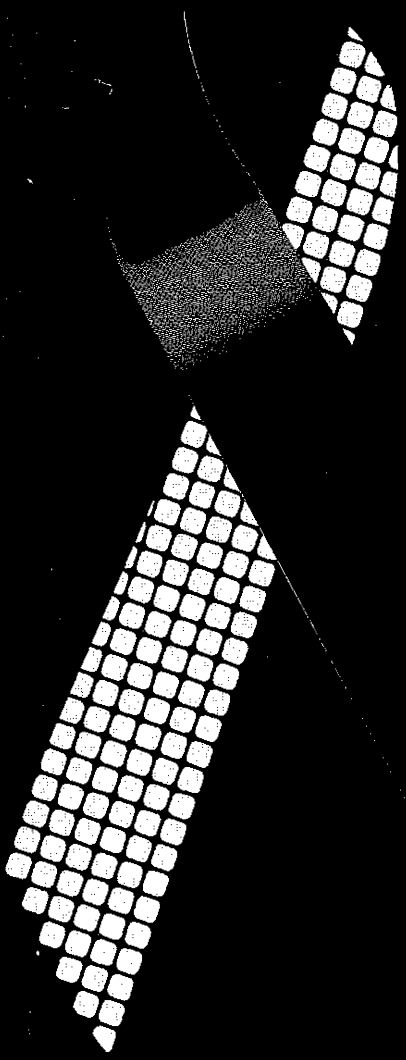
Catholic Social Teaching and the AIDS Epidemic



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CHAPTER 1
Introduction

The Church's social teaching[1] refers to a body of teaching on social, economic, political and cultural matters developed over a long period by the Catholic Church, but proposed more explicitly and systematically in the years since 1891. The fundamental assumption of this teaching is that each individual is a social being who at every stage of life depends on others for existence and for the fulfillment of spiritual, intellectual, emotional, physical and social needs. Almost seventy years ago, Pope Pius XII expressed this in picturesque language: "individuals do not feel themselves isolated units, like grains of sand, but (are) united by the very force of their nature and by their internal destiny, into an organic, harmonious mutual relationship".[2] The Second Vatican Council reaffirmed this position very clearly in its statement that the human person is not a solitary being, but a social being who can live and develop his or her full potential only by relating to others.[3]

Working from a different perspective than that of the Church, African philosophy reiterates the same idea in its principle that a person is a person through other persons – *umuntu ng'umuntu ng'abantu*. Something similar is captured in Archbishop Desmond Tutu's statement that the solitary isolated human being is really a contradiction in terms.

Central to the Church's social teaching (CST) is the human person.[4] Many of these principles and values were prefigured in both the Old and the New Testaments. They include such fundamental ideals as

- the basic equality of all human beings as created in the image of God;
- the solidarity of all humans as the people of God in a society characterised by justice and peace;
- the family as the nucleus of society;
- concern for widows, orphans and economically helpless strangers; and
- recognition that "there should be no one of you in need" (Deut., 15:11) since God has filled the earth with abundant goods for the benefit of all.

The Nature and Growth of CST

[1] The Church's social teaching is sometimes referred to as the Church's social thought, Catholic social teaching or Catholic social thought. The acronym CST covers the variants that are most commonly used. Reference is also made to "the Church's social doctrine", as in the comprehensive *Compendium of the Social Doctrine of the Church*, published by the Pontifical Council for Justice and Peace in 2004.

[2] Pope Pius XII, 1939, *Encyclical Letter Summi Pontificatus*, 463.

[3] Vatican Council II, *Gaudium et Spes*, §12.

[4] *Compendium of the Social Doctrine of the Church*, §580.

These and similar principles guided much of the Church's social thinking and action during the first sixteen hundred years of the Christian era, though it was only much later that they were developed into an explicit system of social thought. Historical developments in Europe from the thirteenth century onwards led to concerns about the authority of the state, relationships between church and state, the justifications for private property, and clarifying what was ethical and not ethical in economic activities. In the eighteenth and nineteenth centuries, major transformations in industrial, social, political and economic life led to a heightened awareness of the challenges posed by evolving production and economic structures and to the way in which these easily led to wage-earners who did not own property being condemned to living and working conditions unworthy of the human person.

In response to these developments in social, industrial and economic life, the Church – in the person of Pope Leo XIII – affirmed authoritatively its support for social progress, provided always that this could be attained without prejudice to the dignity, justice and liberty of every human being. From the commencement of his papacy in 1878, Pope Leo stressed that the Church favoured true human progress, and in particular everything that would promote human liberty, strengthen marriage and the family, and make management and labour more responsible in the exercise of their rights and duties. Motivated by special concern for the way the masses of working class people were being exploited, Pope Leo issued in 1891 his encyclical letter *Rerum Novarum (On the Condition of Labour),* a seminal document that addressed the labour question in terms of the three principal factors underlying economic life –workers, productive property and the state. This document has had so much influence that it has "become known as the Magna Carta for a humane economic and social order"[5].

From the end of the nineteenth century onwards, and continuing right up to the present, CST has dealt systematically and comprehensively not just with the labour question, but with issues and challenges relating to the entire system of human relations that goes to form "society". Papal encyclicals embodying social teaching were issued at the time of the 40th, 80th, 90th and 100th anniversaries of *Rerum Novarum* and on other occasions. Other social teaching was developed in response to such situations as totalitarian regimes in Germany and Russia or the problem of peace in an era marked by nuclear proliferation. During the second half of the twentieth century, the Church steadily and proactively provided guidance on emerging political, economic, social and developmental situations, and increasingly addressed the themes of human rights, peace, agriculture, population growth, the family, the need for global economic cooperation, world governance, structural injustices, the option for the poor, the right to work, and care for the environment.

[5] *Catholic Social Teaching*. Our Best Kept Secret. Edward P. DeBerri and James E. Hug with Peter J. Henriot and Michael J. Schultheis. New York: Orbis Books, 4th Edition, 2003, page 6.

Although it was published more than fourteen years before HIV and AIDS exploded on the world, Pope Paul VI's encyclical *Populorum Progressio* spoke a language of social and economic development that is as relevant to the AIDS infected world of today as it was to the world at the time of its publication in 1967. It called for an understanding of development as something well-rounded that would foster the progress of each person and of the whole person, and hence as something that goes well beyond mere economic growth. In a practical way it proposed that authentic human development must ensure the transition of every person and society from conditions that are less than human to those that are more human; appealed for the structures of society to be adjusted so that every person would be able to do more, learn more and have more and thereby increase their sense of personal worth; and proposed the establishment of a world fund to relieve the needs of impoverished people and promote the work of national development. With the affirmation that "development is the new name for peace", the encyclical envisioned a peace that would manifest a more perfect form of justice among all people and that would have its foundations in a world authority capable of taking effective action in juridical and political domains.

While a great deal of the Church's social teaching has come from encyclicals and other papal pronouncements, these are not the only source of CST. Highly significant contributions have been made by the Second Vatican Council, particularly in its document *Gaudium et Spes* which deals in a systematic way with the themes of culture, economic and social life, marriage and the family, the political community, and peace and the community of peoples, in the light of a Christian anthropological outlook and of the Church's mission.

Of tremendous significance also was the statement from the Synod of Bishops in 1971 that "action on behalf of justice and participation in the transformation of the world appear to us as a constitutive dimension of the preaching of the Gospel or, in other words, of the Church's mission for the redemption of the human race and its liberation from every oppressive situation". The very heart of this message was that the Church – the whole People of God – must work in this world to bring about justice for every member of the human family.[6]

Caritas in Veritate

Pope Benedict XVI's encyclical letter *Caritas in Veritate*, published in July 2009, is the most recent major papal contribution to CST. While building on and endorsing the social teaching of Pope Paul VI, especially what is contained in *Populorum Progressio*, Pope Benedict goes further to show how the Church's social doctrine

[6] *Justice in the World. Synod of Bishops. An Overview.* Philip Land, S.J. Vatican City: Pontifical Commission for Justice and Peace, 1972, pages 14 and 15.

continues to throw light on new problems that constantly arise in the modern world. The encyclical deals in a very wide-ranging and profound way with many of these new issues, rooting its understanding in an authentic, integral and ethically directed humanism. In what has been called "an awesome synthesis of the concepts and concerns of Catholic social teaching"[7] the encyclical surveys

- the danger of entrusting the entire process of development to technology alone;
- the challenges of global financial and commercial markets;
- a worrying down-sizing of social security systems;
- migration and the mobility of labour;
- the imperatives of food and access to water as universal human rights;
- the centrality of openness to life;
- the scandal of growing and glaring inequalities in a world which in absolute terms is steadily becoming more wealthy;
- the potential of globalisation for good or ill;
- the development of a person-centred ethics in the economic, financial and business world;
- exercising responsible stewardship of the environment;
- promoting greater access to education with a view to the complete formation of the person; and
- the reform of the United Nations, economic institutions and international finance.

Throughout the diverse array of these and other themes, the integrating principle running right through the encyclical is the human person. It repeatedly returns to the centrality of the human person, stressing that authentic human development concerns the whole person in every single dimension, that the primary capital to be developed is the human person in his or her integrity, and that if development does not involve the whole person and every person, it is not true development.

Although the encyclical does not expressly mention either HIV or AIDS, much of its teaching is relevant to the response to the epidemic, in particular in the central role it gives to the human person and its concern for justice to be given practical expression in every move towards improving the lot of individuals.

HIV and AIDS: Achievements and Enduring Challenges

Justice for every member of the human family is a call that has been re-echoed repeatedly in the field of HIV and AIDS. In August 2006, the Executive Director of UNAIDS, in his opening address to the biennial International AIDS Conference held

[7] *Caritas in Veritate*, Brendan MacPartlin, S.J., in *Thinking Faith, The Online Journal of the British Jesuits*, 7th July 2009.

in Toronto, reminded participants and the world that the AIDS response must never overlook the justice context: "An AIDS response that is not as embedded in advancing social justice as in advancing science is doomed to failure". Some years earlier, the theologian, Lisa Sowle Cahill, had expressed a similar idea: "AIDS is a justice issue, not primarily a sex issue. AIDS as a justice issue concerns the social relationships that help spread HIV and fail to alleviate AIDS, relationships of power and vulnerability that are in violation of Catholic norms".[8]

Current research suggests that AIDS has affected humans for more than a hundred years, but that it was not until the second half of the twentieth century that growing world interconnectedness through rapid transportation, international trade routes, and large scale population flows transformed it from a local disease into a global epidemic.

The first report on what was to become known as AIDS was published in June 1981. At that time it seemed that what was then a strange new disease might be confined to the United States and, more specifically, to gay communities within that country. But steadily and relentlessly, the disease began to manifest itself in country after country, so that by the early 1990s its global occurrence was confirmed, with infected individuals being found in every country for which records were available. At a very early stage it came to be known that the disease could be transmitted through heterosexual sex and through the transfer of blood (or blood products) from an infected to an uninfected person. Within a very short time it became apparent that sexual activity between men and women had become the predominant route for HIV transmission and that the groups at greatest risk were society's most productive individuals, those aged between fifteen and fifty. The lethal character of the disease quickly became apparent, with a range of severe medical conditions (collectively forming what is known as a "syndrome", and hence the acronym AIDS for "acquired human immuno-deficiency syndrome") showing themselves in individuals several years after infection and leading almost inevitably to a very distressing death.

AIDS develops in about 90–95% of those infected with HIV. At the current level of scientific understanding and technological resources, there is no universally applicable safe way in which HIV can be totally removed from the body of an infected person. However, since 1987 an increasing number of drugs have been developed with potential to reduce or suppress the activity of HIV in the body. In 1996 various combinations of these drugs were found to be so effective in reducing the amount of HIV in the blood stream that for the first time since the world became aware of

[8] 'AIDS, justice and the common good' in *Catholic Ethicists on HIV/AIDS Prevention*, edited by James F. Keenan and others, New York: Continuum Press, 2000, p. 282.

the disease in 1981 they provided infected individuals with the prospect of a productive and generally healthy life.

Initially this Highly-Active Antiretroviral Therapy, HAART, was prohibitively expensive and could be accessed only by the wealthy or by those whose medical insurance or health systems could afford to pay the costs. However, pressure from civil society activists, the scientific world, and those infected with the disease succeeded in having reductions made in the cost of antiretroviral drugs (ARVs), to the extent that in July 2002 the World Health Organization (WHO) committed itself to getting three million people in non-industrialised countries on to treatment by the end of 2005 (the "Three by Five" initiative). It was not until 2007 that the numerical target was reached, but the WHO initiative unleashed an irreversible movement to extend the availability of ARVs to every infected person in need of treatment.

Spurred by the success of the ongoing Three by Five Campaign, United Nations Member States committed themselves in June 2006 "to scale up nationally driven, sustainable and comprehensive responses ... towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010". Although the target has not been reached, the movement for universal access has brought significant benefits to millions of people across the world. WHO estimates that by the beginning of 2010 some 5.25 million people in low and middle-income countries were receiving life-saving anti-HIV treatment, though this was only about one-third of all who were in need of this form of therapy.

Other notable achievements in the struggle against HIV and AIDS include:

- A reduction in the number of those becoming newly infected, down from three million in 2001 to 2.6 million in 2009;
- Fewer people dying from HIV-related illnesses, down from 2.1 million in 2004 to 1.8 million in 2008;
- A reduction in the number of children newly infected with HIV, down from 630,000 in 2003 to 370,000 in 2009.

Against these achievements, however, there remain two daunting challenges. First, the total number of people living with HIV is increasing due to ongoing new infections and persons staying alive longer as a result of treatment; and second, for every person who begins antiretroviral treatment two others become newly infected. In other words, the AIDS crisis remains. At the time of writing there is also a growing concern that global financial developments may even lead to a deepening of the crisis and a reversal of hard-won gains, with financial resources no longer being readily available to ensure access to antiretroviral therapy by every infected person who is in need.

CST and the Response to HIV and AIDS

As will become clear in the remainder of this booklet, there is a remarkable correspondence between much that is contained in the Church's social teaching and the principles that guide the response to HIV and AIDS. Both are rooted in concern for the human person and the exercise of human rights. Both acknowledge the need for a social justice approach that extends beyond the possibilities arising from the bio-medical sciences. Both affirm the importance of hearing the voices of the weak and vulnerable so as to respond better to their needs. Both are insistent on the principle of global solidarity, the bonds of interdependence between peoples, and the obligations on ethical and pragmatic grounds for firm, determined and sustained dedication to achieving the good of each and every individual.

What distinguishes CST from the principles that guide the response to HIV and AIDS is not so much the content that comes from both sources as the thinking that has given rise to this content. CST finds its essential foundation in biblical revelation, the teaching of the Church during two thousand years, and faith-inspired reflections on the complex realities of human existence in society and in the international order. It draws on contributions from all branches of knowledge, whatever their source, making significant use of whatever comes from philosophy and from the various human and social sciences. Although it deals with socio-economic issues, CST cannot be captured entirely in terms of socio-economic parameters, since it is not an ideological or pragmatic system intended to define and generate economic, political and social relationships. Instead, it aims at guiding people's behaviour in the light of faith principles, and hence belongs to the field of theology, particularly the domain of moral theology. The human person, whole and entire, is the key to its whole exposition.[9] Its overarching purpose is to inspire and sustain every authentic undertaking for and commitment to human liberation and advancement.

HIV response principles, on the other hand, are pragmatic considerations aimed at guiding what individuals, societies and the global community can do to get ahead of the epidemic, reduce (and eventually eliminate) its occurrence and offset its harmful impacts on individuals, communities and countries. These principles, which are often of a technical nature, derive from the bio-medical, economic, social and political sciences. Their essential foundations lie in the *Universal Declaration of Human Rights,* adopted by the world community in 1948, the *United Nations Convention on the Rights of the Child* (which came into force in September 1990), the *UN Convention on the Elimination of All Forms of Discrimination against Women* (which came into force in September 1991), and reflections and research within the biological and social sciences on the steps that need to be taken to confront and

[9] *Compendium of the Social Doctrine of the Church*, §13.

roll back the epidemic. They have been formulated at the supreme level by various General Assemblies of the United Nations and on a day-to-day basis by the Joint UN Programme on HIV/AIDS (UNAIDS). The overarching purpose of these principles is to promote an expanded response to the epidemic that will eventually bring it about that people can live in a world free from HIV and AIDS.

In general, therefore, there is synergy between CST and the global response to the AIDS epidemic. Even when not explicitly reflecting on matters relating to the epidemic, CST principles and guidelines throw light on what is needed for a humane and practical response. On the other hand, AIDS response measures, adopted by international, national and local communities, very frequently reflect the thought and concerns of CST. This does not mean that in each and every circumstance there will always be agreement between CST and what advocates concerned with HIV and AIDS may propose. Thus, serious differences can arise in relation to contraception, abortion, placing same-sex unions on the same level as marriage between a man and a woman, or indiscriminate distribution of condoms as one of the most important ways of preventing HIV transmission. Notwithstanding these and other differences, CST and the principles and practices for responding to HIV and AIDS tend to be in close agreement.

In the pages that follow, this correspondence between two lines of approach that appear to develop within different conceptual frameworks will recur repeatedly in a wide variety of contexts. But as will become clear, the apparently different conceptual frameworks are rooted in one major common understanding, the human person in the full and free possession and enjoyment of her or his dignity and rights. Everything revolves around the human person, and this is the understanding that drives both CST and the global response to AIDS. In many ways, the essential unity of both approaches has been well formulated in the words used by St. Irenaeus in the second century: "the glory of God is a human person fully alive".

CHAPTER 2
The Human Person and Human Rights

The Dignity of the Human Person

More effective attention to the dignity of the human person and to safeguarding human rights would contribute greatly to creating a world in which the impacts of HIV and AIDS were less devastating. This was stated clearly in the Foreword to the *International Guidelines on HIV/AIDS and Human Rights,* issued jointly in 1998 by UNAIDS and the Office of the UN High Commissioner for Human Rights: "an environment in which human rights are respected ensures that vulnerability to HIV/AIDS is reduced, those infected with and affected by HIV/AIDS live a life of dignity without discrimination, and the personal and societal impact of HIV infection is alleviated".

The preamble to the *Universal Declaration of Human Rights* opens with the affirmation that "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world". Pope John Paul II hailed this *Declaration* as one of the highest expressions of the human conscience of our time and as a true milestone on the path of humanity's moral progress.[10] The Church, the world community and the HIV and AIDS community are at one in acknowledging "the sublime dignity of the human person, who stands above all things and whose rights and duties are universal and inviolable".[11] They are also at one in their understanding that the foundation of human rights lies in the dignity that belongs to each human being and in their affirmations that identifying and proclaiming human rights signal significant progress in responding to the inescapable demands of human dignity.

International human rights instruments do not provide any explicit rationale for their recognition of the inherent dignity and inalienable rights of the human person. Catholic social teaching, however, goes this extra step and roots human dignity in the principle that every person, from the moment of conception, is the living image of a God whose infinity cannot be captured in any single entity or representation. In this light, it sees every person as endowed with an inalienable, unrepeatable and inviolable uniqueness. No two individuals are identical, but each one mirrors in some distinctive way the mystery and dignity of God. Because of this, each person is an unmatched being, capable of self-understanding and self-determination. CST further affirms that regardless of differences between them, all persons have the same dignity as created in the image and likeness of God and are of equal value,

[10] Pope John Paul II, Address to the 34th General Assembly of the United Nations (2 October 1979), 7.

[11] Vatican Council II, *Gaudium et Spes*, §26.

and that the very characteristics that make them different are themselves manifestations of the infinite fullness of God.

