AIDS (Acquired Immune Deficiency Syndrome) is a dreaded social disease. Dreaded because to date there is no known cure or vaccination against AIDS. Social because the HIV (human immunodeficiency virus) can be communicated or transmitted most often through sexual contact and sometimes through blood transfusion and during pregnancy by a mother to her child. It is difficult at present to get reliable figures on the number of AIDS cases in the Philippines. Although the disease was identified only in the early ‘80s, it was only in 1986 that about 200 known cases mostly from Olongapo and Angeles were recorded. The first three confirmed cases of AIDS in the Philippines were all balikbayanos who caught the disease in the United States. Many of the AIDS victims in the San Francisco area are Filipinos. Yet AIDS in the Philippines has not yet become a national problem. But before the spread of AIDS reaches critical proportions, the Department of Health, the DSWD and other government agencies, the Church and the private sector must already get involved to inform and educate the general public and prevent and control this dreaded malady.

AIDS for most ordinary people is not a moral or theological problem except for those who have AIDS, transmit it, stigmatize it, or for a Church which is alarmed by AIDS but is not very

concerned about screening homosexuals from the clergy. In the view of the traditional Church and in the attitudes and perception of most Filipino Catholics there is a stigma attached to AIDS as somehow a punishment for sexual abuse especially among homosexuals. That is why the front page news of *Malaya* (January 7, 1987) about “12 Catholic priests in US have AIDS” was quite a shock to most Catholic readers. That kind of news about Filipino priests would even be more shocking to a conservative and traditional Philippine Church. Yet no one would bat an eyelash if those Filipino priests had TB instead of AIDS. AIDS patients suffer from a social stigma. In the same way we are alarmed by AIDS but not by the plight of Pinatubo evacuees and victims.

That Msgr. Francisco Tantoco Jr. who had just attended a CARITAS consultation on AIDS in Hong Kong took the initiative to undertake the first CBCP-CARITAS echo national orientation in this country is most commendable. Over and above the purpose of this Church-sponsored first national orientation conference on AIDS which is mainly informational and educational, the Philippine Church would do well to address itself to some new moral problems or issues as well as pastoral considerations demanded by the AIDS menace. By 1986 the ABC of AIDS has been published in Pilipino by the Health Action Information Network under the title *Mga Tanong at Sagot Tungkol sa AIDS*. But for the purposes of this Church-sponsored CARITAS conference, a timely and most welcome publication *AIDS: Community Awareness and Pastoral Care Project* by the Australian Catholic Social Welfare Commission is now available to us. This excellent and handy Catholic guide tries to answer all the questions we have been wanting to ask about AIDS and contains many valuable supplementary readings. In short, this Catholic guide booklet is just what we are all looking for.

This paper will explain briefly from a Filipino Christian perspective the theological and pastoral aspects of the following cases: (1) blood transfusions; (2) right to health care and dangerous risks to medical professionals; (3) the question of confidentiality especially to the wife of an AIDS-infected husband; (4) the use of condoms to prevent the spread of the disease; (5) testing, interpretation, and risks; (5) problems of false positive
tests; (6) effective preventive measures and compulsory testing. In conclusion from the viewpoint of the Christian faith, this paper will end with a final word on the pastoral care of those infected and affected by AIDS.

THEOLOGICAL PERSPECTIVES

From the viewpoint of moral theology, is there a connection between AIDS and morality, the question of right or wrong human behavior, the question of what a person ought to do or not do?

**Blood Transfusions.** One hundred years ago blood transfusions were universally fatal. Ten years ago they posed no ethical problems, but with the spread of AIDS the risks have become greater. A U.S. Congressman who got AIDS through blood transfusion was among the 56,468 Americans who died of AIDS between 1981 and 1989. Intravenous (IV) drug users who exchange infected needles among themselves can get the HIV. Hence the wisdom of using disposable syringes today. According to Msgr. Tantoco, without denying the primary responsibility of the Department of Health, it is now the time for the Church to take steps to ensure the safety of available blood supply in private Catholic hospitals. This includes the training of personnel for HIV testing, provision of testing centers and equipment, and promotion of voluntary donation concept.

**Right to Health Care and Danger to Medical Professionals.** The appearance of AIDS has raised the old questions about the right of health care professionals to refuse treatment to a patient because of danger to themselves. In the case of AIDS, all current research indicates that the risk of a health care professional being infected by a patient is very small, if proper procedures are followed. There is no danger if the health care professional with open cuts or breaks in exposed skin avoids working with the AIDS patient until the cuts and cracks are healed. The case of AIDS is not like the treatment of Hansen’s disease in days past. There can, then, be temporary excuses for not working with AIDS patients. On the other hand a refusal based on dislike of homosexuals or drug addicts and abusers, much less “hospitality girls,” appears contrary to the spirit of the health care profession which professes to serve society and the sick. It is interesting
to note that one of the arguments for the anti-bases debate in the Senate was that the U.S. military facilities in Subic and Clark were the chief carriers of AIDS infection.

