THE MANY FACES OF AIDS
A GOSPEL RESPONSE

A Statement of the Administrative Board

United States Catholic Conference
November 1987

Introduction

Dear Sisters and Brothers in the Lord, and All People of Good Will:

In the life of society, as in the lives of individuals, there are events of significance and moments of decision. Today our society is experiencing a significant event and a decisive moment: the ominous presence of the disease known as AIDS (Acquired Immunodeficiency Syndrome).

Whether this infection exists as an unrecognized HIV virus in a pregnant woman or in a small child; whether it weakens the body of a person with ARC (AIDS-Related Complex); or whether it comes as the likelihood of a more imminent death from the disease itself, AIDS is a reality that we all must face.

The Church confronts in this disease a significant pastoral issue. The etiology of this deadly epidemic, its prevention, and the care of those stricken present society with serious moral decisions. How are we to relate to those who have been exposed to the virus or to those who have the disease? What are our responsibilities as members of the Church and society with regard to their care and support? What can and ought we to do in order to prevent the further spread of the disease? How we make these choices with their moral implications will affect both the present generation and, most likely, future ones as well.

In order to help make these and similar choices, we have decided to issue this statement, The Many Faces of AIDS: A Gospel Response. We invite you to read it with care and attend to its recommendations.

Our reflections may be summarized in this way:

- As with all other diseases, AIDS is a human illness to which we must respond in a manner consistent with the best medical and scientific information available.

- **As members of the Church and society, we have a responsibility to stand in solidarity with and reach out with compassion and understanding to those exposed to or experiencing this disease. We must provide spiritual and pastoral care as well as medical and social services for them and support for their families and friends.**

- **As members of the Church, we must offer a clear presentation of Catholic moral teaching with respect to human intimacy and sexuality.**

- **Discrimination or violence directed against persons with AIDS is unjust and immoral.**

- **As a society, we must develop educational and other programs to prevent the spread of the disease. Such programs should include an authentic understanding of human intimacy and sexuality as well as an understanding of the pluralism of values and attitudes in our society.**

- **Those who have been exposed to the virus are expected to live in a way that does not bring injury or potential harm to others.**

Faithful to the Lord's gospel and to the best of our American heritage, we are confident that our society will make wise decisions as, together, we face this significant moment.

The Many Faces of AIDS
A Gospel Response[1]

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One of the distinctive aspects of Jesus' ministry was the manner in which he took the common and not so common events of human life and revealed a meaning or potentiality that most, if not all, of his

[1] AIDS is an acronym for "Acquired Immunodeficiency Syndrome." According to current medical information, the source of the disease is a retrovirus that, in this statement, will be referred to as the HIV virus or the AIDS virus. Currently, only about 10-15% of those infected with the virus meet the AIDS case definition established by the Centers for Disease Control. In this statement, we include those who have the syndrome itself, those who have ARC (AIDS-Related Complex), and those infected by the AIDS virus.

contemporaries had not discovered: that human love is revelatory of divine love, that death can disclose the possibility of new life. The challenge facing today's followers of the risen Lord is to do the same with contemporary experiences, whether of joy or sorrow, to discover the deeper meaning that might otherwise remain hidden.

One such experience is the presence of AIDS in our country and other parts of the world. During the last few years, as bishops, we have encountered persons with AIDS in our pastoral ministry. We would like to share some of "the many faces of AIDS" that we have met.

Mary and Phil are in their mid-thirties. Both are successful career professionals. After many years of searching, they found each other and are very much in love. They were married three years ago and are eager to have a child. Mary's friend, who is about to have major surgery, has asked her to donate blood. In keeping with today's blood bank policies and practices, Mary's blood has been tested for exposure to AIDS. The results are positive; she has been infected with AIDS virus from a previous partner. She feels as if her life has been brought to a sudden, tragic end.

John is a young man who was raised in the inner city by a loving single—parent mother. Despite his mother's best efforts, he found his environment to be like a prison and sought escape by turning to drugs. Now after six months of intermittent illness, he has been admitted to a public hospital. The diagnosis is AIDS. He feels as if he has been victimized from the beginning by forces beyond his control.

Peter is in his late-twenties and successful in his career. His life journey to this point has not always been easy. He has been aware of his homosexual orientation since his teens, but the reactions of others to this have often left him feeling alone or rejected. Over the years, he has been sexually active, and recently, when his employer discovered that Peter has AIDS, he was fired. He feels frightened and angry as he tries to live without medical insurance.