A Rights-Based Approach to HIV and AIDS

The World Conference on Human Rights, meeting in Vienna in June 1993, affirmed that all human rights are universal, indivisible, interdependent and interrelated. CST also affirms universality and indivisibility as distinctive characteristics of human rights. Together they form a single whole, directed unambiguously towards the promotion of every aspect of the good of both the person and society. Hence, they are to be defended not only individually but also as a whole – protecting them only partially would imply a kind of failure to recognize them. In the words of Pope John Paul II, the integral promotion of every category of human rights is the true guarantee of full respect for each individual right.[12]

Tending to be more implicit in internationally accepted human rights documents, but always very explicit in CST, is the principle that everything in human society should be directed towards the human person: the whole social order and its development must invariably work for the benefit of the human person, since the person comes before every political, economic, scientific, social and cultural consideration.[13] Among other things, this entails that the primary commitment of every system, including those concerned with the response to HIV and AIDS, must be directed towards the promotion and integral human development of the person. The *International Guidelines on HIV/AIDS and Human Rights* lists important human rights principles that are relevant to the epidemic:

1. The right to life.
2. The right to the highest attainable standard of physical and mental health.
3. The right to non-discrimination, equal protection and equality before the law.
4. The right to liberty and security of person.
5. The right to freedom of movement.
6. The right to seek and enjoy asylum.
7. The right to privacy.
8. The right to freedom of opinion and expression and the right to freely receive and impart information.
9. The right to freedom of association.
10. The right to work.
11. The right to marry and found a family.
12. The right of equal access to education.
13. The right to an adequate standard of living.

[12] Pope John Paul II, Message for the 1999 World Day of Peace.
[13] Vatican Council II, *Gaudium et Spes*, §26.

14. The right to social security, assistance and welfare.
15. The right to share in scientific advancement and its benefits.
16. The right to participate in public and cultural life.
17. The right to be free from torture and cruel, inhuman or degrading treatment or punishment.
18. The right not to be discriminated against on the grounds of gender.
19. The rights of children to be protected by the principle that in every action the best interests of the child shall always be the primary consideration.

Several years before HIV and AIDS became matters of concern, the Second Vatican Council highlighted the importance of promoting and protecting many of these rights when it stated that each person should have ready access to all that is necessary for living a genuinely human life, for example, food, clothing, and housing; the right freely to choose his or her state of life and set up a family; the right to education, and to work, a good name, respect and proper knowledge; the right to act according to the dictates of conscience, to safeguard personal privacy, and to rightful freedom in matters of religion.[14]

When the centenary was being celebrated in 1991 of Pope Leo XIII's formal launch of Catholic social teaching, Pope John Paul II provided a further list of fundamental human rights areas:

1. The right to life, an integral part of which is the right of the child to develop in the mother's womb from the moment of conception.
2. The right to live in a united family and in a moral environment conducive to the growth of the child's personality.
3. The right to develop one's intelligence and freedom in seeking and knowing the truth.
4. The right to share in the work which makes wise use of the earth's material resources, and to derive from that work the means to support oneself and one's dependents.
5. The right freely to establish a family, to have and to rear children through the responsible exercise of one's sexuality.
6. The right to live in the truth of one's faith and in conformity with one's transcendent dignity as a person.

None of these lists tells the whole story, but each in its own way draws from the *Universal Declaration of Human Rights* and faith-based principles in order to highlight certain key human rights considerations. The AIDS epidemic puts a wide array of these under threat. All the more important, then, that the moral force of CST and

[14] Vatican Council II, *Gaudium et Spes*, §26.

the international response to the epidemic manifest a common stance in calling for their protection.

The Equal Dignity of Women and Men

Catholic social teaching, especially within the last twenty-five years, repeatedly asserts that men and women have been created in perfect equality as human persons.[15] They have been made for each other to be a communion of persons in which each one is a resource for the other, both of the same dignity and of equal value, each complementary to the other as male or as female.

As male and female, the role of men and women in relation to each other is one of diversity – they are physically, biologically and psychologically different. But they also stand in mutual complementarity to one another – each can offer to the other something rich and valuable that the other does not possess. Man complements woman, just as woman complements man. They complete each other mutually, not only from a physical and psychological point of view, but also in the very heart of their personhood. This mutual complementarity extends not only to the roles to be held and functions to be performed, but also, and more deeply, to the make-up and meaning of each as a person.[16]

Further, women and men have the same dignity and are of equal value, not only because they are both, in their differences, created in the image of God, but also because their reciprocal relations with each other constitute the "we" of the human couple which is also an image of God.

All of this implies that a human being can become a full reality only because of the duality of "female" and "male". Each needs the other. Each is incomplete without the other.

Drawing on this rich perspective of CST, Pope Benedict XVI, in his message for the 2007 World Day of Peace, noted the major injustice that the effective subordination of women constitutes for the modern world. Specifically he referred to:

- The persistent inequalities between men and women in the exercise of their basic human rights.
- The exploitation of women who are treated as objects.
- The mindset persisting in some cultures, where women are still firmly subordinated to the arbitrary decisions of men.
- The many ways that a lack of respect is shown for the dignity of women and girls.

[15] *Catechism of the Catholic Church*, §369.

[16] *Compendium of the Social Doctrine of the Church*, §§146, 147.

Each of these creates and favours women's vulnerability to HIV and AIDS.

Over the past few decades, both developed and developing countries have made substantial progress towards the recognition in theory and in practice that women and men are completely equal to one another as human persons. However, the essential equality between women and men is far from being a lived, universal reality. In developing its *Convention on the Elimination of Discrimination against Women* (CEDAW), the United Nations has found it necessary to reaffirm its faith in the equal rights of men and women and to point out that despite international human rights agreements, extensive discrimination against women continues to exist. The fact that the World Economic Forum has dedicated considerable resources during the past five years to publishing an annual *Gender Gap Report*, which highlights inequalities existing in each country between the opportunities and achievements of women and men in economic, political, education, and health areas, indicates that much remains to be done if women are to be recognised in accordance with their right and if the potential of the larger half of the human race is to be adequately tapped for the benefit of all.

In July 2010, the United Nations adopted the long-overdue measure of establishing a new powerful agency, *UN Women*, on a par with UNESCO, UNICEF and similar agencies, to enable it and the world deal more effectively with women's rights and development. The establishment of this body, officially launched in February 2011, implicitly recognises global failure in moving from rhetoric to action in making the essential equality between women and men a lived reality.

The persistent inequalities between women and men affect HIV risk and vulnerability and substantially undercut efforts to curb the spread of the epidemic. Worldwide, more than half the adults who are infected with HIV are women, and in sub-Saharan Africa the proportion rises to almost 60%. Women experience these disproportionate impacts because in addition to their biological susceptibility to HIV they face many interacting socio-cultural, economic and legal challenges that increase their vulnerability to infection. The situation is even more critical for young women and girls with young women aged 15 to 24 being almost twice as likely to be HIV infected as young men in the same age group.

HIV and AIDS bring unspeakable additional sufferings and problems to women and girls, for no other reason than that they are women and girls. In this way the AIDS epidemic brings out in stark relief that prejudice against women remains a universal reality. Like a very powerful spotlight, the epidemic reveals this weakness in almost all societies where a legacy of systematic discrimination against women is embedded in economic, social, political, religious and linguistic structures. This highlights a situation that is all too easily overlooked. The central HIV issue is not technological, biological, behavioural or sexual. It is the inferior status or role of women.

Hence, no response to the AIDS epidemic will succeed until robust, sustained and specific action is taken to reduce and ultimately eliminate the prejudice, discrimination and unjust treatment that women experience. Without a frontal attack on the injustice of gender inequality, the dominance of the epidemic will continue.

Under the leadership of UNAIDS, moves are afoot in this direction, with the emergence of two significant sets of guidelines for policies and operations. The first deals with three issues:

1. Knowing, understanding and responding to the particular and various effects of the HIV epidemic on women and girls.
2. Translating political commitments into action to address the rights and needs of women and girls in the context of HIV.
3. Establishing an enabling environment for the fulfilment of women's and girls' human rights and their empowerment, in the context of HIV.

The second proposes, among other things, to work at the root of the problem by supporting communities to challenge harmful social and gender norms, address gender-based violence and promote the rights of women and girls for gender equality. This is essential. For real success against HIV and AIDS, there is urgent need to transform the gender norms that guide and frequently dictate sexual practices. Even if there were no HIV, there would be need to change gender norms where the underlying premises are male control of power and male superiority. In effect, such norms deny the essential equality between women and men and make it impossible to make that equality a lived reality.

The direction in which this new thinking and action are moving is clearly one that is in line with CST. In an address in March 2009 to the United Nations Commission on the Status of Women, the Permanent Representative of the Holy See, Archbishop Migliore, remarked that HIV and AIDS call into question the values by which we live our lives. He also observed that "it is more and more untenable that there continue to be attitudes and places – even in health care – where women are discriminated against and their contribution to society is undervalued simply because they are women. Recourse to social and cultural pressure in order to maintain the inequality of the sexes is unacceptable".

Catholic social teaching has also been moving, though somewhat tentatively, in the direction of giving a greater role to women within Church structures. In a1976 document on "The Role of Women in Evangelization", the Sacred Congregation for the Evangelization of Peoples noted that although two-thirds of those engaged in apostolic work at that time were women, with only one-third being men, "much remains to be done before it will be possible for women to place their immense resources totally at the service of the kingdom of God" (p. 354). However, even at

that time, the document was able to celebrate the cases where "women religious in permanent charge of a parish administer baptism and preside over marriages in an official ecclesial capacity" (p. 350).

Pope John Paul II gave a further boost to this idea in his encyclical on the *Christian Family in the Modern World* when he stated that in her own life the Church must promote as far as possible women's equality of rights and dignity. He also sent a very positive message to the World Conference on Women, held in Beijing in 1995, in which, very significantly, he committed the 300,000 social, educational and caring institutions of the Catholic Church to giving priority to women and young girls, especially the poorest. Much more recently, the Second Synod of African Bishops included among concrete suggestions that they held to be of capital importance a proposal that there should be greater integration of women into Church structures and decision-making processes.

These moves bring out the desire to transform gender norms, so that women may take their place of equality and dignity across the whole of society – in Church as well as in civil life, in ecclesial as well as in community structures. In 1995, Jonathan Mann, the human rights activist and Director of the Global Programme against AIDS (the predecessor to UNAIDS), stated that the central AIDS issue was the inferior status or role of women. Transforming gender norms in every area of life and ensuring that the essential equality between women and men becomes a lived reality in every sphere will greatly reduce the lethal potency of HIV and AIDS. It is fitting at this time, when the United Nations has created a new high-powered entity for gender equality and the empowerment of women, that CST should re-affirm its basic principle that women and men have been created in perfect equality as human persons and should stimulate action towards the full realisation of everything that such a principle implies.

Violence against Women and Children

Across the world, human beings are subjected to a great deal of violence, in situations of peace as well as of conflict. Men, women and children are forced to undergo physical violence, attacks on their sense of self-worth, and various forms of sexual aggression. This violence may boost the aggressor's sense of achievement, power and gratification. Invariably it brings humiliation, suffering, control, fear, resentment and harm to the victim. Violence of any form is a brutal attack on the inherent dignity of a person and can never be countenanced. It traumatizes the victim and dehumanises the aggressor. The one who inflicts violence on another loses radical interior value, becomes less worthy and less human, no matter how successful the efforts have been to subdue, punish, control or derive some transient pleasure from the victim.

Physical and sexual violence are the principal forms of violence that are relevant

to HIV and AIDS. These are the lot of millions of people across the world. Although women and children are very frequently the primary targets, physical and sexual violence can also take place against men, though sexual violence against men is something that is seldom reported and often not taken into consideration. As a result, the term gender-based violence is often used to denote violence (both physical and sexual) against women.

Gender-based violence is one of the most pervasive of all human rights violations and one that has special significance in an era of HIV and AIDS. Violence and HIV are mutually supportive. Violence, especially when it is sexual, heightens the risk of acquiring HIV, both at the time of the assault and in later life, while HIV or AIDS increases the risk that violence may occur.

Gender-based violence, or fear of it, is a major reason why women are more vulnerable to HIV. The threat of violence, and strong gender norms prescribing that a woman be submissive to her husband, prevent many married women from protecting themselves against HIV by declining sex or insisting on condom use. In African society, as in many other parts of the world, women often face violence and abuse if they suggest anything along these lines to their husbands or long-term partners. An alarming outcome is that a woman faithful to a partner who does not reciprocate her trust may be more at risk of HIV than a woman who is single or without a partner.

Further, women who experience violence are two to three times more likely to acquire HIV. This is because of the damage that violent or forced sex almost invariably causes to their skin tissues, the body's first line of defence against the entry of HIV. The risk for adolescent girls whose reproductive tract is not yet fully developed may be considerably higher, especially if their first sexual intercourse is forced.

HIV is also a risk factor for violence. For many women and girls, HIV begets violence or fear of violence. Fear of possible violence holds them back from being tested, from getting treatment and from adhering to their medication. Thus violence, or the possibility of violence, leads to a worsening of the existing AIDS situation.

The majority of women who have known physical or sexual violence have experienced this abuse from a partner. They are more likely to be beaten or raped by their intimate partners or husbands than by anybody else. Zambia's *2007 Demographic and Health Survey* shows that almost half of all women have experienced physical violence since the age of 15, and that 60% of these reported that their current husband or partner committed the violence against them, while 17% reported that the perpetrator was a former husband or partner. The same survey also shows that one in five Zambian women have experienced sexual violence during their lifetime

and that more than half the women who had ever been married stated that their current or former husband or partner committed the violence against them.

Many of these women, and countless women elsewhere in the world, are experiencing what is technically known as marital rape. This is a non-consensual sexual assault in which the perpetrator is the victim's spouse. Forced sexual activity in marriage may be as traumatic for a woman as rape by a stranger and in some cases it may be even more so. Many women encounter situations where either their husbands physically force them to have sex or where they comply with their husbands' sexual demands through fear of the beating, abuse, or being driven from the home that might result. As well as coping with unreasonable and frequently violent demands, many women also have to deal with husbands who are intoxicated.

All of these situations constitute an attack on the woman who is the victim. They fit well within the *Catholic Catechism's* definition of rape as "the forcible violation of the sexual intimacy of another person" (§2356), and hence are in direct contravention of Catholic teaching. They also run counter to the Catholic social doctrine that the truth of love and sexuality between man and woman can only exist where there is a full and total gift of persons, with the characteristics of unity and fidelity.[17] Efforts to reduce gender-based violence are central to the HIV response. CST gives very strong support to these efforts and to every step taken, be it from the perspective of HIV and AIDS, of human rights, or of common human decency, to end all forms of gender-based violence.

A major related problem is the sexual abuse of children. Years of national efforts to respond to HIV and AIDS have brought to light that the sexual abuse of children is frighteningly common, indeed endemic, in almost all societies. They have also heightened awareness of the extent and frequency of child abuse through incest. And because sexual violence against children increases their vulnerability to HIV infection it gives rise to multiple concerns about the safety of children.

Violence against children can happen anywhere but what is outrageous is that it is perpetrated most often in places where children should feel safe – in their own homes, while at school, in their communities, in church surroundings. More often than not the perpetrators are individuals the children know and trust – family members, relatives, every-day acquaintances and family friends, teachers, pastors. In the majority of reported cases, the offenders are male.

Child abuse relates to HIV in two ways: first, there is a risk that the abusing adult may be infected and so transmit the virus to the child and, second, the emotional

[17] *Compendium of the Social Doctrine of the Church*, §223.

disturbance that abused children experience may leave them prone to risky behaviours later in life. Due to the harrowing memories of their obnoxious and traumatic physical ordeal, abused children are in danger of remaining permanently disturbed, suffering from a wide range of harmful psychological, emotional, physical and social disturbances.

Catholic teaching has always spoken out against the abuse of children, though recent investigations have brought to light the sad extent to which the practice may be different. Nevertheless, CST is quite adamant: "It is essential to engage in a battle, at the national and international levels, against the violations of the dignity of boys and girls caused by sexual exploitation, by those caught up in paedophilia, and by every kind of violence directed against these most defenceless of human beings. These are criminal acts that must be effectively fought with adequate preventive and penal measures by the determined action of the different authorities involved."[18] "The determined actions of the different authorities involved" in church and state, in families and communities, is still badly needed in order to eradicate the malaise of child abuse which, in many way, seems even harder to eradicate than HIV.

Persons with Disabilities

Those living with disabilities are among the most stigmatised, poorest and least educated persons in the world. Even among the poor, those with disabilities are likely to be the poorest. For a large though unknown number of them, their condition of personal disadvantage is greatly aggravated by HIV and AIDS. Those who are infected are doubly stigmatised, because of their disability and because of HIV infection. Their access to treatment, care and support is more problematic than that of their abled counterparts. They seldom feature in HIV and AIDS outreach programmes. HIV prevention messages do not reach them, partly because of their disabilities, partly because of false beliefs in society that they do not have a sexual or injecting drug life and hence have no need for such messages. Their right to privacy about their HIV status is compromised if they must use an interpreter when accessing HIV services. Their vulnerabilities to hostility, violence and abuse (including sexual abuse) tend to be ignored. And until very recently, very little was done to increase knowledge and understanding of their condition, with remarkably little research and few publications on HIV and disability.

It was not until December 2006 that the United Nations adopted a Convention aimed at promoting the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities. The Convention is based on the principles of respect for inherent dignity; non-discrimination; full and effective participation

[18] *Compendium of the Social Doctrine of the Church*, §245.

and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of opportunity; ease of access to the physical environment, transportation, information and communications; equality between men and women; respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

This was followed in April 2009 by a UNAIDS disability and HIV policy brief aimed at increasing the participation of persons with disabilities in the HIV response and ensuring that they have access to HIV services which are both tailored to their diverse needs and equal to the services available to others in the community.

Both of these initiatives represent significant and long overdue attention to the problems and vulnerabilities, including those arising from HIV and AIDS, being experienced by persons with disabilities. Long prior to these international moves, Catholic social teaching had unfailingly spoken with a strong voice on responding to the special needs of persons with disabilities. In his encyclical on *The Priority of Labour*, published in 1991 for the 90th anniversary of *Rerum Novarum*, Pope John Paul II affirmed their right to participate fully in the life of society and emphasised the imperative of fostering their right to professional training and work (§22). Reflecting on the basic CST principle that each person is a fully human subject with corresponding innate, sacred and inviolable rights, the encyclical made the bold statement that in spite of the limitations and sufferings affecting their bodies and faculties, persons with disabilities bring out more clearly the greatness and dignity of the human being (§22).

In a slightly earlier message (for the International Year of Disabled Persons, March 1981), the Holy See enumerated some basic principles relating to the disabled, among them that "the quality of a society and a civilization is measured by the respect shown to the weakest of its members. .... It must be clearly affirmed that a disabled person is one of us, a sharer in the same humanity. By recognizing and promoting that person's dignity and rights we are recognizing and promoting our own dignity and our rights".

These are powerful statements of solidarity with persons who have disabilities. They are indicative of the way CST would wish to associate itself with every initiative to improve the situation of these persons in all areas, including that of HIV and AIDS. In many parts of the world, Catholic organisations give practical expression to this solidarity by the way they involve people with disabilities, including disabled people infected with or affected by HIV and AIDS, in development, rehabilitation, education and policy work. This has been strongly exemplified by the Dutch Catholic Organisation for Relief and Development Aid (CORDAID) which is an acknowledged leader in the field of HIV-related services for people with disabilities, a prominent

example of its work being the Community-Based Rehabilitation Programmes in Bangladesh, Indonesia, Malawi, Uganda and Nicaragua. It is also exemplified by the many services that Catholic organisations offer to various categories of persons with disabilities, particularly through special schools, training institutions and homes, for children in need.