Confidentiality. In past moral theology, the common and public good must be at stake to justify a physician’s revelation that will harm the medical profession and society as well as the patient. In general, the physician may not, without the permission of his patient, tell a wife that her husband has syphilis even though she runs a danger of infection. Nor should the physician inform the husband that the wife is pregnant or intending an abortion. The rare exceptions involve more than the good of isolated individuals. But it can be argued rather persuasively that there is a proportionate reason for discreetly revealing to a wife the fact that her husband certainly has AIDS. Here we are dealing with a disease that can harm not only the wife but children yet to be born and, through dramatically increased health costs, society itself. It becomes hard to justify revealing the suspicion that the husband might have AIDS. In the first case we are dealing with the threat of a life-giving process, in the second with the possibility or some unknown probability of a life-destroying process. Needless to say the husband who certainly has AIDS has the moral responsibility in justice and charity to tell his wife.

Condum Culture and Prevention. From the perspective of moral theology, the contribution of Fr. Brian Lucas in the Australian Catholic Guide lies in the morality of the use of condoms and “safe” sex to prevent infection. A “condom culture” is no decent or effective alternative. A person is morally obliged not to engage in sexual behavior that will transmit the disease. It might be homosexual behavior or heterosexual behavior outside of marriage. The Church would say that the best thing that this person could do is to refrain from immoral sexual behavior. However, if the person is unwilling to do this, he ought to use a condom to reduce the risk. This is the lesser evil. However, this does not mean that the lesser evil can become a good. The Church is by no means promoting the “condom culture” nor is it saying that immoral sex can become moral if it is “safe.” Secondly, the more complex and sad cases involve married couples when one is infected. Can they use the condom or does this contravene what the Church says about contracep-
tion? The couple are not intending contraception by using a condom but their intention is to limit the spread of the disease. The use of the condom does not amount to a rejection of the Church’s teaching against artificial contraception.

Testing. To say that the Philippines is a country characterized by massive poverty, structural injustice and institutionalized violence is an understatement. The quality of life of the majority who are poor has increasingly deteriorated from year to year. In the face of several natural calamities, the worst of which is the volcanic eruption of Mt. Pinatubo, and several absurd and unjust coups d’état, the problem of AIDS is not a priority for either the government or the Church. A “preferential option for the poor” or the “Church of the poor” envisioned by the Second Plenary Council of the Philippines (PCP II) takes precedence and top priority over all government priorities like the U.S. bases issue or the 1992 elections. Apart from the stigmatization of certain groups like homosexuals, gay or straight, and “hospitality girls or entertainers,” from the viewpoint of the patient, the central moral question is: Will this test and the subsequent treatment lead to more good than harm, all things considered? From the viewpoint of the health care professional: Will this test lead to treatment which, from a medical point of view, will benefit the patient enough to justify the costs and risks of both the tests and the treatment? Given the present Philippine context, since the high costs of testing even on an individual basis is prohibitive for the poor, both questions will find relevance only after the basic health services to the poor are taken care of by the annual budget of the Department of Health. Mobile units from the Health Department providing free testing similar to the free TB X-ray services is out of the question. Hence the importance of voluntary donations by the Church and concerned NGOs, other groups and citizens for the minimal costs of testing and treatment. The ethical problems of mass screening and high costs of testing belong more properly to developed and rich nations with a high incidence of AIDS.

It will suffice here to mention moral problems of false positive and false negative test results, the interpretation of tests and the risks of testing which apply to the Philippine context. A false positive is a result that says the condition is present when it
is actually absent. For example, the test might indicate that the patient has AIDS when as a matter of fact he does not. On the other hand, a false negative says the patient is free of the condition, when in point of fact the condition is present. The consequences of either false positives or false negatives can be extremely serious. The false negative gives false security and leaves the illness untreated. The false positive can torture patients and expose them to unnecessary and even dangerous treatments. Sometimes in the case of AIDS, the false positive is an apparent death sentence that can lead to both despair and suicide. If the tests results are not kept confidential, they could also lead to isolation and loss of employment.