Lilly is fifteen months old. Her mother, a drug addict, was exposed to the AIDS virus before Lilly's conception, and Lilly was born with AIDS. Her mother abandoned her. Because few will adopt a child with AIDS, Lilly is being cared for in a public hospital. She will know no other home, for it is expected that she will die soon.

What does the Gospel tell us about these representative faces of AIDS?[2]

[2] Many diocesan bishops have issued statements about AIDS as well as guidelines in regard to the employment and education of persons with AIDS. These contributed greatly to the development of this statement.

First, Jesus has revealed to us that God is compassionate, not vengeful. Made in God's image and likeness, every human person is of inestimable worth. All human life is sacred, and its dignity must be respected and protected. The teaching of Jesus about human sexuality and the moral norms taught by the Church are not arbitrary impositions on human life but disclosures of its depth.

Second, the Gospel acknowledges that disease and suffering are not restricted to one group or social class. Rather, the mystery of the human condition is such that, in one way or another, all will face pain, reversal, and, ultimately, the mystery of death itself. Seen through the eyes of faith, however, this mystery is not closed in upon itself. Through sharing in the cross of Christ, human suffering and pain have a redemptive meaning and goal. They have the potential of opening a person to new life. They also present an opportunity and a challenge to all, calling us to respond to suffering just as Jesus did—with love and care.

Third, while preaching a Gospel of compassion and conversion, Jesus also proclaimed to those most in need the Good News of forgiveness. The father in the parable of the prodigal son did not wait for his son to come to him. Rather, he took the initiative and ran out to his son with generosity, forgiveness, and compassion. This spirit of forgiveness Jesus handed on to his followers.

For Christians, then, stories of persons with AIDS must not become occasions for stereotyping or prejudice, for anger or recrimination, for rejection or isolation, for injustice or condemnation. They provide us with an opportunity to walk with those who are suffering, to be compassionate toward those whom we might otherwise fear, to bring strength and courage both to those who face the prospect of dying as well as to their loved ones.

In this gospel perspective, we address this statement to our sisters and brothers in the Roman Catholic community of faith and to all people of good will in our society. We speak as pastors who strive to be faithful to the Gospel and the Church's teaching. We also speak as representatives of a religious tradition in a pluralistic society as, together with all persons of good will, we face the new and distinctive challenge of AIDS.

Our reflections are threefold. First, we present some facts about AIDS and comment on what they say to us. Then we address issues associated with the prevention of the disease. Finally, we explore appropriate care for persons with AIDS. At various points throughout this statement, we indicate the responsibilities and obligations of all the members of the Church and society. In an Appendix, we address certain significant

related questions. All that we say in this statement is not intended to be the last word on AIDS, but rather our contribution to the current dialogue.

The Facts About AIDS and a Commentary

The AIDS phenomenon is complex. We do not intend to review all of the pertinent facts. The Surgeon General of the United States and others have provided careful analyses of the causes of AIDS, the ways in which it is transmitted, and the various dangers or risks of contracting the disease. Some of those facts are simply highlighted here.

- **At the present time, AIDS is an incurable disease. Not restricted to the United States, it is found throughout the world. Currently, two-thirds of the persons inflicted with AIDS in the United States are homosexual or bisexual men. Some estimate that the number of heterosexual persons with AIDS will increase significantly in the next five years. At present, nearly one out of four persons with AIDS is a drug user who used contaminated intravenous needles or other drug paraphernalia infected with the AIDS virus. Four hundred and twenty-three hemophiliacs and people with blood-coagulating disorders and two thousand nine hundred and fifty-five women have been diagnosed as having AIDS.[3]**

- **AIDS is a disease that cuts across all racial and ethnic lines.[4]**

- **AIDS is not merely an "adult disease" in the United States. As of October 12, 1987, five hundred and ninety-five children have been reported as having contracted the disease.**

- **At this time, after extensive research, there is not evidence that AIDS can be contracted through ordinary, casual contact.[5]**

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[3] The statistics about this disease are continually updated. This statement relies on the most recent figures issued by the Centers for Disease Control on October 12, 1987.