Human Dignity Assaulted by Stigma and Discrimination

CST is about the inherent and inalienable dignity of every individual and giving every person a fair chance in life. It is about children living happily and looking forward to a future full of possibility and hope. It is about the humanity that all peoples share in common.

HIV and AIDS are also about people, but in a very different way. They take away the inherent and inalienable dignity of people. They deny people a fair chance in life. They cut happiness and hope out of the lives of children. They deny our common humanity. But in addition to the destruction that comes through the infection, illness and deaths of individuals, HIV and AIDS grind people down in another way through the unhappy mixture of shame, self-blame, isolation and rejection that is called "stigma".

In years long past great fear attached to leprosy, smallpox and tuberculosis, with people suffering from these conditions often being stigmatised. To some extent, this was understandable, given that the conditions were highly contagious and there did not seem to be any cure. But with HIV and AIDS it appears to be different. HIV is infectious but unlike these other diseases it is not contagious. For HIV infection to occur there must be definite kinds of sexual or injecting activities in very special circumstances. Nevertheless, the stigma attaching to HIV and AIDS is more extensive, more comprehensive, more bitter and soul-destroying, more stubborn to root out, than that attaching to other diseases. It leaves no area of life untouched. Reaching deep into the lives and hearts of those affected it cuts them off from the human family and in doing so damages their spirit more effectively than the HIV virus damages their bodies.

Catholic social teaching is rooted in the recognition that every person is a social being who must relate to others in order to develop her or his full potential. As has already been noted, this teaching confidently reaffirms Africa's insight that "a person is a person through other persons". Every individual needs the links with other people. Their humanity is defined through their relationships with others. They develop their personality through their interactions with others. Stigma and discrimination put an end to all that. They deny the humanity and individuality of the person with HIV or AIDS. They attack the bonds that join people together. They isolate. They cut off. They do not let a person be a person through other persons.

This undercutting of our common humanity gives a deeply destructive quality to AIDS-related stigma. In very many cases the external stigma coming from others and the self-stigma arising from self-blame within oneself feed off each other to such an extent that infected persons can no longer identify any human link outside themselves or any form of dignity or self-worth inside. The stigma has severed every root that links them with humanity – and for some the outcome is suicide.

From the earliest days of the epidemic the Church has spoken out tirelessly against this destructive and inhuman stigma. It has called for recognition that the Body of Christ has AIDS and for the unconditional acceptance of every person living with HIV or AIDS. Likewise from the earliest days, those responsible for the AIDS response have spoken about the need to confront this "third epidemic" (HIV being the first, with AIDS as the second, following some years later). ARVs have removed the almost inevitable connection between HIV infection and death, with people known to be infected being seen to live a healthy and active life. This means that one of the grounds for HIV-related stigma has virtually disappeared (though the number of AIDS-related deaths still remains unacceptably high).

But stigma has not gone away. Secrecy, silence, denial and efforts to cover up the situation are still the norm for many who are infected. In its draft strategic plan for 2011–2015 UNAIDS draws attention to the stubborn persistence of these features: "Stigma and discrimination remain extremely widespread, undermining public health approaches, human rights and dignity. This works against their well-being, may postpone their access to necessary ART, and may lead to their illness and death from what should be a manageable condition."

The first three decades of HIV and AIDS have shown how difficult it is to eradicate AIDS-related stigma and discrimination. But progress will be made if there is more widespread adherence, in principle and practice, to the CST principle that every person has an inherent dignity and boundless value that nothing can take away. The surest way to deal with stigma and discrimination is to promote and practice respect for the transcendent dignity of the human person.

CST and Homophobia

UNAIDS has identified homophobia as one of the primary obstacles to effective HIV responses in the move towards universal access to prevention, treatment, care and support. Legislation in various countries criminalises same-sex activities and in many societies there is outspoken hostility to the very existence of homosexuality and same-sex sexual orientations. One global outcome is that less than one in twenty men who have sex with men have access to the HIV prevention and care services that they need.

The Church position in this regard is very clear. It leaves no room whatever for any form of homophobia. The *Catholic Catechism* states clearly that homosexual people "must be accepted with respect, compassion and sensitivity. Every sign of unjust discrimination in their regard should be avoided. These persons are called to fulfil God's will in their lives and, if they are Christian, to unite to the sacrifice of the Lord's Cross the difficulties they may encounter from their condition" (§2358).

In 1986, in a document on the pastoral care of homosexual persons, the Vatican's Congregation for the Doctrine of the Faith (CDF) spoke very forcibly on the wrongfulness of homophobia: "It is deplorable that homosexual persons have been and are the object of violent malice in speech or in action. Such treatment deserves condemnation from the Church's pastors wherever it occurs. It reveals a kind of disregard for others which endangers the most fundamental principles of a healthy society. The intrinsic dignity of each person must always be respected in word, in action and in law."[19]

What the Church is teaching is that God never ceases to love women and men who have deep-seated homosexual tendencies, that God does not love them any the less because of these tendencies, and that they will arrive at sanctity by accepting themselves as the homosexual individuals that they are. It is also teaching that it is morally wrong to discriminate unjustly against a person on the basis of the individual's sexual orientation.

Both of these perspectives need to be well integrated into society's responses to HIV and AIDS. The epidemic has led to the principle of the greater and more meaningful involvement of people living with AIDS and to recognition of the way stigma and discrimination are primary obstacles to HIV responses. Similarly, Church teaching on the dignity of every person, including those who are sexually oriented towards persons of the same sex, should lead to the more meaningful involvement of homosexual individuals in HIV and AIDS response programmes and to genuine efforts to ensure that they are never discriminated against. It should also lead to the fuller incorporation of those with homosexual tendencies into the Christian community, recognizing that they, like all the people of God, are children of God, gifted and called for a purpose in God's design. As the *Catholic Catechism* states, homosexual persons "can and should gradually and resolutely approach Christian perfection" (§2359). As with every other person, homosexual individuals are made in the image and likeness of God. The fundamental identity of a human being is not that she or he is heterosexual or homosexual. It is rather that each one has

[19] CDF, 1986, Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons, §10.

been created by God and through the graciousness of God is a child of God and heir to eternal life.[20]

HIV and the Law

HIV is an infectious disease that has brought about a public health crisis in many parts of the world. Hence the law must play a role in responding to it, first by protecting the uninfected from infection and second by shielding the infected from unjustified or unjust public reactions.

How this is done is a matter that has given rise to some controversy because of the implications for the exercise of human rights. In well defined and very specific situations the law can place limitations on the exercise of some of these. However, certain rights such as the right to life, the right to freedom from torture or degrading punishment, the right to recognition as a person before the law, or the right to freedom of thought, conscience or religion, are so fundamental that no law may ever derogate from them.

But for justifiable reasons, a state may restrict the exercise of certain other rights, for a limited period and subject to review. Thus in time of war, restrictions may be placed on the free movement of people or the use of their property, while censorship regulations may interfere with the right to the privacy of their correspondence. On public health grounds, a state may also limit certain rights so that it can deal more effectively with a serious threat to the health of the population or of individuals. Restrictions on the movement of people and quarantine or isolation, as occurs in the case of serious communicable diseases such as Ebola or Extremely Drug Resistant Tuberculosis (XDR TB), may be imposed under certain circumstances in the interests of the public good.

In relation to HIV, the interests of the public good have been cited as reasons for introducing legislation or regulations relating to such areas as:

- Compulsory testing for HIV;
- Requiring a person providing treatment, care or counselling services to a person living with HIV to bring the HIV status of that person to the attention of a third party who might be at risk of becoming infected with HIV (this is sometimes referred to as partner notification);
- Making the transmission of HIV to another person or the exposure of another person to possible HIV infection a criminal offence;

[20] CDF, 1986, Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons, §16.

- Restricting admission into a country of non-nationals who have HIV.

When considering the extent to which the AIDS epidemic justifies these limitations on people's exercise of their rights, the primary purpose of the law should be to protect against HIV transmission and discrimination. But laws can also have the unforeseen effect of penalising the vulnerable and increasing discrimination, and this is the concern of many AIDS activists and civil society organisations. What is required in relation to HIV and AIDS (as indeed in many other scenarios) is that the laws themselves, the way in which these laws are applied and enforced, and access to justice through the courts, should be protective and not punitive. The entire apparatus of the law should support and enable people to access HIV prevention, treatment, care and support. It should never be a barrier to access or fuel discrimination towards HIV-infected persons by creating HIV-specific crimes.

The picture of international practice in relation to these ideals is very mixed. Commendably, more than half the countries in the world have laws and regulations that protect people living with HIV. But on the other hand, about half have laws, regulations or policies that make it more difficult for those who are vulnerable to access HIV prevention, treatment, care and support. Fifty-six countries specifically criminalise HIV transmission or exposure; seventy-nine criminalise same-sex activities between consenting adults; and one hundred and fifteen have laws that make sex work illegal. These negative prescriptions do not fit in well with the seventh principle of the *Universal Declaration of Human Rights*: All are equal before the law and are entitled without any discrimination to equal protection of the law.

Establishing a legal environment that would take full regard of human rights and respond positively to HIV and AIDS would be better facilitated by removing all punitive laws from statute books and adopting such protective laws as safeguarding against discrimination on the basis of HIV status, shielding women and girls from sexual and domestic violence, and ensuring confidentiality, privacy and the right to take or decline an HIV test.

Catholic social teaching strongly affirms the importance of respecting human freedom. It sees freedom as an outstanding manifestation of the image of God in a person and teaches that human dignity demands that a person act according to a knowing and free choice that is personally motivated and prompted from within.[21] From this perspective, CST would support laws that build up, sustain and protect. It would not favour laws that, however unwittingly, might destroy, enslave, discriminate or pull down. Hence it would basically support moves to remove self-defeating and

[21] Vatican Council II, *Gaudium et Spes*, §17.

antiquated punitive laws from statute books. It would also wish to avoid the creation of new HIV-specific crimes, believing that existing laws can deal satisfactorily with all matters that might arise.

On the other hand, CST also stresses that rights must be counterbalanced by obligations and duties. It sees it as a contradiction to affirm rights without acknowledging corresponding responsibilities. The human person is certainly free, but this freedom is not unlimited.[22] Hence, in relation to matters of law and HIV, CST would strongly insist on individuals manifesting personal responsibility in the exercise of their sexual rights. It would therefore expect a person infected with HIV to take the necessary efficient measures to prevent the transmission of the disease. It is reassuring to note that this seems to be the practice of the majority of those who know that they are HIV infected. But CST would see this practice as originating in the infected person's understanding of his or her personal responsibility not to place another at risk of HIV infection, without this being imposed by any external law. The person living with HIV should, in the words of the Vatican Council, "act according to a knowing and free choice that is personally motivated and prompted from within."

As regards international travel, currently more than fifty countries still place some form of restriction on people living with HIV. Some require declaration of HIV status for entry or stay; some deny visas even for short-term or tourist stays; and some deport individuals once their HIV-positive status is discovered.

Between January and April 2010, the United States of America, the Republic of Korea and China removed travel restrictions on the entry, stay and residence of persons living with HIV, while Namibia and the Ukraine pledged themselves to similar action. These concrete advances for the dignity and security of people living with the disease came in response to tireless and long-standing efforts on the part of civil society and other partners in the global response to HIV and AIDS. Travel restrictions to the United States had been in place since 1987 and, among other things, made it impossible for that country to host the International AIDS Conference that is held every two years. The restrictions were imposed early in the history of the epidemic when they seemed to be required on the grounds of preventing further transmission of HIV and protecting public health in the recipient countries. But over the years it was found that they did not bring any public health benefits; instead they brought discrimination and suffering to people living with the disease. In this, they formed a classic example of laws and regulations that failed to bring about an intended public good, but instead undermined collective global efforts against the epidemic. In the words of the current Director of UNAIDS, travel restrictions

[22] Pope John Paul II, *Veritatis Splendor*, §35.

based on HIV status constituted "universal obstacles" instead of promoting "universa access".

CST has not addressed the specific issue of country legislation that would restric the entry or stay of people with HIV. However, the *Compendium of the Socia Doctrine of the Church* speaks in a feeling way about the increase in the migratio of people who are looking for a better life (§297), something that would epitomis the motives of many of those living with HIV who seek entry to a country other tha their own. The *Compendium* also shows sensitivity to one of the factors tha motivates countries to place restrictions on the admission of people with HI "These people come from less privileged areas of the earth and their arrival i developed countries is often perceived as a threat to the high levels of well-bein achieved thanks to decades of economic growth". But perhaps the most coger relevant expression comes from Pope Benedict XVI who speaks strongly on beha of respecting the human rights of migrants: "Every migrant is a human person wh as such, possesses fundamental, inalienable rights that must be respected b everyone and in every circumstance".[23] One such right that tends to be overlooke in the context of travel restrictions is the right to leave one's country (*Universa Declaration of Human Rights*, Article 13: 2); the exercise of this right implies a obligation on other countries to receive the individual. Pope Benedict acknowledge the dramatic challenges that extensive migration poses to nations and the internationa community, but his strong affirmation on the fundamental and inalienable rights migrants (and clearly these would include HIV migrants) can be read as suppo for the removal of HIV-related international travel restrictions that bring n corresponding health benefits and serve only to make the situation of those livin with HIV more marginalised and more discriminated against in the internationa arena.

Prisoners and HIV

The Compendium of the Social Doctrine of the Church advises prison chaplain to do what they can in defence of the human dignity of prisoners. It also notes tha "the conditions under which prisoners serve their time do not always foster respec for their dignity; and often, prisons become places where new crimes are committe (§403).

This is often the situation in relation to HIV and AIDS. These raise several issue for prisoners, all of them suggesting that the human rights and human dignity prisoners do not get sufficient practical attention. The HIV situation of prisone

[23] Pope Benedict XVI, *Caritas in Veritate*, §62.

can be summarised in a few sentences:

- New prisoners who are HIV-positive bring the disease into prison with them.
- Many who were HIV-negative when they entered prison become infected while serving their sentences.
- The health condition of prisoners on ARVs frequently deteriorates.
- There is high AIDS-related mortality in prisons.
- The number of people leaving prison with HIV is greater than the number already infected when their imprisonment began.

There tends to be much more HIV among prisoners than among people who are not in prison. This situation is often made worse by high rates of other infections such as tuberculosis. The high rates of these diseases within prisons can be put down to risky sexual and drug-injecting practices by prisoners, unsafe medical practices, severe overcrowding in many prisons, a poor and uncertain prison diet, and insufficient attention to health care.

It needs to be emphasised that prisoners do not forego any of their basic human rights other than the right to freedom of movement and association. They retain all of their rights except those that have to be taken away or limited by the fact of their being imprisoned. In particular, they retain the right to the highest attainable standard of physical and mental health. Hence in a world with HIV and AIDS they have a right

- to be protected from HIV infection,
- to protection from circumstances that expose them to very high risk of HIV infection,
- to voluntary counselling and testing for HIV, and
- if they are already infected, to the care and treatment enjoyed by those who are not imprisoned.

Prison authorities have the responsibility of ensuring that all prisoners have access to the information, education, services and commodities necessary for reducing their vulnerability to HIV infection. In addition, there is urgent need to make the prison environment one where the inherent dignity of prisoners as members of the human family can be respected. It is only in such an environment that prisons can mount a successful response to HIV and AIDS, protect the prisoner population from further infection and give the necessary care, support and treatment to those who are already infected.

It has been said that the degree of civilisation in a society can be judged by entering its prisons. A society's degree of respect for the dignity of every human being can also be judged by entering its prisons. In its decree *Gaudium et Spes*, the Second

Vatican Council unequivocally laid stress on respect for the human person, stating that everyone should look upon his neighbour (without any exception) as another self, and affirmed that the social order and its development must constantly yield to the good of the person, since the order of things must be subordinated to the order of persons and not the other way round (§§26, 27). By noting that everyone should look upon his neighbour, without any exception, as another self, CST makes it very clear that this respect must also extend to prisoners.

CHAPTER 3
The Right to Life

Access to Antiretroviral Therapy (ART)

The first right listed by both CST and the *Universal Declaration of Human Rights* is the right to life. This is the condition for the exercise of all other rights, but it is a right that is viciously assaulted by the AIDS epidemic. In the early years of the epidemic, progress from HIV infection to life-threatening AIDS and then to death was almost inevitable. By the end of 2007 more than 25 million people worldwide had died from AIDS-related causes. Even though many millions now have access to life-preserving ARVs, the disease caused the death of a further two million individuals in 2008 and 1.8 million in 2009. The more widespread availability of ARVs means that the doomsday scenario of almost inevitable progression from HIV infection to an AIDS-related death is no longer the norm. Nevertheless, the spectre of close to two million preventable AIDS-related deaths each year still hangs over the world, and even more ominously over more than nine million individuals infected with HIV who are in need of this treatment but do not yet have access to it.

Clearly very much more has to be done in order to protect the altogether fundamental right to life. One has to ask why almost two-thirds of those in need do not yet have access to the ARVs that they must have if they are to live. In CST terms, each of these individuals has an inalienable right to such medication. AIDS programming seeks to make it possible for them to enjoy this right but encounters severe human, financial and structural problems in bringing this about.

At the time of writing, concerns are increasing over uncertainties relating to the financial resources needed to maintain and expand AIDS treatment programmes. Although seldom conceptualised in this way, it would appear that there are four major problems:

1. Maintaining treatment for the 5.2 million people who have already accessed it.
2. Expanding ART to the additional 9.4 million people estimated by the World Health Organization to be in need of treatment.
3. Expanding ART to the remaining 20 million persons already infected with HIV but who are not yet in need, as and when their medical condition indicates that they should begin an ARV treatment regime.
4. Ensuring that treatment will be available in the future for the additional 2.6 million people who are becoming newly infected with HIV each year, when the time comes that their medical condition indicates that they are in need.

UNAIDS has estimated that US$ 13.7 billion was invested in the AIDS response in 2008 and that an investment of US$ 25.1 billion would be required for the 2010 AIDS response in low- and middle-income countries. While treatment accounts for only about one-third of these massive sums, they are indicative of the scale of what is required now and of the likely financial costs of achieving and maintaining universal access to treatment. Recognising that investments of this magnitude considerably exceed what is likely to be available, AIDS analysts have now introduced the troublesome concept of ARV "rationing" into their thinking: "Whether inadvertently or by government intention, prices will increasingly be used to ration AIDS treatment".[24]

A further dimension of this financial problem is the emerging evidence that a sizeable number of patients about to start HIV treatment for the first time are resistant to the cheaper and more readily available first-line ARVs and must use a second-line regimen from the beginning of their treatment. Investigations in Lusaka have found that nearly six percent of patients about to start HIV treatment for the first time are already resistant to standard first-line ARVs. This suggests the possibility that the HIV situation in African countries may be slowly developing into what obtains in the western world, where up to 20% of new HIV patients are already drug resistant (through becoming infected with a resistant strain of HIV by a partner or through mother-to-child-transmission). Given that the price of second-line ARVs is more than six times higher than that of first-line drugs, there are major cost implications for ensuring that every individual affected in this way can have access from the outset to the type of ARV that will respond to their needs and, when their condition demands it, can move on to the extremely expensive third-line medication.

All of this adds up to major dilemmas for both AIDS programming and the principles of CST – deciding who will have preferential access to the life-saving ARVs and deciding whether more costly second-line and third-line regimens will be made available. In other words, decisions will have to be made as to which HIV-infected individuals will be given a chance to live and which will be denied the drugs and as a consequence will be allowed to die of AIDS. Apart from the stark dimensions of such choices, major concerns are that the rationing mechanisms might favour those in the upper social and wealth brackets of society, would be vulnerable to almost irresistible political interference, would open a very wide door for corruption and would worsen the HIV situation by leaving large numbers of people without treatment.

