

**SOME THEOLOGICAL IMPLICATIONS OF TWO CATHOLIC
RESPONSES IN CARE AND PREVENTION,
TO THE HIV/AIDS PANDEMIC
IN KOREA AND THE PHILIPPINES**

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The degree of Master of Arts in Theological Studies
by

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Declaration of Authorship

This thesis is the candidate's own work and contains no material which has been accepted for the award of any degree or diploma in any other institution.

To the best of the candidate's knowledge, the thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Roh Yong-Seong

26 Aug 2002

Abstract

Dialogues with two Catholic institutions in Korea and the Philippines concerned with those suffering from AIDS and working to prevent the spread of HIV/AIDS highlight the ambiguities and contradictions in both current knowledge and attitudes. Among the general public and church members there is considerable misunderstanding about the issues both the nature of the disease and the Church's moral teaching. Catholic institutions and secular based NGOs reveal the importance of interactive social networks in promoting positive responses in the face of widespread prejudice and stigmatization.

Suffering arising from HIV/AIDS presents a challenge to promote an ethics of relieving the misery of the poor and abandoned everywhere. The teachings of Thomas Aquinas on the affective virtues that highlight the importance of moral development as a form of empowerment provide important guides to action in the face of the global HIV/AIDS pandemic. The dissertation argues that it is by building new forms of community in response to the Gospel of Jesus we can engender an ethics of virtue and compassion that is not only an appropriate response to AIDS but an important approach to evangelism at this time.

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Special acknowledgement is also due to Father John, Oh Woong-Jin the Founder of Kkottongnae, Flower Village, and to my Superior, Brother James Shin for their ongoing support. I must also thank Brother James, who as a medical doctor helped organize the first AIDS conference in Korea and who provided me with introductions to meet those involved in HIV/AIDS care and prevention in Korea.

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Roh, Yong-Seong,

Chapter 1 - Introduction

The joy and hope, the grief and anguish of the men [and women] of our time, especially those who are poor or afflicted in any way are the joy and the hope, the grief and the anguish of the followers of Christ as well.” (*G.S. I*)¹

This dissertation explores a number of theological issues that arise from some responses to the HIV/AIDS pandemic² in Korea and the Philippines. These issues are not only of academic theological significance but they raise vital questions for the Catholic Church as a whole as it seeks to embody Christ in its mission to, and as part of, the modern world. The issues raised in this dissertation are also of personal importance to me as a newly ordained priest of the religious community The Kkottongnae Brothers of Jesus. This Korean community’s spirituality and mission is both to care for those people who have been abandoned by society as well as to promote a healing spirituality of love in the wider community. Thus, this dissertation which examines contextually the spirituality of Christian love and compassion among the marginalised of modern society also arises out of the pastoral and spiritual need of the Kkottongnae Community.

While the Kkottongnae Brothers and Sisters of Jesus are a Catholic religious community only twenty-six years old, their spirituality and practice of caring for the poor and abandoned of a war-torn and rapidly industrialising Korea, is a remarkable story of faith and love and has made a significant impact on the country.³ So, a further aim of this study is to reflect on the directions in which the Kkottongnae Community’s

¹ My references to THE PASTORAL CONSTITUTION ON THE CHURCH IN THE MODERN WORLD – *Gaudium et Spes* (*G.S.*) are from Austin Flannery, 1992, General Editor of *Vatican Council II: The Conciliar and Post Conciliar Documents*, New and Revised Edition, 1992.

² HIV/AIDS is referred to both as an epidemic and a pandemic. Both terms refer to an infectious disease spreading through a population. A pandemic is the term most generally used for an infectious disease spreading across regional and national boundaries and so is the more correct term for HIV/AIDS as it has become global and does not wax and wane as is common for most epidemics. See Roy M. Anderson & Robert M. May “Understanding the AIDS Pandemic,” *Scientific American*, May 1992, for an account of the dynamics of how the HIV virus infects individuals and communities.

³ A simple booklet, *The Story of Kkottongne* by Young-gwon Kwak, is the best available source in English on the history of Flower Village. (In translating Korean language into English there are two spellings, the most usual these days is Kkottongnae or sometimes, as in this title, Kkottongne.)

spirituality and practice might evolve as the Community moves from being based only in Korea, to working in situations of need in other countries and cultural settings. For example, the founder of the Flower Village Community, Father John Oh, Woong-jin believes that there is a call for the Community to care for stigmatised and outcast AIDS-orphans and AIDS sufferers in other parts of the world. It arises from a desire to explore the theological significance of this modern global crisis facing the Church that has arisen from the devastating spread of the HIV/AIDS pandemic.

There are four areas from my academic theological formation where I have gained both important insights as well as an approach to theological research method that I am drawing on in this study.

Firstly, the dissertation has drawn upon those insights that derive from the methods that are being applied to the study of spirituality as an aspect of pastoral practice in the life of the church,⁴ and from the study of the different approaches to contextual theology in this complex modern world.⁵ These include a belief that *Gaudium et Spes (G.S.) THE PASTORAL CONSTITUTION OF THE CHURCH IN THE MODERN WORLD*, is in many ways an excellent guide to ways of looking at the context of the church as a minority institution in a complex global society. A second set of insights into theological method came from the historical study of the growth of sacramental life in the Church's historical past. The lesson from this study was to understand the importance of perceiving the cultural and social context of the Catholic Church's responses to pressing situations and issues throughout its long history.⁶ The third strand of theological method that I draw on for this study in understanding some of the difficult issues in moral theology that arise in the study of HIV/AIDS in the contemporary world has come through the study of the role of

⁴ Barnes, M., S.J. (1977) *The Way Supplement 88: Spirituality and Ethics*, London, Spring 1997: p.3.

⁵ Bevans, S.B.S. (1992) *Models of Contextual Theology*, Maryknoll, New York: Orbis Books, surveys and evaluates the different approaches or models of doing theology contextually in different cultural settings. The insights from this source have been very valuable for this study, in particular those described as the praxis and transcendental models.

⁶ Joseph Martos (1991) *Doors to the Sacred: A Historical Introduction to Sacraments in the Catholic Church*, Ligouri / Triumph. I was also privileged to attend a course on the History of the Sacraments conducted by Professor Martos at the University of Notre Dame, Australia in the Winter Term of 1991.

human affectivity in Christian living. Of central significance were the approaches to the passions and the habits of virtue that are explored in recent scholarship on the writings of Thomas Aquinas.⁷ Fourthly, and in many ways related to the above strands of thought there have been the examples of applied ethical exploration in relation to the HIV/AIDS epidemic already undertaken by Crowley, Keenan, Kelly, McCormick, and Spohn.⁸

The preface of THE PASTORAL CONSTITUTION OF THE CHURCH IN THE MODERN WORLD, begins with the sentence I have quoted at the head of this chapter that,

The joy and hope, the grief and anguish of the men [and women] of our time, especially those who are poor or afflicted in any way are the joy and the hope, the grief and the anguish of the followers of Christ as well. (*G.S. 1*)⁹

It emphasises that it is this identification with the suffering of all mankind that provides the Church with both a vision for, and solidarity with, the whole of humankind and its history. Indeed, an underlying assumption of this dissertation is that THE PASTORAL CONSTITUTION provides a foundation for any reflection about responses we might make to the social crises of our time such as the HIV/AIDS epidemic. Noteworthy, is the constitution's insight that there is a need to transcend an individualistic morality in the modern world. Since the Church is in the world, and part of the modern world, this dissertation argues that our responsibility is to be part of a dialogue that is on the one hand faithful to God and to divine truth while being responsive to the whole of mankind and its suffering.

The pace of change is so far-reaching and rapid nowadays that no one can allow himself to close his eyes to the course of events or indifferently ignore them and wallow in the

⁷ I am grateful to Rev Dr Tom Ryan for his course on "Human Affectivity in Christian Living" for introducing me this important topic and its literature. G. Simon Harak (1993) *Virtuous Passions: The Formation of Christian Character*, Mahwah: Paulist Press; (1996) Editor, *Aquinas and Empowerment: Classical Ethics for Ordinary Lives*, Washington: Georgetown University Press; James Keenan (1999) *Virtues for Ordinary Christians*, Franklin: Sheed and Ward; Tom Ryan (2001) "Aquinas' Integrated View of Emotions, Morality and the Person" *PACIFICA* (14) February.

⁸ Paul G. Crowley (1997) "Rahner's Christian Pessimism: A Response to the Sorrow of AIDS," *Theological Studies* Vol. 58 (No. 2); Kelly, K. T. (1977), "The Challenge of AIDS," *The Way Supplement* 88: *Spirituality and Ethics*, Edited by M.Barnes, S.J. London, Spring 1997: 46-54.; Kelly, K. T. (1992). *New Directions in Moral Theology: The Challenge of Being Human*. London, Geoffrey Chapman; McCormick, R. A. (1989). "AIDS: The Shape of the Ethical Challenge," *The Critical Calling*, Washington, D.C., Georgetown University Press. I am grateful to Rev. Dr. Peter Black for introducing me to this literature and for providing the encouragement to pursue this topic further.

⁹ THE PASTORAL CONSTITUTION ON THE CHURCH IN THE MODERN WORLD – *Gaudium et Spes* (*G.S.*) are from Austin Flannery, General Editor of *Vatican Council II: The Conciliar and Post Conciliar Documents*, New and Revised Edition, 1992, p.903.

luxury of a merely individualistic morality. The best way to fulfil one's obligations of justice and love is to contribute to the common good according to one's means and the needs of others, even to the point of the point of fostering and helping the public and private organizations devoted to bettering the conditions of life (G.S.30).

That is, *Gaudium et Spes* asks us to approach the moral questions of justice and love in daily life from the positive position of what is going to be our response to the challenge of the times? What are our real intentions for making a change in the world? It is asking us to make a positive response to human crises, not just as individuals, but also as citizens and civic persons involved in secular as well as church agencies working in the world. It is surely urging us to translate our protestations of love into actions that promote the common good and better the conditions of life of those in need.

The HIV/AIDS pandemic is a global crisis of huge proportions, which has already brought great suffering to the mainly poor and marginalised in Asia and Africa, and there is no doubt that it is significant to the future of the whole human race. Our Catholic Christian responsibility must be to interpret the situation clearly and accurately. One theme of *Gaudium et Spes*, which is a recurring theme of those scholars looking at the theology of St. Thomas Aquinas and empowerment, is the need to perceive issues clearly to avoid oversimplification and generalization.¹⁰ It is clear that, it is only by seeing this global health crisis of HIV/AIDS in its totality and complexity, that we will be able to discern our responsibility to God and the whole of mankind in Christ's name.

The PASTORAL CONSTITUTION of Vatican II also focuses our attention on the fact that the Church is frequently a minority institution in the various nations and states within which it seeks to witness to Christ. This situation has been analysed theologically by Karl Rahner in what he has described as the "diaspora situation" of the Church. This is explained in a wonderful way by Thomas Merton in an early essay,¹¹ which is the perspective taken up by Crowley in an article "Rahner's Christian Pessimism: A

¹⁰ Judith Kay (1996) "Getting Egypt out of the People: Aquinas's Contribution to Liberation" in *Aquinas and Empowerment*. Edited by G.S. Harak, p.7.

¹¹ Thomas Merton, "The Christian in the Diaspora" in *Redeeming the Time*, London: Burns & Oates.

Response to the Sorrow of Aids.”¹² Indeed this is a perspective that is important to my argument and it is one that I will explore more fully in the following chapters.

In Chapter 2, I provide a context for the data and arguments of the dissertation through a review of some of the bioethical and moral theological literature on HIV/AIDS. This will serve to raise the main fault line in the debate between those who see the moral issues surrounding the disease in terms of the official Church teaching on sexual ethics and those seeing it in terms of the ethics of social justice concerning gender, poverty, powerlessness and social inequality. It has to be recognized that the Church’s teaching in these areas is not always uniform and on the matter of AIDS there have been important teachings from Conferences of Bishops and leading theologians as well as from Rome. This chapter will also situate the epidemic, still in its early stages, in both Korea and the Philippines. The epidemiological factors in the spread of the disease will be set against a picture of the changing cultures and social structures of both countries.¹³

Although it is dated now, the Asian Federation of Catholic Medical Association’s Tenth Congress Report of 1992¹⁴ provides a good overview of the practical and ethical questions in an Asian setting and is an example of the foresight and initiative of Catholic doctors in Korea and Asia more generally. The context for the HIV/AIDS epidemic in Korea is a relatively homogeneous culture where there has been a traditional inequality between the sexes and a customary public silence on matters of sexuality. Despite rapid urbanization and economic change, traditional family and patriarchal values are still quite dominant.¹⁵

¹² Paul Crowley, P. G. (1997) “Rahner's Christian Pessimism: A Response to the Sorrow of AIDS.” *Theological Studies* Vol. 58 no. 2.

¹³ See Appendix 1.

¹⁴ This was published in 1992 as *Aids: Life and Love* by the Asian Federation of Catholic Medical Associations.

¹⁵ D. S. Macdonald, and Edited and Revised by Donald N. Clark (1996). *The Koreans: Contemporary Politics and Society*. Boulder, Colorado, Westview Press.

The total number of Korean Catholics as of December 1999 was 4 million or 8.3% of the population and the church reinforces this conservative approach to discussing sexuality.¹⁶ Hence there are a number of cultural as well as doctrinal difficulties for the Church if it were to even consider changing any of its teachings in sexual ethics.

By contrast, Philippine culture has been shaped through a long colonial domination by Spain, the USA and Japan, the result of which is a complex multicultural and stratified society with over 83% (69 million) nominally Catholic of a total population of 83 million.¹⁷ While there is also strong family and patriarchal values in the Philippines, there is also a much more open approach to the discussion of sexuality. So while the Catholic Church is a much more dominant institution in the Philippines there is also evidence of different currents and even some silent dissent from its official teaching particularly among the young and educated classes.¹⁸

Chapter 3 reports in a descriptive and qualitative way a selection of the data I have gathered from published accounts and interviews from four case studies of HIV/AIDS care and prevention – two each from both Korea and the Philippines. I have used the cases of two specific Catholic responses: the first is a Catholic AIDS hospice in Seoul, Korea and the second is Caritas Manila’s program of AIDS prevention in the Philippines. Both of these represent practical action in the name of the Catholic Church in response to HIV/AIDS pandemic. These studies of church based organizations are analysed alongside similar interview data and information from two secular associations of prevention and care, The Korean Alliance to Defeat Aids, and the Philippine organization Pinoy Plus, in order to contrast the different ethical imperatives and approaches to care and prevention.

¹⁶ Catholic Bishops Conference of Korea (2002) “Korean Catholics Reach Four Million” in Catholic Church Statistics Review, www.cbck.or.kr. See Appendices 1, 2 and 3 for a summary of population and HIV/AIDS statistics.

¹⁷ Eva-Lotta Hedman and John T. Sidel, Editors (2001) *Philippine Politics and Society in the Twentieth Century*, London: Routledge provides an interesting overview of the historical as well as the contemporary social and political complexity.

¹⁸ These perceptions are based on the discussion with informants from Caritas Manila and Pinoy Plus.

The focus of the description in this chapter is the nature of the practical action to reduce suffering. This description serves to highlight the cultural contexts of these practical responses to the HIV/AIDS epidemic. Culture in this sense is defined widely, so as to refer not only to national or ethnic cultures but also to the cultural differences that arise between different religious and population cohorts representing modern and traditional outlooks on life. The qualitative data, from these four case studies in the two countries, are used in the subsequent chapters to explore the contradictions and dilemmas that the church faces in the modern world.

These case studies lead on in Chapter 4 to a theological reflection on a contextual theology of healing in an unjust world and its relevance for the formal and informal structures of the church. Through a reflection on how the varying responses to the AIDS epidemic represent different aspects of Christ's own earthly ministry of healing and teaching and where the truth of the Gospel is tested in the meeting and interaction between those who minister with compassion and love with those trapped in the unjust structures of society. This chapter engages with some of the emerging debates in moral theology by means of a dialogue using the qualitative data from the case studies concerning powerlessness and gender inequalities. In particular, the dissertation explores the ways in which the suffering of people affected by AIDS is exacerbated by the problems of stigmatisation and isolation.

The positive and compassionate response of particular groups to the suffering of AIDS in the light of the indifference of many institutions are seen as providing valuable insights into the nature of both the church and the contemporary world. For example, I attempt to show that Rahner's "Christian pessimism" about the diaspora situation of the church, together with the insights of the Pastoral Constitution, can be seen to offer real hope for an emerging understanding and a vital Christian witness in the future. That is seen in a Christian context, the HIV/AIDS pandemic offers us a genuine opportunity to struggle for a change in the world that offers real possibilities of social and spiritual transformation.

The case studies also provide the platform on which I explore the implications for The Kkottongnae Brothers and Sisters of Jesus. The varying responses of the four different organizations provide important lessons in their approach to both care and prevention in a world infected by AIDS. They provide guidance and insight into questions about both spirituality and organization that are relevant in any approach to the new forms of abandonment, stigmatisation and poverty in the modern world. They demonstrate that the spirituality and practice of Flower Village, Kkottongnae, in its three-fold witness of compassionate love, education through experience as a way of social reconstruction and a charismatic openness to the works of the Holy Spirit are possible paths to this future social and spiritual transformation.

