density in forest areas,⁸⁵ increasing transport between urban and rural areas, human migration, urbanization and increase in commercial sex.”⁸⁶

HIV-1 has an incredibly fast mutation rate, causing it to evolve approximately one million times faster than human DNA.⁸⁷ This has led to the conclusion that HIV-1 group M, from the transmission from chimpanzees in southeastern Cameroon, was the principal cause of the AIDS pandemic.⁸⁸ However, this particular transmission was only responsible for such an accelerated epidemiological incident because of contributing social development factors and the rapid evolution of the virus itself.

ii. Sociohistory of HIV in the United States

At the start of the 1980s, there was a high level of optimism about the future of healthcare throughout the world, particularly in developed countries.⁸⁹ Though there had been significant advances in the field of biomedicine, these advantages did not reach the poor and marginalized. It was a natural assumption that death rates would be higher in the less developed world; lack of access to resources was the assumed explanation for why death rates were so high in diseases that were non-fatal in countries like the United States. However, when fatalities began to occur in

85 Increased human density in forest areas affects the need for bushmeat as a hunting source, which would therefore increase the likelihood of cross-species transmission.

86 Eric Delaporte, Steve Ahuka Mundeke, Eitel Mpoudi Ngole, and Martine Peeters. “The Origin of HIV/AIDS and risk for ongoing zoonotic transmission from nonhuman primates to humans.” *HIV Therapy* 4.4 (2010):387.

87 P. Rambaut Lerney and OG, A. Pybus. “HIV evolutionary dynamics within and among hosts.” *AIDS Rev.* 2006 Jul-Sep; 8(3):125-40.

88 Paul M. Sharp, and Beatrice H. Hahn. “Origins of HIV and the AIDS Pandemic.” *Cold Spring Harbor Perspectives in Medicine* 1:1 (2011).

89 Cristiana Bastos. *Global Responses to AIDS: Science in Emergency*. Bloomington, Indiana: Indiana University Press. 1999.

the United States from rarely seen infections, there was a shift in the mentality on the future of healthcare.

In the summer of 1981, the United States Centers for Disease Control (CDC) released a report that five actively homosexual men in Los Angeles had tested positive for a rare form of pneumonia, *Pneumocystis carinii*(PCP).⁹⁰ Before the summer ended, there were reports of over 100 homosexual men being diagnosed with either PCP or Kaposi's sarcoma, a rare cancer that typically only affected the elderly, and in small numbers.⁹¹ The number of those infected grew rapidly among homosexual men in the United States, with number of sexual partners appearing to have a strong correlation with infection rate.⁹² While the link between the syndrome and infected persons appeared to be homosexuality, it was often referred to as GRID, for gay-related immunodeficiency.⁹³

This name was inaccurate for those susceptible to the syndrome in the United States. In November of 1982, those particularly prone to vulnerability to infection associated with this immunodeficiency (which was not limited to PCP or Kaposi's sarcoma, though they were the most fatal) were homosexual or bisexual males, intravenous drug users, hemophiliacs, and nongay/non-intravenous-drug-using Haitians.⁹⁴ The infection rates of the Haitian population⁹⁵ shifted the understanding

90 Jonathan Engel, *The Epidemic: A global history of aids*. New York City: Harper Collins Publishers(2006):5.

91 *IBID*, 5.

92 *IBID*, 6.

93 Edward P Richards and Katharine C. Rathbun. *Law and the Physician: A Practical Guide*. New York City: Little, Brown and Company(1993): 135.