[4] One of the most sensitive issues faced in the preparation of this statement is the fact that disproportionate numbers of blacks and Hispanics have been infected by the AIDS virus. Raising this issue could be perceived as motivated by racism, which is contrary to the very gospel spirit that informs this statement. On the other hand, to ignore the pertinent statistics could contribute to the spread of the disease among some of the most vulnerable and marginalized members of our society. For example, current statistics issued by the Centers for Disease Control on October 12, 1987, indicate that 25% of people with AIDS are black, while blacks constitute 12% of the United States population. Similarly, 14% are classified as Hispanic, while those who are considered to be Hispanic are 7.9% of our population. Recently, programs have been developed within the black and Hispanic communities to educate their members about the danger of AIDS. Programs such as this might be the most appropriate way to begin addressing this complex situation.

[5] *AIDS: Information/Education Plan to Prevent and Control AIDS in the United States*, U.S. Department of Health and Human Services (March 1987), p. 9.

• AIDS can be contracted through certain forms of intimate sexual contact and encounters with tainted blood. It can also be transmitted from a mother to her child during pregnancy as well as through artificial insemination and by organ transplants.

AIDS, in other words, is a human disease whose spread, according to the best available scientific knowledge, is limited to identifiable modes of communication and contact.

Because reasonable actions and attitudes are based on fact, not fiction, we mention these facts as a background for some important observations about the AIDS phenomenon. They also apply to those suffering from ARC (AIDS-Related Complex).

First, while it is understandable that there is fear and uncertainty about a disease as new and deadly as AIDS, we encourage all members of our society to relate to its victims with compassion and understanding, as they would to those suffering from any other fatal disease.

Second, we are alarmed by the increase of negative attitudes as well as acts of violence directed against gay and lesbian people since AIDS has become a national issue. We strongly condemn such violence. Those who are gay or lesbian or suffering from AIDS should not be the objects of discrimination, injustice, or violence. All of God's sons and daughters, all members of our society, are entitled to the recognition of their full human dignity.

Third, because there is presently no positive or sound medical justification for the indiscriminate quarantining of persons infected with the AIDS virus, we oppose the enactment of quarantine legislation or other laws that are not supported by medical data or informed by the expertise of those in the health-care or public-health professions. The best of our civic heritage of extreme caution and restraint in restricting human and civil rights should be the norm in this situation, as in all others. We urge legislators to act judiciously rather than to react out of a sense of hysteria or latent prejudice. Especially acute is the problem of health insurance. We decry the exclusion of certain groups of persons from health insurance coverage. At the same time, we recognize the problems faced by the insurance industry as well as those who pay premiums because of the cost of treatment. This exemplifies the weakness of our health-care delivery system. This problem must be addressed in a way that will provide adequate and accessible health care for all.

Fourth, we oppose the use of the HIV antibody test for strictly discriminatory purposes. However, if safeguards are provided to prevent such discrimination and to maintain the needed degree of confidentiality,

such tests may play an important role in basing patient care on facts rather than fear or stereotypes. Testing for the AIDS virus, with appropriate counseling beforehand and afterwards, should be readily available to all who request it. Those who undergo such testing and receive a negative report can be reassured and educated on risk factors for contracting the virus. Those who receive a positive test result can be promptly offered counseling and care. There may be sound public health reasons for recommending the use of the HIV antibody test in certain situations, either because some persons have a heightened risk of becoming infected or because precautions may have to be taken by others (e.g., prospective spouses, hospital staffs) if the test results are positive. Nevertheless, we agree with many public health authorities who question the appropriateness and effectiveness of more sweeping proposals, such as widespread mandatory testing.

Fifth, we are greatly concerned that some in the health-care professions or working in health-care institutions refuse to provide medical or dental care for persons exposed to the AIDS virus or presumed to be "at risk." We call upon all in the health-care and support professions to be mindful of their general moral obligation, while following accepted medical standards and procedures, to provide care for all persons, including those exposed to the AIDS virus. Similarly, although funeral directors may find it necessary to take appropriate precautions, they are not justified in refusing to accept or prepare for burial the bodies of deceased persons with AIDS. Nor are they justified in unnecessarily charging more for the funeral of persons with AIDS.

Sixth, to the extent possible, persons with AIDS should be encouraged to continue to lead productive lives in their community and place of work. They also have the right to decent housing, and landlords are not justified in denying them this right merely because of their illness.

Seventh, we support collaborative efforts by governmental bodies, health providers, and human service agencies to provide adequate funding and care for persons with AIDS. We also encourage the development of hospice-like programs that will afford persons with AIDS dignified and effective care and treatment. We call for the development of programs to care for infants and children with AIDS, especially those facing life and death without parental care.