[24] *Sustaining and Leveraging AIDS Treatment*, Mead Over, Center for Global Development, June 201 p. 36.

Anything along these lines would be anathema to Catholic social teaching which holds firmly to two principles, that all persons have the same dignity and rights as made in the image and likeness of God; and that the most fundamental human right is the right to life. Any form of ARV rationing that by design, neglect or oversight did not pay equal attention to the poor and marginalised or that gave rise to any form of political or other favouritism or corruption would also be abhorrent to CST.

There has undoubtedly been tremendous progress in the first decade of this millennium in furthering the cause of universal access to ART and thereby promoting the right to life. But it is only now being recognised that up to this point the world, countries and health systems have been harvesting "low-hanging fruit". They have been dealing with the straightforward and easier situations. But the task now is to reach higher up into the tree – to reach all who are currently in need of AIDS treatment, to maintain all of them on that treatment, and to extend treatment to the millions, already infected or likely to become infected with the passage of years. This poses a gigantic challenge, not just for financial systems but for the moral fibre of the world and its leaders. In such a situation, CST itself is challenged to strengthen the world in its determination to protect the right to life and to play its role in ensuring that the goods of the world (in this case, antiretroviral treatment) extend as freely and fairly as possible to all.

Reducing HIV Transmission

But protecting people's right to be safeguarded from a possible AIDS-related death is not just a matter of increasing access to ARVs, important as this is. It is also a question of reducing and ultimately preventing altogether the transmission of HIV. HIV and AIDS will continue to challenge the basic right to life until humanity succeeds in eliminating the occurrence of new HIV infections. In many respects, much of the effort that currently goes into addressing HIV and AIDS is like trying to mop up a flooded floor while the tap is still running. The mopping up is necessary, but it is also crucial to turn off the tap, to prevent new HIV infections.

Preventing new infections requires that all players be prepared to use a combination of all available, effective and acceptable prevention measures. There is in fact a very wide variety of these. They are usually grouped under four headings – behavioural, technological/ bio-medical, socio-cultural, and justice/ human rights. The behavioural and technological/bio-medical interventions are concerned for the greater part with practical actions that address the more immediate causes and circumstances of HIV transmission. The socio-cultural and justice/human rights interventions, on the other hand, are long-term measures that address the deep roots of the problem. Both perspectives must be maintained at the same time. There is need for immediate, practical measures that will address the here-and-now issues and remedy the current manifestations of risk and vulnerability. But

equally there is need for justice and rights-based approaches that will make it less likely that situations of risk and vulnerability will arise.

Behavioural prevention measures point to the importance of adopting a responsible sexual way of living that will not lead to one becoming infected with HIV through sexual activities (or, if an injecting drug user, not sharing needles with any other person). Such a way of sexual living includes abstaining altogether from sex, remaining faithful to an uninfected partner, refraining from casual sex, avoiding transactional sex (sex which is paid for either by money or by other goods and services), shunning commercial sex, and eliminating sex with somebody who is some years older (or younger).

Technological and bio-medical prevention approaches focus on using the various technologies that science has devised for preventing or reducing the likelihood of HIV transmission. These include taking such steps as ensuring that HIV is not transmitted from a pregnant woman to her infant (PMTCT); controlling, treating and preventing various sexually transmitted infections (STIs); circumcising boys and men; using a good condom (male or female) properly and consistently on every occasion of sexual intercourse with potential for HIV transmission; ensuring that blood to be used for transfusions is HIV-free; adopting medical procedures that will make sure that HIV is not transmitted in hospitals or medical settings; making emergency ARV treatment available to any person who may accidentally or through violence (such as rape) have run the risk of becoming infected with HIV; testing and counselling individuals and (much more important) couples for HIV infection; ensuring that those living with HIV access ART and adhere to their treatment; and making proper use of microbicides and vaccines, when these become available.

Socio-cultural prevention approaches call for transformations in socio-cultural norms and practices that can make a person more vulnerable to HIV infection. The crucial element here is to make the essential equality between women and men a lived reality. This calls for ending the dominance of men in their relationships with women in such areas as equal pay for equal work, the access of girls and women to educational and employment opportunities, the elimination of all forms of gender-based violence, bringing greater gender equality into understandings and practices of sexuality, women's access to and use of whatever they need for maintaining their sexual and reproductive health, and recognising in lived ways the contribution of women's household activities to domestic, national and international economies. This is a long and slow agenda, but one that is critical not only for reducing the feminisation of HIV and AIDS, but for giving women their rightful place in society.

Justice and human rights prevention measures are concerned with the injustices and human rights issues that fuel the epidemic at many overlapping levels. From this perspective, measures would include action at all levels against stigma and

the final three months), during labour and delivery, and after delivery when breastfeeding (since the virus is present in breast-milk). In the absence of any antiretroviral interventions, infants born to and breastfed by HIV-infected women have roughly a one-in-three chance of becoming HIV-infected themselves. This mode of transmission is commonly referred to as mother-to-child transmission (MTCT). This is not a satisfactory designation, since it masks the responsibility of the father, who may have infected the mother in the first place. It would have been more correct to speak of "parent-to-child transmission", but the expression "mother-to-child transmission" remains the one that is commonly used.

After sexual transmission, this is the second most common way in which an infected person can infect another person with HIV. With modern medication and interventions it has been possible for almost a decade to prevent almost all cases of mother-to-child transmission and at the same time to ensure the survival of the mother. This modern approach is almost guaranteed to ensure that the infant lives as an HIV-free human being and that the mother also lives as a person whose right to life is protected by appropriate treatment with antiretroviral medication.

Progress has been made in extending these benefits to women and their infants in the poorer parts of the world. Nevertheless, vertical transmission continues to pose a severe challenge for the less developed countries. In 2009, an estimated 370,000 children under the age of 15 became newly infected with HIV, most of them during pregnancy, delivery or breastfeeding. In the same year, only a little more than half of the women living with HIV in low and middle-income countries received ARVs to reduce the risk of HIV transmission to their infants and to safeguard their own health. Also in 2009, only slightly more than a quarter of the pregnant women in these countries received an HIV test, giving rise to fears that there may be a potentially large number of HIV infected pregnant women whose needs are not being addressed by health systems.

UNAIDS states that one of its priority areas for the period 2009–2011 is to prevent mothers from dying and babies from becoming infected with HIV. The emphatic response of Catholic social teaching would be "you should do just that and at the same time remove once and for all the scandal of poorer AIDS treatment being available to people in developing countries compared with their counterparts in the more affluent global North". The principles of CST in this regard are:

a) the priority of life, and hence the importance of ensuring that both mother and infant will live;
b) the basic importance of personal health, and hence the imperative of ensuring that the mother's HIV will not develop further and that the virus is not transmitted to the infant; and

c) the centrality of the family, and hence the need to ensure that the HIV-infected mother can live so that none of her children is orphaned.

CST would also strongly affirm the Alma-Ata Declaration that health is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal.

Catholic social practice has endeavoured to give concrete expression to these principles through the provision in church-related clinics and hospitals of services for preventing mother-to-child transmission of HIV and ensuring the well-being of both mother and infant. Comprehensive services for the prevention of vertical transmission are integral to the medical care provided in church-related institutions which collectively are responsible for more than a quarter of the AIDS care and treatment provided across the world. Hence, in practice as well as in principle, CST is strongly supportive of all efforts to break the cycle of vertical transmission and to ensure the health and well-being of mother and her infant.

CHAPTER 4
Universal Access to the Goods of the Earth

There is a significant degree of overlap between one of the fundamental principle of Church social teaching and a key principle guiding the response to HIV an AIDS. This is the principle of universal access. The Church is deeply concerne that every human being should have fair access to the goods of the earth, whil the HIV response is deeply concerned that every person who is in need shoul have access to prevention, treatment, care and support interventions. The Churc affirms the right of every person to access those material and intellectual good and services that are necessary for full human development. The HIV respons seeks to ensure that every individual can exercise this right by unrestricted acces to the goods and services that are necessary for maintaining life and dignity in world with AIDS.

The Universal Destination of Goods in CST

The Church teaches that God destined the earth and all it contains for ever individual and all peoples so that all created things would be shared fairly by a human beings under the guidance of justice tempered by charity.[26] A practic application of this principle is that a person in extreme need has the right to supp this need from the abundance of others. This is not a matter of charity or generosi on the part of the one who is more abundantly provided or of theft on the part the person in need. It is a matter of justice and the fulfilment of one of the mo fundamental human rights of the person who is in need.

Hence each person must have access to the level of well-being necessary for h or his full development, and to the goods and services that are integral to that we being. The Church sees the right to the common use of goods as the first princip of the whole ethical and social order and as the characteristic principle of Christi social doctrine. This is not a positive right conferred by a political or other authori It is a natural right, inscribed in human nature. It is an inalienable right that h priority over every human intervention, over every legal system concerning good and over every economic or social system or method. Every other right, includi property rights, intellectual property rights and the rights associated with the mark and free trade, must be subordinated to the norm of the universal destination goods. They must never hinder it, but must rather further its application.[27]

Thus, the understanding that the earth and its goods belong by right to all, a there to be shared fairly by all, and must be protected for the current and future

[26] Vatican Council II, *Gaudium et Spes*, §69.

[27] *Compendium of the Social Doctrine of the Church*, §172.

use of all, is firmly enshrined in Church teaching and thought.

Universal Access to HIV Prevention, Treatment, Care and Support

Within the HIV policy and action frameworks, the principle of universal access is similarly enshrined. The principle was reaffirmed in September 2010 when the United Nations high-level plenary meeting on the Millennium Development Goals committed the world to redouble "efforts to achieve universal access to HIV/AIDS prevention, treatment, care and support services" and again to increase "efforts to achieve universal access to HIV prevention, treatment, care and support". Universal access is a widespread social and political movement to expand HIV prevention, treatment, care and support to reach the maximum number of those in need of HIV services. In principle, this means reaching everybody who is in need; in practice, it means reaching as many as possible.

The principle of universal access aims at making it possible for every person to have equal access to the quality services or commodities that she or he requires to meet their HIV prevention, treatment, care and support needs. Almost since the beginning of the present millennium, the United Nations and its agencies have pursued this goal of universal access to HIV prevention, treatment, care and support. But the unfailing message from high-level meetings at the United Nations and elsewhere confirms the experience of the most severely affected countries and communities that universal access is not being achieved, that more needs to be done.

It is a significant accomplishment that the annual number of those newly infected with HIV fell to about 2.6 million in 2009, but this is 2.6 million new HIV infections too many. Extraordinary progress has been made in extending access to life-preserving antiretroviral therapy, with 5.2 million people in low- and middle-income countries receiving this treatment by the beginning of 2010. But this achievement must not be allowed to mask the fact that more than nine million HIV-infected individuals are in need of this treatment and do not have access to it.

In their joint September 2010 report on progress towards universal access, UNAIDS, WHO and UNICEF noted that

> on a global scale, targets for universal access to HIV prevention, treatment and care will not be met by 2010. Only one third of people in need have access to antiretroviral therapy, coverage of prevention interventions is still insufficient, and most people living with HIV remain unaware of their serostatus. Stigma, discrimination and social marginalization continue to be experienced daily by people who are the most affected by HIV and hardest to reach in many countries, including people living with HIV, sex workers, injecting drug users, men who have sex with men, transgender people, prisoners and migrants. At the same time, the financial crisis and

resulting economic recession have prompted some countries to reassess their commitments to HIV programmes. Reduced funding for HIV services not only risks undoing the gains of the past years, but also greatly jeopardizes the achievement of other Millennium Development Goals, especially those related to maternal and child health.

Many barriers stand in the way of making universal access to HIV prevention, treatment, care and support services a reality. UNAIDS has identified these as including poor supply systems and financial mechanisms, weak health systems, low levels of human resources, high levels of stigma and discrimination, gender inequality, violence against women and girls, marginalization of key populations at higher risk, and a variety of punitive and discriminatory laws, policies and practices. Each of these issues recurs with almost routine frequency in every discussion of obstacles to making universal access a reality. Their recurrence is a matter of concern not just for global authorities, countries and communities, but also for CST. The moral force of authoritative Church teaching can foster progress towards removing the majority of these barriers, since most of them do not fall in line with the principles of CST. The Church strongly affirms the universal destination of the goods of the earth. It would likewise affirm that universal access to HIV prevention, treatment, care and support services is a moral good and should be pursued with determination and vigour.

Trade-related Aspects of Access to ARVs

Of immediate relevance in relation to the HIV response is Church teaching on rights to newer forms of property, particularly intellectual property, arising from economic and technological developments. The authoritative *Compendium of Catholic Social Doctrine* stresses that the principle of the universal destination of human goods extends to the new "goods" that are the outcome of knowledge, technology and know-how (§179). In the HIV and AIDS field these new "goods" include the antiretroviral drugs (ARVs) used in first, second and third-line ART regimens[28] and

[28] First line ART regimens are those normally prescribed for a patient on first presentation with HIV. If the patient shows or develops resistance to this first-line therapy a different combination of drugs, second-line treatment, will be prescribed; if resistance develops to second-line treatment, yet another combination of drugs, third-line treatment, will be prescribed. At the time of writing, the median price of the six most commonly used first line drugs in low-income countries was US$137 per person per year; for the most commonly used second-line regimens it was $853 per person per year. A possible third-line regimen could cost as much as $3,200 per person per year, or at least 23 times more than first-line therapy.First line ART regimens are those normally prescribed for a patient on first presentation with HIV. If the patient shows or develops resistance to this first-line therapy a different combination of drugs, second-line treatment, will be prescribed; if resistance develops to second-line treatment, yet another combination of drugs, third-line treatment, will be prescribed. At the time of writing, the median price of the six most commonly used first line drugs in low-income countries was US$137 per person per year; for the most commonly used second-line regimens it was $853 per person per year. A possible third-line regimen could cost as much as $3,200 per person per year, or at least 23 times more than first-line therapy.

various sophisticated technologies for diagnosing HIV and tracing it to its source. Internationally, access to these new drugs and developments is governed by the World Trade Organization's Trade-Related Aspects of Intellectual Property Rights Agreement (TRIPS). TRIPS regulations are a major factor in determining the costs of, and hence access to, life-preserving antiretroviral therapy.

The TRIPS agreement ensures to patent holders the protection of their intellectual property rights, as set out in Article 27 of the International Declaration of Human Rights: "Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he (or she) is the author". But the TRIPS agreement is qualified in ways that can accommodate the needs of poorer countries faced with urgent national situations. For instance, it gives countries the right, in specific circumstances such as public health emergencies, to issue a compulsory licence which allows a government to authorise the production of a patented product without the permission of the patent-holder. The application of this and other flexibilities in the TRIPS agreement has facilitated the remarkable response of India to the need for ARVs in Africa and much of the developing world, with more than half of the required products coming from the sub-continent.

However, there are emerging reports that, through Free Trade and Economic Partnership Agreements (FTAs and EPAs), the United States and the European Union may be getting round the TRIPS agreement by making provisions that limit the circumstances under which compulsory licences may be issued, a practice known as TRIPS-plus. In particular, the United States is reported to be using trade threats to coerce countries into adopting intellectual property laws that will increase the cost of medicines. Also of great concern are trade negotiations between India and the European Union (EU), due to be completed by March 2011. The EU appears to be adamant in requiring that in order to tackle the problem of counterfeit drugs TRIPS-plus-type conditions should be imposed on India's manufacture and export of pharmaceuticals. However, Indian officials have stated that the agreement that is being developed will not stop India from manufacturing generic medicines under compulsory licence for export to other developing countries facing public health problems. This is encouraging news, but unless something of this nature is written into the final agreement, there is a possibility that the agreement with the EU could choke off access to many of the ARVs so badly needed by those infected with HIV in Africa and South-East Asia.

Given such scenarios, the social teaching of the Church needs once again to be proclaimed as a guiding principle for all negotiations that relate to what is essential for human life: "God intended the earth and everything in it for the use of all human beings and peoples. Thus created goods should flow fairly to all. All other rights,

whatever they may be, including the rights of property and free trade, are to be subordinated to this principle".[29]

CST is quite clear: the new technologies and knowledge, like all goods, have a universal destination; they too must be placed in a context of legal norms and social rules that guarantee that they will be used according to the criteria of justice, equity and respect of human rights.[30] Trade restrictions or patent agreements that result in ARVs and other HIV-related technologies being inaccessible to the many who need them, or being priced beyond the reach of national or health system budgets, directly violate the CST principle that the goods of the earth, including those arising from new knowledge or technologies, must be shared fairly by all. While the principles of the TRIPS Agreement may be in keeping with CST, the way in which they are often applied may run counter to this teaching.[31]

Food, HIV and CST

The principle that every person has the right to access a sufficient amount of the earth's goods for personal and family sustenance was expressly and authoritatively affirmed by the Second Vatican Council in 1965. The Council also referred to the long tradition of Church teaching on this matter and quoted with approval the saying of ancient Church Fathers: "Feed the person dying of hunger, because if you do not feed him you are killing him"[32]. Pope Benedict XVI devotes a lengthy section of his encyclical *Caritas in Veritate* to the question of food shortages and the elimination of world hunger and tells us that "'Feed the hungry' is an ethical imperative for the universal Church, as she responds to the teachings of her Founder the Lord Jesus, concerning solidarity and the sharing of goods. Moreover, the elimination of world hunger has also, in the global era, become a requirement for safeguarding the peace and stability of the planet".[33]

The right to food is clearly affirmed in the *Universal Declaration of Human Rights*: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care, and necessary social services" (Article 25). The world's Heads of State, meeting at the World Food Summit in Rome in 1996, extended the understanding of this right to include safe and nutritious food: "We reaffirm the right of everyone to have

[29] Pope Paul VI, *Populorum Progressio*, §22.

[30] *Compendium of the Social Doctrine of the Church*, §283.

[31] Note that practical violations of CST on access to new knowledge and technologies can occur in areas other than those related to HIV, such as in accessing new knowledge and technologies relating to other health-related areas, agriculture, commerce, and global financial developments.

[32] Vatican Council II, Gaudium et Spes, §69.

[33] Pope Benedict XVI, *Caritas in Veritate*, §27.

access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger".[34]

But today, despite these excellent statements from the Church and international society, the world still faces the scandalous situation that almost one billion people go to bed hungry every night. Even more intolerable is the fact that hunger and poverty claim the lives of 25,000 people every day, more than one thousand every hour. Some progress has been registered in that the proportion of hungry people in developing countries decreased from about 33% in 1969–71 to 16% in 2009. But this was offset by population increases that saw the actual number of individuals who cannot satisfy their basic food needs rising quite substantially from 827 million in 1990–92 to 925 million in 2010. Faced with this situation, the UN Food and Agricultural Organization warns:

> The fact that nearly a billion people remain hungry even after the recent food and financial crises have largely passed indicates a deeper structural problem that gravely threatens the ability to achieve internationally agreed goals on hunger reduction. In order to tackle the root causes of hunger, governments should encourage increased investment in agriculture, expand safety nets and social assistance programmes, and enhance income-generating activities for the rural and urban poor.[35]

Clearly, there are many barriers to universalising access to basic food needs and ensuring that in practice every person can exercise their God-given right to be able to live in a hunger-free manner. It is almost the same with access to safe drinking water and the adoption of acceptable sanitation practices. Safe drinking water is available to less than 80% of the world's population of more than six billion people. In sub-Saharan Africa it is available to only 60% of the population and in Zambia to just over 41%. Moreover, in 2008, an estimated 2.6 billion people around the world lacked access to an improved sanitation facility. In addition to the affront to human dignity constituted by the absence of such facilities, the lack of sanitation has major adverse health consequences, especially for children. It also has major economic implications, with a recent World Bank report suggesting that inadequate sanitation costs India close to $54 billion a year. These facts show how timely was Pope Benedict

XVI's call to "cultivate a public conscience that considers food and access to water as universal rights of all human beings, without distinction or discrimination".[36]

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[34] *Rome Declaration on Food Security*, August, 1996.