94 "CDC Updates Trends in AIDS Epidemic." *American Family Physician* 265 (1982): 290. ; "Opportunistic Infections and Kaposi's sarcoma among Haitians in the United States." CDC Morbidity and Mortality Weekly Report (July 09, 1982).

on what slowly was termed AIDS, acquired immunodeficiency syndrome. Previous theories by epidemiologists had rested on the assumption that there was something behavioral in the homosexual population causing these symptoms: some suggestions included sperm overload, gay bowel syndrome, or parasitic infections caused by anal penetrative sexual intercourse.⁹⁶

Finally in 1983, after infections of infants and children had been reported by the CDC, the theory of transmission centered on a blood-borne pathogen.⁹⁷ The disease would most likely be viral in origin, if it were to be transmitted by both semen and blood, and needed to rapidly deplete T-cells of those infected. Virologist Robert Gallo examined human T cell leukemia virus (HTLV), a known immunosuppressant with oncogenic (cancer-inducing) properties.⁹⁸ At the same time, Luc Montagnier, a French virologist at the Pasteur Institute, was examining an isolated pathogen he named lymphadenopathy-associated virus (LAV) that functioned similarly, but contained different core proteins.⁹⁹ Both published articles in the same issue of *Science* in 1984, describing the same retrovirus as the cause of AIDS, though they used different names to describe it (HTLV and LAV).¹⁰⁰ It was this virus, which was concluded to actually be an identical strain in both labs, which became known in a

95 It was ultimately determined that HIV (and therefore AIDS) most likely spread to Haiti in the 1960s and 1970s from frequent exchange trips to the Belgian Congo, where the disease was already prevalent but not yet identified.

96 J Engels, *The Epidemic* (2006): 7.

97 *IBID*, 8.

98 Philip Hilt. "U.S. Drops Misconduct Case Against an AIDS Researcher". *New York Times*. November 13, 1993.

99 J Engels, *The Epidemic* (2006): 10.

100 Philip Hilt. "U.S. Drops Misconduct Case Against an AIDS Researcher". *New York Times*. November 13, 1993.

compromise between Gallo and Montagnier as HIV, human immunodeficiency virus, the cause of AIDS.¹⁰¹¹⁰²

Despite this discovery, there was very little overall funding being put towards AIDS research, and the already marginalized homosexual community in the United States fought strongly against this bias. Of the \$4 billion budget of the National Institute of Health (NIH) in the United States, only \$5 million in funding was going towards AIDS research.¹⁰³ At this point, still only a small number of people were affected by the disease, but the lack of funding was presumed to come from a low priority for the marginalized homosexual population, not a lack of preponderance of cases.

The fear and concern that played out in the history of AIDS in the United States was of the unknown. With an unknown method of transmission, what could be considered safe? Certainly an accidental needle-stick for a healthcare professional would be terrifying, but what about skin to skin contact with an infected person? Could surgical instruments be sterilized? With a long incubation period, how many people were already infected? As this fear became more widespread, tests were developed, modes of transmission determined, and prevention methods were outlined. Researchers began to devote time and money towards the development of

101 Philip Hilts. "U.S. Drops Misconduct Case Against an AIDS Researcher". *New York Times*. November 13, 1993.

102 This determination itself was not without controversy. The ultimate conclusion was that either Gallo's sample had been accidentally contaminated by a sample sent from Montagnier's lab, or that Gallo had purposefully stolen the sample. Both agreed to share credit with the discovery, but only Montagnier was named in the Nobel Prize for the efforts.

103 J. Engels, *The Epidemic* (2006): 21.

drugs, to hopefully slow the destruction of the immune response, or even cure the syndrome altogether.

Yet, the ravaging effects of this disease had been known on another continent for more than 50 years. Until the threat became relevant to the United States and other developed countries, it was not even explored.

By 1986, crude incidence reporting found AIDS levels in six central African countries—Zaire, Rwanda, Uganda, Kenya, Zambia, and the Central African Republic—to range from 5 to 10 percent of the population, roughly 10 to 20 times that of the incidence in the United States. Over 51 percent of Kenyan prostitutes were infected, and nearly 20 percent of young adults in a few small towns in Rwanda were as well. In the area of densest infection, the Rakai region of southwest Uganda, 30 percent of the population was infected.¹⁰⁴

2B) HIV/AIDS IN AFRICA

i. Onset of Pandemic on the African Continent

Acquired immunodeficiency syndrome remained largely within a few at-risk groups in the United States in the 1980s; a total of 50,280 cases were reported between 1981 and 1987, the vast majority (47,993 of total) of which involved fatalities and late reporting, with white males being disproportionately affected (30,033 of total).¹⁰⁵ The trends in Africa were nearly the opposite: men and women were infected nearly equally, there was little evidence of bias towards homosexuals,

¹⁰⁴ J. Engels, *The Epidemic* (2006):52.