Eighth, because of the virtually epidemic proportions of AIDS, we acknowledge the need for cooperative efforts by private and public entities to discover ways to treat and cure this disease and to commit adequate funding for basic research, applied research, and general education.

Ninth, we call on the federal government to provide additional funding for the care of those infected with the HIV virus who do not have health insurance as well as expanded income support for those impoverished by illness related to the AIDS virus. We also ask the federal government to take the lead in funding the necessary research and educational efforts as well as ensuring protection for those exposed to the AIDS virus against discrimination in insurance, employment, health care, education, and housing. The federal government should also provide funding for voluntary testing and ensure the confidentiality of such testing.

Tenth, current programs and services need to be expanded to assist the families of those with AIDS while they are alive and also to support them in their bereavement. In addition, new programs, services, and support systems need to be developed to deal with unmet and poorly met needs. To accomplish this, parishes and Catholic health-care providers and agencies are encouraged to collaborate with others to ensure that there is continuity of health care and pastoral services to families and persons with AIDS in response to the unique set of psychological, social, and spiritual issues that may arise during the illness.

Eleventh, hospitals, because of their responsibility to care for the sick, and Catholic hospitals, because of their special mission and philosophy, have a unique call and role in caring for persons with AIDS. Hospitals have the responsibility and obligation to ensure that persons with AIDS and their families are cared for compassionately. Hospital personnel and church personnel also ought to go beyond their institutions to become facilitators, advocates, educators, and conveners to ensure that currently unmet and poorly met needs will be addressed in their communities by collaboration and networking with others in developing programs, services, and funding.

Twelfth, as a society, we need effective educational media programs to help reduce fear, prejudice, and discrimination against persons with AIDS, ARC, antibody-positive persons, and those perceived to be in high-risk groups.

The Prevention of AIDS

Within the health care professions, it is customary to make a distinction between the prevention of a disease and its treatment. While treatment is a response after the disease has been contracted, prevention strives to eliminate the conditions and circumstances that give rise to the disease. Because the prospects for the treatment of AIDS have been so dismal, emphasis—and hope—has focused more on its prevention, and this is where the greatest controversy has emerged.

These are sensitive issues. In a brief statement like this, we cannot apply the Church's teaching to all possible human behavior. Instead, in accord with the Church's traditional wisdom and moral teaching, we will offer some general principles and concrete guidelines. We speak to an entire nation whose pluralism we recognize and respect.

These observations come from our profound care for those who place themselves or might be placed in danger of contracting AIDS: intravenous drug users and their partners; children born and unborn; and persons involved in sexual contact that is physically dangerous or morally wrong. In other words, the primary concern of our observations is people's moral and physical well-being, not their condemnation, however much we might disagree with their actions.

Consistent with the insights and values found in the Scriptures, our religious tradition, and a philosophy of the human person that is consonant with both, we believe that the best source of prevention for individuals and society can only come from an authentic and fully integrated understanding of human personhood and sexuality, and from efforts to address and eliminate the causes of intravenous drug abuse. We are convinced that the only measures that will effectively prevent this disease at present are those designed to educate and to change behavior.

We view the human person as one reality with several dimensions: truly to be human means to be open to the world of the spiritual, the world of meaning and truth. Nonetheless, one's participation in the spiritual dimension of life can be inhibited by such social realities as poverty and oppression, by loneliness and alienation, and by other such social and psychological factors.

If, then, we are to address the prevention of AIDS in an effective way, we must deal with those human and societal factors that reduce or limit the quality of human life. When people think their lives devoid of meaning, or when they find themselves in oppressive and despair-inducing poverty, they may turn to drugs or reach out for short-term physical intimacy in a mindless effort to escape the harsh conditions in which they live.

The Church and society need to address these realities. We have a responsibility first of all to help people realize that, whatever their circumstances, God's gift of life is precious, and there is more to life than its sometimes depressing or superficial dimensions. We must also attend to issues of economic well-being, as we did in our pastoral letter Economic Justice for All. The pastoral demonstrates, at length, poverty's impact upon people's lives. It also emphasizes our obligation to win respect for the true meaning of life as we seek to eradicate those things that debase the quality of life.

