

All Things to All People



The Catholic Church Confronts
the AIDS Crisis

Mark R. Kowalewski

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state, and federal support for AIDS research and patient care. Yet the association between physical disease and an already stigmatized minority has hampered efforts of the gay community to gain social legitimacy (Altman 1987). The stigma of AIDS has caused some gay men to be ambivalent about their response toward PWAs (Kowalewski 1988).

The association between sickness and stigmatized behavior has fueled antigay political rhetoric (Bayer 1985; Brandt 1987; Altman 1987). For example, in California in 1986, political extremist Lyndon LaRouche sponsored an initiative on the California ballot (Proposition 64). LaRouche and his organization, the Prevent AIDS Now Initiative Committee (PANIC), produced literature stating that medical authorities have underestimated the threat of the disease to the larger society. PANIC also maintained that the virus could be contracted through casual contact. Measures such as quarantining of all carriers of the virus were said to be necessary to deal with AIDS as a public health threat. At the same time, the paper *New Solidarity*, tied to LaRouche's organization, stated that opposition to the LaRouche initiative came from "lower sexual classes" and "the degraded homosexual subculture so pervasive in California" (quoted in *Los Angeles Times*, 6 October 1986). LaRouche maintained that these extreme responses to AIDS were necessary public health recommendations. In reality, he manipulated the AIDS crisis to further his antigay political agenda. While Proposition 64 was not supported by any medical or political organization in the state, it still received enough signatures from California voters to easily qualify as a ballot initiative in 1986. A similar ballot initiative, Proposition 102, sponsored by Congressman William Dannemeyer of California, was defeated in 1988.

Since the disease was thought to affect socially marginalized groups and not mainstream American society, federal funding and medical efforts in AIDS research were slow in developing (Brandt 1987; Altman 1987; Patton 1986). Brandt states that another reason for a slow response in social policy

to AIDS was a perception that PWAs bore the responsibility for their illness. Brandt (1987, 201) adds that such an approach moves away from a social policy protecting public health to one of punishment.

In a similar vein, discussion of public AIDS education has provoked a great deal of controversy. Public officials have questioned whether public educational materials, paid for with public funds, should include graphic discussions of safer-sex practices or discuss ways to avoid HIV infection while taking intravenous drugs. Officials have raised questions as to whether such discussion will promote "promiscuity" and drug use. Such questions are raised particularly in educational programs directed at youth.

At the same time, public health organizations have called for explicit AIDS educational materials directed at specific population groups. These organizations have advocated dissemination of safer-sex educational materials and condom distribution. They also advocate frank educational programs concerning sterile administration of intravenous drugs.

The care PWAs have received from medical professionals has been varied. Some health care providers have refused to give medical care to PWAs or have provided only minimal care. Altman (1987) notes that this response is motivated by both fear of the disease and homophobia. A survey of 314 Los Angeles physicians conducted in 1985 found that concerns about contagion deterred many physicians from treating PWAs (Richardson et al. 1987). Nevertheless, other health professionals have responded to the AIDS crisis by committing large amounts of time and energy to helping PWAs. As a result, burnout is a problem for many medical professionals who have worked extensively with PWAs (Morin and Batchelor 1984; Horejsi 1987).

Public health experts, government officials, and health care providers have responded in diverse ways to the AIDS crisis. While some have called for frank discussion of the methods of AIDS prevention, others have advocated discussion of only those means consonant with prevailing moral

Priests believe that official teaching should be proclaimed in these settings. While many of these priests allow for a lesser-of-two-evils approach in pastoral counseling situations, such as allowing gay men to live in monogamous unions and still participate in the life of the church, they do not advocate the same approach in AIDS education by advocating the discussion of safer-sex information as a public health measure.

Nevertheless, organizational officials, even on a public level, can be flexible within limits (Pruitt and Smith 1981). In the AIDS education debate, many other priests take a perspective different from the one noted above. They advocate discussing all the medical information on AIDS, including the mention of condoms, as a pastoral measure. This position reflects the one taken by the bishops of the administrative board of the USCCB (1987). Such recommendations give the impression that the church is willing to make rational, pastoral concessions in its objective teachings, but priests and bishops who advocate this position do not necessarily endorse a view that contradicts the magisterium's view on sex. These priests and bishops permit the discussion of pastoral measures without compromising on the ideal that the official teaching sets forth as normative. Church teaching itself and the ecclesiastical structure that promulgates it are not questioned. Yet the public discussion of pastoral concessions remains a point of conflict among church officials. The data from interviews with Los Angeles priests reveals the organizational conflict between firmness and accommodation in the public and private spheres.

❁
A COMPASSIONATE RESPONSE
❁

Priests whom I interviewed stated that teaching about the compassion of Christ was one of the best ways the church could refute attacks against PWAs. One priest maintained:

An awful lot has to be done in our parishes because that's where the rank and file lives. A lot has to be done in education on the parish level. . . . It's very clear that we have to speak from the point of view of the gospel. What does Jesus say about the poor, those who are sick? Are we supposed to judge them, or isolate them, or neglect them, or be indifferent to them? Also we need to educate [Catholic people] to deal with their fears [about AIDS].

Several priests argued that care for the sick and outcasts was at the heart of the church's tradition. They held that PWAs are the modern-day "lepers" and that Christians need to be compassionate toward them as Christ would be. Others noted the example of St. Francis of Assisi, who is said to have embraced a leper who represented Christ in disguise. AIDS ministry, priests believed, should be framed as part of the church's mandate to minister to the sick. Defining PWAs as sick persons, while downplaying their identity as gay men, would elicit a more compassionate response from Catholic people. Many priests held that such education about Christian compassion in the face of the AIDS crisis should occur at the grassroots parish level.