In Chapter 5, I re-examine the question posed by Keenan, Kelly and others, on how does the global universal Catholic Church live with AIDS?¹⁹ The response comes in a discussion of the transformative power of habits of virtue as they are developed and tested in the service of loving and caring for those abandoned by society. The relevance of the theological traditions of virtue ethics, together with the recognition of the significance of human affectivity and passion as an integral part of the human person, are explored in the work of those caring for people living with AIDS. Thus the insights of Thomas Aquinas and other medieval theologians are seen as providing an important platform for contemporary theological reflection relevant to the work of the church in the modern world.²⁰ In particular, the perspective that we should look at moral issues through an interactive model allows us to see the moral issues of all the various actors involved in their full complexity.²¹

This approach can even allow us to see the ethical situation and behaviour of the men and women at risk of contracting the HIV virus as different from those of us who are Catholic clergy and religious. Indeed, I would go so far as to argue that the situation of moral choice is even different for the Catholic and non-Catholic. However if we approach

¹⁹ Kevin Kelly in James Keenan, Editor (2000) *Catholic Ethicists on HIV/AIDS Prevention* p. 329.

²⁰ In this thesis the point that is stressed is that the affective virtues help us have the appropriate response about the right things, at the right time to the appropriate degree. The arguments that support this position, such those in Tom Ryan, (2001) "Aquinas' Integrated View ..." p.69, are assumed here.

the overall situation from a Thomistic view on the passions and virtue we can see both the situations of real life and the situations of moral choice as fluid and changing. It allows us to see that we need to grow habits of character like Paul's gifts of the Spirit that come from developing a passion for Christ. We can understand that the happy life is one lived in His friendship and that we who live in that friendship become "moved movers."²²

Thus, in approaching the HIV/AIDS epidemic from a Thomistic perspective we have the advantage of knowing that each of us is on a different place in relation to the path of a possible friendship with God. For those of secure in our place on that path, our passions and our anger need to be harnessed in two ways. The first is to use our anger at the social sins of inequality and injustice, to identify and seek to change the social systems in which those at risk are forced to live. The second and more important is to help those at risk move onto that path, and empower them with the knowledge that the greatest degree of control over one's life comes from a friendship with God through Christ. That is, we can draw those who are suffering and at risk into a Christian community where people are truly energized and animated by a love of God.

In chapter six, the evidence from the Korean and the Philippine case studies are reviewed as symbols of Christian action in the context of the global epidemic of HIV/AIDS. The conclusion is reached that while Asian Catholic Responses to AIDS at an official level are inadequate, there is much the institutional church can learn from the contextual and practical theology of compassion and care being exercised by both church and secular based organizations in its midst. By reflecting on the interaction taking place it is possible to discern ways of fulfilling its mission as outlined in the PASTORAL CONSTITUTION more effectively.

The theological reflections on spirituality and empowerment are finally brought together in a short conclusion alongside the responsibility of the church to bring people to God. This allows me to redefine Kkottongnae spirituality for a world in crisis.

²¹ G. Simon Harak, (1993). *Virtuous Passions* p.48

²² G. Simon Harak, (1993). *Virtuous Passions* p.49

This study of the way two Catholic institutional settings in Korea and the Philippines have interpreted the ethical command to love those at risk of, and suffering from, HIV/AIDS should help in the evolution of practical ways of loving in modern society. The spirituality and love in the practice of Kkottongnae Brothers and Sisters of Jesus in the care of the abandoned and marginalised members of society, can be seen by the Kkottongnae community as an important aspect of modern evangelism and Christian outreach. Similarly, the attempts to change the value systems of modern society as practiced by the Kkottongnae Training Institute of Love, have to be seen as an attempt to grow faith in our time and bring people to a friendship with Christ.

Chapter 2 – HIV/AIDS in Context

Aids is a justice issue, not primarily a sex issue. AIDS as a justice issue concerns the social relationships that help spread HIV and fail to alleviate AIDS, relationships of power and vulnerability that are in violation of Catholic norms of justice and the common good. (Lisa Sowle Cahill)²³

The medical condition HIV/AIDS presents us with a number of paradoxes and contradictions. While it is only 20 years since the disease was first described and named, it is already a major global health problem.²⁴ Compared with other viral infections it is not easy to spread because it has to be transmitted from person to person directly by means of body fluids.²⁵ Yet, despite this apparent difficulty in transmission it has spread so widely in many populations around the globe that it is rightly described as a pandemic.²⁶ Two problems have emerged as barriers to effective prevention. The first is that the risk factors are to a significant extent social and related to social inequalities and powerlessness, which appear as difficult, if not impossible, to change. The second problem is the difficulty of inducing behavioural change as a mode of prevention. Because the main mode of transmission is through sexual behaviour it is not a subject that is easily talked about openly or honestly in most societies. As Kelly points out, when it has been discussed by church authorities, the emphasis has mainly on the morality of the sexual behaviour as its major cause rather than the moral dimensions of the social environment.²⁷

²³ Lisa Sowle Cahill (2000) "AIDS, Justice and the Common Good" in James Keenan, editor, *Catholic Ethicists on HIV/AIDS Prevention*, New York: Continuum, p.282.

²⁴ Elizabeth Hepburn (1996) *Of Life and Death: An Australian Guide to Catholic Bioethics*. North Blackburn, Victoria, Dove, p.152.

²⁵ See *Aids: Prevention and Control* (1988) for the first comprehensive overview of the disease and its epidemiology. These were the papers from a World summit on the disease organised by the World Health Organization. The United Nations subsequently set up UNAIDS, the Joint United Nations Programme on HIV/AIDS which is a collaboration between the agencies UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank. The UNAIDS web site at <http://www.unaids.org> is the most accessible source of data on the pandemic.

²⁶ See also E. Hepburn, (1966) p.152 and Roy M. Anderson, and Robert M. May, "Understanding the AIDS Pandemic" in *Scientific American*, May 1992, for explanations about the dynamics of infection.

²⁷ Kevin Kelly (1977). "The Challenge of AIDS" in *The Way Supplement 88, Spirituality and Ethics*, edited by M.Barnes. London, The Way Publications, Spring 1997.

While the Catholic Church has officially acknowledged the seriousness of the disease,²⁸ and some of its agencies have been leaders in developing appropriate responses to HIV/AIDS, it is sometimes accused of not acting actively enough to halt the spread of the disease because of its moral prescriptions about sexuality and the use of condoms.²⁹ It is the argument of this dissertation that the disease has to be seen as a totality. That is, the HIV/AIDS pandemic has political, economic, cultural and socio-psychological dimensions that impact on both the bio-medical and moral dimensions of the disease.

Spohn identifies three issues that must be considered key aspects of any effective Christian response to AIDS.³⁰ Firstly, there is the religious framework within which we make our perceptions and judgements,³¹ secondly the educational strategy we adopt for prevention and finally, the practical response of caring for those infected. The importance of the religious framework for those of us who are Catholic Christians is that in facing this issue, we should be brought back to the conclusion of *G.S.* (93). That is, in proclaiming that we live in a world that is to be built up and brought to fulfilment, we are reminded of our Lord's words, "By this all men will know that you are my disciples, if you have love for one another" (Jn 13:35). It is not so much what we say we believe, but how we demonstrate that belief, in love for our neighbours.

Thus an important first step in living with the AIDS epidemic, both collectively as a Church, and individually as Christians, is to embrace those suffering with AIDS. Crowley, among others, recounts the story of St Francis of Assisi finally overcoming his fear and embracing the leper as an important stage of his conversion.³² The Church, particularly through the work of many religious orders has led the world in the provision

²⁸ Pope John Paul II "The Aids Epidemic," an Address to the Diplomatic Corps in Tanzania, September 1, 1990 and reprinted in *Origins* 20.15, 20 September 1990, nos. 3 and 4.

²⁹ Kevin T. Kelly, (1998) *New Directions in Sexual Ethics*, p.206.

³⁰ William J. Spohn (1988) "The Moral Dimensions of AIDS," *Theological Studies* 49: 88-101.

³¹ Paul VI (1994) *Humanae Vitae*, Australian Edition 5th Printing, Homebush" St Paul Publication. It is important to remember that this was first published in 1968 long before there were issues like the AIDS pandemic to raise new moral questions. Nonetheless, while directed towards the question of the "Regulation of Birth," this has become a major source of Church teaching that has had implications for moral views on aspects of human sexuality with consequences for approaches to the HIV/AIDS pandemic.

³² Paul G. Crowley (1997) "Rahner's Christian Pessimism: A Response to the Sorrow of AIDS," *Theological Studies*, vol.58 no. 2, p.286-7.

of hospice and quality health care to those who are suffering and dying from the disease. Yet, this response is not well known throughout the church and there is still widespread fear in the church community of embracing those living with HIV/AIDS in any way.

As Jantzen has noted, even among Christians there is often a fear about any form of contact, from eating together, sharing a communion cup, to even offering a handshake of welcome let alone an embrace or a kiss of peace. “Their dignity is undervalued and undermined, not least by the church.”³³ This is an issue that is explored further in the following chapter where I discuss the experience of Sister Miriam at the AIDS hospice and care centre in Seoul.

This fear of contact with people living with AIDS remains a world wide problem and is one that is very relevant in both Korea and the Philippines. My own feeling is that this is a real ethical issue for the Church and until we achieve a situation where ordinary Catholics are at ease in identifying with AIDS sufferers, we cannot really fulfil our Christian mission in the world. As Cadwallader points out, it is only by listening to and hearing those in the midst of the disease that we can find the basis of any theological reflection.³⁴ It will be on the basis of this experience of being alongside victims and sufferers that the church can exemplify through all its members a new compassion to all who suffer misery and oppression because of this or any other disease or disability.

We also have to acknowledge that there has also been an attitude by many in the church, that the disease is a punishment for sin.³⁵ This is an attitude based on ignorance and is one that ignores Jesus’ compassionate approach to disease and disability that we find in the Gospels. It is certainly difficult to make this response when confronted with babies with AIDS who have contracted it at birth from their mothers, or with AIDS

³³ Grace Jantzen (1994) “AIDS, Shame and Suffering,” *Sexuality and the Sacred: Sources for Theological Reflection*, edited by J. B. Nelson and S. P. Longfellow, p.305

³⁴ Alan Cadwallader, ed., (1992) *AIDS: The Church as Enemy and Friend - Ambiguities in the Church's Response to AIDS*, p.xiv.

³⁵ R. Nicholson (1996) “God in AIDS?” *A Theological Inquiry*, London, SCM Press, p.26.

orphans when both parents of young children have died from the disease as Kelly describes for the Rakai district in Uganda.³⁶

Our moral response as Christians to people living with HIV/AIDS, should not be to find fault, but to understand all the social and medical parameters of the epidemiology of the disease. In looking at HIV/AIDS as a disease of the person we should note that there are three major ways of contracting the virus.³⁷ They all involve the exchange of body fluids, namely, through sexual contact with someone who has the virus already, from mother to child at birth or through breastfeeding after birth, and through the exchange of blood by sharing syringes or unsafe blood transfusions. The most common means of infection in the pandemic so far have been through unprotected sex with an infected partner, by sharing contaminated intravenous syringe needles, and from mother to newborn child. “There is no evidence of the virus being transmitted by insects or through social, non-sexual contact.”³⁸ That is, there is no possibility of contracting the disease by shaking hands or even sharing the same cup.

The USA Catholic Bishops’ Conference in an early discussion paper pointed out there were three dimensions that we need to take into any account of the disease.³⁹ Firstly, when looking at HIV/AIDS as a disease of the person we need to see the person as being located in a social and cultural matrix and not as a person existing in isolation. Secondly, HIV/AIDS is a global epidemic of an infectious virus and like all infectious diseases spreads through populations by a complex *interaction* of biological and social factors. Finally, HIV/AIDS as social, medical and ecological event in the history of mankind must be seen in that historical context, with its roots in both the traditional structures and cultures of people, as well as in the social and economic changes that characterise the modern world.

³⁶ Kelly, (1998) *New Directions in Sexual Ethics*, pp.15-16.

³⁷ Elizabeth Hepburn (1996) *Of Life and Death: An Australian Guide to Catholic Bioethics*. North Blackburn, Victoria: Dove, p.153.

³⁸ Hepburn, *On Life and Death*, p.153.

³⁹ United States Catholic Conference (1987) *The Many Faces of AIDS: A Gospel Response*. Washington, D.C., pp.7-12.

Since infection is most frequently the result of conscious human behaviour it should be possible to break the train of infection by modifying behaviour and changing cultural attitudes that influence behaviour. This has been successful to some degree among homosexual men in Australia and the USA.⁴⁰ However, there is considerable evidence from the experience of health educators in many parts of the world that achieving those changes among heterosexual men in patriarchal societies is a difficult task. While not denying that difficulty, this dissertation will argue on the basis of Caritas's Filipino experience is that the most positive approach is one that seeks to help men and women grow in character through empowerment in the social and political spheres. An approach that stresses that it is through real friendship rather than sexual domination or submission in the personal sphere that can make a difference to the quality of life and the future of the pandemic.⁴¹

This must be an important approach to the young who will constitute the coming generation; there is a need to grow faith and a friendship with Christ, which can transform the exploitative and oppressive relationships that characterize both society and sexuality in many cultural settings that provide the context for the spread of HIV/AIDS in the modern world. This is not to minimise the fact that for the church as an organization it is not easy to respond flexibly in establishing an ethical framework for both church members and the wider public in a rapidly changing world.⁴² For example, there are obvious difficulties in discussing a disease that is a product of gender roles and sexuality. Because, on the one hand it has its behavioural precursors in both traditional cultures and structures as well as from the dislocations of social relationships in a rapidly changing

⁴⁰ Gabriel Rotello (1997). *Sexual Ecology: Aids and the Destiny of Gay Men*. New York, Dutton, The Penguin Group, p.38. His account stresses the "ecological" nature of an infectious disease like HIV/AIDS where cultural patterns of sexual behavior have to be addressed as causes and if necessary changed.

⁴¹ Judith W. Kay (1996) "Getting Egypt out of the People: Aquinas's Contribution to Liberation", and P.J.Wadell, C.P. (1996) "Growing Together in Divine Love: The Role of Charity in the Moral Theology of Thomas Aquinas" both in *Aquinas and Empowerment*, edited by G.S. Harak, Washington D.C, Georgetown University Press.

⁴² Paul VI (1994) *Humanae Vitae*, Australian Edition 5th Printing, Homebush, St Paul's Publications. Part III, "Pastoral Directives" lays down the way the Church and its clergy should promote an approach to sexuality and reproduction. As already noted this was originally published in 1968 and has some directives that are difficult to apply in many social situations found in HIV/AIDS prevention.

world. Indeed the discussion of these gender roles in both the contexts of Christian marriage and ministry is in itself a difficult but vital task.⁴³

In addition, the social contexts of sexuality, sexual behaviour and gender relations as they arise from social inequalities are even more difficult to conceptualise and discuss than individual sexual behaviour. Consequently, such social factors have often been the forgotten dimensions of the HIV/AIDS epidemic by church leaders. It is characterized in the particular for me, by a woman seeking help from a church agency in Manila who had been abandoned by her husband, left with five children and who was trying to keep them with her and alive by whatever means she could. Recent works by Kelly and Keenan⁴⁴ have raised these social factors as an important consideration for the church to consider in determining how it responds to the pandemic. Keenan in writing about the book, *Catholic Ethicists on HIV/AIDS Prevention*, stresses as major themes the facts that “women do not have adequate power in the face of HIV/AIDS” and “religious scrupulosity inhibits so much effective prevention work.”⁴⁵

When factors of social justice as well as the adequacy of the educational and health systems are seen as vital components of any understanding, then the Church’s response becomes a matter of wider theological significance. That is because, when we see the epidemic as social, as well as personal in its causes, we are able to conceptualise HIV/AIDS as an ecological issue in the widest sense. When our perception is not so much of a disease in isolation, but a disease as one part of a complex web of environmental, behavioural and spiritual factors among God’s people on earth, we are raising those fundamental questions about what we mean when we explore the role of the church in the modern world. Seeing the epidemic as a complex web of interrelated factors, which includes the Church itself, has important consequences as to how we in the

⁴³ Joseph Martos and Pierre Hégy (1988) editors, *Equal at the Creation: Sexism, Society and Christian Thought*, Toronto, University of Toronto Press, pp.188-189.

⁴⁴ Kevin T. Kelly (1998) *New Directions in Sexual Ethics: Moral Theology and the Challenge of AIDS*. London, Geoffrey Chapman. See also his “Conclusion: A Moral Theologian Faces the New Millenium in a Time of AIDS,” in *Catholic Ethicists on HIV/AIDS Prevention*, edited by James F. Keenan. (2000) New York, Continuum.

⁴⁵ James F. Keenan, (2000) *Catholic Ethicists on HIV/AIDS Prevention*, p.15.

