

Questions and Answers About HIV/AIDS

What is AIDS? What is HIV?

AIDS is an acronym that stands for **A**cquired **I**mmune **D**eficiency **S**yndrome. It is not just one disease but a collection of life-threatening diseases (including certain very harmful viruses and other infections, including tuberculosis, a rare form of pneumonia and various forms of cancers) that attack the body when its immune system is severely compromised. AIDS is caused by HIV – **H**uman **I**mmunodeficiency **V**irus.

What is the origin of HIV and AIDS?

The illnesses associated with AIDS were first noted by physicians in the early 1980s when they observed that many younger men and women were developing these serious illnesses and dying very quickly. After some years of research, they found that this syndrome was caused by HIV. It is not yet known whether HIV is a new disease agent or whether it has been present among people for many years but more recently has evolved into a more destructive form. The most widely accepted theory about the origin of HIV is humans were first infected by similar viruses that affect certain species of monkeys (SIV – Simian Immunodeficiency Virus) and that the SIV then evolved into HIV. The simian virus most likely infected humans who were hunting for monkeys and cut themselves, thus allowing the infected blood of the monkeys to enter into the human bloodstream.

How can one become infected with HIV?

HIV is present in varying concentrations in certain body fluids, including blood, male and female sexual fluids, and breastmilk. The ways in which a person could be infected through contact with the infected body fluids of another person are:

- **Contact with infected blood** – i.e., through transfusions, sharing of hypodermic needles and syringes, use of scalpels or other sharp and skin-piercing instruments without prior sterilization. The most efficient way to transmit the virus is by administering a transfusion without prior screening of the blood. The reason for this is that a large quantity of infected fluid has a direct route into the bloodstream of the uninfected person;
- **Penetrative sexual relations with an infected person** – The virus could be transmitted through sexual contact from a man to a woman (the most common means of transmission), from a woman to a man, from a man to a man and (in rare situations) from a woman to a woman. Infection does not occur with every sexual contact, but it **could** occur through any such contact;
- **Infected mother to child** – An infected mother could infect her child while still *in utero* (the virus can pass through the placenta); during the birth process (when the child comes into contact with much infected fluid and/or blood of the mother),

or during breast-feeding. Without any special intervention, mother-to-child transmissions could occur in approximately 1/3 of all births which involve an infected mother. However, clinicians have found that one dose of an antiretroviral medication shortly before the mother is about to deliver and one dose of the same medication administered to the child shortly after birth can reduce significantly the possibility of mother-to-child transmission.

Is there a diagnostic test for AIDS?

AIDS is diagnosed when physicians observe the clinical signs of the life-threatening diseases that attack the body when the immune system is significantly compromised or destroyed. An AIDS diagnosis also can be given when the person has a very low level of T-cells or CD-4 white blood cells, which are needed to coordinate the body's response to disease through its immune system. HIV is particularly attracted to these T4 or CD-4 cells and, once it enters into these cells, it destroys them.

There are several tests – done on blood specimens or on certain mucous cells scraped from the inside of the mouth – to determine if a person has been infected by HIV. These tests only indicate whether infection is present. They do not predict whether or when the immune system will be compromised to the point that the body will be prone to the life-threatening illnesses associated with AIDS.

Is there a cure for AIDS?

To date, there is no cure for HIV or for AIDS. Once a person has been infected, (s)he will always remain infected. There are, however, certain medications (called antiretroviral medications) which, when used in combination, can keep the level of HIV quite low, thus allowing the body to retain a higher number of T4 or CD4 cells and thus keeping the immune system stronger. Once physicians found out how to administer these medications to the best advantage of the infected person, they succeeded in keeping HIV-positive patients alive for longer periods of time and enjoying a better quality of life. However, these medications can be quite expensive and many people (especially those living in developing countries) who need them still do not have access to them. Moreover, some people develop serious side effects in reaction to the medications and some people develop resistance to the medications after use for an extended period of time and thus will need to take a completely different regimen of these medications.

Progress has been made with reducing the prices of these medications and with developing new medications to supply additional regimens in cases where the previous regimens are no longer effective. Governmental leaders from all member and observer nations of the United Nations gathered at UN Headquarters in June 2006 and committed themselves to promote universal access to HIV prevention education, care, support and treatment by 2010 for all persons who need these measures; the Holy See was represented at this global summit.

How can HIV transmission be prevented?

All blood donations intended for use in transfusions or administration of blood products need to be screened for HIV and discarded if found to be positive. Any sharp, skin-piercing instruments, including hypodermic needles and syringes, need to be sterilized before being re-used on another person or need to be used only one time and then discarded in specially-designed containers.

HIV-infected pregnant women need to be carefully monitored during pre-natal care and antiretroviral medications need to be used (with the mother, shortly before giving birth; and with the child, shortly after birth).