[35] Global hunger declining but still unacceptably high. FAO Economic and Social Development Department, September 2010.

[36] Pope Benedict XVI, *Caritas in Veritate*, §27.

HIV and AIDS, particularly in sub-Saharan Africa, are closely intertwined with issue of food and nutrition. HIV infection rapidly leads to reduced nutritional levels, whil malnutrition makes an individual more vulnerable to HIV infection. The importanc of food in a world with AIDS was vividly brought home to Dr. Peter Piot, the forme Director of UNAIDS, on one of his visits to Africa:

> I was in Malawi and met with a group of women living with HIV. I asked them what their highest priority was. Their answer was clear and unanimous: food. Not care, not drugs for treatment, not relief from stigma, but food. .

In the specific circumstances of the AIDS epidemic the availability of sufficien nutritious food is a matter of great importance. In a very summary manner it ca be said that food security is essential as a way of preventing the spread of th epidemic and as a way of coping with it.

The availability of food plays a role in preventing HIV infection because a perso who is adequately nourished is less susceptible to any infection, including HI infection. On the other hand, a poorly nourished person is more susceptible t every infectious disease, including HIV. Malnutrition enhances the risk of becomin infected with HIV partly in the way it weakens the immune system, and partly the way it impairs the integrity of the skin and protective membranes that are th body's first line of defence against every infection. As a result, each sexual conta of a malnourished person entails a higher risk of becoming infected with HIV. addition, malnutrition promotes the replication of HIV and thereby increases HI infectivity: the viral load is higher in persons who are malnourished, making malnourished HIV-positive person more infectious than a non-infected adequatel nourished person. In this way, malnutrition increases the risk of sexual transmissio of HIV. Maternal malnutrition is also associated with a greater risk of mother-t child transmission.

Food insecurity – the non-availability or non-accessibility of sufficient food of th right type – may lead to risky survival activities such as migration in search of wo or food; scavenging for market or mill left-overs or waste that may require sex a the price of access; exchange of sex for money or food; taking children out school to gather wild foods, for work or for economic activities; and early marriage to reduce the economic and food-supply burden on the girl's family or to boo household economic stability through establishing relationships with another fam and the receipt of *lobola* (bride-price).

On the other hand, good nutrition is crucial to the HIV response. The nutritio requirements of an adult infected with HIV are 10–30% higher than those of a no infected adult, while the requirements of children with HIV are 50–100% higher th

normal. Improved nutrition slows the progression from HIV to AIDS because of the way it responds to these requirements and helps in maintaining the immune system. It also strengthens a person with HIV to resist opportunistic illnesses, particularly tuberculosis. HIV progresses rapidly to AIDS in a person with poor health and insufficient good quality food, whereas with good nutrition and positive living, many years may pass before a person with HIV experiences the need for ARVs. When eventually this treatment commences, the ARVs have the initial effect of rapidly restoring the appetite for food and the biological ability to utilise it. But food is also needed so that the body can absorb and tolerate the toxic ARVs, rebuild tissues, restore weight loss and protect itself against harmful or unpleasant side-effects.

In the light of these many relationships between food, food security and the AIDS epidemic, CST would join with the FAO and the International Food Policy Research Institute (IFPRI) in enunciating certain principles of response to the global problem of hunger and the specific issue of the connection between HIV and food:

- Always include food and nutrition as an integral component of the response to HIV.
- Increase awareness of how proper food and nutrition can reduce vulnerability to HIV infection and increase resilience to AIDS.
- Strengthen the capacity of families, households, and communities to meet their own food needs, either by growing crops or through employment that will ensure them sufficient income to meet their food requirements.
- Reach out to the most vulnerable, ensuring that assistance, including food assistance, is relevant to the needs and capacities of the beneficiaries, does not increase stigma and discrimination, and does not create dependency.
- Ensure that all agricultural policies and programmes are HIV responsive.
- Advocate ceaselessly for greater priority for food security and for fair trade.

In September 2010, the FAO referred to "a deeper structural problem" that is perpetuating extensive hunger in the world. Pope Benedict XVI also drew attention to the importance of eliminating the structural causes that give rise to food insecurity and underlined how this is rooted in the lack of a network of institutions capable of guaranteeing regular access to sufficient food and water for nutritional needs. Specifically, he made a number of recommendations:

- Promote agricultural development, especially in poorer areas.
- Ensure the involvement of local communities in choices and decisions that affect the use of agricultural land.
- Consider the new possibilities that are opening up through proper use of traditional as well as innovative farming techniques, always assuming that these have been judged, after sufficient testing, to be appropriate, respectful of the environment and attentive to the needs of the most deprived peoples.

- Never forget that solidarity with poor countries in the process of developm – in other words, aid to such countries – can help in addressing the prob of global hunger.[37]

These recommendations re-echo the plea of Pope John Paul II: "In many situati radical and urgent changes are needed in order to restore to agriculture – and rural people –their just value as the basis for a healthy economy, within the so community's development as a whole".[38] The agricultural rehabilitation that b Pontiffs call for would go a long way, not only towards helping to resolve the cr of hunger in the world, but also towards taking account of the many interacti between HIV and the need for an assured supply of nutritious food.

[37] Pope Benedict XVI, *Caritas in Veritate*, §27.

[38] Pope John Paul II, *Laborem Exercens*, §21.

CHAPTER 5
Catholic Social Teaching, HIV and AIDS, and the Family

The Universal Declaration of Human Rights affirms unequivocally: "The family is the natural and fundamental group unit of society and is entitled to protection by society and the State" (Article16:3). CST is equally emphatic in stressing the importance and centrality of the family. In common with the Human Rights Declaration, it sees the family as the fundamental unit within society, the first natural society. It repeatedly asserts that the family exists prior to and independently of the state and every other community and hence that it has priority over society and over the state. The family does not exist for society or the state, but society and the state exist for the family. CST also affirms that the family has inherent and inalienable rights that have not been derived from any other source and that it is at the centre of social life.

These understandings require effective political and legislative action that will respect and promote the family as an institution, safeguard family values, recognise the competence of the family to undertake certain tasks by itself or in association with other families, and ensure that the family has all the assistance it needs for the proper fulfilment of its responsibilities.

HIV and AIDS Challenges for the Family

Through a variety of challenges, HIV and AIDS constitute a vicious attack on these high ideals centred on the family:

- There is a real risk of HIV infection for every member of a family, even those not yet born.
- The epidemic poses a serious threat to a family's income in the way it affects, through illness or death, its most economically productive members in their sexually reproductive years, those between the ages of 15 and 50.
- The composition of the family is compromised through the AIDS-related deaths of parents and the large numbers of children who become orphans – current estimates are that AIDS has deprived 15 million children worldwide of one or both parents, while in Zambia 15% of children below age 18 are orphans due to AIDS and other causes.
- The productive capacity of the family is compromised by the time and other resources that must be devoted to caring for sick family members.
- The harmony of the family is undermined by the secrecy and stigma that frequently go with the knowledge that one of its members is infected with HIV.

- The resources of the family shrink because of reduced income, unanticipate payments in caring for the sick, and the costs of funerals and periods mourning – in South Africa, a funeral may cost the equivalent of seve months of household income.
- The continued existence of the family is placed in jeopardy through th social and economic strains that may lead to its dissolution. Evidenc abounds of families that have gone out of existence because of HIV an AIDS, of orphaned children experiencing not just the loss of parents bu separation from their siblings, and of elderly people apprehensively havin to resume parenting responsibilities for their orphaned grandchildren – u to 60% of orphaned children in South Africa and Zimbabwe live with the grandparents.

A further dimension of the threat that the AIDS epidemic poses for a families is th way its impacts are magnified in conditions of poverty. It is not that HIV is mor likely to occur in families or individuals that are poor – in fact, in sub-Saharan Afric it is more likely to occur in better resourced families. For example, in Zambia HI prevalence increases with increasing wealth status from 8% among those in th poorest sector to 21% among those in the sector just below the richest, befor dropping slightly to 18% among those in the wealthiest sector.[39] Likewise, employe men in Zambia are more than twice as likely as their unemployed counterparts t be infected with HIV – HIV prevalence is 14% among employed men, compare with 6% among unemployed men. Notwithstanding these situations, the impact of the epidemic bear more heavily on the poor. Because of HIV and AIDS the poo almost inevitably become poorer as they struggle to cope with rising costs, reduce incomes, declining assets, and a substantial diversion of resources to expenditure to which HIV or AIDS give rise.

Catholic Social Teaching on the Family

In October 1983, in response to a request from the 1980 Synod of Bishops, th Church presented its *Charter of the Rights of the Family*. Although drawn up at time when HIV was sweeping across the world and no form of treatment had ye become available, the Charter does not explicitly consider the circumstances o HIV and AIDS. Nevertheless, many of its provisions are relevant to the situation o families battling with the stresses of the epidemic:

- *The family constitutes a community of love and solidarity, which is unique constituted to transmit values essential for the well-being and developmer*

[39] *Zambia Demographic and Health Survey 2007*, Table 14.5.

of its members and society.[40] AIDS-related stigma attacks this community of love and solidarity.

- *The family is the place where different generations come together and help one another to grow in human wisdom.* AIDS decreases the numbers in the middle generations and increases the burdens on those who are older (see next section).
- *Society, and in a particular manner the State and International Organizations, must protect the family through measures of a political, economic, social and juridical character, which aim at consolidating the unity and stability of the family so that it can exercise its specific function.* AIDS strikes hard at the unity and stability of the
- family, which often does not receive sufficient external support in the circumstances of AIDS (and of poverty).
- *Many families are forced to live in situations of poverty which prevent them from carrying out their role with dignity.* Situations of poverty frequently become worse if there is HIV or AIDS in the family.
- *Orphans or children who are deprived of the assistance of their parents or guardians must receive particular protection on the part of society.* AIDS has greatly increased the number of children who are deprived of the assistance of their parents or guardians, but the proportion of households caring for orphans and vulnerable children that receive external assistance from society is unacceptably low: in 25 countries surveyed between 2005 and 2009, a median of 11% of households were receiving such support (in Zambia, 19% of such households were receiving some form of external support).
- *The family has the right to exist and to progress as a family.* Some families go out of existence altogether because of HIV and AIDS. Being able to continue living with their siblings helps orphaned children recover from their loss, support one another, and remain in their own community. But in Namibia, Nigeria and Zambia – countries with large numbers of children orphaned by AIDS – more than half of the orphaned children below the age of 18 are not living in the same household as their siblings.
- *The extended family system, where it exists, should be held in esteem and helped to carry out better its traditional role of solidarity and mutual assistance.* Without the extended family many AIDS-affected individuals would not be able to survive.
- *Families have the right to economic conditions which assure them a standard of living appropriate to their dignity and full development.* The economic conditions of many families can be worsened by the presence of HIV or

[40] The italicised words in this and the following bullet points are taken from the *Charter of the Rights of the Family.*

AIDS in the household.

- *Families have the right to measures in the social domain which take int account their needs, especially in the event of the premature death of on or both parents, or whenever the family has to bear extra burdens on beha of its members for reasons of old age, physical or mental handicaps or th education of children.* AIDS increases the need for these social measures but often they are not available.
- *The family has the right to decent housing, fitting for family life an commensurate to the number of the members, in a physical environmer that provides the basic services for the life of the family and the community* Many families affected by HIV and AIDS do not have decent housing an do not have access to the basic services (health, education, water, sanitatio needed for their life as a family.

The Charter also teaches that "The family is based on marriage, that intimate unio of life in complementarity between a man and a woman which is constituted in th freely contracted and publicly expressed indissoluble bond of matrimony and i open to the transmission of life". This excludes giving unions between homosexua persons a status similar to that between a married man and woman. Church teachin is very clear: marriage is a union between a man and a woman and a family i constituted by such a union and no other.

Strengthening Families

Faced with the threat that the epidemic poses to individual families and to the enti family structure, those working against HIV and AIDS see strengthening of th family as being core to the response to the epidemic. In many instances this fami strengthening is implicit in policies relating to the status of women and girls, reducin the transmission of HIV from parent to child, ensuring food security, responding t the special needs of discordant couples, or strengthening households in the provision of home-based care to sick family members.

But there are also policy and strategic approaches that have the explicit aim strengthening families to enable them to cope with certain aspects of the H epidemic. Preventing HIV infection is clearly the most effective way of forestallin the epidemic's negative impacts on families and hence this is something that eve programme should stress. Programmes should also build on the principle of ensurin that mothers stay alive, both for their own sake and for the sake of their childre Hence they should do everything possible to ensure that every woman in need h unrestricted access to services for preventing HIV transmission from mother child (PMTCT services, including the triple combination therapy needed by t mother herself). These are ways of protecting what Pope John Paul II has call the first right of every child, to be born in a real family and subsequently to reared in a family.

Significant also is *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS.* The first key strategy that this internationally endorsed *Framework*[41] presents is strengthening the capacity of families to protect and care for children. This seeks to give practical realisation to the vision of the Convention on the Rights of the Child, that the full and harmonious development of a child can only be achieved when the child grows up in a family environment, in an atmosphere of happiness, love and understanding. The Framework proposes that this can be achieved if measures are taken to prolong the lives of parents and provide economic, psychosocial and other support; improve household economic capacity; strengthen and support child-care capacities; support succession planning; and strengthen young people's life skills.

Other issues that the Framework addresses include promoting the connection of orphans and vulnerable children with adult care-givers, fostering their psychological health and ensuring that governments protect the most vulnerable children (for instance, against denial in practice of their inheritance rights). All of this is very much in keeping with the Church's social doctrine which constantly points to the need to develop a profound esteem for the personal dignity of children and a great respect and generous concern for their rights.[42]

The international concern that the family be strengthened in its ability to respond to the many challenges arising from HIV and AIDS is a powerful endorsement of the Church's view on the centrality of the family. It also provides strong backing for many of the principles and approaches outlined in the Church's *Charter of the Rights of the Family*.

HIV and the Elderly

Catholic social teaching speaks very feelingly about the great value of the elderly in families and communities, seeing in them a resource for the well-being of the family and of the whole of society.[43] Recognising their potential to make an effective contribution in the work-place and in leadership roles, it calls for them to be fully accepted in a realistic way as partners in shared projects.

HIV and AIDS have underscored the importance of accepting the elderly as partners in shared projects. In the most seriously affected parts of the world, the epidemic impacts on older people in three ways. First, if their children have died, they can

[41] UNICEF and UNAIDS, New York, 2004.

[42] *Compendium of the Social Doctrine of the Church*, §244.

[43] *Compendium of the Social Doctrine of the Church*, §222.

no longer receive the financial support and care that these would otherwise have provided for them. Second, in their old age – and often in their poverty – many o them have to take on the responsibility of caring for orphaned children. And third as people living in a world with AIDS they too can become infected with HIV – i is estimated that in 2005 around 2.8 million adults aged fifty and above were living with HIV.

While older people have always been involved to some extent in caring for the young, HIV and AIDS have greatly increased what is being expected of them Because the epidemic makes its biggest impact on men and women in their reproductive years, many young parents have died (and continue to die), leaving their children to be cared for by women and men in late middle life and early old age. As pointed out in the previous section, it is estimated that by the end of 200 fifteen million children world-wide had lost one or both parents to AIDS. The well being of a great proportion of these children rests in the hands of their grandparents and other elderly members of the community, with grandparents and communit elders in some countries caring for more than half of the orphaned children.

The concerns of these elderly care-givers have been very powerfully expressed b a Zambian grandmother with responsibility for five orphaned grandchildren:

> "I don't want to live any more ... but I cannot die. I don't want to live becaus I am old and tired and because I cannot care for these children properly – I can even feed them every day. I cannot offer them a better future. On the other hand I cannot die because there is no one else who can look after them; there is n one who is able to do the little that I am doing for them. Without me they woul also die.... But in this state,... maybe dying is the only real alternative we have."[4

CST is clear on society's obligations to the elderly: if they are in situations wher they experience suffering and dependence, they need health care services, appropriat assistance and support, and to be treated with love. In the light of the way HIV an AIDS are impacting on their lives, they have three broad areas of need:

1. To be assured of the social welfare and health services that will enable ther to enjoy a life of fulfilment, health, security and active participation in th social, cultural and political life of their societies.
2. To be enabled to cope with the economic, caring and psychosocial demand that care for orphans and vulnerable children places on them.
3. To have public health policies address their HIV-related needs, whethe

[44] The Urban to Rural Migration of Orphans and Vulnerable Children in Zambia. Daniel Reijer, Master Thesis, University of Nijmegen, September 2003, p. 7.

these arise because an increasing number of people with HIV are living into old age, or whether they arise because they too can become infected with HIV.

A meeting of grandmothers from Canada and eleven African countries, held in Toronto in 2006, gave eloquent expression to the needs of elderly care-givers:

> In the short-term, we do not need a great deal, but we do need enough: *enough* to safeguard the health of our grandchildren and of ourselves; *enough* to put food in their mouths, roofs over their heads and clothes on their backs; *enough* to place them in school and keep them there long enough to secure their futures. For ourselves, we need training, because the skills we learned while raising our children did not prepare us for parenting grandchildren who are bereaved, impoverished, confused and extremely vulnerable. We need the assurance that when help is sent, it goes beyond the cities and reaches the villages where we live. In the long-term, we need security. We need regular incomes and economic independence in order to erase forever our constant worry about how and whether our families will survive.[45]

Catholic relief agencies see it as one of their major tasks to ensure that the response to a plea such as this is positive.

Home-Based Care

HIV and AIDS have greatly increased the need for medical, emotional, psychological and spiritual care and support for those who are sick. Supportive and understanding care, whether in a hospital, hospice or home setting, is a crucial part of the therapy for those living with AIDS.

Providing the wide range of care that is needed goes beyond what most health systems are able to offer, especially in countries severely affected by HIV and AIDS where the epidemic brings additional burdens to systems that are already weak and under-resourced. Because of this there has been increasing reliance on families and faith and/or community-based organisations to fill the gap. This has given rise to an extensive system of home-based care (HBC), a term used for a community-based arrangement of care given to sick people in their own homes. In the context of HIV and AIDS it refers to the provision by families and communities of comprehensive care in their homes to people living with AIDS and/or TB; promoting their awareness of ways to prevent and control HIV; and initiating and sustaining their response to the needs of orphans and vulnerable children.

[45] *The Toronto Statement.* Grandmothers to Grandmothers Gathering. The Stephen Lewis Foundation, Toronto, 13th August 2006.

Typically, family members are the primary care-givers – usually women and young girls – who provide immediate and often round-the-clock care. Community volunteers, a large proportion of whom are also women, may also participate as secondary care-givers, especially in the provision of basic nursing care, counselling and medical advice to patients and family care-givers.

HBC has the great strength that the family is the central provider of care. The person needing care remains in a family environment, supported by the dedicated care of people with whom there are strong emotional and social bonds. But HBC also has negative aspects, two of which are relevant in the context of CST. One is the heavy burden placed on women and girls, who constitute the large majority of care-givers; thus in the countries of the Southern African Development Community (SADC) it has been found that about 80% of the care-givers are women and girls. The second negative aspect is the way HBC transfers a considerable part of the responsibility for health care from the state to the family (which may already be struggling with poverty).