Church respond to the epidemic, both in its global totality as well as in specific situations. It can also assist us in relating it to recent philosophic and ethical discussions on the dilemma of fragmentation in modern life, which it can be argued constitutes a significant context for the pandemic.⁴⁶

Thus, as Father Kevin Kelly points out, in many parts of the world including the underdeveloped societies of South-East Asia and Sub-Saharan Africa, important factors in the spread of disease are the social evils of poverty, inequality, sexism and racism. He also points out that the economic success of the economically developed countries like the USA, Europe and Australia is often at the cost of the poorer countries. Kelly also argues “the poor majority, especially in the developing countries are increasingly paying the cost of the wealthy minority. And one major item in the present cost is the rapid spread of HIV/AIDS in their midst. To perceive the spread of disease among the poor in this way can help us, the church, to follow in Jesus’ footsteps when he was on earth. That is not just as a healer and teacher but also as an activist against injustice and hypocrisy. “This is my commandment: love one another as I have loved you” (Jn. 15: 12). In looking at the social sins of inequality and injustice we are reminded of what the Catechism says about “Those whose usurious and avaricious dealings that lead to the hunger and death of their brethren in the human family, indirectly commit homicide, which is imputable to them” (n. 2269).

Another ethical dimension of global and local inequality as a factor in the AIDS epidemic is access to modern drug therapies. An important avenue of relieving suffering and slowing down the rate of infection has come about through the use of various combinations of antiviral drugs. However these are extremely expensive and multinational drug companies have been guilty of preventing cheaper versions from becoming available in developing countries. Since millions of people are suffering and dying from this disease, the importance of getting affordable anti-viral medicines must be a priority. This is an especially important issue when a pregnant women tests positive for

⁴⁶ Charles Taylor (1989) *Sources of the Self: The Making of Modern Identity*. Cambridge, Cambridge University Press, p.118; G. Simon Harak, (1996) *Aquinas and Empowerment*, p.xiv.

HIV. In the vast majority of cases drug therapies can ensure that her child is born HIV negative.⁴⁷ It is incredible that we have at our disposal a simple way of preventing enormous suffering and death among infants around the world, but that its use is problematic because of cost and patent rights. It is an issue that will be examined again later in the dissertation when I am discussing the situation in Korea and the Philippines.

Because HIV/AIDS in adults is largely a result of sexual behaviour, it is the moral basis of this behaviour that generates the greatest dilemmas for the Church. On the one hand it is clear that if all people followed traditional Catholic sexual ethics there would be no HIV/AIDS epidemic. That is, if all sexual intercourse only took place within heterosexual monogamous marriage there would be no HIV/AIDS problem. If all people accepted that, they would abstain from all sexual activity outside marriage the AIDS epidemic would be largely stopped dead in its tracks. However, the real life situation, even for Church members, does not live up to this ideal. Besides, as already noted, the majority of the world's population are not Catholics.⁴⁸

Thus the question becomes how can we, as modern day disciples of Jesus, formulate and proclaim a Christian ethic that will not only reduce suffering and bring people to Christ and into the Church at the same time? We can look to the example of the early Church where many of the early converts to Christianity were responding not only to the message, but also to the behaviour of the apostles (Acts 2:43-47). It seems to me the works by Kelly, Crowley and Keenan argue that the AIDS epidemic provides us with a context where we can both reflect theologically in a way that can help us teach and lead more effectively and at the same time help us evangelise more effectively as well. That is, as Christians we should be able to act in ways that not only can help reduce the total suffering caused by this dreadful disease but also bring people to Christ at the same

⁴⁷ See the Joint WHO/UNAIDS press statement of 22 March 2002 stating “that the safety and effectiveness of antiretroviral regimens, including nevirapine, in preventing mother-to-child HIV transmission has been clearly documented and that the use of these regimens is thus warranted for preventing mother to child HIV transmission. The simplest regimen requires a single dose of nevirapine to the mother at delivery and a single dose to the newborn within 72 hours of birth.” http://www.who.int/HIV_AIDS/first.html

⁴⁸ Kevin T Kelly (1998) *New Directions in Sexual Ethics: Moral Theology and the Challenge of AIDS*. Chapter 8, “Living Positively in a Time of Aids” also deals with this issue and I return to it in Chapter 5.

time. By acting to reduce the spread of the disease we can actually energise the Church and make it more effective in being an evangelising force in the modern world.

For an example of how easy it for the Church to get sidetracked from this central tasks of healing and evangelization, we can look at the so called condom debate that arose in April 2000. Mgr Suaudeau from the Pontifical Council for the Family published a short article in *L'Osservatore Romano* saying that it would be changes in family values and society rather than condoms that would stop the spread of AIDS in places like Africa. “Thus there is no hope of halting the HIV/AIDS epidemic with condoms alone just as there is no hope of preventing a river from flooding with sandbags when the main dikes have collapsed.”⁴⁹ However, he went on to qualify his argument by pointing out that the use of condoms for the clients of prostitutes in a country like Thailand was a “lesser evil.” In September that year Fuller and Keenan wrote a short piece in *America*⁵⁰ which they noted a more tolerant approach from the Vatican as reflected in Mgr Suaudeau’s article.

The article in *America* can be seen as a considered and valuable contribution to the discussion of how we might reduce future suffering by a number of prevention strategies. The distinction which these articles noted, but which was often lost in subsequent discussions was that there is an important distinction between prevention, which is aimed at dealing with a problem at its source and containment, which is an intervention to reduce the impact of a problem. This distinction is basic to the principle of “lesser evil” which can be used to justify ethically specific behavioural responses or policies.⁵¹ Thus using this principle it can be argued that while the use of a condom as a device to prevent infection rather than prevent infection is a morally regrettable action it is morally

⁴⁹ J. Suaudeau, (2000).”Stopping the Spread of HIV/AIDS. *L'Osservatore Romano*, Sept. 8, 2000.p.9. This position of Mgr Suaudeau is one that is accepted by the majority of educators and activists in HIV/AIDS prevention.

⁵⁰ Jon D. Fuller and James F. Keenan *America*, September 19, 2000.

⁵¹ I am grateful to Dr. Tom Ryan for drawing my attention to the importance of this distinction in the context of the debate about HIV/AIDS prevention.

permissible in this situation. The United States Bishops in their early 1987 statement also explored this line of reasoning on HIV/AIDS.⁵²

Notwithstanding this, there was a widespread and frequently negative response from many Catholic sources around the world. The reaction was sufficient to prompt an “explanation” from Mgr Suaudeau that he had used the term “lesser evil” in a strictly medical and epidemiological way and not in any moral sense.⁵³ The interest provoked was evident in the consequent debate in the letter columns of newspapers around the world. This included a new reply by Fuller and Keenan, reasserting that their interpretation of lesser evil was still correct, that is “death by AIDS is much greater evil than the lesser evil of using a condom.”⁵⁴ *The Tablet*, 7 October, 2000, in a subsequent report on “condoms as the lesser evil” quoted Catholic theologians, Father Georges Cottier and Cardinal Christopher Schornborn as both saying that in certain circumstances condoms could be used, but this in no way changed the church’s ban on contraception.⁵⁵ The Catholic News Service Report used by the *Tablet* also carried the opinion of Professor Father Faggioni who is a consultant to the CDF who also stated that this was where a moral principle applied to specific cases and must be carefully examined individually. He also said that in the case of prostitutes, “condom use may be seen as one step in a progression of human liberation.”⁵⁶ The argument that concern for bodily health in itself is a moral issue, and that some health measures can be a step on a path of personal empowerment and a move toward liberation and spiritual growth is a positive approach worthy of consideration.⁵⁷

Indeed the debate about condoms also became a news feature here in Australia when the *Western Australian* in October 2000 carried the story of the Fuller and Keenan

⁵² United States Catholic Conference (1987). *The Many Faces of AIDS: A Gospel Response*. Washington, D.C.

⁵³ (Suaudeau, *L'Osservatore Romano*, September 22, 2000.

⁵⁴ Jon D. Fuller and James F. Keenan *America*, October 20, 2000.

⁵⁵ *The Tablet*, 7 October, 2000, p.1342.

⁵⁶ *Catholic News Service*, September 20, 2000.

⁵⁷ Kelly (1998) *New Directions in Sexual Ethics: Moral Theology and the Challenge of AIDS*, Chapter 8. His article “Living Positively in a Time of Aids” also deals with this issue, as I do in chapter 5.

article. This prompted an exchange of letters in *The Record*,⁵⁸ including one between Brian Coyne and Richard Egan. Egan maintained that that Fuller and Keenan were engaged in media manipulation to undermine traditional teaching about homosexuality, contraception and sexual ethics, which he claimed could not and would not change. On the other hand Coyne argued that it was healthy that theologians at a high level in the Church were able to discuss and debate the issues.

Despite these responses, and the actual situations I detail later, there is evidence of a new relationship emerging between the views of theologians and health care workers that is being gradually recognized by church authorities. As Fuller and Keenan noted:

...By these arguments moralists around the world now recognize a theological consensus on the legitimacy of various HIV preventative efforts.

Without known interference, the Vatican has allowed theologians to achieve this consensus. Vatican curial officials now seem willing to publicly to recognize the legitimacy of the theologians' arguments. Hesitant local ordinaries will in turn, we hope, note Monsignor Suaudeau's tolerant signals and more easily listen to the prudent counsel of their own health care and pastoral workers and their moral theologians.⁵⁹

In addition to the above article and as an editor and contributor to the book *Catholic Ethicists on HIV/AIDS Prevention*, Keenan is also the author of another seminal article in this area.⁶⁰

However, the problem for the church that emerges in the culture of the modern world is one of credibility. This is especially a problem that arises when there is an obvious disjuncture between what the church officially teaches and what many of its members actually do in a situation of moral confusion. As Cahill points out in a helpful essay discussing current teaching on sexual ethics:

The Church's witness on moral issues generally will be a 'credible witness' if it brings its tradition into true dialogue with modern human experience, if it attends to the social

⁵⁸ *The Record*, Perth, October 5, p.6-7

⁵⁹ J.D. Fuller and J.F. Keenan, "Tolerant Signals" *America*, 153:8, September 23, 2000.

⁶⁰ James F. Keenan SJ, "Applying the Seventeenth-Century Casuistry of Accommodation to HIV Prevention," *Theological Studies*, 60:3, 1999. I am grateful to Dr Tom Ryan for drawing this reference to my attention.

ramifications of every moral issue and it tests its teaching by the gospel imperative to 'encourage one another and build one another up.'⁶¹

Cahill's observation on credibility when applied to HIV/AIDS means that we have to reflect theologically, in an open and honest way, about our real experiences as a church towards both the progress of the pandemic, as well as to the sufferers and carers of people living with HIV/AIDS. If we are to reduce the incidence and so reduce the suffering caused by this horrible disease we have to start with the experience of those affected by the disease. Jesus did not lay shame on those who suffer even when they were considered by society as sinful. "But he expresses deep shame of those of us who affirm him as Christ, call ourselves after his name, and yet refuse to follow him in a vocation of being alongside."⁶² It is only by loving and caring for sufferers and grieving for their societies, can we best reflect on ways to help others to become conscious of how we can live positively in a time of AIDS. As Shelp points out, "critical reflection and dialogue about the nature of morality and its many expressions may lead to a clearer comprehension of the concepts, principles and values that constitutes its core substance."⁶³ Living positively means thinking positively about how we can be an influence for reducing the disease.⁶⁴ This can be seen exemplified in a wonderful way in the organization of people living with HIV/AIDS in the Philippines, *Pinoy Plus*, where the Plus emphasises positive in attitude rather than the HIV positive.

It seems to me that the experience of those church people actually working with those inflicted with AIDS such as Kelly and Shelp have two clear messages that we need to heed. The first is that we can never ignore the social, cultural and economic context of the disease. It is clear that it is the poverty of much of Africa, Asia and Eastern Europe that forces many women and children into prostitution. More than this, it is the sexism of our patriarchal cultures that leaves many women powerless to control their own lives

⁶¹ Charles E. Curran and R. A. McCormick, Eds. (1993) *Dialogue About Catholic Sexual Teaching*. Readings in Moral Theology, No 8, Mahwah, New Jersey, Paulist Press, pp. 534-5.

⁶² Grace Jantzen (1994) "AIDS, Shame and Suffering" in *Sexuality and the Sacred: Sources for Theological Reflection*, edited by J. B. Nelson and S. P. Longfellow, p.312.

⁶³ Earl E. Shelp, (1992) *AIDS and the Church: The Second Decade*. Louisville Kentucky, Westminster / John Knox Press, p316.

⁶⁴ Kelly (1995) "Living with HIV/AIDS", *The Tablet*, p.599.

including the negotiation of sexual relations. The military and economic forces that impact on poorer regions are often serving powerful interests that uproot many people from their traditional communities and places them in situations where they are at risk from disease and trauma.⁶⁵ Similarly the risk factor to homosexuals is, in part according to Shelp, “the social marginalisation of homosexual people so that they see themselves as living outside the normative structures of conventional society.”⁶⁶

This raises the contextual issue of the relation of conscience to consciousness about sexuality and sexual behaviour. Adrian Thatcher, in an article entitled “Safe Sex, Unsafe Arguments” honestly explores the difficulty the Church faces here where many people are alienated from their sexuality and do not have an adequate understanding of their sexual feelings and behaviour. He argues that we have to start with acknowledging the different meanings that attach to four different forms of sexual activity that are found in many cultures: exploration, recreation, expression and procreation.⁶⁷ Thatcher argues that to see the sole purpose and function of sex as procreation, as the church has frequently implied and proclaimed it as natural law, is go against most people’s experience of the sensual and the sexual. Thatcher goes on to conclude that a dialogue about safe sex that is true to people’s feelings and experiences will necessarily question the authority of some official teachings. However, he believes that there are some forms of non-penetrative “safe-sex” that are appropriate to Christians.⁶⁸ This provides Christians with an opportunity to develop and share a new view of sex and sexuality, which can offer people something more meaningful than blanket censures of proscribed behaviour. As Christians, we can demonstrate to the world a view of sexuality and the body that is genuinely transformed by the love and compassion found in the gospel.⁶⁹

It has to be acknowledged of course that the Catholic Church does not only speak through official statements emanating from Rome. The teaching of the church also is

⁶⁵ These arguments are applicable to the situations in Korea and the Philippines, as I will show in the following chapters.

⁶⁶ Shelp (1992) *AIDS and the Church: The Second Decade*, p.318.

⁶⁷ Aidan Thatcher (1995) “Safe Sex, Unsafe Arguments,” in *Studies in Christian Ethics*, 9(2), p.67.

⁶⁸ Thatcher, “Safe Sex, Unsafe Arguments” p.67

⁶⁹ Thatcher “Safe Sex, Unsafe Arguments” p.77.

expressed through Bishop's Conferences at both regional and local levels. The statement of the United States Bishops in 1987 is such an example where the ethical dilemmas confronting health-care workers is examined in some detail. I will show later in the dissertation that while these real dilemmas are certainly being faced by nurses and health care workers in Korea and the Philippines. While they often respond in terms of their own consciences, they still feel under considerable pressure and duress because the dilemmas are not seen as real by the official church structures in the two countries.

Father Kevin Kelly, in the epilogue of his book, *New Directions in Sexual Ethics: Moral Theology and the Challenge of Aids*, says that for the church living with the experience of AIDS, this is a time of opportunity. He argues that now is a time when God's call to conversion and action gives the Church an opportunity to speak with a prophetic voice to all of mankind.⁷⁰ I interpret his call as to change the emphasis of our sexual ethics from the negative messages of the past that are often ignored even by practising Catholics, to harnessing the transforming powers of the positive messages coming from some of those living with AIDS and working with AIDS sufferers. He argues that this will mean shifts in our ethical attitudes from a focus on individual based behavioural change to a global coalition for social change which will become the context for individual change. He concludes, "Theologically, our world is faced with a redemptive moment. If that is not a challenge to Christians and Christian Churches, what is?"⁷¹ From my experiences with my community and the agencies in Korea and the Philippines I am convinced he is right.

⁷⁰ Kelly, (1998) *New Directions in Sexual Ethics*, p.208-209.

⁷¹ Kelly, (1998) *New Directions in Sexual Ethics*, p.213.

Chapter 3 – Case Studies in HIV/AIDS Care and Prevention

By this all men will know that you are my disciples, if you have love for one another” (Jn 13:35).

By 1991 the global AIDS pandemic was already ten years old, but there was little public awareness or consciousness of it as a disease of serious importance among the general population of Korea or the Philippines. In Korea, although at that time there was no known incidence of HIV infection in the country, some concerned Catholic doctors organized the first conference on HIV/AIDS in August 1992. In the Philippines by contrast Caritas Manila had already started its prevention program. The first case had been reported there in 1984.

Thus, the Catholic doctors from the Philippines who attended the 10th Asian Federation of Catholic Medical Associations Congress, in Bangkok Thailand in December 1992, where the HIV/AIDS pandemic was the theme, were in no doubt about the seriousness of the disease. The Philippine report to the congress stated that by 1992 there had been 348 reported HIV infections, 80 of which had progressed to full blown AIDS. Of that 80, fifty-two had already died. This, with other Asian country reports were included in the Congress Proceedings that were published as a book entitled *AIDS: Life and Love*.⁷² Korea, with no known cases, had no report tabled at the Congress.

There is no doubt that while the Congress and the book were important in raising awareness and concern among doctors and health care workers, they made little or no impact with the hierarchy and priests of the church. Despite their efforts to get the church officially involved at an early stage there was no response.

⁷² Asian Federation of Catholic Medical Associations (1992) *AIDS: Life and Love*, Papers of 10th Congress of the Asian Federation of Catholic Medical Associations, Bangkok, Thailand, AFCMA.