Second, in our society, we must offer everyone a fully integrated understanding of human sexuality. Every person, made in God's image and likeness, has both the potential and the desire to experience interpersonal intimacy that reflects the intimacy of God's triune love. This reflection in human love of the divine love gives special meaning and purpose to human sexuality. Human sexuality is essentially related to permanent commitment in love and openness to new life. It is most fully realized when it is expressed in a manner that is as loving, faithful, and committed as is divine love itself. That is why we call upon all people to live in accord with the authentic meaning of love and sexuality. Human sexuality, as we understand this gift from God, is to be genitally expressed only in a monogamous, heterosexual relationship of lasting fidelity in marriage.

In light of this understanding of the human person, we are convinced that unless, as a society, we live in accord with an authentic human sexuality, on which our Catholic moral teaching is based, we will not address a major source of the spread of AIDS. Any other solution will be merely short-term, ultimately ineffective, and will contribute to the trivialization of human sexuality that is already so prevalent in our society.

That is why we oppose the approach to AIDS prevention often popularly called "safe sex." This avenue compromises human sexuality—making it "safe" to be promiscuous—and, in fact, is quite misleading. As the National Academy of Sciences has noted in its study of AIDS, "many have argued that it is more accurate to speak in terms of 'safer' sex because the unknowns are still such that it would be irresponsible to certify any particular activity as absolutely safe."[6]

What kind of approach will we support?

As pastors of dioceses throughout the United States, we commit ourselves and our resources, within our moral restraints and prudent judgment, to provide education to limit the spread of AIDS and to offer support for persons with AIDS.

We will also support legislation and educational programs that seek to provide accurate information about AIDS. This is both legitimate and necessary. Pertinent biological data and basic information about the nature of the disease are essential for understanding the biological and pathological consequences of one's personal choices, both to oneself and others.

[6] Institute of Medicine of the National Academy of Sciences, *Confronting AIDS: Directions for Public Health, Health Care and Research* (Washington, D.C.: National Academy Press, 1986), p. 97.

Nonetheless, as we have intimated above, we also have a responsibility as religious leaders to bring analysis to bear upon the moral dimensions of public policy. In our view, any discussion of AIDS must be situated within a broader context that affirms the dignity and destiny of the human person, the morality of human actions, and considers the consequences of individual choices for the whole of society.

Since AIDS is transmitted through intravenous drug use, we support and urge increased public support for drug treatment programs, the elimination of the importation of illicit drugs, and every effort to eliminate the causes of addiction in all communities, especially those of the poor.

Since AIDS is also transmitted through sexual practices, legislation and public guidelines should encourage private and public institutions to go beyond mere biological education. Such legislation or guidelines must respect, however, the inalienable right of parents to be the first educators of their children regarding the meaning and purpose of human sexuality.

While we advocate the provision of more than mere biological information in sex education, we recognize that this raises important questions because of existing constitutional restraints or interpretations of the separation of Church and State. We are willing to join other people of good will in dialogue about how such a fuller understanding of human sexuality might be communicated in our public schools and elsewhere. We believe that there are certain basic values present in our society that transcend religious or sectarian boundaries and that can constitute a common basis for these social efforts.

Because we live in a pluralistic society, we acknowledge that some will not agree with our understanding of human sexuality. We recognize that public educational programs addressed to a wide audience will reflect the fact that some people will not act as they can and should; that they will not refrain from the type of sexual or drug-abuse behavior that can transmit AIDS. In such situations, educational efforts, if grounded in the broader moral vision outlined above, could include accurate information about prophylactic devices or other practices proposed by some medical experts as potential means of preventing AIDS. We are not promoting the use of prophylactics, but merely providing information that is part of the factual picture. Such a factual presentation should indicate that abstinence outside of marriage and fidelity within marriage as well as the avoidance of intravenous drug abuse are the only morally correct and medically sure ways to prevent the spread of AIDS. So-called safe sex practices are at best only partially effective. They do not take into account either the real values that are at stake or the fundamental good of the human person.

With regard to educational programs for those who have already been exposed to the disease, the situation is somewhat different. For such individuals, without compromising the values outlined above, as a society, we have to face difficult and complex issues of public policy.

The teaching of classical theologians might provide assistance as we search for a way to bring into balance the need for a full and authentic understanding of human sexuality in our society and the issues of the common good associated with the spread of the disease.[7] As noted above, at the level of public programming, we must clearly articulate the meaning of a truly authentic human sexuality as well as communicate the relevant health information.