There is an almost implicit assumption in HBC arrangements that the family can undertake this extra burden of care, and specifically that women and girls can give themselves to it, regardless of its impacts on their own lives. Little thought is given to the many other responsibilities that women and girls must shoulder or to the potential negative impacts on the access of girls to school education. Neither is sufficient consideration given to the stress and the financial implications to which HBC can give rise, especially for poor families. The Head of the SADC Gender Unit has acknowledged that "despite the fact that women and girls are at the forefront of care provision for people living with HIV and AIDS, very little of their massive contribution is recognised at policy-making level."

Catholic social teaching offers important guidance on these matters. First, it calls for proper recognition of the domestic work of women. "Particular attention must be given to the issue of the work of women in the family, more generally to the recognition of the so-called work of 'housekeeping'."[46] This is a reference to the 'care economy' or the unpaid work done in the domestic sphere to keep the current labour force fed, clothed and healthy enough to work, and to rear children who constitute the labour force of the future. Although women spend about 70% of their unpaid time caring for family members, the contribution they make in this way to the global economy remains invisible, even though estimates show that the value of unpaid work can be equivalent to at least half of a country's gross domestic product. Significantly, CST goes further than other forms of social teaching by suggesting that there be financial recognition for domestic work: Article 10 of *The*

[46] *Compendium of the Social Doctrine of the Church*, §251.

Charter of the Rights of the Family proposes "remuneration of the work in the home of one of the parents" as a way of ensuring that the family can be maintained with dignity.

Second, CST calls for the greater involvement of men, as husbands and fathers, in household tasks in general and in HBC activities in particular. In March 2009, the Holy See's Permanent Representative to the United Nations spoke on this matter to the UN Commission on the Status of Women. He said that the Holy See applauded the Commission's decision to discuss such an important and timely topic as the equal sharing of responsibilities between women and men, including care-giving in the context of HIV and AIDS. His remarks made it clear that the Holy See favoured the sharing of responsibility between women and men in responding to pressing household issues such as the prevention and treatment of HIV and AIDS, child-rearing, housework and support for older family members, and a new vision of the work of care that could no longer be attributed only to certain groups, such as women.

Third, in addition to raising the possibility of women being remunerated for their domestic work, CST recognises that financially HBC is largely unrecognised and that many care-givers face precarious financial situations. At the March 2009 meeting, the Holy See deplored the fact that so little of the funds devoted worldwide to responding to HIV and AIDS go to those who support the suffering and called for better support for care-givers, especially those who are women or elderly.

This also raises the concern that HBC may be absolving the public sector from its responsibility to provide adequate health care. The Alma-Ata Declaration on the right to health stated clearly that "Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures "(§5). In many instances, however, the state is transmitting much of its responsibility to the communities and families who are providing home-based care, but without compensating them for taking on this task or for the income so many of them must forego in providing this care. Civil society organisations have spoken about "women bailing out the state" and "women's free labour saving money for the health system". Notwithstanding the financial and administrative challenges involved, countries with high HIV prevalence levels where there is substantial reliance on home-based care need to heed the call of CST by providing for carers' allowance and other benefits.

Recent civil society investigations have developed a number of key principles[47]

[47] *Making Care Work Count. A Policy Development Handbook*. GEMSA, Johannesburg, and RAISA, Pretoria, 2010.

that should inform policies on care work, principles that accord well with the view of CST in this area:

- Providers of HBC should receive some remuneration for their work, as already being done to some extent in Botswana, Lesotho and Swazilan
- Training opportunities should be provided for care-givers.
- For the sake of those being cared for and to safeguard the care-givers, t necessary logistical and material support should always be availab
- Appropriate psycho-social support should be available in order to prote care-givers against potential stress and burn-out.
- Increased participation of men in care provision needs to be an integ component of HIV and AIDS care work programmes.
- Government and donor agencies should partner with the private sector ensure coordination and prevent fragmented support for providers of ca

These guidelines seek to remedy a situation that has come to be accepted in many parts of the world (and not just in those parts seriously affected by HIV a AIDS), namely that unpaid, voluntary, informal networks of care providers constitu a crucial vanguard in the provision of care to sick people. These networks have key role to play in the provision of care to all who are sick in their homes. But th should not be exploited and their generous and courageous dedication should n be taken for granted. Civil society is re-echoing the sentiments of CST when it ca for greater recognition of care-work and for its assumption by men and boys well as by women and girls.

Social Protection

Although the scientific evidence suggests that HIV and AIDS had been affecti human beings for more than a century, the epidemic did not come to internatio attention until 1981. From then until the global economic recession in 2008, H was regarded as presenting such an exceptional threat that it called for an exceptio response. This it received in terms of the attention of the United Nations, t establishment of UNAIDS, the strong focus of governments across the wor extensive involvement of civil society, remarkable scientific developments, proli and widely disseminated research, and an extraordinary growth in financial resourc for responding to the epidemic. Very visibly, and for the first time in human histo the world was united in a highly significant way in responding to the threat pos by a disease.

This combined global endeavour has met with successes and failures – success in keeping HIV infected people alive through ARVs and in reducing verti transmission, failures in halting the spread of the epidemic through sexual activ or drug-injecting use. But the very failures have generated several valuable lesso

principally perhaps the lesson that HIV and AIDS will be overcome only when gender norms, attitudes, values and practices in society give expression at every level to the essential equality between women and men.

A second lesson that has been learned is the importance of social protection mechanisms that enable the poorest in society meet their basic needs for food, health care and education. Social protection encompasses policies and actions that enhance the capacity of poor and vulnerable people to manage risks and shocks arising from their poverty and ultimately to rise above their poverty situation. In the language used by Pope Paul VI, it enables them make the transition from less than human conditions to those that are truly human.[48]

The way the AIDS crisis impacts on the poor, elderly, children and other vulnerable groups has led to growing recognition of the need to translate into practice Article 22 of the *Universal Declaration of Human Rights* which asserts the basic right to social security of every person as a member of the human family. Reflection on the situation of those made socially and economically vulnerable by the epidemic showed the need for interventions that would bring about structural changes in society and promote more sustainable human development. Different models and forms of social protection have been adopted in many parts of the world, but each of them tends to bring out the same truths: investing directly in the poor and marginalised responds in a humane and positive way to individual rights and needs, stimulates local markets, benefits communities, promotes economic growth, and is a sure route to authentic, comprehensive and sustainable human development.

Social protection mechanisms, particularly in the form of cash benefits to those in the greatest need, work powerfully against HIV and AIDS in the ways they facilitate improved nutritional status (and thereby support adherence to treatment and its beneficial effects), promote greater access to school education, reduce the need for potentially risky migration in search of work, reduce pressures on women and girls to engage in sexual activity that would provide for some of their survival needs, and increase individuals' sense of personal responsibility, agency, self esteem and personal worth.

Social protection mechanisms and cash transfers are turning into reality Catholic social teaching's vision of the universal destination of the goods of the earth. They are also giving practical expression to CST's views on the obligations of the state and other social bodies to take appropriate measures for the economic and social protection and support of the family. In several places, the Holy See's *Charter of*

[48] Pope Paul VI, *Populorum Progressio*, §20.

the Rights of the Family is quite explicit on what CST expects in this regard:

- Married couples who have a large family have a right to adequate aid (§
  c).
- Orphans or children who are deprived of the assistance of their parents
  guardians must receive particular protection on the part of society (§4:
- Families have the right to be able to rely on an adequate family policy
  the part of public authorities in the juridical, economic, social and fisc
  domains, without any discrimination whatsoever (§9).
- Families have the right to measures in the social domain which take in
  account their needs (§9: b).
- Remuneration for work must be sufficient for establishing and maintainir
  a family with dignity, either through a suitable salary, called a "family wage
  or through other social measures such as family allowances (§10: a).

HIV and AIDS have provided a strong impetus for the global movement towar
the establishment of feasible, affordable and desirable social protection mechanism
What is happening is fully in accord with the CST principle that where an individu
or family cannot fulfil its responsibilities, other social bodies have the duty to susta
them, ensuring that they have all the assistance they need to improve on the
situation.

The world would have been a better place if this move towards greater social justi
could have gathered momentum without the stimulus of the tragic and dehumanisir
AIDS epidemic. But as the efforts to save the earth from ecological disaster als
show, humanity can drift along in the presence of unjust and unacceptable situatior
until some additional threat brings home the need to take cognisance of what
occurring and to take steps that should have been taken decades, if not centurie
earlier. This is how it would appear to be with AIDS and social protection: little
no action took place on interventions that common decency, humanity and huma
rights principles always demanded, and that Church social teaching always calle
for, until the globalised AIDS epidemic struck with all its merciless impacts.

Every effort to establish and extend social protection mechanisms is likely to favo
the poor and vulnerable and to create an environment in which AIDS treatment w
be more effective and HIV prevention measures will be more successful. This
clearly a win-win situation which can rely on massive support from CST, civil socie
and those formally involved in the response to the AIDS epidemic. What is need
is the far-sighted and courageous leadership of governments to make this soc
protection an authentic reality.

Education

Catholic social teaching clearly affirms that parents, as the ones who have conferred life on their children, have the original, primary and inalienable right to educate them.[49] It also affirms that parents have the right to educate their children in conformity with their moral and religious convictions, taking into account the cultural traditions of the family; that they have the right to freely choose schools or other means necessary to educate their children in keeping with their convictions; and that they should not have to sustain, directly or indirectly, extra charges which would deny or unjustly limit the exercise of this right.

These declarations are another way of expressing what is said in Article 26 (c) of the *Universal Declaration of Human Rights*: "Parents have a prior right to choose the kind of education that shall be given to their children". This Article also states that "Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory" (Article 26: a). Moreover, "Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms" (Article 26: b).

These strong affirmations by the Church and international community on the essential role that education plays in human development are very apposite in an era of HIV and AIDS. Education, and particularly school education, has been called the window of hope in relation to the AIDS epidemic. This is because young people who have been educated are less likely to become HIV infected. It is also because school education is a powerful tool for transforming the poverty and gender inequality environment in which HIV and AIDS flourish. Moreover, education that is directed to strengthening respect for human rights and freedoms, as the *Universal Declaration of Human Rights* proposes, has been found to contribute significantly to the acceptance of people living with HIV, thereby reducing stigma and discrimination.

Two issues are of central importance when considering educational provision in an era of HIV and AIDS: first, that children actually go to school and, second, the kind of education offered by the school.

Despite remarkable progress in increasing the numbers of children attending school, UNICEF estimates that 100 million children of primary school age were out of school in 2008, more than 75 million of them in South Asia and sub-Saharan Africa.[50] All of these children are missing the benefits that school education can bring to their lives, including the benefit of knowing more about the AIDS epidemic and being

[49] *Charter of the Rights of the Family*, Article 5.

[50] *Progress Report for Children Affected by HIV/AIDS, December 2009*. New York, UNICEF.

equipped with the knowledge and skills that would help them protect themselves against HIV infection. The situation is considerably worse at the secondary level with only about half the children of secondary school age world-wide attending school and only 28% in sub-Saharan Africa.

Spurred by recognition of the value of education and the principles of CST, the Church and religious agencies have expended enormous efforts to make education more universally available at all levels. In many parts of both the industrialised and non-industrialised world, Church presence and Catholic schools are almost synonymous. By providing such education, the Church authorities are achieving a double objective: they are enabling millions of children exercise their human right to education, and they are equipping them in ways that will enhance their ability to respond successfully to the AIDS epidemic.

Church authorities have also remained very sensitive to the principle that education at least at the fundamental level, should be free in every way. In the words of the *Charter of the Rights of the Family* (§5: b), parents should not have to sustain directly or indirectly, extra charges which would deny or unjustly limit their freedom to send their children to school. This concern is a practical expression of the Church's option for the poor and shows itself in the education field in strong Church support for community schools that do not charge any fees, for school systems that subsidise participation by poorer children (frequently through the higher fees charged to children from well-off families), and for advocacy that education, at least at the lower levels, should be free not only in name but also in reality. Community schools direct much of their work towards children from communities and families affected by HIV and AIDS, especially orphaned children and girls, and are significant providers of education in Zambia and elsewhere for children who are at greater disadvantage.

The Church is also concerned about the kind of education offered in schools. First it wants it to be such that real and meaningful learning takes place. The Church with all educational authorities, recognises that school attendance will do very little for the development of children if it does not promote worthwhile learning. Neither will school attendance enable children to deal successfully with the AIDS epidemic if it does not lead to improvement in the knowledge, skills, attitudes and values needed for responding to HIV and AIDS – all that is needed to prevent the transmission of the disease, all that is needed to deal with the disease when it is present, and all that is needed to promote "understanding, tolerance and friendship" (*Human Rights Declaration*, Article 26) for every person who is infected or affected.

In addition to the highly significant role that the mere fact of school attendance appears to play in responding to the HIV epidemic, the school also has the important task of helping young people know more about HIV and AIDS and how they can

protect themselves against infection. For this it is necessary that HIV and AIDS, sexual and reproductive health, and life-skills are thoroughly integrated into the curriculum of all learning institutions. The objective would be to ensure that young people develop a good understanding of the epidemic and that they are equipped to lead responsible lives, in sexual and other domains. It has been found that providing education of this kind contributes to delay in the onset of sexual activity, increased recourse to abstinence, reduction in the number of sexual partners and a lower incidence of sexually transmitted infections and unwanted pregnancies.

In this regard, CST teaches that "it is of fundamental importance for the balanced growth of children that they are taught in an orderly and progressive manner the meaning of sexuality and that they learn to appreciate the human and moral values connected with it. In view of the close links between the sexual dimension of the person and his or her ethical values, education must bring the children to a knowledge of and respect for moral norms as the necessary and highly valuable guarantee for responsible personal growth in human sexuality".[51] While the Church's preference is that parents should assume responsibility for imparting sex education to their children, it would not have any problem with sex and reproductive health education being provided in schools subject to its being conducted properly and showing respect for Church principles on the meaning of sexuality, abortion and contraception.

The Right to Have a Family

The Universal Declaration of Human Rights clearly affirms that men and women of full age, and without any limitation due to race, nationality or religion, have the right to marry and found a family (Article 16). Catholic social teaching is equally emphatic in affirming the right of every human being to found a family and subsequently to exercise its responsibility regarding the transmission of life and the education of its children. The Church's Charter of the Rights of the Family expresses this very firmly:

> *Article 1*: All persons have the right to the free choice of their state of life and thus to marry and establish a family or to remain single.
> *Article 3*: Spouses have the inalienable right to found a family.

Misguided concerns about HIV and AIDS can lead to the infringement of these rights. There have been calls in some quarters not to allow marriage to take place if one member of the couple is HIV positive and the other is HIV negative. There have also been calls to make it compulsory for those wanting to get married to undergo an HIV test, a requirement that is in fact enforced by several non-mainline churches, particularly in West Africa. Some have also stated that if the mother has

[51] *Compendium of the Social Doctrine of the Church*, §243.

HIV, the couple should avoid having children because of the risk that during pregnancy, delivery or subsequent breastfeeding HIV might be transmitted to the child.

In response to these and similar concerns, the message from CST is clear: no power can abolish the natural right to marriage or modify its traits and purpose.[52] A couple in which one or both parties is infected with HIV retains the right to marry and found a family. A married couple in which one or both parties is infected by HIV retains the right to conceive and bear a child. Mandatory HIV testing before marriage, whether called for by church or state, violates the human rights of the couple and cannot be imposed.

This does not in any way deny the desirability that a couple, whether contemplating marriage or already married, be fully open to each other about their HIV status. Catholic social teaching sees marriage as a total commitment between a woman and a man, by which they give themselves completely to each other in every aspect of their persons. Hence, where HIV is very prevalent, it encourages those contemplating marriage to go together for an HIV test (couple testing) and those who are married to share with each other about their HIV status. But it never suggests that this testing should be required, either as a condition for a marriage to take place or later in the course of married life.

Catholic social teaching would also support the right of a discordant couple to exercise its own responsibility regarding the transmission of life. In keeping with teaching originally formulated in 1953 by Pope Pius XII, it would never prohibit such a couple from having children, though it would advise them that they should seek the appropriate medical advice. If the individual who is HIV positive is taking ARVs as medically directed and is in generally good health, the likelihood of transmitting the virus to the other party is so small as to be almost non-existent. The likelihood of the parties mutually re-infecting each other is also vanishingly small in the situation where both are infected and are faithful to their prescribed medication. Likewise the chances that the mother will transmit HIV to their infant can be almost ruled out, provided she and the infant have access to and adhere by modern medical guidance and medications. Becoming parents, achieving their full integration into the community, normalizing the circumstances of people living with HIV, and attaining personal happiness and union provide a discordant couple with very compelling motives for wanting to have a child. The response of CST is to support them in their decision so that it will bring them joy, health and a sense of human completeness.

[52] *Compendium of the Social Doctrine of the Church*, §216.

CHAPTER 6
Human Work, HIV, and Catholic Social Teaching

Pope Leo XIII's seminal encyclical Rerum Novarum (1891) expressed the Church's deep concern at the exploitation of workers brought about by the capitalistically oriented industrial organisation of labour and the way in which the legitimate grievances of the world of work were being obscured by socialist and communist ideologies. Since that time the issue of work has remained a prominent concern in Catholic social teaching. Most recently, in his encyclical Caritas in Veritate, Pope Benedict XVI has returned to the theme of human work, expressing his disquiet over the way in which the mobility of labour can lead to situations of human decline (§25) and his anxiety over migration, which he calls "a social phenomenon of epoch-making proportions" (§62).

As HIV spread across the world with alarming speed in the 1980s, it was soon recognised that workers were at particular risk, not just to the disease itself but to the discrimination brought about by stigmatising and ill-informed reactions to HIV and AIDS. It was also seen that the epidemic was imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience. A further development was growing recognition of the particular vulnerability of migrant workers, both to HIV infection and to the neglect of their needs and rights in the circumstances of the epidemic. The imperative of taking full account of HIV and AIDS in relation to the workplace and to people on the move has led to considerable attention to this area on the part of two United Nations specialised agencies, the International Labour Office (ILO) and the International Organization for Migration (IOM). The principles that these agencies have developed for safeguarding workers and migrants against the epidemic and its impacts fall clearly in line with those enunciated through CST for the protection of these two groups.

HIV and AIDS in the Workplace

Since HIV is spread principally by sexual activity, the age-group at greatest risk of becoming HIV infected is the sexually active population, usually taken as those between the ages of 15 and 50. Those in this age-group constitute the reproductive population, those most likely to have children. They also constitute the economically productive population, those who make up the bulk of the world's labour force. The ILO has stated that in 2005 at least two-thirds of the more than 30 million people estimated to be living with HIV were part of the regular work-force. Inevitably this significantly affected production, particularly in the low-income countries that were most seriously affected by the disease.

From a very early stage in the history of the epidemic, agricultural, mining, transpor manufacturing and other industries, together with suppliers of educational, healt electricity, water and other services, began to report losses of personnel to AIDS related illnesses and deaths. Absenteeism due to illnesses, deaths and funera attendance began to eat more and more into the time of enterprises, resulting i increases in the costs of labour overheads (in addition to the losses occasione by the reduced availability of skilled labour and the increased recruitment an training costs required to compensate for labour losses).

Faced with these problems, options open to commercial enterprises include closing down business in areas where there was much AIDS and moving to zone where there was less of the disease; not employing, training or promoting thos with HIV; and promoting automation, with production depending more on machine and equipment and less on human resources.