Methodology

The lack of an extensive public debate about HIV/AIDS within the Catholic Churches of Korea and the Philippines led me to concentrate my attention on the typical responses of workers in two church and two secular NGOs. This chapter reports on the data derived mainly from research interviews and observations made in Korea and the Philippines during January and February of 2002. This was followed up during April 2002. This data has been supplemented by documents that were given to me for purposes of research by the organizations concerned. The data on the incidence, distribution and trends in HIV/AIDS infection in Korea and the Philippines that provide the context for the case study observations are drawn from publicly available documents and are summarized in the Appendices.

For reasons of confidentiality and the ethical constraints on this type of research there are some data that I am unable to use at all, and some people have had their identities disguised in my account. All people mentioned by name had been shown an early draft of this chapter and they have given their approval of the account presented. These descriptive accounts are provided as the basis for the analysis and theological reflection that follows in the succeeding chapters.

My approach has been to use a qualitative approach to the data where various recurring themes in the responses are used to form the categories around which the theological reflection takes place. It is from these patterns I seek to identify and understand the personal, social, and spiritual concerns of those involved. Then it is by reflecting on these real experiences that I seek to discern and clarify what this means theologically.⁷³ That is contextually, “taking the person as one’s starting point and always coming back to the relationships of people among themselves and with God.” Theologically this becomes a guide for interpreting and taking the Gospel into the context of today’s world.⁷⁴ Clearly there is a subjective element in what I have chosen to select, highlight and discuss. I trust that in drawing the theological conclusions that have

⁷³ Stephen B. Bevans (1992) *Models of Contextual Theology*. Maryknoll, New York, Orbis Books, p.10

⁷⁴ Paul VI, *Evangelii Nuntiandi*, (1976) Washington: United States Catholic Conference, No.20.

emerged through this process I have been sufficiently transparent in my treatment of the data. In sociological terms my approach comes closest to what Glaser and Strauss called grounded theory. This is where the more abstract ideas are found in the patterns of the information collected.⁷⁵

So, from the large amount of interview data and published reports I have sifted out, through what I would describe as an ongoing and prayerful dialogue with the data, a few themes and patterns that emerged as theologically important to me.

KOREA

Hospice and AIDS Care Centre - Seoul

The first HIV/AIDS care facility and hospice in Seoul, Korea was established through the efforts of an Irish Columban Missionary sister, Sister Miriam Cousins whose community was working to assist women working in prostitution. Through this work she came to know cases of both men and women who were HIV positive. Realising the fears, isolation and lack of family support for HIV/AIDS sufferers, Sister Miriam's Columban community in Seoul approved her buying a house close to major hospitals in order to provide shelter and care. Since its establishment in 1997 it has housed at any one time up to twenty people living with AIDS (PLWA),⁷⁶ mainly men, but also women and women and baby children.

External and internal pressures on the arrangement of having just one house led, during the period of this research, to a second house being purchased during the early months of 2002. This second care house is located quite near the original house in order

⁷⁵ Barney Glaser and Anselm Strauss coined the term grounded theory in 1967 to distinguish their kind of empirical research, which focussed on the subjective meaning of relationships and processes rather than statistical reasoning. At the time they were undertaking research into the processes of dying in modern society and the nature of health care systems, this seemed a more appropriate method and model for understanding interactive processes at the heart of this thesis.

⁷⁶ The acronym that is used in Korea, and more generally around the world, for those infected with the HIV virus and living with AIDS is PLWA. However, in the Philippines the acronym that has become established is PLWHA (People Living with HIV/AIDS) or sometimes PHA. In this dissertation the acronyms are used according to which country is being discussed.

to care for women and children. This second house is also under the direct supervision of Sister Miriam, while the original house is now under the daily supervision of a Brother from the Kkottongnae Brothers of Jesus. Sister Miriam has general oversight of the two houses. In addition to her spiritual leadership her experience of dealing with the state and medical bureaucracies, her understanding of the patterns of the disease makes her an invaluable resource person.⁷⁷

The centre depends on four main hospitals nearby with specialist units for HIV/AIDS infections. These are Seoul University Hospital, The Korean University Hospital, Seoul Central Hospital and Our Lady's Hospital who are all able to provide intensive care and treatment. In addition there are also three special "resting places" run by KADA⁷⁸ for infected single women in Seoul and Busan.

The fear of hostile attitudes from the Korean population toward those with HIV/AIDS, has led to an operational secrecy in the running of the care house. The external appearance of the buildings is not distinguishable in any way from the surrounding houses in the neighbourhood and their exact purpose remains unknown to outsiders. To these neighbours they are simply church run rest homes for sick people. One negative implication of this is that volunteers or temporary paid workers are not drawn from the local parish, which would be the most convenient, but from parishes that are further away.

Although the Seoul hospice and care centre is a Catholic institution, there is no religious test or restriction on those who live there. There is a daily prayer life which people are free to join if they wish. Grace is said before all meals. Spiritual counselling is available to members in addition to the psychological counselling that is available from government agencies and volunteer psychologists. A special event each year is a memorial Mass held in a church away from the centre. This is especially for the family members and friends of those who have died, in addition to the volunteers and

⁷⁷ It is difficult for outsiders to appreciate the social and spiritual "capital" that some workers accumulate over time in this kind of work. I return to the theme in Chapter 5.

professionals who have been involved in care. This is a very important event in that it brings together a wider group of people that would not normally meet except in this “community of remembrance.” It also helps provide a sense of closure and even reconciliation for relatives and friends who were not close to the sufferer at the end of their life. For the workers and volunteers it also provides a sense of hope and faith arising from the suffering and the resurrection of Jesus.

Catholic members,⁷⁹ who are well enough to do so, sometimes attend Sunday Mass in a nearby parish of a volunteer who takes them. Sometimes, if a priest is available and willing, a daily Mass is held in the house itself. Two weeks after my ordination I was privileged to celebrate Mass with the Sister and Brother, four volunteers and twelve of the members.

The devotion and commitment of those who minister in this care facility are without question. At the same time there is a degree of frustration and anger about their situation that arises from what they perceive as the hostile attitudes of the general public and church people towards people living with AIDS. The result is that they feel they cannot be more open in their witness and are not able to involve more people in their work of love. Similarly there is dismay, that while they have personal insight and experience of the disease, none of this experience is currently being used to extend awareness of the disease within the church and the wider community.

A positive experience has been the networking⁸⁰ that has taken place through the linkages with KADA as well as other NGOs and individuals. KADA has sponsored Sister’s participation in a regional conference, which provided invaluable contacts including those working at Pinoy Plus in the Philippines. Another set of network links and supports arise from the contacts with the group of professionals who volunteer their

⁷⁸ KADA – the Korean Alliance to Defeat AIDS is discussed in the next section.

⁷⁹ It is difficult to choose an appropriate collective term to designate those PLWA who live in the hospice or care centre. I have chosen to call them “members” as this signifies that they are there voluntarily and are able to make personal inputs into the running of the facility, rather than use the more institutional terms such as “patients” or “inmates.”

services to the care centre provide. Since this includes those Catholic doctors, dentists, psychologists and health workers who are concerned about the public health and spiritual dimensions of the disease it provides connections to a wide variety of information sources and attitudes.

In the running of the care house there has been an ongoing tension between the local parish priest and the sister in charge. On the surface this tension has not been about it being an AIDS hospice as such. One source of the tension is due to it being perceived from the perspective of the parish priest to be run by a foreign sister with insufficient respect for the Korean Church and its traditions. It was also held to be not appropriate, that the facility was housing both men and women. This problem was compounded by the fact that while the population was mainly men it had depended on a sister living in the house. As I have already indicated, this situation has changed during the course of this research. Indeed the research was in some ways a catalyst for the changes that have occurred. The research task became a way of bringing in the Superior of Kkottongnae and some Catholic doctors of status who, in the context of a seminar about hospices, were able to play an intermediary role so that change could take place without loss of face.

The Seoul AIDS care house was initially established with the blessing of the Korean Government Department of Health and Welfare and it receives important support indirectly through KADA. The Department of Health and hospitals refer PLWAs who are without other means of support to it. While normally these people are Korean citizens, over the past twelve months there have been two men of African origin who are in Korea as refugees, but who are awaiting a final determination of their status. When undergoing medical checks they were found to have been HIV positive and so they also have been referred to the hospice where they live and receive medical attention. This also illustrates an aspect of the global spread of the disease.

⁸⁰ The importance of links, networks and contacts to a wider population of people working with HIV/AIDS is a major theme that recurs in all case studies and is treated further in Chapter 4.

While the Government's financial support for HIV sufferers is changing, up to this point of time they are supported in a number of ways. They are provided with the equivalent of an unemployment benefit and they are entitled to free hospital treatment as inmates in the major hospitals. Most significantly they are entitled to free therapeutic drugs after they make an initial co-payment of 300,000 won (US\$238). Thanks to the advocacy of this AIDS care facility, those who could not afford the initial co-payment are now loaned that amount by a drug company so that they can start treatment. This means that a bar to those who were really poor getting access to the important but expensive antiviral drugs has been removed.

Yet there are still times when the hospice has to outlay considerable sums of money. The Korean public hospital system depends on people being admitted to hospital in the company of a relative to assist in their care. Since PLWAs at the hospice are usually without family support, someone has to be employed to do that job if a volunteer cannot be found to accompany one of the members during a hospital stay.

While members of the hospice contribute to doing domestic chores to the extent they are physically able, the hospice also depends on volunteers to help with meals and some other aspects of care. Because of the self-imposed restriction of not using volunteers from the local parish, it has been difficult to find a regular supply of suitable volunteers.⁸¹ Indeed the problem of secrecy and security exacerbate the problem of having sufficient helpers and this has put enormous strain on Sister Miriam.⁸² While she has had another Korean Columban sister helping her for a year in the past, and now has the religious brother, most of the health-care and administrative work of the hospice has depended on her, which has been a source of considerable stress. This has been particularly so when there were patients who were seriously ill and needed pain relief or

⁸¹ Volunteers are a vital part of the Kkottongnae care regime and become an important part in spreading the Gospel of love, care and compassion that characterizes the spirituality of the community. I argue in Chapter 5 that volunteers become that vital link of the church in the diaspora in this time of HIV/AIDS.

⁸² The problem of burnout among AIDS carers is a world-wide phenomenon. The significance for Christian practice is discussed effectively in Anne Bayley (1992) "Caring for Carers" in *One New Humanity: The Challenge of Aids*. London, SPCK, Chapter 12.

drug administration throughout the night. Attempts to get additional support before this year had fallen on deaf ears.

All the members who are well enough participate in a weekly house meeting when a wide range of issues ranging from domestic housekeeping, national or world affairs are discussed. In particular individual concerns about health, welfare and treatment are aired because this meeting has a visiting volunteer psychologist present. While these meetings are very useful, they sometimes highlight the fear, anger and often fatalism that exist among members even though they are surrounded by Catholic love and compassion. Indeed, the fatalism and lack of motivation in some of the members can be a problem and can even lead people to be careless and neglectful in following their drug regimes.

A special case exists for the women with baby children. They obviously have great concerns not only about their own future but also for the future of their children. While they get great support and spiritual encouragement from the women volunteers as well as Sister, the emotional strain on everyone is great. This situation represents the real emotional bottom line of those working in HIV/AIDS care!

The Korean Alliance to Defeat AIDS (KADA)

The Korean Alliance to Defeat AIDS (KADA) is one of the two major national NGOs committed to preventing the spread of HIV/AIDS. It was established in October 1993 and its first president was Mr Kang Young Hoon, a former Prime Minister. Since they are the body that has provided the most important line of support for the Catholic Hospice and key personnel of both bodies are closely known to each other, I have chosen them as a secular counterpart. I was able to have extensive interviews with both the executive director and the program manager of KADA, who also provided me with access to their publications and promotional material. KADA's main objective has been to prevent the spread of HIV/AIDS by raising awareness and understanding on both the risk of HIV infection and the socio-economic consequences for individuals, families and society. To this end, in its early years it started publication of a bi-monthly newsletter

called AIDS, established branch offices in the two major cities of Seoul and Busan and joined the International Federation of AIDS Societies.

Although their Seoul office is not a shopfront at street level, it is easy to find and accessible. Once inside a visitor finds that the offices are bright and welcoming where one is surrounded with HIV/AIDS posters from around the world. Most impressively, their library of books on all medical and non-medical aspects of HIV/AIDS including the latest journals from around the world makes this a good place for research with access to the latest information. A major activity and government funded activity of KADA is an ongoing research activity in surveillance and evaluation applicable to HIV/AIDS and public policy. They run specialized seminars to build up and bring together a pool of doctors specialized in AIDS treatment. There is also a program of having doctors and other workers participate in international seminars, workshops and conferences.

Through the publication of the magazine, newsletter and many other specifically targeted materials, KADA is well placed to be on the front line of HIV/AIDS education. Every two months KADA direct delivers or mails copies of its newsletter and other material to 18,000 people: doctors, other medical personnel, health centres, social welfare centres and other members of the public.

However, in the course of the interview it emerged that while KADA was always ready to educate and help people in the general public become aware of HIV/AIDS, it was often difficult to get access to an audience. They often find it difficult to get shopping and community centres to give them space for promotions on the grounds that the mere mention of AIDS is bad for business. Only a minority of schools will allow access to their senior students. Church groups, and in particular Catholic schools and groups do not welcome them, because although much of the teaching would be acceptable to traditional church teaching, safe sex is mentioned as an option for people who are not married and homosexuality is not condemned outright. Indeed, a plea was made to me to help get the church more involved in a positive way. Programs aimed at university students and army recruits are more successful.

Their praise for the work of Sister Miriam and the care centre was unconditional as was their praise for the welfare work of Kkottongnae, which they noted involved caring for some people suffering from AIDS related illnesses. In fact, a significant activity of KADA is to provide support to PLWAs wherever they may be. For those without family support, this may be referring them to the Catholic hospice and care centre. But more usually it is trying to get them support where they live while trying to break down prejudice and discrimination in their families and localities. I was unable to get hard evidence on how successful these programs were, but the impression gained was that they were positive initiatives in a difficult social environment. Certainly an aim of the organization was to link care and prevention wherever possible.

THE PHILIPPINES

Pinoy Plus

Sister Miriam of the Seoul AIDS Care Centre had recommended that when I was in the Philippines I should speak with the organization Pinoy Plus. She had met members of the organization at an AIDS conference two years previously found them committed to both care and prevention. She was sure they would be helpful to my research. Thus I arrived in Manila bearing my letter of introduction to the two office bearers of Pinoy Plus that she had met. My surprise came when I discovered that the two persons who she had recommended me to see had already passed away from the disease in the two years since they had met with Sister Miriam. I had not realised that till then that Pinoy Plus is the sole organization of people living with HIV and AIDS in the Philippines. It is a support group dedicated to the welfare of PLWHAs in the country. While it is only one of numerous NGOs involved in the fight against AIDS, Pinoy Plus was founded in 1994 to organize and find a voice for PLWHAs. Its core task is to be an advocate for sufferers in their struggle to have access to needed health and social services.

I was able to meet and interview at length Mr Manuel Liwanag, who was the Officer in Charge of Pinoy Plus, and an executive committee member Ms Geena

Gonzales. She is also a board member of the Global Network of People Living with HIV/AIDS whose headquarters are in The Netherlands. Both were Catholic in religious affiliation and welcomed the support they had received from Caritas Manila in the past and the support they still were receiving from the Catholic Relief Services USCC Philippine Program. However, while they both expressed disappointment at the church's public stance and role in the Philippines, they especially praised the work of Mgr Francisco G. Tantoco Jr., the Executive Director of Caritas Manila.

While Pinoy Plus maintains a presence at San Lazaro Hospital Compound, which is the major treatment centre for HIV/AIDS patients, my interviews took place in the offices of The Remedios Aids Foundation Inc. Remedios is a large independent non-profit non-government organization dedicated to preventing and reducing the impact of AIDS. The Board and volunteers include a significant proportion of doctors, health workers, psychologists, social workers and professional educators. One major achievement of Remedios was to produce a directory of voluntary and government organizations and agencies with an interest in or relevance to assisting in HIV/AIDS caring and prevention for the four major regions of the country. These directories are available in both hard copy or from the Internet. The directory for the Manila – Capital City region has over seventy entries. Again in keeping with the religious composition of the country, the vast majority of Remedios members are Catholic.

What became immediately evident in my discussions with Pinoy Plus was that despite all their difficulties, there was a very positive spirit amongst its members. Indeed the name Pinoy Plus comes from the term Pinoy, which is a colloquial expression for Filipino, and Plus, which carries the double connotation of both HIV positive and positive in attitude as a characteristic of the organization. Despite difficulties in maintaining sources of funding and a relatively small membership, they maintain contact with all PLWHA known to them from all over the archipelago. They try to ensure that those with HIV/AIDS are receiving adequate support and medical treatment while they are living and have a proper burial for any who die. This is often difficult in the regions a long way from Manila in the often hostile social environment for PLWHAs.