¹⁰⁵ "HIV and AIDS---United States, 1981-2000." *CDC Morbidity and Mortality Weekly Report* (June 01, 2001).; Once again, HIV is the actual virus that a person can contract, whereas AIDS is the onset of symptoms as the immune system starts to fail due to a dangerously low T-cell count.

the educated elite were more likely to be infected, and the virus appeared to be transmitted easily through heterosexual intercourse.¹⁰⁶

The vulnerable population in Africa, those who were more educated and made more money, were also more likely to patronize prostitutes, who had an astoundingly high infection rate. Infected men, most employed and therefore responsible for the progress of countries within the continent, could “easily pass the virus on through heterosexual intercourse to their wives and girlfriends.”¹⁰⁷ Not only was transmission occurring easily throughout the continent, but it was the point of origin for the viral transmission to humans.

In 1984, when a central African country had yet to begin reporting AIDS cases, over 50 percent of Kenyan prostitutes were HIV positive; 90 percent of prostitutes in Butare, Rwanda were HIV positive; 10.5 percent of the total Rwandan population were HIV positive, with the percentages even higher in urban areas.¹⁰⁸ Though females were rapidly being infected, monogamy and preventative measures were not being advocated, and cases were being severely underreported. It was at this time, 1987, that HIV-2 was discovered in western Africa, confirming that the problem was only getting worse.

The difference in transmission, comparing Africa to the experience in the United States, was very likely cultural. The practice of female circumcision, involving the partial removal or mutilation of female external genitalia, often created

106 Jonathon Engels, *The Epidemic: a global history of AIDS* (2006):52.

107 *IBID*, 52.

108 *IBID*, 211.

circumstances for bleeding during intercourse, which was hypothesized to cause the increase transmission risk; however, the instance was too low for female circumcision to greatly affect the infection rates.¹⁰⁹ A significant barrier was a cultural disapproval of condom use. Condoms were considered to be emasculating, expensive, and counteractive to pleasure.¹¹⁰ Women had very little say in the matter, and requesting male partners' use of barrier methods of contraception could even lead to violence.¹¹¹

Without using condoms, African males still very regularly visited prostitutes, particularly those men with jobs that allowed for travel. Long-term extramarital affairs were not uncommon, and a general attitude of promiscuity was much more accepted than within the United States.¹¹² Consequently, as men traveled, engaged in unprotected intercourse with many partners, and infected wives and girlfriends, the deadly virus spread rapidly across the African continent.

The pandemic was in clear effect by the year 2000: over half of the total 21.8 million AIDS deaths were from the southern half of the African continent; AIDS was killing ten times as many people as the many civil, regional, and tribal wars in sub-Saharan Africa; the cheapest of drugs were too expensive to buy; and there was a strong resistance to any change in societal sexual norms that might slow down transmission.¹¹³ Disease had already run rampant on the continent before the introduction of HIV, but compromised immune systems meant an even higher

109 J. Engels, *The Epidemic* (2006):213.

110 *IBID*, 215.

111 *IBID*

112 *IBID*

113 *IBID*, 291-292.

susceptibility to all disease. Even as it spread within one generation, decimating many in large numbers, the next became quickly infected. “Of the 500,000 new pediatric infections per year worldwide, 90 percent were taking place in Africa.”¹¹⁴

Left untreated, AIDS was a pandemic that was destroying the continent. Barrier methods of contraception were being used rarely, if at all, to prevent the spread of infection. Poor countries, already underdeveloped and struggling economically, could not afford to provide the needed health care to their citizens. Those who relied on tourism would lose too much if they reported how high the infection rates actually were. A generation of children grew up parentless and at-risk for infection, if it had not already happened.