In order to prevent the sexual transmission of HIV, persons should observe sexual abstinence outside marriage and spouses should be mutually faithful to each other within marriage. From a scientific point of view, the correct use of a latex condom can reduce the risk of sexual transmission of HIV; however, even from a strictly scientific point of view, condom use cannot be said to be 100% effective, since many behavioral factors may interfere with correct use. For the latter reason and for other moral and ethical reasons, including the Church's prohibition of artificial contraception, the Catholic Church promotes abstinence outside marriage and mutual, lifelong fidelity between two uninfected spouses as the only sure way to prevent transmission, so long as neither spouse has been infected through a blood transfusion.

In a radio and television interview with a German journalist, Pope Benedict XVI articulated the latter point in a most clear and eloquent manner:

"I believe that the real problem of our historical moment lies in the imbalance between the incredibly fast growth of our technical power and that of our moral capacity, which has not grown in proportion," he said.

"That's why the formation of the human person is the true recipe, the key to it all, I would say, and this is what the church proposes," he said.

He said teaching "know-how" is never enough.

"If we only teach how to build and to use machines and how to use contraceptives, then we shouldn't be surprised when we find ourselves facing wars and AIDS epidemics. Because we need two dimensions: simultaneously we need the formation of the heart," he said.

In the battle against AIDS and other social ills, the pope suggested that the church's role is misrepresented or misunderstood as a negative one.

"We offer treatment, treatment to AIDS victims too, and we offer education, helping to establish good relationships with others. So I think we should correct that image that sees the church as spreading severe 'noes,'" he said.¹

¹ "Pope discusses Middle East, morality in wide-ranging interview, by John Thavis, Catholic News Service, August 14, 2006

Can HIV be spread by use of the common cup during the Eucharist?

Since 1985 the Liturgy Secretariat of the United States Conference of Catholic Bishops has contacted the Center for Disease Control (CDC) in Atlanta on a regular basis to request their latest advisories concerning the possible health risks associated with drinking from a common communion cup. Each time, the CDC, while not ruling out the fact that there are some risks involved in the practice of drinking from a common cup, has stated that with proper precautions (such as wiping both sides of the rim of the chalice after each communicant has received the Precious Blood) such risks are greatly reduced. The CDC has also responded that there is no clinical evidence that life-threatening pathogens such as the HIV virus have been transmitted through the Precious Blood. The CDC has not recommended to the Catholic Church that it abandon the practice of drinking from the cup because of these risks.

Should pre-marital HIV testing be mandated?

Within diverse cultural contexts, civil authorities have made many attempts to mandate pre-marital HIV testing or, even more radically, to prevent those living HIV from entering into marriage. Most of those attempts resulted in failure. From a purely economic point of view, such mandatory testing policies cannot withstand the scrutiny of cost-benefit analysis. For example, when the state of Illinois enacted legislation to require pre-marital HIV testing, candidates for marriage were forced to spend approximately U.S. \$20 million in order to contract for the tests at private laboratories. During the one and one-half years that this policy was in effect, only 52 HIV-infected persons were identified among the 250,000 people who were tested. Simple mathematical calculations would tell us that nearly \$500,000 was spent for each HIV-positive person found.²

The ecclesial aspects of the pre-marital HIV testing debate require even greater discernment than those of the secular arena. The Church deals not only with legal and social institution of marriage but also with the sacred reality that the sacrament of matrimony creates “a covenant by which a man and a woman establish between themselves a partnership of the whole of life” and “is by its nature ordered toward the good of the spouses and the procreation and education of offspring.”³ Neither *The Code of Canon Law* nor *The Catechism of the Catholic Church* makes specific reference to HIV or AIDS in their respective treatments of marriage.

Among the episcopal conference statements related to pre-marital HIV testing, we can find the following:

- The bishops of the United States wrote: “With respect to HIV/AIDS, it is important to infringe as little as possible, in light of community needs, on individual liberty, privacy and confidentiality ... Although specific exceptions

² Michael Closten, et al. “Mandatory Premarital HIV Testing: Political Exploitation of the AIDS Epidemic,” *Tulane Law Review* 71, 98 (1994).

³ *Catechism of the Catholic Church*, 2nd edition, 1994, Libreria Editrice Vaticana, #1602.

might be made, universal mandatory testing does not seem justified at this time.”⁴

- The bishops of Uganda counseled the following: “Before marriage, each member of a prospective couple should be encouraged to choose wisely and look into his or her past. If there has been risky behaviour, the couple should be advised of the **optional** pre-marital HIV test, clearly pointing out the pros and cons and the consequences of the test result.”⁵
- The Social Commission of the bishops of France maintained: “It is asserted that testing is most effective when it is willingly sought and not undergone because it is mandated. The effectiveness of testing is based on trust.”⁶

Is AIDS a punishment from God?

Church teaching has helped to reduce stigmatization and discrimination toward people living with HIV and AIDS. The “myth” that AIDS is God’s punishment on sinners has been opposed strongly by various Episcopal Conferences. The bishops of Chad interpreted Scripture in light of the modern-day challenge of HIV and AIDS and reached the following conclusion:

We sometimes hear people say that AIDS is a punishment from God. This belief sometimes prompts us to point fingers at people, to stigmatize, to isolate our brothers and sisters who suffer from AIDS.