Pinoy Plus members were saddened by the continuing fearful and hostile attitudes of the general public. They also regretted the lack of support for information, education and communication to change those attitudes from the official church. At the same time they drew a great strength from being enmeshed in the many and various networks of support that included Caritas Manila and Catholic Relief Services. They were proud that over the eight years of their existence they had seen Pinoy Plus change from being a relatively passive recipient of services to a very proactive advocacy role, a role that now included providing care and support services to members. Pinoy Plus is also a member of the Philippine National AIDS Council, which is an advisory body to the President of the Philippines in terms of policy formation and direction relating to HIV and AIDS.

Enhancing the leadership abilities and capacities of its members is a present pre-occupation of Pinoy Plus, so that its members can become important ambassadors for PLWHAs. Members have been able to attend seminars, training programs and capacity building services provided by partner NGOs such as the Philippine HIV/AIDS Network, Inc. The result is that these days there are many members from all walks of life who feel sufficiently empowered to appear on the public media.

The association with The Remedios AIDS Foundation is clearly a very important one. The place where we met for our discussions houses both a Resource Centre and Training Institute. The Resource Centre houses a collection of over a thousand titles of books, reports, surveys and journals concerned with HIV/AIDS, STDs, sexuality and reproductive health. This provides a kind of home to some Pinoy Plus members who are engaged in their own areas of research. The Training Institute conducts workshops, training courses, seminars, conferences, conventions and even postgraduate courses on sexual and reproductive health. Pinoy Plus members are both recipients and contributors to some of these activities, which are interactive, participatory and experiential in approach.

Pinoy Plus clearly has grown into a small yet very dynamic association that draws its strength from two sets of relationships. For those people within the Philippines who are living with HIV/AIDS, it provides a network of links to other people in a similar situation creating a community of support. On the other side, it has forged a widespread set of links and networks to other NGOs, government agencies and international bodies, which give it a voice in global councils concerned with the HIV/AIDS pandemic.

Caritas Manila – An AIDS Prevention Program

Caritas Manila began responding to the challenges of AIDS in 1992, after the executive director Mgr Francisco G. Tantoco Jr came back from a conference on HIV/AIDS in Hong Kong. Convinced that the Catholic Church had an important role to play in preventing the spread of the HIV, he initiated a research program in metropolitan Manila.⁸³ From this study a three-year AIDS prevention program was set up and ran initially from 1993 to 1995 as a program of the Special Projects section of Caritas Manila. Since that time the program has been expanded to regions outside Metro-Manila and it selectively targets groups of Filipinos that it sees as greatest risk. These include overseas-based female workers, wives of male workers overseas, seafarers and their wives, out of school youth, sex-workers and gay men.

Sr. Oneng Mendoza F.M.D.M. carries out the main AIDS prevention program with the assistance of other religious and volunteers. She is a very spiritual person who works tirelessly in the cause of reducing, by prevention, the suffering and pain of HIV/AIDS. In particular she sees the prevention program as having a special purpose in reducing the risks to women and children.

⁸³ I was unable to interview Monsignor Francisco G. Tantoco Jr. who is the Head of Caritas Manila and oversees their special programs. His passion and commitment to the social justice issues that characterise Caritas Manila's special programs are spoken of with high praise by both Pinoy Plus and Remedios. None the less, as they point out, the HIV/AIDS work is carried out in the shadows of the official church rather than up front.

From the beginning the AIDS prevention program was seen as a response to the call to the church to be an educator and a mediator for justice. From the outset, Caritas Manila realised from the results of its survey, that there was a heavy stigma attached to HIV/AIDS as a result of myths and ignorance about the disease. So from the start one major direction of its work was to popularise AIDS awareness to as many people as possible through orientation sessions aimed at schools, parishes, inter-religious seminarians and sisters. Training sessions were initiated for Social Action directors, Catholic Relief Services staff and pastoral leaders working in the jails.

Over the years there has been a constant process of evaluation and adjustments to the program as the social situation changed and experience was gained. More effort was put into producing information, education and communication (IEC) modules and packages that were targeted at specific groups. A pilot program of introducing AIDS awareness as an integrated part of the curriculum into six schools was also given a trial but with mixed results.

In the most recent period from 1998 to 2002 there have been some important initiatives. The first was the launching of CANA, the Catholic Aids Network in Action, as the advocacy arm of Caritas Manila. CANA's charter was to strengthen and extend the education and care work into a much more direct political and policy direction. This has included having a comprehensive formation and recruitment program for members and volunteers including hands-on training for becoming a carer for PLWHA. This was also related to a program providing direct service to 20 families living with AIDS through what was called the *Alay Pag-Asa* partners.

There has been a new emphasis on rituals of celebration. For example the work of Caritas Manila is celebrated each year through a number of special Masses, annual services of recollection as well as through special event mobilizations and bonding sessions. Some of the Masses remember those who have passed away and bring together the wider circle of those involved. Others are to induct special trainees or groups into the work of CANA and AIDS prevention. Other celebrations, some with a characteristic

Filipino zest for festival, serve to give a high profile to AIDS awareness and are sacramental in building faith, hope and Christian community.

Sister Oneng and Ms Tessie Gomez reported that although the almost 10 years work in this field was a cause for real celebration there remained real difficulties that had to be faced and prayed about. The first was that HIV/AIDS was not seen as a priority issue in schools and parishes. Approaches to encourage greater involvement were frequently met with a “slammed door.” Indeed they see a continuing cause for sorrow in the church and community resistance to openly discussing any sex related topics including AIDS and STD prevention. Conflict about the use of condoms as part of a prevention strategy between the church and government agencies, the Philippines National AIDS Council and NGOs such as Pinoy Plus has been both an awkward distraction as well as a moral dilemma.

The two most serious problems provide an interesting insight into the key issues involved. The first is the high rate of burn-out and turn over of social workers, medical, and church volunteers working in AIDS care and prevention. The second is the difficulty of maintaining interest and concern about HIV/AIDS in the wider population where indifference remains widespread. Thus, despite all the positive efforts, the pervading negative attitudes to PLWHA force many with the infection to hide and thus contribute to the spread of the disease. All these problems take place in an environment where overseas funding for AIDS programs is diminishing. Yet, despite these negatives, there is a quiet confidence and joy among those working for the program in Caritas Manila. The fundamental basis of their mission remains, according to a sign on the main office wall:

“This is what Yahweh asks of you, only this: To act justly, to love tenderly and to walk humbly with your God (Micah 6:8). The call to acting justly can only begin to take place when ignorance related issues are encouraged to surface and, through a participatory manner discuss them. Hence the first call in the HIV/AIDS crisis is to be a teacher.”

Chapter 4 – Suffering, Stigmatization, Sorrow and Spirituality

AIDS is a contemporary leper's bell for theology. Are not theologians in the exercise of their scholarly agenda being called upon to play the part of St. Francis on the road, recognizing that often enough a deeper apprehension of God points to a direction far different from the one we are trained to take? If the story of Jesus tells us anything, it is that this direction, the way of the leper, is the way to God who wills to share in our lot.⁸⁴

A powerful theme to emerge from the case studies is the paradox of conflicting emotions experienced by workers. Those working with KADA and Pinoy Plus point to the joy and satisfaction of being part of a network, both local and global, of caring and compassionate people who are “making a difference.” At the same time they tell of the frustrations and disappointment of having to face hostility or indifference to HIV/AIDS care and prevention. Sister Miriam working in hospice care in Korea and Sister Oneng, Tessie Gomez and Maria Abriam from Caritas Manila's AIDS prevention program in the Philippines all express very similar sentiments about their work. On the one hand there is the feeling of tiredness, frustration and burn-out in the face of the manifold sufferings experienced by those touched by HIV/AIDS.⁸⁵ On the other is a feeling that one is experiencing a growth of faith. Indeed, for these followers of Jesus there is in the fellowship of suffering a sharing of Christ's fellowship in a profound way.

In my dialogues with workers in all four organizations there was a constant reference to the experience of isolation and stigmatization. For, despite all the information, education and communication that has taken place, PLWAs often experience stigmatization and rejection from society in general.⁸⁶ This adds to the burden of physical suffering, which is increased even further when there is an additional

⁸⁴ Paul G. Crowley, S.J. (1977) “Rahner's Christian Pessimism: A Response to the Sorrow of Aids” in *Theological Studies*, vol. 58, no. 2, June 1997, p. 307.

⁸⁵ Anne Bayley, (1996) *One New Humanity; The Challenge of AIDS*, London: SPCK. Dr Bayley who is both medical doctor and theologian has first hand experience of HIV/AIDS from working as a medical doctor in Zambia, has produced one of the most useful books available on the Christian approach to AIDS. See especially pages 181-185 in Chapter 12, “Caring for Carers.”

⁸⁶ The World AIDS Campaign for 2002-2003 has as its focus stigma and discrimination. Coordinated by UNAIDS, it confronts the now accepted fact that stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care. <http://www.unaids.org.wac/2002/index.html>

rejection from those who are in family, church and community. The stigma attached to HIV/AIDS may extend into the next generation, placing an emotional burden on children who may be trying to cope with the death of their parents from AIDS. For the persons who are working with those who suffer, there is the double burden of not only having to deal with the sorrow of that primary suffering but frequently they also suffer stigmatization by association themselves. Unfortunately this stigmatization of sufferers and carers also comes at times from people in the church.

The difference for those at Caritas Manila and the Seoul care centre is the satisfaction of knowing that Christian spirituality and Christian morality are integral parts of the good life.⁸⁷ As I listen to their stories the question arises as to what theological revelation emerges from their experience. What are they telling us about God? What are they telling us about how should we live and how do we grow in our relationship with God? I would like to examine these questions in the context of the relationship between faith, spirituality and moral life.

We cannot escape the fact the reality of stigmatization and rejection suffered by PLWAs and their carers is a source of real sorrow and pessimism. It is here that Crowley suggests that Karl Rahner's reflections offer us a way forward. It is certainly one that fits with the experience of those interviewed in this study. Rahner's view was that life is ultimately uncontrollable by human means and that ambiguity and radical complexity are facts of our human existence.

“This aspect of perplexity is the dark reality of human existence and its entanglements in sin suffering and death that come to light in tragedy. The Christian therefore is a realist, indeed a kind of ‘pessimistic realist’, because faith obliges us to see this existence as dark and bitter and hard and as an unfathomable and radical risk” (Karl Rahner cited by Crowley).⁸⁸

Rahner's view is that, it is only by accepting the tragedy of suffering and sin in our world that we can define our relationship to the God of Love in Christ Jesus. We have to

⁸⁷ See Richard M Gula (1999) *The Good Life: Where Morality and Spirituality Converge*, Paulist Press, for a clear exposition of the possible relationship between morality and spirituality in contemporary Catholic moral theology.

⁸⁸ Crowley, “Rahner's Christian Pessimism ...” p.291. The quote which Crowley uses by Karl Rahner is from *Foundations of Christian Faith*, translated by William Dych, New York, Crossroad, 1978, p.403.

recognize that we are “at the centre of the history of salvation.”⁸⁹ That is, we can define our spirituality as the way we live the Christian life. Our spirituality is expressed and understood in our relationship to God as empowered by the Spirit and as we experience ourselves as moral beings in our relationship to the world. It follows that the decisions and responses we make to that relationship in faith are at the foundations of our moral life.⁹⁰ If we are to grow spiritually, it will mean, among other things, growing in sensitivity to the demands coming from our fellow humans or the call of God.⁹¹ This growth in faith and spirituality means being open to seeing the truth and freeing ourselves from our prejudices.⁹²

The stigmatization and prejudice experienced by PLWAs and their carers is one that is a genuine cause of Christian pessimism. But it is a pessimism that is not fatalistic and not without hope, because it is experienced in the interaction with those who suffer with the hope and love of God’s Grace. Indeed as Sisters Miriam and Oneng point out, it can point toward a new horizon of hope. This experience of a compassionate response to the suffering and sorrow of AIDS can be a help for the whole people of God in the church. It provides us with a model of transformation and is a guide towards a spirituality of, being at one with the suffering in the world. An interesting counterpoint to Rahner’s “pessimism” is Frankl’s viewpoint, that there is a human capacity to turn the negative factors in life into something positive, which he terms “tragic optimism.” He says that this derives from a

Human potential, which at its best, always allows for turning suffering into a human capacity and accomplishment; deriving from guilt the opportunity to change oneself for the better; and deriving from life’s transitoriness an incentive to take responsible action.⁹³

⁸⁹ John Paul II (1994) “Why Does God Tolerate Suffering?” *Crossing the Threshold of Hope*, London, Jonathan Cape.

⁹⁰ Vincent Macnamara (1997) “The Moral Journey,” in *Spirituality and Ethics*, edited by Michael Barnes, p.6.

⁹¹ Macnamara, (1997) “The Moral Journey” in *Spirituality and Ethics*, edited by Michael Barnes p.7.

⁹² See Michel Nader, S.J., M.D. “Fighting Aids in a Society Where We Egyptians Don’t Talk About It” in James Keenan, ed., *Catholic Ethicists on HIV/AIDS Prevention*, for an example that is interesting because it is a predominantly Muslim country but with Coptic and Catholic religious minorities.

⁹³ Viktor E. Frankl (1984 Edition) p.162 from the 1984 Postscript “The Case for a Tragic Optimism” in *Man’s Search for Meaning*, New York, Washington Square Press, first published in English in 1959.

It is easy to become overwhelmed by suffering, as we look on a world where millions are refugees or displaced and so are nation-less or homeless. This is a world where war, hunger and famine are daily hazards in the lives of the elderly, women and children. Faced with a disease that does not respect human distinctions, AIDS can actually help to focus our attention on the plight of women and children, the poor and the powerless everywhere. The challenge to the church is to lead people back to the spirituality of Christ as extolled in the parable of the Good Samaritan. Theologically, as Crowley argues, it is “this divine will to share, to be a companion in suffering and dying, revealed in the empathy of the Incarnate God, which ultimately grounds the church’s call to compassion for persons with AIDS.”⁹⁴

There is call being made by those working with HIV/AIDS and those who are reflecting theologically on the suffering caused by the disease for the church to be more realistic in its assessment of the social and political context of women. Kelly in his articles and books constantly comes back to the theme that, in the shadow of the HIV/AIDS pandemic, Christian ethics has to transform itself “so that it can become truly ‘good news’ ... for women, helping them to become liberated from patriarchal structures.”⁹⁵ He points to the heroic response of Christians to the challenge of AIDS in many developing countries and challenges the church in all countries to rise to that challenge.

These challenges are redemptive and life-giving since they force our society to face up to its need for a triple conversion. They are the challenge to reform our current world order so that it promotes economic justice for all; to dismantle patriarchy; and to formulate a more positive and inclusive person-respecting sexual ethic.⁹⁶

Although the initial grounds for my visit to organizations were always clearly stated as “research” my meetings with people from both Catholic and secular based organizations all gave rise to another powerful common response. Everywhere I was

⁹⁴ Crowley, “Rahner’s Christian Pessimism: ...” p.305

⁹⁵ Kevin T Kelly (1997) “The Challenge of AIDS” in *Spirituality and Ethics*, The Way Supplement – Spring 1997, p.46

⁹⁶ Kevin T Kelly (1997) “The Challenge of AIDS” p.53. See also his Chapter – “Conclusion: A Moral Theologian Faces the New Millennium in a Time of Aids” in James F. Keenan, S.J. (2000) Editor, *Catholic Ethicists on HIV/AIDS Prevention*, New York: Continuum; and *New Directions in Sexual Ethics: Moral Theology and the Challenge of AIDS*, (1998) London: Geoffrey Chapman.

welcomed in a most inclusive way, as if I was someone who was joining with them in a community of healing in the widest sense. There was a simple delight in the assumption that I could, through my research and writing, also be a link in a global network of support against the forces of indifference or hostility in the world. To my surprise, the fact that I was to be a Catholic priest was also invariably greeted with encouragement and support, even by those who were not Catholic. This was genuine support for a person in the role of priest who understood the nature of HIV/AIDS disease and its consequences for families and communities. There was the explicit hope that here was another priest who could be a source of change by providing a vital link to the institutional church. There was a real recognition even among non-Catholics, we are a unique community that has real transformative power to effect change.⁹⁷

Thus, the challenge of how to build Catholic communities of faith and love in this time of AIDS emerges as a vital issue. The tension and friction between the AIDS care center and the local parish priest in Seoul provides an interesting example of some of the issues to be faced. The priest genuinely felt he was doing his duty in “tolerating” the centre in his parish. However, he saw those running the centre as not respecting the official Korean church and its tradition of high respect for the priesthood. Moreover, those involved acted in ways that were ungrateful and indifferent to his support. However, to Sister and her volunteers the moral issues were not about tolerance but always the immediate ones of having the energy and time to provide pain relief through the night to someone who was soon to die, or finding a volunteer who would accompany another patient to the hospital for treatment. It was finding time to be with a HIV positive mother discussing the future of her child. It was finding time to pray the Daily Office and meditate on the love and compassion of Christ.

For the workers on the front line, the issue was not one of toleration but for the need for the parish to undergo a conversion, so that HIV/AIDS would not be a sign of rejection

⁹⁷ Kelly (1997) “The Challenge of AIDS,” p.53.

and isolation but a symbol of need and compassion in an inclusive community.⁹⁸ The fact that Sister and her helpers had to work in secret rather than be part of the local church's outreach toward a particular group in need was another real cause for sorrow. Coupled with this, was the frustration of knowing that their work was not flowing into the wider church as a source of change, transformation and spirituality. As Keenan points out, there is a great need to integrate the vision of a moral life grounded in the virtues of love and compassion into a living spirituality.