In the forum of a doctor-patient or a similar relationship, it is also necessary to address the question of how best to serve the common good in an individual case. This is what we meant earlier when we said that concrete responses must be made in specific contexts. Historically, this has been an appropriate forum for such advice because the health-care profession is concerned with both the well-being of the individual patient and public health. The same is true today.

In sum, it is our judgment that the best approach to the prevention of AIDS ought to be based on the communication of a value-centered understanding of the meaning of human personhood. Such a perspective provides a suitable context for the consideration of legislation or educational policy.

In light of this position, as participants in the public life of this nation, we are willing to commit the best efforts of the United States Catholic Conference to work on such programs. We also wish to assure legislators

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[7] Augustine, *De ordine* ii. 4. 12. Thomas Aquinas, *De regimine principum* iv. 14; *Summa theologiae* I-II. 96. 2; 101. 1, ad 2; II-II.10.11: "Humanum regimen derivatur a divino regimine, et ipsum debet imitari. Deus, autem, quamvis ominpotens et summe bonus, permittit tamen aliqua mala fieri in universo, quae prohibere posset, ne, eis sublatis, majora bona tollerentur, vel etiam pejora mala sequerentur. Sic igitur et in regimine humano illi qui praesunt recte aliqua mala tolerant, ne aliqua bona impediantur, vet etiam ne aliqua mala pejora incurrantur, sicut Augustinus decit in II *de Ordine*." (Unofficial Translation: "Human governance is derived from divine governance, and it ought to imitate this divine governance. Although God is omnipotent and good in the highest degree, nevertheless he permits certain evil things to develop in the universe, which he would be able to prevent except that, if these things were taken away greater goods would be eliminated or even greater evils would follow as a consequence. So also in human governance, those who govern rightly tolerate certain evils lest certain goods be impeded or also lest some greater evil obtain, as Augustine said in the second book of his *de Ordine*.") For a reading of this tradition of the toleration of the lesser evil, see Adelard Dugre, "La tolerance du vice d'apres saint Augustin et saint Thomas," *Gregorianum* VI (1925), pp. 442-446. The classic articulation of this principle by the modern papal magisterium can be found in *Ci riesce* of Pius XII, December 6, 1953, *AAS*. Annus xxxv, series ii, vol. xx, pp. 798-801. For an example of the typical discussions and application of this among the subsequent moralists, cf. Marcellino Zalba, *Theologiae moralis summa*, II. (second edition, 1957), no. 118, para. 1-2, p. 47.

and public officials that we are willing to collaborate with them in the development of an informed and enlightened public policy for the prevention of AIDS.

We also encourage our Catholic elementary schools, high schools, colleges and universities, and religious education programs to develop curricular guidelines and educational materials to educate their students about the prevention of AIDS. All guidelines and educational materials should stress the importance of chastity and the power of God's love which enables us to live a chaste life. Of course, such guidelines and materials must be developed in collaboration and consultation with parents as much as possible.

Similarly, we ask every diocese to provide priests, deacons, religious, and lay leaders with a complete education about the medical, psychological, and pastoral issues related to AIDS and ARC so that they may communicate such information in a manner best suited to their respective communities. This information should include a list of resources and support systems available to persons with AIDS and ARC, seropositive persons, their families, and friends.

We also wish to say a word about the responsibilities of those who find themselves "at risk" of having been exposed to the AIDS virus. Earlier we stated something of the meaning and purpose of human sexuality. If a person chooses not to live in accord with this meaning or has misused drugs, he or she still has the serious responsibility not be bring injury to another person. Consequently, anyone who is considered to be "at risk" of having been exposed to the AIDS virus has a grave moral responsibility to ensure that he or she does not expose anyone else to it. This means that such a person who is considering marriage; engaging in intimate sexual contact; or planning to donate blood, organs, or semen has a moral responsibility to be tested for exposure to the AIDS virus and should act in such a way that it will not bring possible harm to another.

Care for Persons with AIDS and ARC

In the section on the facts about AIDS, we addressed several areas of concern about the care of persons with the disease and their family and friends. Here we will expand on those themes.

We commend those who have done so much to bring care and comfort to persons with AIDS and their loved ones. Much can be learned from what has already been done.