Today there are so many kinds of AIDS tests that it is necessary to require professional training of personnel for AIDS testing, a training which the government cannot afford to neglect. The interpretation of tests are not a question of scientific fact but the results of more or less probable deductions and of the interpreter's "feel" for the tests. Therefore there is room for error. Such fallibility of interpretations is a major reason for second opinions in serious cases. Until more current research is available it is both premature and impractical to be concerned about the risks of AIDS testing at least in the Philippine situation for the time being. At the start of the AIDS epidemic, the fear of the disease was enormous and in direct proportion to the ignorance about it. Those who have the disease or who had even been exposed to it were often shunned, even by physicians and nurses in the hospital. They had been stigmatized. An attempt for mass screening of the disease, even at populations with high risk, would have carried the risk of stigmatization and isolation even while there was no hope of a cure. No wonder the gay community, a high risk group, fought mass screening. Since we Filipinos are prone to ape anything foreign we wrongly believe is modern or superior, it is only a question of time before a gay community here at home will start fighting for "gay rights" simply because they are gay.

**Effective Preventive Measures and Compulsory Testing.** The question of compulsory sterilization to control overpopulation or as means of family planning is certainly against Church moral teaching (Paul VI's encyclical *Humanae Vitae*). How about
compulsory testing for private reasons or by legislation to prevent AIDS epidemic? Granted the protection of confidentiality, involuntary testing mandated by law would be legal and ethical only when necessary for the public health and legally enacted. Granted the enactment of the law, the screening could be necessary for the public health if it could detect a serious threat to public health and lead to effective preventive measures. If our own legislature can hardly pass a just law to effect genuine land reform, will the members of Congress enact a law on a matter that is considered as far less urgent? If there is no treatment available for the disease, or if there is no legal way to prevent the spread of the disease, the testing can hardly be called useful, let alone necessary for the public good. As the AIDS problem has demonstrated it is one thing to detect the carrier of AIDS and another to convince the victim to avoid infecting others.

The ethics of compulsory testing of employees and prospective employees depends in the first place on whether or not the condition being detected is relevant to the business. Thus drug and alcohol abuse can be relevant not only to safety and efficiency, but to the ability to resist temptation in handling drugs and large sums of money. On the other hand it is not immediately obvious that AIDS is relevant to the functioning of a business except indirectly through its impact on health insurance premiums. Indeed a case can be made that testing for AIDS and eliminating those who test positive is discrimination on the basis of handicap rather than on the basis of job-related factors.

Although it is still remote, the problem of compulsory testing to prevent an AIDS epidemic is altogether another moral question. According to the latest figures there are about 200 cases of AIDS including persons with HIV antibody. It is difficult to track down other victims because some homosexuals and unlicensed hospitality girls do not submit themselves to tests. Right now there is a need for strengthened information dissemination. With popular support from the people, it is hoped that the war against AIDS will be won.

Without Christian sexual and moral education and maturation, it is doubtful whether cases of AIDS in the Philippines will be a powerful deterrent to sexual activities among homosexuals, machismo complex and consequent sexual promiscuity. A Chris-
tian monogamous sexual relationship is still the best guarantee for not contracting AIDS. According to an article in *Home Life* magazine (June 1990) AIDS is a highly preventable disease. It is therefore important to avoid sexual activities that may lead to AIDS. An interview with a respected authority on AIDS, Dr. Victor DeGruttola of the Harvard Medical School, has words of wisdom for us all. Clearly any move toward safer sexual practices will benefit both the individual and society by slowing, if not stopping, the spread of the disease. Yet "safe sex" has to be very widely practised to prevent the growth of the epidemic. Those whose physical contact with others is nonsexual have virtually no risk of getting the disease. Women and gay men who have unprotected intercourse with multiple partners or a single infected partner, run a very high risk.

**PASTORAL PERSPECTIVE**

*Conclusion.* From a pastoral perspective, the Christian response to the AIDS menace is accurate knowledge, awareness of the major moral and pastoral perspectives, and a Christ-like concern for those infected with the AIDS virus and those living with AIDS. In the face of the AIDS crisis in Australia, the Catholic Bishops there issued two pastoral letters, one on the "AIDS Crisis" (1987) and the other on "A Challenge to Love" (1988). The Bishops claim that homosexual practices, sexual promiscuity, and drug abuse are the main causes of the disease. Some key elements of the Catholic Bishops' message include: promoting a Christian vision of human sexuality as the heart of any program of education; offering respect, concern and practical help to those infected with AIDS; rejecting suggestions of quarantine and segregation of AIDS patients; and finally calling forth a response which extends Christ's ministry of healing and reconciliation. It is wrong to suggest that AIDS is God's punishment of a sexually wicked world. The God revealed to us through Jesus Christ is not a vengeful God but a God of mercy and compassion. In his pastoral visit to the United States and in his address at Mission Dolores Basilica to people with AIDS, their families, friends, and others who care for them, Pope John Paul II said: "God loves you all, without distinction, without limit. . . . [all those] suffering from
AIDS and from AIDS-Related Complex.” It is clear then that the Church has a role in the pastoral care of those infected and affected by AIDS. The Philippine Church would do well now to prepare to show the face of the compassionate Christ to all who suffer from AIDS and to all others who have been affected, even indirectly.