Such spirituality could root the moral virtues in a relationship with God and neighbor and provide a vision of the type of Christian and the type of Church we ought to become.⁹⁹

For both the Seoul care centre and Caritas Manila the sacramental celebrations of remembrance and recollection in a special Mass were vital to both a sense of community and meaning, in a situation when daily life is lived amidst suffering and uncertainty. Spiritually there is a call for us, both as individuals and as a community, to respond and be involved in the challenge of healing by initially acknowledging our weaknesses. Our approach to Christian decision-making in this time of crisis has to blur the boundaries between moral and ascetical theology or, in today's terms, between ethics and spirituality.

In this regard, Endean mentions that Karl Rahner once expressed remorse at his passivity to the early Nazi period in Europe. Rahner's penitent attitude in this matter, Endean points out, comes from his rejection of these boundaries between moral and ascetical theology, in the same ways as he had earlier changed the conventional ways of distinguishing between philosophy and theology, reason and revelation.¹⁰⁰ The exciting consequence of this approach of Rahner is to see complexity and the lack of clear boundaries as an opportunity for growth in the Christian community rather than as an obstacle.¹⁰¹

⁹⁸ Anne Bayley (1996) *One New Humanity*, p.238-239 stresses the need for the growth of the compassionate community.

⁹⁹ James Keenan, (1977) "Catholic Moral Theology, Ignatian Spirituality and Virtue Ethics" in *Spirituality and Ethics*, 1997, p.69.

¹⁰⁰ Philip Endean, (1997) "Moral Theology, Karl Rahner and the Ignatian Exercises" in *Spirituality and Ethics*, 1997, p.55.

¹⁰¹ Endean, (1997) p.55.

Bayley makes the point that the Christian healing community dealing with HIV/AIDS is strengthened by the regular celebration of the Eucharist and in liturgies of reconciliation and penitence. She uses an insight from Bonhoeffer to note that when:

Church people begin to accept that they are not whole but wounded (although in the process of being made whole), then it becomes possible for them to truly welcome damaged outsiders, people who know full well they are wounded.¹⁰²

The challenge of the setting in Seoul is how to create the mutual space where the local parish also becomes part of that common healing community.

My dialogues with all of those working in the field of HIV/AIDS care and prevention in Korea and the Philippines reveal a real complexity in the very different situations and socially different target groups with which they interact. Those involved acknowledge this as calling for flexibility in ethical reflection, discernment and approach rather than seeing it as a single “moral issue” with a standard response. As Tessie Gomez puts it, we need a “non-critical shoulder to lean on, leadership and help in our reflection and discernment”. Endean, writing on the importance of the Ignatian exercises for Rahner, makes a relevant observation when he says,

Central to this ‘new theology’ is a sense that we are not reducible to general laws, but individuals created for distinctive, unpredictable, ever new relationship with God-in Christ. Thus spiritual discernment is foundational not only to ethics but also to theology as a whole, and the boundaries between spirituality, ethics and indeed theology, become permanently, if creatively fluid.¹⁰³

Caritas Manila in many ways exemplifies for me this flexibility in ethical reflection, discernment in its approach to the HIV/AIDS epidemic in the Philippines. In the early years Caritas Manila saw the main defense against HIV/AIDS as being through growing awareness about the disease through a program of communication, education and information. However an evaluation of their experience revealed that education was only effective where people could see a direct connection between themselves and the disease. One consequence was that, despite the public awareness effort, the majority of the population remained hostile towards those who had the disease and were indifferent to its

¹⁰² Bayley (1996) *One New Humanity*, p. 290

causes. This evaluation, in conjunction with the changes in the social and economic environment over recent years, has brought about significant changes to the Caritas approach. These changes, I would argue, have relevance for how the Church faces its evangelizing task in the modern world.

Firstly, social changes in the Philippines have made it necessary to conceptualize society differently. The economic crisis and growing rural poverty in many areas led to significant population movement, with consequent changes to both the rural and urban society and health environments. There has been a growth in urban poverty, breakdown in poor urban families together with a growth in prostitution and urban crime. The Caritas response was to be more selective with target populations. This meant a movement of the focus on to the prison population, out of work youth and the urban poor. Truck drivers and others involved in the transportation industry have also been a focus of awareness campaigns.¹⁰⁴ The aim was to not only reduce direct risks of infection but to empower some of these to be channels of communication and educators. This was realizing that if some people are part of the problem, they can through the power of Christ, become part of the solution.

The solutions are still often difficult. Since women in particular are at risk, this has meant targeting areas where vulnerable women are concentrated for education and social support. There is recognition that to help protect these women from HIV/AIDS, they have to be empowered to take more control over their own lives and this often means accepting “moral compromises” as the best step at this stage of their lives. For obvious reasons these compromises are not discussed openly outside the programs, but it is stressed that all these decisions of conscience can be stages on a journey of personal and spiritual growth.

The establishment of CANA, the Catholic Aids Network in Action, and a group of PLWHA who are known as the *Alay Pag-asa* partners, as a development of an advocacy

¹⁰³ Philip Endean, (1997) “Moral Theology, Karl Rahner and the Ignatian Exercises”p.63.

role for Caritas Manila, I believe has real theological significance. There was a growing awareness that a more holistic approach was required. This also meant that loving and caring for people living with HIV/AIDS also meant giving them a profile and a role in spreading messages of prevention. On the other hand those, who were being trained to work as counselors and educators needed the experience of working with and caring for those living with the disease. Moreover, the CANA network was a way of integrating priests, religious, doctors, health workers, psychologists, lawyers, teachers and others into a team, an advocacy community, with a wider understanding of the disease and its contexts.

This way of building up new networks and a new sense of community was also expressed in the course of the previous year when the AIDS Prevention Program of Caritas Manila organized, through the medium of CANA, a retreat conducted by the Redemptorist priest Rev. Fr. Oliver Castor C.Ss.R. This was attended by twelve *Alay Pag-Asa* partners and 11 members to meditate on “the essentials of a life that has been taken, blessed, broken and shared.” This retreat and its message were then shared with the wider CANA membership and the Church through its newsletter *CANA: In Focus*.¹⁰⁵ CANA also organizes the Annual Candlelight Memorial Celebration in Manila which is an opportunity for promoting wider public awareness.

Flower Village, through the ministry of the Kkottongnae Brothers and Sisters of Jesus, already have a small involvement in HIV/AIDS care through the Seoul Care Centre and Hospice as well as in one of its hospitals. The spirituality of loving, caring and being with the marginalized and abandoned in Korean society are well established. The challenge for me is how the pessimism of the global crisis with HIV/AIDS and the paradoxical experience explored in the case studies can become a vehicle for Kkottongnae to grow its spirituality as it becomes more involved as part of the Christian diaspora in the world.

¹⁰⁴ In Africa, South and South-East Asia drivers and others involved in transportation have been major agents in the geographical spread of infection. *UNAIDS & WHO Fact Sheets*. <http://www.unaids.org/>.

From the analysis of this chapter I believe there are five dimensions of healing that are theologically important to incorporate in any approach. The first is that one cannot effectively separate care and prevention. Both must be seen as part of a holistic response to the complex matrix of disease and suffering in the modern world. Secondly, that while HIV/AIDS is an identifiable viral infection, its complex and changeable characteristics brings us face to face with the complexity of disease in the modern world. In particular we need to declare the association between disease and the structural inequalities of poverty up-front. This means an open dialogue about the complexity of both disease and social contexts and its consequence that there is no single moral solution. Change and transformation must not be seen as instantly attainable ends for individuals, communities, NGOs and churches but be seen as possible future goals to be prayed for and worked towards.

Thirdly, prejudice and discrimination towards those with HIV/AIDS and those who care for them also has to be seen as a disease of church and society that needs to be healed over time. Fourthly, just as HIV/AIDS is a disease of the global society that does not recognize national and cultural boundaries, those working to prevent its spread and look after those living with its effects must help develop, support and be involved in the global networks of those involved, whether they belong to the Church or not. Indeed the networks carry with them the possibility of spreading the Gospel spirituality of love and healing. Finally the fullness of the Christian life is found in community and we must learn how to build and rebuild community in the diaspora from the experiences of those working with HIV/AIDS.¹⁰⁶

Our Christian pessimism and tragic optimism must be such, that we follow Jesus by being servants. This involves evolving a theology that accounts for the complexities of the world and transcends the current divisions of theology and church in a practical

¹⁰⁵ *CANA: In Focus* is published three times a year by Caritas Manila and becomes an important medium for keeping the different constituencies of CANA informed. It also publishes short notices “Remembering our Alay Pag-Asa Partners” about those who have died from HIV/AIDS related illnesses.

¹⁰⁶ Bayley (1996) *One New Humanity*, p.302.

spirituality of service and community. It is recognizing that this is not a new theology but a return to the faith of the disciples, in bringing people to the Cross and a new life in Him. The difference is that this is a positive affirmation of life in a world infected by HIV/AIDS.

Chapter 5 – Redeeming the Time: HIV/AIDS and Christian Growth

Even if we are not called to imitate the exalted virtues of the saints, we are still far from mere “cases” lost in the crowd. God has called each one of us by our intimately personal name. He is constantly providing each of us with countless opportunities to prove ourselves in the special circumstances of our lives. To each of us He is giving His particular calling and duty in relation to the welfare of mankind and the community of the redeemed. (Bernard Häring) ¹⁰⁷

This Chapter takes up the challenge of Father Kevin Kelly when he says that, for the Church living in this time of AIDS, this is a time of opportunity. Theologically, the Church is faced with a redemptive moment when it is called to conversion and action. He says of the pandemic, “If that is not a challenge to Christians and Christian Churches, what is?”¹⁰⁸ I will use the experience of the agencies in Korea and the Philippines to examine the moral consequences of a radical response motivated by compassion. I believe that our ability to speak, to communicate authentically in Christ’s name, depends on seeing the moral context of our responses as interactive. I believe that, if in our practical actions we truly become a channel for the Holy Spirit, there is a potential for growth and change in individuals, communities and in the church in this time of AIDS.

A constant theme to emerge from the respondents in this study has been the need to see people and institutions in a context of change and growth. Mr. Lee Sang Eun, the programs officer of KADA, talking about the disappointments and pressures of his job says, “The joy of this job is that you see people overcome difficulties and develop new capacities. You also know that you too are growing in confidence.” Manuel Liwanag from Pinoy says, “When you are working in an advocacy role and empowering people to take control of their own lives you really do feel you are working to make the world a better place. That’s why we call ourselves Pinoy Plus. We may be HIV positive but we are adding to the hopes of the world. It is all about making a change for the better.”

This has a resonance with some of the classic teaching on human affectivity and the passions. By looking at moral issues through an “interactive model,” we can see better

¹⁰⁷ Bernard Häring (1996) *Toward a Christian Moral Theology*, University of Notre Dame Press, p.208

¹⁰⁸ Kevin T. Kelly (1998) *New Directions in Sexual Ethics: Moral Theology and the Challenge of AIDS*, pp.208-209.

the moral issues of all the various actors involved in their full complexity.¹⁰⁹ This interactive approach to moral action is one that takes account of the fact that while an emotional response to a human situation is at one level passively affective, because it affects us, it is simultaneously active in that, because of our internalized values and sentiments, we react and respond. The emphasis on growth and change by those working with HIV/AIDS, can be related to the transformative power of habits of virtue that are developed and tested in the service of loving and caring for those abandoned by society.

By recognizing the significance of human affectivity and passion as an integral component of the development of the human person, we can learn both from the experience of those caring for people living with AIDS, as well as those who suffer from disease and disability. As a church we can learn from the experiences and feelings of those who are working in the field of HIV/AIDS as disciples of Jesus. Working in situations of both stress and joy, they are aware that to be effective and avoid burn-out they must be attentive to their body. At the same time, they know that unless they are aware of their feelings and their emotions as an aspect of their thinking, their decisions will not be well grounded. Only by being centered in their heart will they know what to do.¹¹⁰

It follows that if we explore the response of various church agencies to the HIV/AIDS epidemic from a Thomistic viewpoint, we can see both the situations of real life and the situations of moral choice as fluid and changing. An interesting example is the way Lisa Sowle Cahill in a recent paper uses some aspects of Aquinas's views of practical reason to explore the problem of global ethics.¹¹¹

¹⁰⁹ Simon Harak, SJ. (1993) *Virtuous Passions: The Formation of Christian Character* p.48.

¹¹⁰ Tom Ryan (2001) "Aquinas's Integrated View of Emotions." *Pacifica* 14 p.55.

¹¹¹ Lisa Sowle Cahill (2002) "Toward Global Ethics", *Theological Studies*, vol. 63, no. 2, June 2002.

She reaffirms that the life of the church in the world has to be one of dialogue and interaction, where the truth of the Gospel is exchanged for an understanding of human experience and nature. In the words of *Gaudium et Spes*,

[The Church] nevertheless proclaims that all men, those who believe as well as those who do not, should help establish right order in this world where all live together. This certainly cannot be done without a dialogue that is sincere and prudent. *G.S.* 21¹¹²

There are several implications that can be drawn from this emphasis on dialogue and interactivity. The first is that it is a Christian aim “to establish right order in the world where all live together.” What constitutes “right order” is clearly a contentious issue, but we are guided by *Gaudium et Spes* to see that it is something that can be discerned through an ongoing and extensive dialogue. This dialogue, if it is to be sincere and prudent, needs to be grounded in a secure sense of our own identity and authenticity.¹¹³ However, as Taylor acknowledges, our identities are formed in a dialogue with others and needs their recognition.¹¹⁴ This requirement of interactivity and discernment has important implications when we consider the relationship of the church’s teaching and practice towards those living with, or suffering from, the effects of HIV/AIDS. As Taylor is careful to note, our “identity can be formed or *malformed* in our contact with significant others.”¹¹⁵

In discussing the AIDS pandemic, we have noted the structural position of women in patriarchal societies and cultures as a major factor in the pattern of the disease. While the inequalities and oppression around the status of women needs to be addressed by the church as a major moral issue, there is another perspective that needs to be raised here. It is the way that the identities of the oppressed have been deformed by the internalization of their inferior status. It is here that Judith Kay, working within a Thomistic framework, has the useful insight that oppression can become and internalized as a significant aspect

¹¹² Austin Flannery, O. P., ed. (1992) *Vatican Council II - The Conciliar and Post Conciliar Documents*, p.922.

¹¹³ Charles Taylor, (1991). *The Ethics of Authenticity*, p.45

¹¹⁴ Taylor, (1991) p.45.

¹¹⁵ Taylor, (1991) p.49 (my emphasis)

of identity.¹¹⁶ It is in this context that workers at both Pinoy Plus and Caritas Manila point to the problem of trying to empower women from the regions or from ethnic minorities to negotiate sexual relations and assume more control over their lives. They often resist making a change preferring a response of passive acceptance, which they often rationalize by saying that it is “God’s will” for them to be abused and used.

The value of Kay’s analysis is that we can see these responses as coming from habits gained in a lifetime of subservience. She points out that change will not come from the mere assertion of human rights, on account of the “depth of our emotional allegiance to habits rendering their dissolution more complicated and demanding than simply being exposed to new information.”¹¹⁷ In this she highlights an issue recognized by Pinoy Plus workers.

In other words, when you are really alongside someone who is marginalized and suffering, it is not enough to have a simple message of behavioral change. To have the serious dialogue that is necessary to really engage members in considering how they might change their attitudes, you also have to become aware of your own attitudes and biases. Harak argues in his introduction that you must be aware of how difficult it is to change, can you begin to help others if you are ever going to help others free themselves from oppression or, to use Cates’ stunning metaphor, “get Egypt out of the people.”¹¹⁸

The same process applies in a positive way, if those working as caregivers and educators have, in their interactions over time, responded to their emotions (what the medieval scholastics called passions) in ways that have served to develop these responses into habits of virtue. In developing virtues such as prudence through experience, they have the possibility of responding appropriately and flexibly with appropriate feelings that can help other people grow in confidence and self esteem.

¹¹⁶ Judith W. Kay (1996) “Aquinas’s Contribution to Liberation” in G Simon Harak ed., *Aquinas and Empowerment*, p.2

¹¹⁷ Kay, (1996) p.2

¹¹⁸ Harak, (1996) *Aquinas and Empowerment*, p.xii.

In terms of emotional responses, Kay argues that Thomas

sees no contradiction in the possibility of a person simultaneously trembling, thinking brilliantly and acting boldly.” ... In summary, virtuous habits are consistent with our nature as embodied thinkers capable of being moved by the appropriate objects. The moved moral virtues broaden our choices, sharpen our discernment, and improve our interactions with the environment.¹¹⁹

Sister Miriam noted that one problem that the Church has, when it tries to induce behavior change in those vulnerable to HIV infection, is the inability of many church people to acknowledge their own personal attitudes and feelings. She believes that, without acknowledging your own feelings, you are not in any position to confront the misconceptions of others about themselves or their behavior. She feels that is only when you know yourself, and are confident in your relationship with Christ, that you can engage people realistically without being caught in what she calls “moral traps.”