Persons with AIDS, their families, and their friends need solidarity, comfort, and support. As with others facing imminent death, they may experience anger towards and alienation from God and the Church, as they face the inevitability of dying. It is important that someone stand with them in their pain and help them, in accord with their religious tradition, to discover meaning in what appears so meaningless. Offering or ensuring this human companionship is especially important lest those who would diminish respect for life by encouraging euthanasia or suicide determine how to "care" for persons with AIDS.

We stand together with every person because all of us face eventual death. We reach out in a spirit of solidarity to those who are approaching death more rapidly and prematurely because of AIDS.

We seek to overcome fear and prejudice and to support hospitals, care centers, and other community institutions that provide the necessary physical, psychological, and spiritual care to persons with AIDS.

We pledge that we will work with public, private, and other religious groups to achieve the objectives we outlined earlier. We will support interfaith efforts to provide ministry to persons with AIDS and their families and friends. We will assist in finding temporary housing for families and friends who are visiting people with AIDS and unable to find accommodations on their own, as well as make counseling available when they return home.

It is critical that persons with AIDS continue to be employed as long as it is appropriate. The Catholic Church in the United States accepts its responsibility to give good example in this matter. We ask each diocese to develop, if it has not already done so, a general employment policy for all employees with life-threatening illnesses, including AIDS.

We call upon each diocese to appoint, where appropriate, a person responsible for coordinating its ministry to persons with AIDS and their loved ones.

We also encourage the development of training programs for those who minister to people affected by AIDS or ARC (e.g., hospital eucharistic ministers, visitors to the sick, confessors). Similarly, we also urge that people be trained to counsel persons before and after they are tested for the AIDS virus.

In order to coordinate and enhance these diocesan efforts and to collaborate with other national bodies, we have expanded the responsibilities of the appropriate entities within the bishops' conference to help us respond to the AIDS challenge and to develop appropriate

recommendations for consideration by the Administrative Committee of the National Conference of Catholic Bishops.

In sum, by collaborating with other agencies and programs, we hope that the Church will provide an appropriate example about the manner in which those suffering from AIDS, and their families and friends, are cared for as well as the nature of that care. Through this collaboration, we will help provide the kind of care and services that place persons with AIDS in appropriate settings that best meet their needs. In addition, we encourage the use of church facilities as sites for providing various levels and kinds of care.

Conclusion

We began these reflections by looking at four of the many faces of persons with AIDS. We saw in them the call and the challenge of the risen Lord to become a people of care, compassion, and action on behalf of those who have AIDS or ARC or related conditions, as well as their loved ones. More profoundly, we saw the challenge of which Pope John Paul II recently reminded us, to love as God loves us: "without distinction, without limit." For "He loves those of you who are sick, those who are suffering from AIDS and from AIDS-related complex."

WE have heard the invitation of that same Lord, spoken to all members of the human family, to express their sexuality in a truly human manner. We have sensed the challenge of providing for the prevention of AIDS in a complex, pluralistic society. We have recognized our own ecclesial responsibilities in the area of prevention and care, and of the need to collaborate with others.

The stories of Mary, John, Peter, and Lilly are not mere examples. They reveal our real, flesh-and-blood sisters and brothers. Our response to their needs, and the needs of other persons with AIDS, will be judged to be truly effective both when we discover God in them and when they, through their encounter with us, are able to say: "In my pain, fear, and alienation, I have felt in your presence a God of strength, hope, and solidarity."

By the grace of God, may this happen soon!

Appendix

Some Serious Questions—and Responses

In the preceding pages, we have articulated a theoretical framework for responding to the challenge of the spread of AIDS in our society and made some specific observations and directives. The application of this guideline will be the responsibility of each diocesan bishop.

During recent months, several critical questions have arisen. While these questions are not entirely new, they are being asked in a new context: the fact that AIDS is considered by some a disease of pandemic proportions. We offer the following guidance in these matters. It is our prudential judgment that this guidance is faithful to the authentic teaching of the magisterium and to the Church's traditional moral wisdom.

1. **Should there be educational programs about AIDS in our schools, religious education programs, and adult education programs?**

   While we recognize, above all, the inalienable rights of parents as the primary educators of their children and their importance in this area, we also affirm that there ought to be educational programs about AIDS at every appropriate level of Catholic schools and religious education programs. Adapted to the maturity of the learners, these programs should communicate the biological facts about AIDS as well as the values which should form their consciences. Several dioceses in the United States and Canada have developed guidelines for these educational efforts. The guidelines of the diocese of Cleveland provide an example of one approach to developing an initial pastoral response. Essential to these efforts are programs to assist parents in their responsibility to be the primary educators of their children.