Many people say that they are sick ‘through their own fault’, or because they have sinned... In the Gospel of John, to a question put to Him on the origin of evil concerning a person who was born blind, Jesus answers: ‘Neither this man nor his parents sinned ...’ (John 9:3). Indeed, God loves the man to the extent that He cannot wish his death. God cannot contradict His act of love. He cannot call Himself Love and at the same time want the death of the man ...! AIDS is not therefore a punishment from God.⁷

What has been the response of the Church to HIV and AIDS?

The Church responds to the pandemic of HIV and AIDS as it does to every other human reality – from the depth of its mission:

- As Teacher
- As Servant
- As Animator of Spiritual Life and Pastoral Care

⁴ United States Conference of Catholic Bishops, *Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis*, November 1989.

⁵ *The AIDS Epidemic: Message of the Catholic Bishops of Uganda*, 8 September 1989.

⁶ *SIDA: La Société En Question*, Commission Sociale de l’épiscopat. Bayard editions, 1996, #44.

⁷ Catholic Bishops of Chad “Statement on HIV and AIDS”, October 2002

The **Teaching** response of the Church has been broad-ranging and diverse. Numerous Episcopal Conferences have issued pastoral letters and statements. Training sessions have been held with clergy, religious and lay pastoral workers in the fields of health, social service and development. Special attention has been given to educating young people about this pandemic. Capacity has been built to offer parish-based HIV and AIDS services.

The Church already has organized many **services** in response to the needs of people living with or otherwise affected by HIV and AIDS. In view of increasing numbers of such people, however, we might pose the question of how best the Church can “scale up” these services. Church-based services need to ensure that the education, health care, social, emergency and development services are accessible and welcoming to those affected by HIV and AIDS. People with HIV and AIDS need and deserve the same attention which our biblical tradition requires for “the orphans, widows and strangers in your midst,” namely a response which conveys God’s preferential love for them.

Pastoral Care is at the heart of the Church’s mission and cannot be fulfilled by other organizations offering AIDS care, support, treatment and education. Yet some clergy, religious, and lay pastoral workers continue to avoid pastoral service to those living with HIV and AIDS. Pastoral Service to those living with and affected by HIV and AIDS does not come without challenges. Pastoral caregivers must stretch themselves and their communities in order to assume leadership in forming open and welcoming communities where people affected by HIV and AIDS can receive spiritual comfort and full inclusion.

What specific HIV and AIDS initiatives have been encouraged by the Vatican?

Pope John Paul II made frequent and emotional appeals to avoid discriminatory treatment of people living with HIV and AIDS. In his visit to AIDS patients in the United States (1989), he held out the unconditional love of God himself as the guideline to be followed:

God loves you all, without distinction, without limit ... He loves those of you who are sick, those suffering from AIDS. He loves the friends and relatives of the sick and those who care for them. He loves all with an unconditional and everlasting love.⁸

Pope Benedict XVI also has encouraged the Church to become strongly engaged in the response to the global pandemic of HIV. Thus he made the following appeal on the eve of World AIDS Day (December 2, 2005):

Closely following Christ's example, the Church has always considered the cure of the sick as an integral part of her mission. Therefore I encourage the many initiatives promoted, especially by ecclesial communities, to eradicate this sickness, and I feel close to AIDS sufferers and their families, invoking upon them the help and comfort of the Lord.

⁸ Pope John Paul II, Address given at Mision Dolores, 1989.

With the encouragement of both Pope John Paul II and Pope Benedict XVI, the Pontifical Council of Health Care has established the Good Samaritan Foundation, through which it provides funding for HIV treatment programs initiated and run to Episcopal Conferences in developing countries.

Both Pope John Paul II and Javier Cardinal Lozano Barragán have strongly urged pharmaceutical companies to lower the prices for anti-retroviral medications in developing countries.

Has the church been successful in combating AIDS?

Since the early 1980s, the Church has been in the forefront of the response to this pandemic. Often Church-sponsored services have responded more quickly to the needs of people living with or otherwise affected by the disease. Since the Church promotes services that promote integral human development, it does not restrict itself to a medical response but extends his care to include the social, emotional, development and spiritual needs of those affected by HIV and AIDS. However, given the long-term nature of this pandemic and the extensive spread and impact of the disease, the Church will need to maintain a strong and ongoing commitment in this regard. Thus the words pronounced by John Paul II in 1990 are still valid today:

AIDS threatens not just some nations or societies but the whole of humanity. It knows no frontiers of geography, race, age, or social condition ... The threat is so great that indifference on the part of public authorities, condemnatory or discriminatory practices toward those affected by the virus or self-interested rivalries in the search for a medical answer, should be considered forms of collaboration in this terrible evil which has come from humanity.⁹

⁹ Pope John Paul II, visit to Tanzania, September 1990