Sister Miriam feels very strongly that the HIV/AIDS pandemic will only be turned around in the end with a real change in sexual behavior, whatever short term strategies we might apply. Her experience is that to make an impact, you have to be brutally honest about yourself and the dilemmas life brings, while holding out what the goals of living authentically for others might be. For the religious, this can be celibacy as a difficult but achievable goal in faithful service to Christ’s church.

However, she would agree with Roger Burggraeve, who points that to help people move toward responsible sexuality and from there to meaningful sexual relationships you have to start with “the concrete reality of their sexual behavior” as it exists without implying in any way that it is an ethical or educational norm.¹²⁰ You accept what they see as their needs but urge them to think of what a life journey towards a goal of meaningful identity might be in this era of AIDS.

¹¹⁹ Kay, (1996) p.15

¹²⁰ Roger Burggraeve (2000) “From Responsible to Meaningful Sexuality: An Ethics of Growth as an Ethics of Mercy for Young People in the Era of AIDS” in James Keenan, ed., *Catholic Ethicists on HIV/AIDS Prevention*, p.303.

We can honestly say that there are real choices available, and that some are better than others in honoring their need for intimacy, sensuality and sexuality. Burggraeve contends that if we engage in this task appropriately, one possible benefit of the AIDS epidemic can be a more mature and responsible sexuality in our societies.

This Christian-inspired ethics is also constantly an ... ethics of grace, liberation and redemption from powerlessness and evil whereby people can become new again and, notwithstanding everything, can find the path toward meaningful life and action, even if now they follow the wrong path or go astray.¹²¹

All the workers interviewed in this study recognized the severe limitation of prevention campaigns that rely solely on warnings about negative consequences. It is very easy to slip into an “ethics of fear” that tries to induce people to return to some ideal norm or church teaching.¹²² The contrast is a positive virtue ethic of tenderness and authenticity.

As ‘good’ news the gospel endorses no negative ethics of fear or anxiety, but rather a positive ethics of love that as the qualitative ethics of human excellence appeals to that which is humanly beautiful. ... Out of Christian inspiration, a relational and sexual education guides young people in their growth toward a meaningful sexual life by facing the task of providing an ethical optimum as a goal to strive for.¹²³

I particularly like the idea that there is also the possibility of developing an “aesthetics of ethics” as we in the church move towards an awareness of how to help people develop meaningful experiences in all areas of life as they grow in faith and love.¹²⁴ Aquinas believed that we require reason, will and action to be involved together in moral relationships if we are to achieve moral truth.¹²⁵ This can provide a further reason for the pursuit of an aesthetical ethics. The goal making moral responses a thing of beauty opens up a fresh approach to the dialogue about the ethical context of HIV/AIDS.

Clearly such an approach can remind us of the importance of facing up to the ugliness of internalized ideas, embedded in the structural inequalities and power differences in relationships. This also implies that the internalized oppression of the weak has its counterpart in the internalized domination of the powerful. Kay would agree with Cahill’s point that Aquinas’s insights help us to see that undoing these internalized habits

¹²¹ Roger Burggraeve (2000) p.316

¹²² Burggraeve, (2000) p.307

¹²³ Burggraeve, (2000) p.309

¹²⁴ Burggraeve, (2000) p.309

¹²⁵ Lisa Sowle Cahill (2002) “Toward Global Ethics”, *Theological Studies*, vol. 63, no. 2, June 2002, p.338.

of perception “is a moral practice in its own right of acquiring virtue and abandoning destructive habits.¹²⁶ Such a voluntary practice is indeed beautiful and “as Thomas would tell us, freedom from compulsion by another is characteristic of the presence of the Spirit.”¹²⁷

Pope John Paul II, at the end of a brilliant survey of the centrality of evangelization in the life of the Church writes:

*There exists today the clear need for a new evangelization. There is the need for a proclamation of the Gospel capable of accompanying man on his pilgrim way, capable of walking alongside the younger generation.*¹²⁸

If we are to learn from the experience of those working with HIV/AIDS in the organizations surveyed here, there are some very important lessons relevant to the new evangelization. The first is that faith is a matter of growth and development over time. Evangelization should be seen not just as a question of bringing people to Christ, but in growing with them. Especially it is being with them through the dark nights of the soul and celebrating with them in the moments of reconciliation and peace. In addition, we need to recognize that “walking alongside” has to become “an interaction and dialogue with.”

Evangelization then becomes a practical demonstration that we can combine reason, will, passion and action in growing our moral life. It demonstrates that our relationships reflect the beauty that comes from a friendship with Jesus and the poor of the world. The experience of the Brothers and Sisters of Jesus at Kkottongnae is that it is the engagement with suffering, coupled with the experience of the Holy Spirit in community, which can provide the ingredients for real conversion and transformation among those who come as volunteers.

¹²⁶ Judith W. Kay (1996) p.36.

¹²⁷ Simon Harak, SJ. (1993) p.140.

¹²⁸ John Paul II (1994) “What is the ‘New Evangelization?’” *Crossing the Threshold of Hope*, p.117 (Italics are in the original).

Chapter 6 – The Dynamics of Christian Love & Hope

Christian hope is confidence not in metaphysical immobility but in the dynamism of unending love. . . . An optimism that insists on denying evident realities is hardly inspired by Christian truth, and true hope is that which finds motives for confidence precisely in the “crisis” which seems to threaten that which is dearest to us: for it is here above all that the power of God will break through the meaningless impasse of prejudices and cruelties in which we always tend to become entrapped.¹²⁹ (Thomas Merton)

As I reflect on this journey of research and scholarship, I become aware of the many changes in my own understanding of what it means to be an instrument of Christ in the modern world. This study set out to be an objective exploration of a health and theological problem “out there” in Korea and the Philippines. However, as I engaged in dialogue with some of those out there, I was both confronted and included. I found myself at times, like Jesus’ disciples, wanting to flee.¹³⁰ But there was no place to escape, and I was constantly confronted and included by those asking me to be with them. Those who I was supposed to be interviewing were challenging me to be part of a renewal and growth in faith in response to a great tragedy of our time. That I think is symbolic of the dialogue and interactivity that characterises those bearing Christian witness in the HIV/AIDS pandemic.

As I have struggled to find meaning in the various contradictions and paradoxes that characterise the effort to take care of the AIDS orphans, to care for the people living with HIV/AIDS, and to halt the spread of this deadly disease, there are a few symbolic images that repeatedly come into my mind.¹³¹

¹²⁹ Thomas Merton, (no date) from “The Christian in the Diaspora – Rahner’s Diaspora” in *Redeeming the Time*, London: Burns & Oates. I have been unable to find a date for this wonderful volume I bought second hand several years ago.

¹³⁰ Matt 26:56. “Then all the disciples forsook him and fled.”

¹³¹ I am using symbol and symbolic images in a simple way to link images of those working with HIV/AIDS to the broader truths of the Christian Gospel. That such linkages to change attitudes do not always work is shown by Susan Sontag (1989), *AIDS and its Metaphors*, London, Allen Lane – Penguin, an early book which should have had an effect on promoting positive attitudes towards those with HIV/AIDS but did not. An extensive discussion of religious symbolism can be found in Lucretia B. Yaghjian, “Flannery O’Connor’s Use of Symbol, Roger Haight’s Christology, and the Religious Writer”, *Theological Studies* vol. 63, no.2 June, 2002.

On reflection, these images point to a way in which the AIDS pandemic can paradoxically lead us to a new dynamism of Christian love and hope as the church of Christ in the modern world. The willingness to share in the suffering and sorrow of AIDS is to find reality as “the place where hope dawns,” it leads us to a renewed understanding of the Incarnation, and it gives new life to our faith and our action.¹³²

There is the image of the small group of two women volunteers, two women living with HIV/AIDS, and their two babies standing together with Sister Miriam at the back of the small living room-chapel when I was celebrating Mass at the Seoul Hospice and Aids Care Centre. I could not help associating them with the women at the Cross and then the Empty Tomb of Jesus. They symbolized for me how suffering and despair can move into a new hope and confidence that comes from living with the Risen Christ. This group of very different women became a symbol of unity and hope that clearly transcended the limitations of church and society in the present.

My second image is of Manuel and Geena of Pinoy Plus, welcoming me into the meeting room of the Remedios Aids Foundation in Manila. This welcome involved introducing me to various people who went bustling by: doctors, volunteers, PLWHA arriving for a leadership and media-training meeting. Catholic by faith and supported by Catholic NGOs, Geena and Manuel presented a picture of Christian hope and confidence. Their sense of humour and their self-awareness was disarming. Manuel pointed out that as a master seaman he knew how to run a ship but he was still learning how to run an HIV/AIDS advocacy and support NGO. Geena wanted to ask about how they could find and recruit a sympathetic priest to help in their advocacy training programs of public speaking and with speaking with the media. Their enthusiasm to learn from what others were doing and their desire to be part of a global network that could change structures of discrimination and cultures of prejudice was infectious. They were willing and able to explore the moral contradictions and dilemmas at both the personal and societal level in confronting the spread of HIV/AIDS. They wanted to act in a positive way to reduce

¹³² Paul Crowley (1997) “Rahner's Christian Pessimism: A Response to the Sorrow of AIDS,” *Theological Studies* vol.58, no.2 p.295.

misery by recognising that, first of all, “It is a human disease. It affects everyone and it tests the quality of our faith and of our family and community relationships.”¹³³

They symbolised for me those accounts of group life in the early church where, despite dangers and difficulties, there was an enthusiasm for taking the Gospel into new regions with an energy and enthusiasm that was able to build a new community out of varied and disparate people. Here in Pinoy Plus and Remedios there was an enthusiasm of empowerment that is so often lacking in churches today. The irony here is that, although these workers are Catholic, they personally felt marginalised by the official Church because of their promotion of condom use as a possible strategy to limit the spread of HIV/AIDS. Yet their commitment and enthusiasm, like that of the people at KADA, to lessening suffering in the world is without question. What is of concern to them is the way the official church focuses on the debatable morality in some of their messages rather than on the positive morality of the wider health consequences of their actions and advocacy.¹³⁴

I find symbolized by their enthusiasm, the nature of the new communities of concern that have been created by the disease, communities that are both physical and virtual. A meeting in the office can become linked through the World Wide Web and e-mail to other workers considering the same issues in a number of different countries. These are networks which bring together people of different backgrounds and status but who find common cause in healing both individuals and society. While they have similarities to some of those communities of the early church, they are in the context of our age characterized by globalization and cultural diversity. However, they do point to ways in which we can also grow appropriate transcultural church communities.

¹³³ See William J. Spohn, S.J. (1988) “The Moral Dimensions of AIDS.” *Theological Studies* vol.49. no 1, March 1988, quoting Bishop Quinn, p.109.

¹³⁴ These workers would agree with Roger Burggraev, that “safe sex” messages need to be seen as inadequate ethically in terms of the notion of growth in the human person. But in the real world they can be a starting point for a growing humanization of sexual relations and preventative behavior, which should be the goal of Christian campaigns. See Roger Burggraev, (2000) p.315.

I am also confronted by the symbolism of the diminutive female figure of Maria Cecilia Abriam, who for two years was the Editor of *CANA: In Focus*, the newsletter of Caritas Manila's AIDS Prevention program. Here is a true disciple of Christ in our age. She is a person who really believed in her mission to bring people to Christ, as she worked to increase the Catholic Church's visibility in the fight against AIDS. She was open in her disappointment that, despite all the efforts to get church people and organizations to embrace the fact that HIV/AIDS is everybody's concern, only a "chosen few" had come on board. At the same time she could express her genuine joy and solidarity and with those volunteers who worked with Ms. Tessie Gomez and Sister Oneng Mendoza in the extension effort of the AIDS Prevention Program. She rejoiced in the fact that her faith was renewed in the company and commitment of those who worked to educate the wide variety of people in Caritas Manila's target groups.

Her genuine enjoyment of friendships that had been formed with the *Alay Pag-Asa* partners, who are living with HIV/AIDS, served to overcome her great sadness at the effects of the epidemic. She is a person of real commitment who embodies real passion in a Thomistic sense. She is angry about the indifference of others to the position of women, minorities and especially, to those suffering with AIDS. However, she uses this anger to deepen her faith as well as her friendship with those involved in CANA and the Caritas Manila program. I interpret these friendships as an aspect of her friendship with Christ. Indeed she symbolises the modern disciple who is both woman and activist, also represented here by Sister Miriam, Ms. Tessie Gomez, Sister Oneng Mendoza and Sister Mary John Mananzan.¹³⁵

Finally I have the symbolic image of young people being changed and transformed at Kkottongnae. There are the young secondary school, college and university students who come, on their own initiative or as part of their educational program, to work as volunteers among the frail elderly, the disabled, the very sick, the orphans and other abandoned. I see them at first retreating in shock at discovering the condition of the abandoned of their Korean society. But then I see them as they are supported by the

¹³⁵ Stephen B. Bevans (1992) *Models of Contextual Theology*, pp.79-80.

example of the love of the Brothers and Sisters respond in love towards these “others” who they now recognise as “family.” I also see changes in the way they relate to each other. I see some of them come and ask, “What must I do to become a brother or sister?”

The experience of being involved in acts of love within the community becomes an opportunity where these young people “can learn what friendship with God involves and how it might be lived every day.”¹³⁶ These young people develop their capacities of love and compassion because they are moved to join with those who literally have nothing. Wadell would say that this responsive engagement “actuates their potentialities.” He argues that moral and intellectual habits can be developed relatively easily by young people who are raised in communities that have adequately reflected on what is conducive to human well being and have institutionalised virtuous relations.¹³⁷

There is an additional image of young people coming to Kkottongnae from all over Korea on one Saturday each month to attend an all-night charismatic prayer meeting and Mass. They are youth who have been moved by their experiences as volunteers with the poor and needy and their encounters with the Holy Spirit at these charismatic meetings. Despite my reservations about these meetings at first, I see these young people responding to the call of the Gospel with real commitment. I see some of them growing in their faith as they come back to attend special seminars and workshops on charismatic prayer, spirituality and love. Most gratifying is that some come back to enquire about religious vocations in the community.

On a different scale there are the large groups of school children who as part of their civics education come for short courses at the Kkottongnae Training Institute of Love. This mixture of training activities involving physical, mental, practical and spiritual exercises aimed at developing a more virtuous and ethical person, is an attempt to overcome some of the more negative aspects of modern Korea’s individualistic and

¹³⁶ Paul J. Wadell, C.P. (1996) “Growing Together in Divine Love: The Role of Charity in the Moral Theology of Thomas Aquinas” in *Aquinas and Empowerment*, edited by G. Simon Harak p.158. See also his *Friendship and the Moral Life*, Notre Dame, Indiana, University of Notre Dame Press (1989).

consumerist society. It has become an important part of the practice of Kkottongnae. This program has been evaluated by one of my fellow priests in the community and found to have positive benefits in changing attitudes.¹³⁸ While this is clearly an important innovation of a church institution being in the world alongside alienated youth in a fragmented world, it also serves to highlight the huge dimensions of the task we face. It is nonetheless an inspiring symbol of what the church in the modern world can be.

The positive symbols that mark the experience of my journey of discovery into the place of HIV/AIDS in the life of the church in Korea and the Philippines are all ones of community in this wide sense — groups and networks of love, hope and expectation as they intersect with the symbols of development, change, growth and transformation. I am reminded of Rahner's perception that Christian security is to be found not in the stability and strength of familiar structures but in the promises of Christ and the power of the Holy Spirit.¹³⁹ It is to recognise that the transformation called for by the suffering in the world must be matched by a growth in our own faith in the Cross and the gifts of love and grace from God. It is to recognize that for this to happen there is a constant need to learn from those working with suffering to create with God's grace new communities of faith and service.

From the examples of those surveyed in this study and from the symbolism of their growth and commitment, our task is to be in the world as we find it and not as some idealised state. We must try to live the message of the Gospel as the story of God's incarnation in the person of Jesus in the world as He found it at that time. If we follow the lead of those surveyed in this study we need to perceive this world honestly and clearly. That means also seeing our beloved church honestly and clearly as it attempts to be both in and part of the modern world. It is to see that all of us need continuing conversion and

¹³⁷ Judith W. Kay (1996) "Aquinas's Contribution to Liberation" in G Simon Harak, editor, *Aquinas and Empowerment*, p.5.

¹³⁸ Hwang, Chong-Hyun (2002) *Practical Research about the Influence of Youth Training Activities in Changing Attitudes at the Kkottongnae Training Institute of Love*, Unpublished Masters of Social Welfare Thesis, University of Keonkuk. Abstract in English language pp.78-83.

¹³⁹ Crowley, P. G. (1997) "Rahner's Christian Pessimism: A Response to the Sorrow of AIDS," *Theological Studies*, vol.58 no. 2, p.305.

transformation and the need to develop an “aesthetics of ethics” as we in the church move towards an awareness of how we can help people develop meaningful experiences in all areas of life as they grow in faith and love.¹⁴⁰

Our ability to contribute to the common good according to our means and the needs of others depends on our willingness to foster and help those public and private organizations devoted to bettering the conditions of life.¹⁴¹ This is a difficult task for the church, but it seems to me that Caritas Manila and some liberation theologians show that it is both possible and necessary in situations of oppression and injustice. Bevan quotes the Philippine Benedictine nun and scholar Mary J. Mananzan in her theological reflection on religious life in these conditions.