Priests noted the need for education to combat religious and political extremists with regard to AIDS. One hospital chaplain strongly asserted:

In the issue of AIDS it is scandalous because so many Catholics are mouthing the stuff that's coming out of the evangelical corner of Christianity, which is totally incorrect and unchristian insensitivity. So when Catholics are mouthing this stuff it's terrible.

This priest "blasted" Christian fundamentalists, such as Rev. Jerry Falwell, who maintain that AIDS is the wrath of God on homosexuals. Catholic people should reject such opinions, he asserted. While none of the priests interviewed held that AIDS represented a divine punishment, many noted the need

to refute this view. Another priest mentioned the need to combat the efforts of Lyndon LaRouche and his campaign to quarantine PWAs.

In contrast, priests “basked” in the Catholic response to AIDS, which they saw as much more compassionate and rational. They understood informational education as a way to combat the stigma caused by irrational fear of AIDS. One priest believed there needed to be a place in parish AIDS education for venting fears. At the same time, fear could be replaced with correct information on how the disease is transmitted.

Other priests mentioned the need to educate parish communities in ministering to PWAs. One priest noted that Catholic people on the parish level needed to know

how to deal with people they might come in contact with who have AIDS and to help those people who do not have AIDS to help those who have the disease—pastoral ministry to AIDS people. One of the aspects that is very difficult to find in [educational] materials prepared by the public sector is the ministerial part. Everything is explicit and detailed on how you can get the disease but not much on how we can help them. I think that is the lack.

Another priest noted that efforts at AIDS education needed to include PWAs themselves “speaking and sharing their experiences and being part of the give and take.” In this way, the AIDS crisis would become personalized and would not simply be an abstract entity. One parish priest noted that people could understand AIDS only if they identified with the stories of PWAs. He believed that many Catholics do not see AIDS as a problem that concerns them. Catholic people needed to consider what they would do if confronted with PWAs. In response, they should ask themselves: “Am I really a follower of Christ in these situations?”

Thus, priests, like the hierarchy, strongly advocated educating Catholic people about the organizational goal of minis-

tering to the sick. They also advocated dissemination of medical information on AIDS to reduce irrational fears. However, in this context, such educational recommendations did not include discussing safer-sex guidelines. Rather they believed church-sponsored AIDS education should emphasize that AIDS is not contracted through casual contact. This information, they hoped, would lessen the stigma attached to AIDS.

❀
PREVENTIVE EDUCATION
❀

While bishops addressed the transmission of AIDS through intravenous drug use, albeit in a limited way, few priests even mentioned this issue. When addressing AIDS prevention, priests brought up the topic of safer sex, but differed as to the degree to which the church should be involved in such educational endeavors. Less than half the priests believed that the church should avoid discussions of safer sex or condom use. The church, they said, should advocate monogamy or abstinence. Priests gave a variety of reasons for holding this position.

A few priests noted that discussing medical information on AIDS prevention was inappropriate for the church. One priest stated:

I don't think it's the church's place to teach safe sex. It is not our expertise to teach what works and doesn't work in handling this virus. I just don't think it's realistic to ask the church to back that. Common sense would dictate what you should do. The church should only be involved in preventive education when it acts for abstinence. There are too many groups already who can give information. We need to enter into the moral arena, not the medical arena. I don't think that's skirting the issue. We are not the only agency around that can teach about the medical issues. We witness to the gospel more clearly in the moral arena.

time and are prepared for by the slow evolution of events and become reified in social consciousness only over time.

2. Cheney (1991, 179) notes a similar phenomenon with regard to organizational rhetoric. He writes: "Organizations, as rhetors, exploit the resource of ambiguity to manage multiple interests and multiple identities."

Chapter 7. Toward a Normative Critique of Church Structures

1. In the tradition of Catholic moral theology, a probable position is one for which a defensible theological case could be made, and over which theological dispute exists.

2. Kung (1988, 123–69) notes, for example, a whole progression not only of church teaching, but of paradigms through which church structure has moved in the past. At the same time, it is important to note that these movements, for the large part, are shifts in intellectual discourse, and little attention is given to the participation of subjugated discourses in the development of ecclesiastical discourse over time.

3. See also Congar's earlier work (1967, 314ff.) in which he raises the notion of reception. Congar sees the church as a living and developing reality. Congar gives a special place, in the development of teaching, to the magisterium, but also notes that the laity has a place in the development of church teaching. Yet in this earlier work reception carries more of a note of accepting, preserving, and transmitting church teaching. Congar is not clear, however, as to what role the laity might have in the transformation of Church teaching as part of their activity of receiving.

4. In this context Mahoney (1987, 223) discusses the importance of the individual Christian as a moral subject and not simply the passive recipient of church teaching: "This [Christian personal experience] is the unique contribution of the participant rather than the spectator, the voyager and the eye-witness rather than the armchair traveller, the one who 'speaks from experience', and with the authority of a direct, immediate connection with events." While Mahoney does not see this experience as the only source of authority in the church, he sees it as an essential aspect of the way in which the Spirit teaches the church.

5. Paul VI is clearly echoing Pius XI's encyclical "Casti Connubi" (31 December 1930).

6. These authors present an in-depth discussion of the response to *Humanae Vitae* in the United States (92ff.).

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