None of these approaches commended itself to the people living with HIV, sinc each embodied practical discrimination against them on the basis of their HI status. Neither do any of them find favour in CST because in the final analysis eac of these options considers work only as a simple commodity, an impersonal eleme in the organisational system for the material production of goods. This goes again the CST understanding that human work not only proceeds from the person, b it is also essentially ordered to and has its final goal in the human person.[53] Wo is for the person. Whether or not a person is living with HIV, that human person the purpose of the work.

Fortunately, the strong voice of civil society, including organisations representin people living with HIV, workers and teachers unions, supported by relevant Unite Nations agencies, brought it about that measures hostile to workers with HIV we not adopted. Instead, in very many countries, legislation was introduced protectin workers against unfair dismissal because of their HIV status; assuring their rig to promotion and training opportunities; outlawing any discrimination against the on the basis of their HIV status; protecting their right to confidentiality about the HIV status; and prohibiting employers from requiring that any worker or prospecti worker be tested for HIV.

Spurring these developments, the ILO set forth a number of key principles[54] relatin to HIV and AIDS as a workplace issue, each one of them fully consonant with CS

- HIV/AIDS is a workplace issue and should be treated as such.

[53] *Compendium of the Social Doctrine of the Church*, §272.

[54] *HIV/AIDS and the world of work*. Geneva: International Labour Organization, 2002.

- There should be no discrimination against workers on the basis of real or perceived HIV status.
- The gender dimensions of HIV/AIDS should be recognised. The greater the gender discrimination in society, and the lower the position of women, the more negatively they are affected by HIV.
- The work environment should be healthy and safe for all concerned parties.
- The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers, their representatives and government.
- HIV/AIDS screening should not be required of job applicants or persons in employment.
- There is no justification for asking job applicants or workers to disclose HIV-related personal information.
- HIV infection is not a cause for termination of employment.
- HIV infection is preventable. The social partners are in a unique position to promote prevention efforts, particularly in relation to changing attitudes and behaviours, through the provision of information and education, and in addressing socio-economic factors.
- Solidarity, care and support should guide the response to HIV/AIDS in the world of work.

In keeping with this, the education sector in Zambia has adopted a policy which expressly states that all education sector personnel living with HIV have equal rights and obligations with all other non-infected education sector personnel.[55] The policy further states that there will not be prejudice against any employee in relation to equal opportunities for employment, promotion, job classification, transfers, employee benefits or training.

Provisions of this nature correspond well with Article 23 of the *Universal Declaration of Human Rights*: "Everyone has the right to work, to the choice of employment, to just and favourable conditions of work and to protection against unemployment". They are also in keeping with the long tradition of CST in promoting the rights of workers, including their first and most basic right which is the right to work. In his encyclical *Centesimus Annus* of 1991, commemorating the centenary of *Rerum Novarum*, Pope John Paul II captured much that should characterise a workplace in an era of HIV and AIDS: one's personality in the workplace should be safeguarded "without suffering any affront to one's conscience or personal dignity" (§15).

The strong statements of the same Pope on protecting the work-related rights of people with disabilities also point in the same direction: "The person with a disability

[55] Ministry of Education: *National HIV/AIDS Policy for the Education Sector*, 2004

is one of us and participates fully in the same humanity that we possess. It wou be radically unworthy of us to admit to work only those who are fully abled. To so would be to practice a serious form of discrimination, that of the strong agair the weak. Work should be subordinated to the dignity of the person, the subje of work, and not to economic advantage."[56]

The Pope wrote these words in May 1981, but because of the attack that mor on his life he was unable to publish them until three months later, in September t same year. In the intervening period, in June 1981, the first scientific announcemer were published about what later came to be known as AIDS. There is almo prophetic significance in the Pope's speaking about the work-related rights o person with disabilities in terms that extend so fittingly to the workplace rights a person living with HIV.

Apart from the workplace itself, there are situations in which the living conditio associated with work increase vulnerability to HIV infection. Prominent among the are single-sex, overcrowded or temporary accommodation arrangements. Almo invariably these arrangements require workers – mostly men – to live apart fr their families and in situations that are very conducive to both commercial sex a same-sex activity, with the attendant risks for becoming infected with HIV. T rapid spread of HIV in certain mining communities in South Africa demonstrat the reality of this risk. The reality also comes out starkly in the phenomenally hi HIV prevalence of almost 29% found in 1999/2000 across all employees of t Debswana Diamond Company in Botswana, even though Debswana provid better accommodation arrangements than the majority of similar undertakin Currently, there are fears that something similar may be developing in the new mining communities around Solwezi where the poor accommodation, the lar numbers of men who have to live in very close proximity, the limited access recreational facilities, and the ease of access to commercial sex workers combi to create an environment where HIV transmission can readily occur.

Catholic social teaching is strongly opposed to the kind of living arrangemer often provided by these mining, large-scale agriculture and infrastructural developm enterprises. It is also opposed to the relatively common practice in the pub service that may see a husband and wife posted to different locations. Many of t living arrangements provided and the posting practices adopted are the v antithesis of CST in that they imply that the worker is of less importance than enterprise: the relevant organisation feels that it is legitimate to reduce its costs not providing decent accommodation for its workers or by not making it possi for husband and wife to live together. The words of the *Church's Charter of*

[56] Pope John Paul II, *Laborem Exercens*, §22.

Rights of the Family speak very clearly against such an approach: "Families have a right to a social and economic order in which the organisation of work permits the members to live together, and does not hinder the unity, well-being, health and the stability of the family, while offering also the possibility of wholesome recreation" (§10). Unfortunately the reality on the ground is often very different: in many public and private enterprises, the organisation of work is such that families cannot live together, the unity and well-being of the family are endangered, possibilities for wholesome recreation are minimal, and vulnerability to HIV infection is increased.

Migration in Search of Work

Pope Benedict XVI has noted that migration "is a striking phenomenon because of the sheer numbers of people involved, the social, economic, political, cultural and religious problems it raises, and the dramatic challenges it poses to nations and the international community".[57] Almost 200 million individuals, close to half of them women, are believed to be living permanently or for extended periods in a country other than their own. In addition, millions migrate from rural to urban areas or vice versa within their own countries, while an undetermined large number spend part of the year in their home locality and part elsewhere. The majority of these migrants come from less privileged areas and are usually looking for one or both of two things: work and security.

The conditions under which many of these migrants live and move from place to place increase their vulnerability to HIV, especially in areas where HIV prevalence is high. Many travel without their family or spouse. For some, border and entry formalities may be very protracted, increasing the possibility of their engaging in high-risk sexual behaviour. In the circumstances of their new living place, they are separated from the socio-cultural norms that regulated social and sexual behaviour in their place of origin. Being almost anonymous in their new surroundings they may feel that they have greater sexual freedom. Many may have to work in isolated environments where recreational facilities are limited and access to commercial sex workers is easy. Because their residential status may be uncertain, some may be subject to various types of exploitation which could include compulsion to engage in sexual activities. Lack of clearly defined legal rights and protection exposes many, especially seasonal agricultural workers, informal traders and domestic workers, to unscrupulous exploitation and abuse.

The Church has always championed the cause of migrants. As far back as 1965 it stated that all kinds of discrimination in wages and working conditions should be avoided in regard to workers who come from other countries or areas.[58] A few

[57] Pope Benedict XVI, *Caritas in Veritate*, §62.

[58] Vatican Council II, *Gaudium et Spes*, §66.

years later, Pope Paul VI wrote that "We cannot insist too much on the duty of giving foreigners a hospitable reception. Emigrant workers should also be given a warm welcome".[59] The *Catechism of the Catholic Church* affirms that "the more prosperous nations are obliged, to the extent they are able, to welcome the foreigner in search of the security and the means of livelihood which he cannot find in his country of origin" (§2241). The same article adds the beautiful reflection that "public authorities should see to it that the natural right is respected that places a guest under the protection of those who receive him". The *Charter of the Rights of the Family* states clearly that the families of migrants have the right to the same protection as that accorded other families and affirms the right of migrant workers to see their families reunited as soon as possible (Article 12).

Pope Benedict XVI reflects on the need to safeguard the needs and rights of individual migrants and their families and speaks feelingly of "the burden of suffering, the dislocation and the aspirations that accompany the flow of migrants".[60] He also makes the significant observation that migrant workers cannot be considered as a commodity or a mere workforce, that "every migrant is a human person who, as such, possesses fundamental, inalienable rights that must be respected by everyone and in every circumstance".

None of these Church statements deals expressly with the circumstances of migrant workers confronted with the situation of HIV and AIDS. However they show exceptional concern for such individuals, both as workers and as persons endowed with the full range of human rights that every party must respect. They also embody the understanding that migration can be a source for development and that migrant workers make a significant contribution to the development of their host country. Applying them, especially what they say about reuniting the families of migrants and regarding them as guests who are placed under the protection of the country that receives them, would go a long way in reducing the HIV vulnerabilities of migrant workers to HIV.

[59] Pope Paul VI, *Populorum Progressio*, §§67, 69.

[60] Pope Benedict XVI, *Caritas in Veritate*, §62.

CHAPTER 7

The AIDS Epidemic and Solidarity, Subsidiarity and the Integrity of Creation

Catholic social teaching recognises two principles that are important in guiding both individuals and higher authorities in the regulation of social life: solidarity and subsidiarity. These are basic principles that underlie much of the entire social teaching of the Church.

Solidarity stresses that we are all one human family. Hence we benefit from one another and from all that previous generations have bequeathed to us. We also have obligations and responsibilities to one another and to the generations that will follow. Growing interdependence among nations in a globalised world increases both the benefits and the responsibilities arising from human solidarity. Though solidarity was one of the basic principles of Pope Leo XIII's seminal encyclical *Rerum Novarum*, it was only with Pope Pius XII that the term came into explicit use.

The principle of subsidiarity has appeared more expressly in church teaching. The heart of this principle is that individuals and groups should be allowed to do as much as they can for themselves without interference or direction from above, while at the same time higher levels of authority or of organised social life should be poised to come to the assistance of those at lower levels when these are unable to meet the challenges of an existing situation.

Both principles have considerable relevance in a world with HIV and AIDS.

Solidarity

Catholic social teaching has always seen all human beings – every man, woman and child – as children of God constituting one human family. We are bound to one another through our common and universal equality in dignity and rights, through our interdependence, through our common quest for peace, prosperity and progress, and through our responsibilities and obligations to each other. No one's fulfilment can be completely isolated that of any other in the web of existence.[61] We depend on each other and we have responsibilities to each other. In his encyclical *Populorum Progressio*, Pope Paul VI gave eloquent expression to this solidarity that ties all people together:

> As the waves of the sea gradually creep farther and farther in along the shoreline,

61 Cf. *Catholic Social Teaching. Our Best Kept Secret*. Edward P. DeBerri and James E. Hug with Peter J. Henriot and Michael J. Schultheis. New York: Orbis Books, 4th Edition, 2003, page 31.

> so the human race inches its way forward through history. We are the heirs of earlier generations, and we reap benefits from the efforts of our contemporaries; we are under obligation to all other people. Therefore we cannot disregard the welfare of those who will come after us to increase the human family. The reality of human solidarity brings us not only benefits but also obligations (§17).

The responsibilities to which human solidarity gives rise cross national, racial, economic and ideological differences. They also speak to the stark inequalities that exist between individuals and nations and between the wealthier and poorer parts of the world. In other words, our solidarity as members of the one human family alerts us to the injustices in the world and to the need to do something about them. Pope John Paul II has said that this solidarity is not a "feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say, to the good of all and of each individual, because we are all really responsible for all".[62]

The Church's social teaching regarding solidarity repeatedly returns to this intimate bond between solidarity and the common good, between solidarity and the universal destination of goods, between solidarity and equality among individuals and peoples, between solidarity and peace in the world. In an extraordinary way, the AIDS epidemic has promoted similar understandings, sometimes from a negative aspect, but more frequently from a positive point of view that reinforces confidence in the innate goodness of the human person.

In many respects, the AIDS epidemic is a product of human solidarity. The fact that the disease is transmitted mainly through the very intimate activity of sexual intercourse highlights this at the personal level. The explosive spread of the disease became possible because of growing world interconnectedness through rapid transportation, a complex network of international trade routes, and the large-scale movement of people. Within a brief period, the epidemic assumed humanitarian, demographic, scientific, economic and security dimensions – all of them expressions in one way or another of human solidarity – that placed it in a category apart and led to an approach that regarded it as constituting so exceptional a threat to humanity that it had to command an exceptional response.

The Church understanding of solidarity envisages a world in which there is a greater sense of interdependence, commitment to shared universal values, mutual support among peoples, and new awareness that every individual is part of a global community that exists to serve the interests of all, including future generations. Recognising their indebtedness to past, present and future generations, people

[62] Pope John Paul II, *Sollicitudo Rei Socialis*, §3.8.

would then be in a position to rediscover new life, hope and the priority of their relationships with one another.

In a very comparable way, the era of HIV and AIDS has seen outstanding manifestations of the global community's determined commitment to the common good of controlling the epidemic, reducing its negative impacts (especially on the poorer and weaker members of society) and moving steadily to an AIDS-free world. These positive moves towards greater human solidarity have included:

- Extraordinary attention on the part of the United Nations and its various agencies. Apart from the establishment in 1996 of a new agency, the Joint United Nations
- Programme on HIV/AIDS (UNAIDS), to coordinate the UN response, the supreme world body devoted several special sessions to considering the epidemic and monitoring progress in the achievement of response goals. A remarkable fact was that even the Security Council of the United Nations deliberated on HIV and AIDS, the only time in history that it met to consider a disease and striking recognition that the continued growth of the epidemic posed a threat to world peace and security.
- Unprecedented growth in the participation of civil society in public affairs, in advocacy on behalf of people living with HIV, and in providing services for those infected and affected. Among other things, this advocacy contributed greatly to the more widespread availability and reduced costs of antiretroviral drugs. The AIDS Service Organisation (TASO), established in Uganda in the late 1980s, served as a model for similar service organisations in many parts of the world where they continue to give expression to people's solidarity with one another in responding to the AIDS-related needs of infected and affected individuals and families. The widespread adoption of Home-Based Care activities has also borne witness to this solidarity. The award of the Nobel Peace Prize to Médecins Sans Frontières in 1999 marked international recognition of the extraordinary humanitarian role played by this civil society organisation and, indirectly, to the way civil society as a whole was responding to the AIDS-related needs of fellow-members of society.
- A tremendous increase in the concern being shown at international and national levels in responding to the needs of poor and vulnerable groups. Despite its horrendous nature, the AIDS epidemic has spurred efforts to reduce poverty, eliminate hunger, and hear the voice of the less advantaged. Ongoing moves to introduce social protection measures that respond to the needs of the poor and marginalised are evidence of this. The concern with food security is another move in this direction. The epidemic has also provided a strong stimulus to more concerted efforts on behalf of greater gender equity, reduced gender-based violence, and the needs of children

and the elderly. Groups that have traditionally been at a disadvantage, such as people living with disabilities, prisoners, or people with diverse sexual orientations, have often found their concerns being brought forward within the context of responses to the epidemic. In these and similar areas the epidemic has heightened awareness that we all belong to the one human family and that we have responsibilities and obligations towards one another, that lived recognition of the solidarity of our human family is one of the keys to overcoming HIV and giving birth to a world free of the disease.

- Massive increases in global spending on the epidemic, which grew from $292 million in 1996 to more than ten billion dollars in 2008. The increases were experienced at every level: public, private, domestic, national and international. Very significant was the establishment by the United Nations of the Global Fund for AIDS, TB and Malaria and of the United States President's Initiative for the AIDS Response (PEPFAR), funding mechanisms that have supported many of the positive moves against the epidemic since 2005. Philanthropic involvement was also very noteworthy, especially with the resources and inspiration coming from the Bill and Melinda Gates Foundation and from the Clinton Foundation.
- A wide variety of initiatives aimed at improving understandings of the epidemic, promoting positive responses, enhancing the lives of those living with HIV, and bringing hope. Most notable has been making it possible for more than five million people to have access to antiretroviral therapy, thereby saving their lives. The universal adoption of the principle of the Greater Involvement of People with HIV or AIDS, the GIPA principle, must also be mentioned – "nothing about us without us". Other initiatives included the appointment by the United Nations and some individual countries of roving "AIDS ambassadors" charged with the responsibility of ensuring that the epidemic remained high on the political agendas and that something meaningful was being done about it.
- A vast body of research, conferences and publications focused on the scientific and social aspects of the epidemic and the promotion of approaches, both hard (vaccines, microbicides and pre-exposure prophylaxis) and soft (behavioural practices), that would prevent the entry of HIV into the body. The International AIDS Conferences that are held every second year are among the largest the world has ever known. At the university level, UNESCO has established special Chairs in HIV and Education at the University of the West Indies, the National University of Ireland Galway, and elsewhere. In addition, it has established a clearing-house for documents relating to the broad field of education and HIV-and-AIDS.
- The worldwide involvement of the Church at the medical, social and spiritual levels against the virus and on behalf of those suffering from AIDS. More than a quarter of the care and treatment provided globally for people with AIDS comes from Catholic institutions. Caritas Internationalis, the

confederation of Catholic relief, development and social service organisations, is engaged in AIDS-related work in more than one hundred countries, while the Vatican has launched special initiatives in over sixty that are seriously affected. In addition, Pope John Paul II established the Good Samaritan Foundation in 2004 to support the neediest sick people, especially those with AIDS.

The world would undoubtedly have been a better place in the absence of HIV and AIDS. But it is surely a sign of the unconquerable spirit and inherent goodness of the human person that the epidemic triggered so exceptional a response and such genuine and unselfish efforts at all levels of society to respond to the needs of others. CST proclaims the importance of human solidarity. The global response to HIV and AIDS continues to give remarkable expression to its reality.

Stagnation in AIDS Funding

As noted already, the years since 1996 saw large increases in global spending on HIV and AIDS, a factor that gave very concrete expression to the CST principle of solidarity. These increases reached their maximum in the years 2008 and 2009, but since then the level of AIDS funding has stagnated. UNAIDS has noted that in 2010, for the first time in fifteen years, overall AIDS funding did not increase. The term "flat-lining" has come into common use, indicating the way support from various sources is no longer increasing but is struggling to maintain the levels of earlier years. There are several reasons for this:

- The economic recession of 2008/2009 put pressure on many funding agencies to place a ceiling on their budgets.
- Other global priorities, such as climate change, are capturing the attention and resources of donors.
- Controversy among practitioners on the advisability of channelling large sums to HIV and AIDS while other health areas (for instance, maternal and child health or the large areas of respiratory and diarrhoeal diseases) are comparatively neglected is leading to some shifts in the allocation of what is actually made available.
- Concerns about the development of parallel health systems – a relatively well-resourced system that responds to HIV and AIDS and an under-financed one that manages all other health-related matters – are resulting in the diversion to the strengthening of health systems of funds that might otherwise have gone directly to HIV and AIDS.
- Global Fund concern about the misapplication and sometimes fraudulent use of funds has had two negative consequences – grants not being paid or being delayed, and some donor reluctance to increase their contribution to the Fund if recipients are not managing grants in a transparent manner (although it should be noted that the United States has pledged four billion

dollars to the Global Fund for the three-year period 2011–2013, the largest pledge ever made to the Fund).

The fear of practitioners is that the flat-lining of donor support will compromise HIV prevention and AIDS treatment programmes. Faith-based organisations, which provide up to 70% of health care and HIV-related eservices in rural and poorly resourced areas, reported that during 2010 funding shortages led to people on ART being forced off treatment, no new people being allowed to enrol in treatment programmes, drug shortages, and staff layoffs. Waiting lists and rationing of access to ART, previously unheard of concepts, are becoming the order of the day.