ii. *Status quo* of HIV/AIDS in Africa

Since 2001, there has been a significant global surge towards increasing access to antiretroviral medications, which fight AIDS, and decreasing the incidence of transmission and death. In sub-Saharan Africa, there has been significant progress; UNAIDS organization reported a 40% decrease in new HIV infections, down from 2.6 million in 2001 to 1.6 million new infections in 2012.¹¹⁵ There were also an estimated 22% fewer AIDS-related deaths in sub-Saharan Africa between 2001 and 2012.¹¹⁶ However, incidence of HIV transmission and AIDS-related deaths have increased in West Africa and the Middle East.¹¹⁷ In these areas, AIDS-related

114 J. Engels, *The Epidemic* (2006): 296.

115 UNAIDS “Aids by the Numbers” (2013):8

116 *IBID*

117 *IBID*

fatalities more than doubled, and the number of people acquiring the disease rose by more than 50%.¹¹⁸

There are still more than 35 million HIV positive people globally.¹¹⁹ Over 78 million people have become infected since the known origin of the epidemic in the mid-1980s.¹²⁰ While worldwide infection rates and AIDS-related deaths have fallen, there are still only 37% of those living with HIV who are receiving antiretroviral therapy drugs.¹²¹ In Africa, women and children are disproportionately highly infected.¹²² Risky sexual behavior has increased; condom use is decreasing; intimate partner violence and rape rates are alarmingly high; perhaps most importantly, there is a strong lack of quality education for young people on HIV health concerns, sexual reproduction, and sexual violence.¹²³

3) ANALYSIS AND CONCLUSION

i. Analysis

The HIV crisis and ensuing AIDS pandemic is undoubtedly a tragedy and clearly urgent. In light of the teachings of *Humanae Vitae*, *Caritas in Veritate*, and *Gaudium et Spes*, the obligatory role the Catholic Church should play in response to these issues must be evaluated.

118 UNAIDS "Aids by the Numbers" (2013):8

119 UNAIDS Fact Sheet 2014:1

120 *IBID*

121 *IBID*

122 *IBID*, 2

123 UNAIDS "Aids by the Numbers" (2013):6

The most developed countries have taken significant steps towards solving the problems of AIDS within their borders. UNAIDS reports illustrate that the number of new HIV transmissions are decreasing to a very low threshold, with only specific at-risk groups being susceptible, in general.¹²⁴ Antiretroviral therapy is widely accessible; education on the risks of transmission, sexual and otherwise, is very publically depicted; prophylaxis through barrier methods of contraception is advocated, with minimal stigma; and the rights of women and children are widely advocated for within almost all cultures.

A key aspect in *Gaudium et Spes* is the interdependence of human beings. As one suffers, so do the many, and it is the duty of the Church to do whatever she is able to address and reduce that suffering, so that all individuals may have the opportunity to experience optimal human flourishing. By making the claim of being in solidarity with the entire human family, and having respect for them, there is a demand for equal treatment for all people. If the Church, and the people of the Church, are in solidarity with the victims of AIDS, inequity of care based on location or socioeconomic status is unacceptable.

In the United States, antiretroviral treatments to prolong life and reduce immune system risks associated with HIV are available to almost all AIDS sufferers. For only 37 percent of those in the world who are HIV positive to be receiving treatment indicates a severe problem in solidarity.¹²⁵ The interdependence of human beings requires all persons to oppose any situation that is a hindrance to

124 UNAIDS "Aids by the Numbers" 2013, 7

125 *IBID*, 6

basic human rights. Access to necessary healthcare, a basic human right, does not simply belong to those living in the developed world.

Education is also a key factor in evaluating and addressing the modern world for *Gaudium et Spes*. Total illiteracy is certainly a concern, but a lack of education on health in general can lead to untreated or unrecognized symptoms of AIDS.¹²⁶ The majority of the people on the African continent, but women in particular, are uneducated. Without even a basic understanding of disease, they are unable to protect themselves or potential partners from transmission of HIV. The multiplications of interaction and socialization of persons in the modern world are huge risk factors for disease, and an uneducated, migrating population will not be easily freed from the ravages of disease.¹²⁷

“In order for individual men to discharge with greater exactness the obligations of their conscience toward themselves and the various group to which they belong, they must be carefully educated to a higher degree of culture through the use of the immense resources available today to the human race.”¹²⁸ The demands of conscience are certainly relevant to moral decision-making for questions related to AIDS. But conscience is once again a question of education; the Church respects the demands of conscience, and does not ask for individuals to go against it. However, for those with little to no formation of conscience through education, it is not a reliable approach. Conscience demands the ability to freely think for oneself, which is a right all too often encroached upon by oppressive daily realities.