2. **When should these programs begin?**

   The answer to this question will depend, in part, on the particular situation of the respective diocese and/or school. In areas where it is known that young people in the fifth and sixth grades (or younger) are being influenced by a drug culture or by social acceptance of promiscuous sex, formal education should begin as early as possible.

3. **In light of the medical evidence and the guidance offered in the statement, how should the Church relate to people who have been**

infected by the AIDS virus and are being served by its educational or social service programs or who are employees?

The Church is called to model for the larger society the loving concern and compassion of Jesus for the sick and the suffering. This is not a ministry just for our health-care institutions or for a few dedicated individuals, but for the whole Church. All diocesan agencies and parishes have roles to play in ensuring dignity, acceptance, care, and justice for people with HIV infection and their families.

We recommend that dioceses draw up, as soon as possible, their own policy on the responsibility of the Church as pastoral minister, employer, educator, and social service provider and clarify the application of state and local public policy to the diocesan guidelines.

Pastoral Ministry

We encourage dioceses to identify the following:

- **those responsible for the design and implementation of a diocesan plan for pastoral care of persons with AIDS;**
- **those responsible for training and support of pastoral ministers; and**
- **the ways in which the human, civil, and canonical rights of the person with AIDS will be respected, especially in the matter of confidentiality.**

Employment

Many people with AIDS infection are able to continue working for long periods without further risk to themselves or others. Such persons are entitled to the same treatment with regard to employment as other persons. Those unable to continue working because of their physical deterioration should continue to receive health and other benefits available to other employees.

Church agencies should carry on employee education programs designed to dispel irrational fears about the dangers of contracting AIDS through casual contact in the workplace. Employees, such as health-care and child-care workers, who may come in contact with the body fluids of

persons with AIDS, should receive continuing comprehensive and thorough education in infection control procedures. Special efforts must be made to have adequate personnel, equipment, and supplies on hand to prevent needless exposure to the virus by such employees.

Education

Infection with AIDS in and of itself should not be a reason to exclude students from any Catholic elementary or secondary school, religious education program, or institution of high learning. However, alternative educational and catechetical arrangements may be made for infected children whose behavior has been shown to be a danger to others. Infected preschool children and neurologically damaged children who lack control over their body functions or who have a history of biting others will need special consideration. Catholic day-care and foster-care providers should seek to provide programs and procedures to make available assistance to such children and their families. Church agencies serving pregnant women have a special responsibility to provide practical help and support to AIDS-infected women during pregnancy, delivery, and the postpartum period.

Social Services

Catholic social service and health agencies area called to work together to ensure the availability of medical care and support services to persons with AIDS infection. No client, patient, or applicant for services from a Catholic agency or facility should be denied assistance, and employees should be held accountable for compliance with this policy. Diocesan agencies should also advocate for the development and funding of community-based services for persons with AIDS.

Confidentiality

Every precaution should be taken to protect the confidentiality of records, files, and other information about HIV status of employees, students, applicants, clients, and patients.

4. **How are Catholic hospitals to respond to the desire of health-care professionals who feel that it is their responsibility to provide "safe sex" information in order to reduce the spread of disease?**

   As we indicated above, we must be clear about our position: An integrated understanding of human sexuality provides the basis for

any truly adequate program to prevent the sexual transmission of AIDS. Catholic health-care institutions and those who serve in them should be unequivocal about the moral teaching of the Church in their programs and personal counseling. It is important that Catholic health-care institutions provide educational programs about AIDS for their staffs and the public at large. It would be contradictory for these institutions to advocate a "safe-sex" approach to the prevention of the disease. It would be permissible, in accord with what has been said earlier about not promoting "safe sex" practices, to speak about the practices recommended by public health officials for limiting the spread of AIDS in the context of a clear advocacy of Catholic moral teaching.

On the more personal level of the health-care professional, the first course of action should be to invite a patient at risk, or one who already has been exposed to the disease, to live a chaste life. If it is obvious that the person will not act without bringing harm to others, then the traditional Catholic wisdom with regard to one's responsibility to avoid inflicting greater harm may be appropriately applied.

These are not all of the questions and issues which we face. There are other concerns about such matters a patient confidentiality, contact tracing, the relationship between individual and societal rights. We encourage theologians and others to continue discussing them in light of the insights of our tradition and the Church's teaching.