The CST principle of solidarity can speak to some of the issues that are resulting in AIDS funding not growing in proportion to the needs. Clearly it would back up every measure aimed at ensuring greater transparency, less corruption, and more efficient deployment and monitoring of scarce resources. It would also ask that countries re-examine their priorities. While alleging that they do not have any resources that they can commit to the Global Fund, some countries have committed gigantic amounts to bailing out financial institutions. Others continue to allocate a large proportion of their national resources to the military and maintaining their supply of arms. In 1967, Pope Paul VI asked world leaders to set aside part of their military expenditures for a world fund to relieve the needs of impoverished people.[63] Were he alive today he would be saddened to know that in 2007 military expenditure totalled $1,339 billion globally, compared with $10 billion made available the same year for HIV programmes.

In relation to other priorities, whether global or health-system related, CST would have those who control resources reflect on the current reality of the AIDS epidemic: 25 million deaths attributable to the disease; 33 million people infected across the world, with almost two million new infections occurring each year; two million AIDS-related deaths each year; an estimated 15 million children who have lost one or both parents to AIDS; and of the 15 million people estimated to be in need of treatment, only five to six million receiving it. Policy-makers and those with resources have the very difficult task of judging how much they should commit to responding to such needs in comparison with what they commit to other major national and global concerns. The principle

[63] Pope Paul VI, *Populorum Progressio*, §51.

of solidarity would want that in making such judgements they should be guided by a firm and persevering determination to commit themselves to what seems best for the good of all and of each individual.[64]

Recognising the importance that, to the extent possible, countries should be able to finance their own health systems, including those for HIV and AIDS, the CST principle of solidarity also insists on the need for trade policies that are more favourable to poorer countries. It recognises that currently many countries are penalised by unfair international trade regulations and decries aberrations which often allow the trade system to discriminate against products coming from poorer countries. The result is that the poor countries remain poor while the rich ones become still richer. In such a scenario, poor countries are unable to reduce their dependence on external financial assistance and must remain beholden to the richer countries if they are to maintain and expand their HIV and similar social services. CST is clear on what needs to be done: "The continuing deterioration in terms of the exchange of raw materials and the widening of the gap between rich and poor countries has prompted the social Magisterium to point out the importance of ethical criteria that should form the basis of international economic relations: the pursuit of the common good and the universal destination of goods; equity in trade relationships; and attention to the rights and needs of the poor in policies concerning trade and international cooperation."[65]

Subsidiarity

For almost a century, Catholic social teaching has been calling for the organisation of society on the basis of the principle of subsidiarity. This principle states that a government or higher level of social organisation should not do for individuals or groups what these can do for themselves. On the other hand, the principle also requires that when individuals or groups cannot by themselves bring about some common good, a higher level of social organisation or a government should work with them to enable them to do so.

Underlying the principle is concern for the dignity of the person and its practical manifestation in the exercise of freedom and initiative. This cannot be achieved if a person is little more than a robot, always required to carry out the instructions of others, but never making any positive contribution, and having very little sense of personal agency or ownership. Every social activity ought to build up the members of the relevant organisation and never suppress them. To ensure this, higher social entities (including a government and its organs) should not take over and absorb

[64] Pope John Paul II, *Sollicitudo Rei Socialis*, §3.8.
[65] *Compendium of the Social Doctrine of the Church*, §364.

lower level social bodies or try to substitute for them. The responsibility of the higher body is to adopt an attitude of help (subsidium) that will show itself in support, promotion, and development, but not in take-over, absorption or replacement. And even when the lower body is unable to discharge its responsibilities, the role of the higher body is to come to its aid, but without supplanting or replacing it.

Although subsidiarity is seldom mentioned explicitly in relation to HIV and AIDS, the application of the principle has considerable importance in the response to the epidemic on the part of a wide network of relationships between individuals and various kinds of organisations and activities. UNAIDS has stressed that grassroots and community mobilisation is the core strategy on which success against the epidemic must build. The epidemic strikes first at individuals and through them at families and communities. It is amongst these that the response is crucial. The first line of response belongs to them. Individuals, families and communities must be encouraged to make the necessary response and when what is needed exceeds their resources they must receive from higher bodies whatever multi-faceted support is required.

Likewise, it is only individuals, with support from families and communities, who can put a halt to HIV transmission. Advances in science or messages from the Churches and other bodies will not stop the disease unless individuals take ownership of what science or the Churches are telling them. Hence, the apparent dominance of the epidemic will not be broken until higher bodies – faith-based and civil society organisations, donor programmes, health institutions, government organs – help individuals to equip themselves with a sense of personal involvement, responsibility and agency that will motivate them to say with regard to the epidemic "enough is enough", and empower them thereafter to take the necessary action. Building the power of individuals and communities to do for themselves what they alone are capable of doing is central to any successful response to the epidemic. It is also the very meaning of subsidiarity.

Other areas where, without their being aware of it, AIDS programmes take account of the principle of subsidiarity include:

- The principle of the Greater Involvement of People with HIV or AIDS (the GIPA principle). This principle, which has been in place since 1994, seeks to draw on the unique knowledge and understanding of infected persons at local, national, regional and global levels in establishing the social, political and legal conditions needed for an effective response to the epidemic. Unfortunately, the principle tends to be acknowledged more in words than in action, with quite insufficient efforts being made to promote the meaningful involvement of people whose personal experience makes them experts on the epidemic "from within".

- The spontaneous growth of innumerable small community organisations to respond to the needs of orphans and children made vulnerable by the epidemic.
- As noted already, the establishment of extensive networks of home-based care programmes that respond in their homes to the care, support and treatment-adherence needs of people living with AIDS or TB.
- The broad array of civil society organisations (NGOs, FBOs, CBOs, traditional leaders and healers, business organisations, professional organisations, sports organisations, cultural organisations and others) that support individuals and communities grappling with HIV and AIDS, strengthen the bonds between them and help them build themselves into communities against HIV and AIDS.

The principle of subsidiarity sees higher level social entities supporting individuals and communities in doing what these cannot do for themselves. Much of the area of AIDS treatment provides a classic instance of this, particularly in relation to antiretroviral treatment. Clearly, this is something that few of the infected people in the poorer countries would themselves be able to pay for. But application of the principle currently faces the problem in many countries that low levels of national resources are used to ensure the availability of the necessary drugs and services. For instance, in 2006 less than 25% of the total expenditure on the response to HIV and AIDS in Zambia came from nationally-generated funds; more than 75% came from international funds. In such a situation, ownership and decisions relating to the response tend to lie more with international authorities and donors than with the Zambian people, factors that could be contributing to Zambia's slow progress in reversing the epidemic. A more robust application of the principle of subsidiarity would see in this instance a larger proportion of the finances needed for the AIDS response coming from national resources, something that could lead to greater dynamism, a more focused sense of purpose and more vigorous action in the national response.

Safeguarding the Integrity of Creation

Catholic social teaching, basing itself on the biblical accounts of creation and developments in understandings of these, treats of all God's creation with tenderness, delicacy and passionate concern. In almost lyrical language, Pope John Paul II spoke of the environment as our home and cautioned against regarding it merely as a resource.[66] Pope Benedict XVI has stressed that "the Church has a responsibility towards creation and she must assert this responsibility in the public sphere. In so doing, she must defend not only earth, water and air as gifts of creation that belong

[66] Pope John Paul II, Address to participants in a convention on "The Environment and Health", 24 March 1997.

to everyone. She must above all protect humanity from self-destruction",[67]

Care, responsibility, respect, and obligations to future generations are key themes that run through CST in this area. In Catholic thinking, the universe is perceived not as a hostile environment but as the setting that God entrusted to men and women to develop their potential through their "responsible stewardship over nature, in order to protect it, to enjoy its fruits and to cultivate it in new ways, with the assistance of advanced technologies, so that it can worthily accommodate and feed the world's population."[68] Inter-generational justice is of major concern. Responsibility for the environment, humanity's common heritage, extends not only to present needs but also to those of the future. The present generation has benefited from the accumulation of the labour, understandings and developments of the past and has the obligation to expand these without damage to the integrity of creation and to transmit them in a safe and healthy natural environment to oncoming generations.

On the other hand, everything that is hostile to CST shows itself in the exploitation or abuse of nature, consumerism, and the utilitarian reduction of all that the environment embodies to mere objects to be manipulated and exploited. In particular, CST sees that the integrity of creation cannot be assured where the maximisation of profits is the only objective, since the environment is one of those goods that cannot be adequately safeguarded or promoted by market forces.[69]

The vision of CST is that the whole of creation has been entrusted to human responsibility and humanity has the task of caring for its harmony and development. Pope Benedict XVI captured this vision in many striking passages in his Encyclical *Caritas in Veritate*. "The natural environment expresses God's design of love and truth. It is prior to us, and it has been given to us by God as the setting for our life. .... The environment is God's gift to everyone, and in our use of it we have a responsibility towards the poor, towards future generations and towards humanity as a whole".[70] Nature and the environment demonstrate "the wonderful result of God's creative activity, which we may use responsibly to satisfy our legitimate needs, material or otherwise, while respecting the intrinsic balance of creation". The natural environment is "a wondrous work of the Creator containing a 'grammar' which sets forth ends and criteria for its wise use, not its reckless exploitation". The Pope also cautioned against seeing in the natural environment nothing more than raw material to be manipulated at our pleasure.

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[67] Pope Benedict XVI, *Caritas in Veritate*, §51.

[68] Pope Benedict XVI, *Caritas in Veritate*, §50.

[69] Pope John Paul II, *Centesimus Annus* §40.

[70] The quotations in this paragraph come from §48 of *Caritas in Veritate*.

Although HIV and AIDS inhere in the human biological system, their numerous impacts have considerable potential to lead to environmental damage. CST concern about the preservation of the natural environment for future generations has particular relevance in relation to the epidemic. Schooled by centuries of experience, rural populations learned to adopt patterns of cropping, animal husbandry, fishing, tree and forestry management, and general oversight of the environment that yielded good returns without damage to natural ecological systems. The knowledge and skills required for this were passed from generation to generation, not in a formal way but through the informal learning of children from their parents and elders. HIV and AIDS have put this under threat. Because of AIDS-related deaths and illnesses this transmission of knowledge and skills may no longer take place. The result is considerable risk of environmental degradation, as through over-fishing or fishing at the wrong time of year, failure to preserve certain plant species, or lack of attention to contour ridges, watercourses and where water run-off should be directed. This is because the young people no longer have adults to demonstrate to them that they cannot use animals, plants, trees, fish, wildlife and water simply as they wish, but that they must respect the demands of each if they are to be productive in future years.

Responses triggered by HIV and AIDS may also fail to take account of the environmental value of biodiversity, a matter of considerable concern to CST. One such response is the cutting down of trees, principally for fuel use as wood or charcoal, either to supplement incomes in HIV-affected households or to cater for the increased need for hot water in such households. The inconsiderate removal of trees has risky consequences for water reserves and soil fertility and compromises the well-being of present and future generations. Another HIV-related response that reduces diversity in the environment is the uncontrolled harvesting of plant material for use or sale as herbal remedies, a strategy that has already led to significant increases in the distances herbalists must go to collect material and also to the extinction of a number of species. The survival of some plant species may also be threatened if AIDS-affected communities begin to rely greatly on them for food. If animals feed off the same plants, the survival of the animal species could also be threatened.

Other specific aspects of the day-to-day response of households to HIV and AIDS that could lead to environmental damage include:

- Contamination of water sources through the disposal of human waste near where people live and get their water.
- Environmental degradation through the indiscriminate disposal of unused drugs and of plastics and other non-biodegradable items.
- Increased dependence on economic activities, such as preparing beer or food for sale, that require firewood and hence make it more difficult to

preserve trees and forests.

- Decline in the productive capacity of soils in the vicinity of an affected homestead because of over-intensive use arising from age- or sickness-related inability to cultivate more remote fields or from failure to transfer skills and knowledge to the next generation.
- Lack of labour for the maintenance of contour ridges and for similar environmental management activities.
- Depletion of fish stocks through over-fishing or fishing in places or at times of the year that can be injurious to the replenishment of stocks.

Apart from these specific instances of some direct relationship between HIV responses and potential harm to the environment, there are two other interconnected matters that relate in broad terms to the respect for the intrinsic balance of creation called for by Pope Benedict XVI and in which there is some overlapping between HIV and AIDS aspects and CST.

One is in the way science and technology have transformed the environment of the AIDS epidemic. In the thirty years since the epidemic came to global awareness, the tireless application of human genius has brought extraordinary advances in medicine, science and technology designed to overcome the epidemic or at least reduce it to something that can be more easily managed. The initial and ongoing development of antiretroviral drugs, the determined search for a vaccine against HIV infection, the resolute quest for a microbicide that would protect women and girls against infection, the painstaking research in establishing that male circumcision can be protective against HIV infection, the courageous refusal to be daunted by failure: all speak to triumphs of human resourcefulness and ingenuity.

In the words of Pope John Paul II, such triumphs are also wonderful products of a God-given human creativity. CST states very clearly that the results of science and technology are, in themselves, positive. Pope John Paul II affirmed that "as people who believe in God, who saw that nature which he had created was 'good', we rejoice in the technological and economic progress which people, using their intelligence, have managed to make".[71] The world, therefore, rightly celebrates the progress that science and technology have made in the response to HIV and AIDS.

But as Pope Benedict XVI has pointed out, technology is never merely technology. It reveals the person's aspirations towards development and the inner tension that impels him gradually to overcome material limitations.[72] There is need, therefore, to go beyond the findings of science and the applications of technology. But going

[71] *Compendium of the Social Doctrine of the Church*, §457.

[72] Pope Benedict XVI, *Caritas in Veritate*, §69.

beyond does not mean denying or contradicting the results. The situation is similar to that outlined towards the end of Chapter 1 above – in the response to HIV and AIDS, science and technology give pragmatic and very valuable results; CST looks to what these results mean in terms of integral human development. To paraphrase Pope Benedict, technology gives much attention to the "how" questions, while CST is also concerned with the "why" questions.[73] The achievements of science and technology in enabling a more humane response to HIV and AIDS are stunning. But there is need to push further ahead, to ensure that there is mature human responsibility in using the advances made by science and technology. There is need to recognise dimensions that cannot be explained in terms of science alone, or of matter alone, and even less of quantitative data alone.

This leads to a consideration of the second aspect, namely, that there is more to the response to HIV and AIDS than the availability and accessibility of antiretrovirals. Here there is clear need to go further, to provide for a holistic approach to health and well-being and to take greater account of the multi-faceted cultural environment within which the disease transmits and thrives. There is need also for a response that is deeply embedded in rectifying the social injustices that sustain and are sustained by the epidemic. The environment is broader than natural systems. It comprises the entire complex of the ecological, physical, social, cultural, economic, spiritual and juridical contexts within which HIV transmission is occurring and AIDS is flourishing. Responding to the epidemic must take account of every aspect of this complex environment. If this happens, there is every reason to hope that such a comprehensive response to the epidemic will lead to more integral human development that will enable the current generation to hand the universe on to those in the future in such a condition that they too can worthily inhabit it and flourish in it.

[73] Pope Benedict XVI, *Caritas in Veritate*, §70.

CHAPTER 8

Conclusion: Responsibility – Always and Everywhere

These pages have considered some of the striking ways in which Catholic social teaching and aspects of the AIDS epidemic speak with one voice to the men and women of today. That they can be so united, despite their different perspectives and orientations, bears testimony to the unity of truth in the human family. One immediate conclusion is that CST can be a powerful ally in the struggle against the epidemic, above all in the way it is rooted in the inalienable dignity of the human person and the priority of human rights.

What has gone before has also brought out the importance that both CST and the global response to HIV and AIDS attach to responsibility – personal responsibility with regard to behaviour and the responsibility of society to generate the conditions that will make such personal responsible behaviour possible.

When travelling to West Africa in March 2009, Pope Benedict XVI, in response to a question from a journalist, said that addressing AIDS required a humanisation of sexuality. The official Vatican spokesperson said that this observation referred to the long-standing Church position that education about people's responsibility in the use of sexuality, and the essential role of marriage and the family, are essential principles for preventing the sexual transmission of HIV.[74] CST has been unwavering in seeing responsible sexual activity, shown primarily in abstinence on the part of a person who is not married and fidelity to one's spouse on the part of one who is, as being the surest and most acceptable ways of preventing the sexual transmission of HIV.

The Church is not alone in prioritising responsible sexual behaviour, shown in abstinence and fidelity, as the surest ways of preventing the sexual transmission of HIV. In November 2004, the influential medical journal *The Lancet* published a "Consensus Statement" on a sound public health approach to the prevention of sexually transmitted HIV. This was endorsed by a large body of AIDS experts and members of local and international faith-based organisations. Having affirmed that changing or maintaining behaviours aimed at risk avoidance and risk reduction must remain the cornerstone of HIV prevention, the Consensus Statement presented

[74] Observations of Vatican spokesperson Rev. Frederico Lombardi, S.J. as quoted by the Associated Press and other media, 18th March, 2009.

a number of key principles, among them the following:

- When targeting young people, for those who have not started sexual activity, the first priority should be to encourage abstinence or delay of sexual onset.
- When targeting sexually active adults, the first priority should be to promote mutual fidelity with an uninfected partner as the best way to assure avoidance of HIV infection.

These are remarkable statements of priority, coming as they do from a secular source. They reflect strong agreement with the Church in their insistence on the importance of responsible sexual behaviour.

Responsibility also lay at the heart of the observations made by Pope Benedict in 2010 on condom use. When asked for some clarification on his remarks, the Pope said: "The problem is this ... It's the first step of taking responsibility, of taking into consideration the risk of the life of another with whom you have a relationship". In circumstances where, for whatever reason, an individual finds that abstinence or fidelity are not realistically possible, responsible concern for one's own health and for that of one's partner requires protection against possible HIV transmission, whether by condom use or other risk-reducing strategy.

But responsibility does not begin or end with HIV or with sexual or drug-injecting behaviour that might transmit HIV. It extends to every area of life. The HIV discourse frequently refers to the ABC strategy – abstain, be faithful/reduce partners, use a condom – as a way of preventing the transmission of HIV. But there is need to abstain from more than sex. There are other social areas where behaviour needs to be responsible. Responsibility calls for abstinence from corruption, from substance abuse, from dishonesty, from environmental degradation, from laziness, from a self-centred ignoring of the needs of others, both locally and globally, and from many other forms of disordered human behaviour. As Pope Benedict XVI has said, "the book of nature is one and indivisible". Limiting responsibility to just one area, such as the sexual sphere, would be as self-defeating as trying to protect a house by locking its front door but ignoring other doors and leaving the windows wide open.

At the deepest level, therefore, CST would see a need for society to form its conscience so that it becomes more sensitive not just to the sickness and mortality issues of HIV and AIDS but to the wider issues of protecting human life at all stages, from conception to the time of natural death; of promoting respect for sexuality, marriage, and the family; of establishing relations and systems that recognise in practice the equality between women and men; of promoting justice for all peoples; of ending hunger; of loving care for the environment and every aspect of God's good creation. At the pragmatic level of the response to the epidemic, what CST

strives to promote is a more comprehensive sense of responsibility, not just in relation to sexual activity, but in all facets of life that impinge in any way on the epidemic. In this it would surely be partnered by the HIV and AIDS world. United in this vision, CST and the global response to HIV and AIDS are pulling together to lead humanity towards a world free of AIDS where there would be greater possibilities for integral human development with the "free assumption of responsibility in solidarity on the part of everyone".[75]

[75] Pope Benedict XVI, *Caritas in Veritate*, §11.

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