126 *Gaudium et Spes*, P.3

127 GS P.6

128 GS I.II.31

The pinnacle of *Gaudium et Spes*, and the true focal point of *Humanae Vitae*, is the dignity of the human person in the eyes of the Church. The Church must labor in all ways possible to promote that dignity; teachings of the Church that are in conflict with that dignity must be rapidly addressed as the first priority of the Church. To communicate divine life to men, reflect that same life over the earth, and elevate human dignity,¹²⁹ the suffering of AIDS victims, the plague of our time, must be treated with compassion and kindness.

Given the extent of the problems and their devastating effects, the response of the Church during the late 20th century, the response of the Church was insufficient concerning the dignity of the human person. In the United States, AIDS was treated as an issue of morality; New York City archbishop John Cardinal O'Connor insisted that, "Good morality is good medicine."¹³⁰ The association between AIDS and homosexuality led to a general discomfort with the syndrome, and the Church remained somewhat distant from those afflicted. Saint Pope John Paul II in 1989, in a speech advocating for AIDS sufferers, still insisted on condoms as morally illicit, and inconsistent with "the authentically human sense of sexuality."¹³¹ This definition of condoms and all contraception as an inherent evil has been a consistent teaching within the Catholic Church. It is nonetheless a teaching based on sexuality and fecundity, and not epidemiological realities.

The moral illicitness of condoms, and all forms of contraception, is a strong conclusion from *Humanae Vitae*. While it certainly spends a significant amount of

129 From GS I.IV.40

130 Jonathon Engels. *The Epidemic* (2006): 120.

131 IBID, 121.

time outlining morality of certain sexual practices, and the reasoning behind them. The relevance of this teaching in the context of HIV transmission is not clearly discernible. First of all, *Humanae Vitae* is written for and assumes though who have freely entered into marriage, with both partners sharing in decision-making, sexual and otherwise.¹³² In the cultural context of Africa, this has been shown to rarely be the case. Women have very little say in power dynamics; males maintaining multiple partners, including wives, mistresses, girlfriends, and prostitutes, is an accepted and somewhat widespread practice. The basic definitions of marriage being defined in *Humanae Vitae* are, in the most pragmatic sense, incapable of being met at the current time, requiring years upon years of strong cultural advocacy. Moreover, contraception is no longer the primary moral question. Because female dignity, as is briefly mentioned in *Humanae Vitae*¹³³, is not yet approaching acceptable standards, the theological meaning of *Humanae Vitae* is not directed to the reality at hand.

Openness to children, as an argument against contraceptive use, is not a problem in Africa. What is a problem, however, are the 17.8 million children globally who have lost one or both parents to AIDS-related fatalities.¹³⁴ The family, an essential part of human life in the eyes of the Church,¹³⁵ is being ravaged and torn apart by both disease and culture, a far more pressing issue than that of contraceptives, as such. The culture in Africa as a whole is prone to sexual promiscuity and an aversion to condoms; the process of educating about sexual

132 *Humanae Vitae*, 1

133 HV, I.2

134 UNAIDS "Aids by the Numbers" 2013:6

135 This is particularly evident in the *Compendium on Social Teaching*.

practices that promote human dignity in the greatest way, as is the goal of *Humanae Vitae*, may need to be done while also educating about the dangers of disease transmission. Condom use will not solve the AIDS epidemic; HIV transmission stems from much deeper issues about sexuality. However, using the standards of contraception defined in *Humanae Vitae* without first advocating for a correct understanding of sexuality is misguided.

In the theoretical ethical case of a serodiscordant¹³⁶, faithfully married couple in Africa, appropriateness of condom use becomes even more difficult to determine. The fully self-giving, agapeic love that the marital union is supposed to bring should, arguably, not include disease transmission. To ask a couple to either abstain or risk infecting a loved one is a great burden to place upon a couple. Rather than condoms being seen as contraception to prevent birth, which has been deemed an inherent evil, they must instead be viewed as medical prophylaxis to prevent disease. Just as an antibiotic can help prevent a person suffering from a bacterial sinus infection from being contagious to others, allowing them to go through normal daily interactions, barrier methods of contraception in serodiscordant couples prevent the virus from defining the couple's lives. This is not an appeal to the principle of totality, which *Humanae Vitae* directly opposes, but more so the principle of double effect.

Ultimately, *Caritas in Veritate* asks that these questions be approached with a love and truth that meets the needs of the people. Christ's love, which the Church

¹³⁶ One partner is HIV positive, the other is HIV negative.

must bring to all, means advocating for the marginalized, even if the Church does not agree with the decisions that may have caused them to be marginalized. A charity of truth keeps consistent the teachings of the Church, like those on contraception, but evaluates them in light of the truth of those who are struggling. A teaching may be a difficult burden to bear, but it should not be oppressive. To promote human flourishing, the Church must fight for the freedom and dignity of the people: the right to education, the right to be free from violence, the right to healthcare, and the right to prevention efforts against fatal disease.

ii. Conclusion

The Church has a responsibility to the people of the earth, both Her faithful followers and those who are not, because all are made in the image and likeness of God. Thus, when a critical circumstance like the HIV/AIDS crisis occurs, the Church, as both a people and an institution, has a duty to work towards a resolution that will bring back dignity as rapidly and practically as possible. A crisis is not a reason to abandon doctrinal teachings; it is not a reason to challenge the cogency of the Church. It is, however, an opportunity to evaluate the validity of teachings under fire.

The teachings on contraception in the Church are beautiful; they are full of logic and thought that promotes the dignity of the human person, the dignity of sexuality, and the importance of faith. Sexually transmitted infections in no way negate those teachings. But health crises in a cultural context of non-monogamous relationships are not planned for or addressed in the ethics of *Humanae Vitae*. Ethics in real-

world situations are not simple, and do not come down to a single isolated issue. The questions are not simply of sexuality. They are of the role of sexuality, education, power struggles, gender dynamics, disease, healthcare, international politics, role of charity, importance of government, and an infinite number of other dynamics.

Consider the situation of an orphaned, HIV-positive, female child in Africa. She most likely was infected while her mother was pregnant or breastfeeding. Thus, not only did her mother die because of a lack of access to antiretroviral drugs, but that lack of access led to the child's inheritance of HIV. This young orphaned female will rely on charity, dependent both on her government and international political motives. Depending on the extent of that charity, she will likely be subjugated to gender discrimination, with cultural oppression pushing her towards prostitution or powerless marriage. Where in this can her dignity be found? What choice does she have?

In light of that complexity, ethical evaluations, especially for those of the marginalized, must always come down to a preferential option for the poor or disadvantaged. Optimal human flourishing, however it can be promoted, must be. The Church must make decisions in regards to the fundamental truth of charity. Paul VI states in *Humanae Vitae* his understanding of the difficulty of living within the moral confines of the Church¹³⁷; it should never be the effect of the Church, though, to add to the burden of poverty and illness.

137 HV I:3.

Condom use has been made a major issue in Africa. It challenges established teachings of the Church to encourage the use of contraception. The “secular threat” of condom use is only truly threatening in countries with thoroughly established public health systems. The African people as a whole reject the use of condoms, and resist prevention efforts of disease transmission. By making the issue about doctrine instead of disease, the Church is doing a disservice to the people and subverting its mission.

Ultimately, the responsibility of the Church is to work towards education and equality that allow for the possibility of the discussion of more nuanced doctrinal teachings, like those of marriage and sexuality. The promotion of the family, of the dignity and importance of the human person, and advocacy for the inherent rights of all people are essential and must come to the fore so that the evolving Church can more fully be Church in the modern world.

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