To be a Christian today in a land where injustice and oppression abide is a challenge. To be a woman religious in such a situation is doubly so. It calls for a radical re-thinking of the meaning of being a Christian and of the imperative of religious commitment. It precipitates a spiritual crisis. It demands a consequent revision of one’s way of life – a true conversion, a *metanoia*.¹⁴²

This viewpoint arises from her first-hand involvement in social justice and discrimination issues in the Philippines and points again to the need to see social issues clearly in the light of the Cross. Kay has pointed out that the ability to perceive reality clearly is a by-product of developing moral virtues as a type of habit.¹⁴³ Those people committed to relieving suffering by working in HIV/AIDS care and prevention seem to embody those virtues. Certainly they seem to have those other qualities that Kay argues flow from living in this way: an ability to engage effectively with the environment with voluntary and sustained commitment while maintaining flexibility in thought and action combined with appropriate passion.¹⁴⁴ Building up an ethical framework of virtue in action, as the driving force of Christian engagement in the world by those in our churches, is something

¹⁴⁰ Roger Burggraeve (2000) “From Responsible to Meaningful Sexuality” in James Keenan, editor, *Catholic Ethicists on HIV/AIDS Prevention*, p.309

¹⁴¹ *Guadium et Spes*. n.30

¹⁴² Stephen B. Bevans, (1992) *Modes of Contextual Theology*, p.79. Quoting from M.J. Mananzan, “Redefining Religious Commitment in the Philippine Context” in V. Fabella and S. Ai Lee Park, *We Dare to Dream: Doing Theology as Asian Women*, Maryknoll, N.Y. Orbis Books, 1990.

¹⁴³ Judith Kay (1996). “Getting Egypt out of the People”, p.7.

¹⁴⁴ Kay, (1996) p.7.

that will be uneven and will take time.¹⁴⁵ Yet, if we can tap into that natural desire of people in general, and young people in particular, to develop their skills and their character through positive challenges, we can achieve real change. The evidence of this study is that, by challenging them to harness their passion of anger at injustice as well as their compassion for those who are suffering, they can discover that there are ways of acting in virtue towards others that are beautiful and satisfying.¹⁴⁶

One of the themes that run through the whole text of Häring's *Toward a Christian Moral Theology*, which was written in the period following the debates of Vatican II, is the role of community in the context of church history and historical changes.¹⁴⁷ The experience of those surveyed in this study is that, while we need to see the notion of community as flexible and changing, we constantly need the mutual support and affirmation of those who value us as authentic individuals and not just as a means to some end.

I am aware that my experience of living as a member of Kkottongnae, as part of a community of love, healing and charismatic spirituality, is only one manifestation of community life. The evidence from this research highlights that there can be any number of faith communities, often intersecting and linked by real or virtual networks, in the modern world. Jean Vanier, whose work is an important component of the spiritual formation of brothers and sisters at Kkottongnae, makes this comment:

Community life is there to help us not flee from our deep wound, but to remain with the reality of love. It is there to help us believe that our illusions and egoism will be gradually healed if we become nourishment for others. We are in community for each other So that Jesus can manifest himself through it.¹⁴⁸

From religious communities founded on prayer to the virtual communities of HIV/AIDS action networks, the need is for the transforming vision of Christ's incarnation and

¹⁴⁵ James F. Keenan (1999) *Virtues for Ordinary Christians*. Franklin: Sheed and Ward, p.6.

¹⁴⁶ John W. Crossin (1997) *Friendship: The Key to Spiritual Growth* and (1998) *Walking in Virtue: Moral Decisions and Spiritual Growth in Daily Life*, Mahwah, New Jersey, Paulist Press both provide valuable guides to the role of virtues in spiritual growth from a leading author in areas of morality and spirituality.

¹⁴⁷ Bernard Häring (1966) *Toward a Christian Moral Theology* Notre Dame, University of Notre Dame Press, p.200.

¹⁴⁸ Jean Vanier (1979) *Community and Growth: Our Pilgrimage Together*, Toronto, Griffin House, p.54.

resurrection. In Vanier's words, we need to become nourishment for each other so that Jesus can manifest himself in our communities based on love.

The pastoral mission of the church is grounded in 2000 years of experience and experiment. Her traditions are the foundations of all we do. However, we are living in a world where the church is not at the political centre but in a diaspora situation. Here the reality of HIV/AIDS forces us to develop a theology that accounts for both our traditions and the reality of our modern world. In looking at both, we have, as Crowley reminds us, Luke's account of the Good Samaritan and the example of St Francis and the Leper. Both accounts confront us with the reality of someone who had to lose their own fears and prejudices in order to be with someone who had lost everything.¹⁴⁹ As I recall the symbolic images that became part of this research I know that an appropriate theology must guide us in how to grow in faith as well as how we act in the world.

¹⁴⁹ Crowley, P. G. (1997) "Rahner's Christian Pessimism: A Response to the Sorrow of AIDS," *Theological Studies* vol.58 no. 2, p.306.

Chapter 7 – Conclusion

“I have come that you may have life and have it more abundantly” (Jn 10:10).

This dissertation set out to explore a number of theological issues that arose from some responses of care and prevention of HIV/AIDS in Korea and the Philippines. The aim was to examine contextually the spirituality of Christian love and compassion as a guide to ethical discernment. A starting point was the insight of *Gaudium et Spes* that there was a need to transcend an individualistic morality in the modern world. In addition there was a need for the church to be part of a dialogue that is faithful to God as both in, and part of, the modern world. This notion of dialogue was used to look at the HIV/AIDS pandemic from a Christian perspective within Karl Rahner’s concept of the diaspora situation of the Church.¹⁵⁰

By examining the practical activity of those working in four organizations in two countries, a number of approaches have emerged that are relevant to a theological reflection on the sorrow of suffering.¹⁵¹ It is important to note the ways in which the suffering of people affected by HIV/AIDS is exacerbated by the problems of how stigmatization and isolation arising from the disease are added to the suffering of poverty, powerlessness and gender inequalities that are significant factors in the spread of the disease.

The significant insight to emerge was that the transformative power of habits of virtue, as they are developed in the service of loving and caring for those abandoned by society, has a wider relevance to the church’s pastoral and evangelical role in the modern world. It became obvious by looking at the examples that we can draw those who are suffering and at risk into a Christian community where people are truly energized and animated by a love of God. On a more personal level was the discovery that greater, not less, control over one’s life comes from a friendship with God through Christ. This is

¹⁵⁰ Crowley, (1997) “Rahner's Christian Pessimism,” p.287.

¹⁵¹ Gustavo Gutiérrez (1987) *On Job: God Talk and the Suffering of the Innocent*, Maryknoll, New York, Orbis Books, has been an inspirational source of ideas and theological method for this dissertation in developing an approach to the problem of suffering among the “innocent.”

something that remains central in the theology of Thomas Aquinas. Empowerment and a life affirming spirituality are discovered as fruits of the life seeking to walk with Christ in virtue.¹⁵² What emerged throughout this study is that the ethic that energizes people in today's world stresses the positive.

While official Catholic Church responses to HIV/AIDS in Korea and the Philippines have been inadequate and disappointing, the practical theology of compassion and care being exercised by both church and secular based organizations in its midst provide important symbols of what it means to be the church in the modern world. Christ's example of identifying with those who suffer, as well as his own sacrifice, remain the ultimate symbols of our faith. In this context, those who see the moral issues surrounding HIV/AIDS as being one of not compromising the official Church teaching on sexual ethics fail to see the responsibility of the church to prevent suffering and to bring people to God. When we see it in terms of an ethics of social justice concerning gender, poverty, powerlessness and social inequality, we need to emphasize that there are paths to empowerment that provide real life choices that are scripturally based and quite liberating.¹⁵³

In conclusion, as I reflect on the suffering and pain of injustice and discrimination, as well as of disease in the modern world, I am brought back to the basic theology of the Gospel as the core tradition of our spirituality and ethics. Perhaps we concentrate too much on the complexity of the world and not enough on how we can interpret the world's crises simply and more clearly in the light of the example of Jesus of Nazareth and the Cross of Christ. The moral imperative is found in Jesus' statement, "I have come that you may have life and have it more abundantly" (Jn 10:10).

¹⁵² G. Simon Harak (1996) *Aquinas and Empowerment: Classical Ethics for Ordinary Lives* in all its essays provides an exciting and challenging approach to disadvantage and suffering. Article no. 7 "The Virtues" in Part Three: Life in Christ in the *Catechism of the Catholic Church*, Second Edition, Strathfield, St Pauls Publications, 2000, has wonderfully clear statements on the human and theological virtues. These have been made into a "Brief catechism on Virtue" by the Jesuit Justice and Peace group suitable for teaching to all ages but especially the young. It is available at <http://www.justpeace.org/virtue.htm> where the emphasis is on the fruits of virtue as a positive ethic.

¹⁵³ Spohn, William C., S.J. (1984) *What are they saying about scripture and ethics?* New York: Paulist Press.

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APPENDIX 1 – Comparative Demographic Data *

KOREA

Area	94,480 sq km
Arable land	19%

Population	50 M
Population 15-49	28 M
Annual Population Growth	0.9%
Life Expectancy at Birth	73 years
Urban population	82%

Religion

Roman Catholic	13%
Protestant	34%
Buddhist	49%
Confucian & Other	4%

HIV/AIDS

Estimated number of adults and children living with HIV/AIDS at the end of 1999

Total	3,800
Adults 15-49	3,750
Children <15	50

Estimated number of deaths due to AIDS during 1999 180

Estimated number of orphans:

Cumulative	<100
Living	45

Summary of HIV/AIDS Epidemiology: Korea has a low HIV prevalence rate. By the end of June 1999 it was estimated that there were 3,800 HIV infected persons living in the country (<0.1%) 93% of HIV infections are estimated to be sexually transmitted and 13% of cases were women.

**These rounded statistical data are drawn from UNAIDS/WHO Fact Sheets and CIA World Factbook data.*

THE PHILIPPINES

Area	300,000 sq km
Arable land	19%

Population	83 M
Population 15-49	40 M
Annual Population Growth	2.3%
Life Expectancy at Birth	68 years
Urban population	55%

Religion

Roman Catholic	83%
Protestant	9%
Muslim	5%
Buddhist & Other	3%

HIV/AIDS

Estimated number of adults and children living with HIV/AIDS at the end of 1999

Total	28,000
Adults 15-49	26,000
(Women 15-49)	11,000
Children <15	1,300

Estimated number of deaths due to AIDS during 1999 1,200

Estimated number of orphans:

Cumulative	1,500
Living	1,313

Summary of HIV/AIDS Epidemiology: Philippines has a low HIV prevalence rate. By the end of June 1999 it was estimated that there were 29,000 HIV infected persons living in the country (<0.1%)

The majority of HIV infections are estimated to be sexually transmitted and behavioral surveillance surveys report a high prevalence of STI/HIV high risk behavior.

Korea and The Philippines– Comparative Population Structures

Figure 1.1 Population Pyramid – Korea
(Estimated Population in 2001 – 50,000,000)

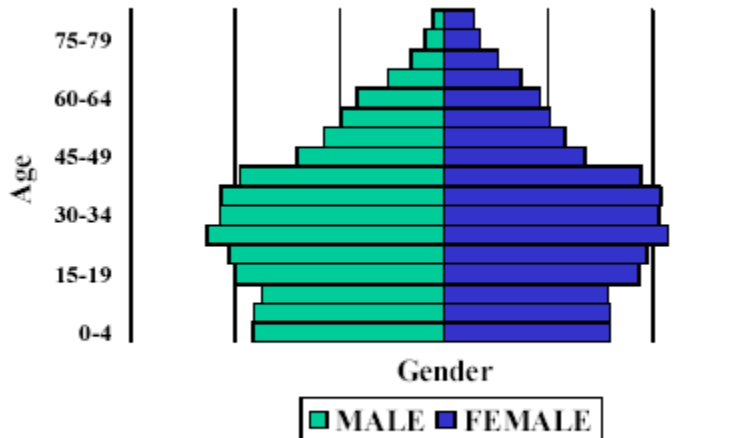
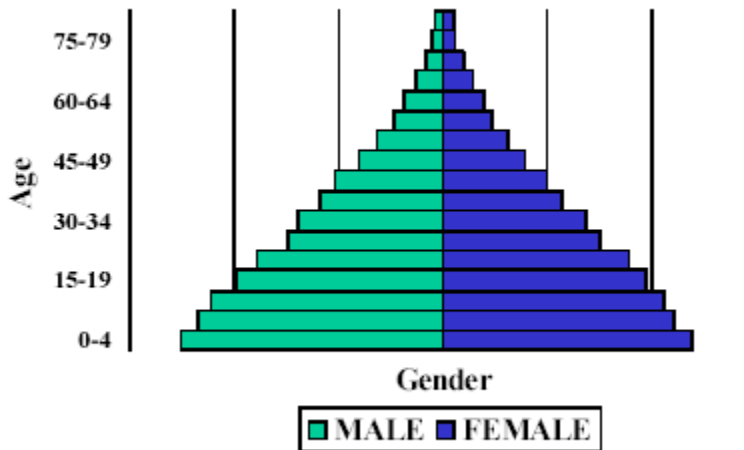


Figure 1.2 Population Pyramid – Philippines-
(Estimated Population in 2001 – 83,000,000)

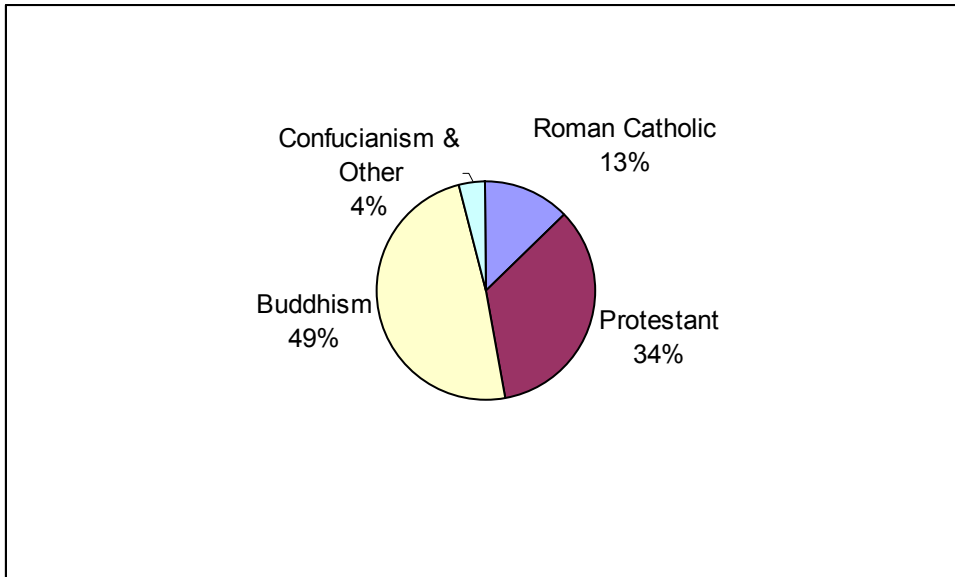


The population pyramid structures show that: The Philippines has a population that is growing quite rapidly at 2.3%. Korea on the other hand has a population growing at less than 1% (0.9%). The importance of making the large number of young people in the Philippines aware of HIV/STI infection is obvious.

*Source UNAIDS/WHO Country Fact Sheets – Korea, Philippines.

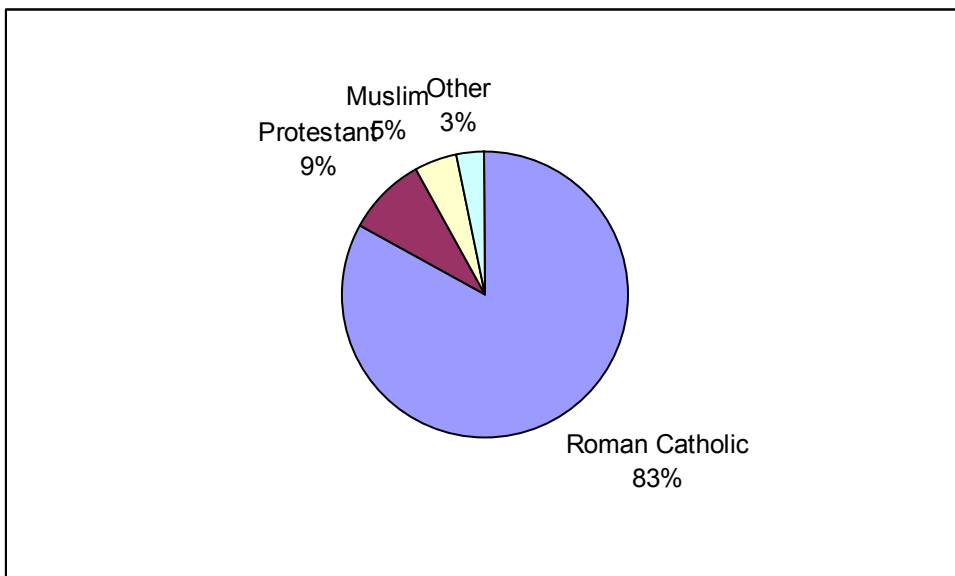
APPENDIX 2 - Religious Affiliation

Figure 2.1 Korea



Korean Catholic Population - 6.5 Million or 13%

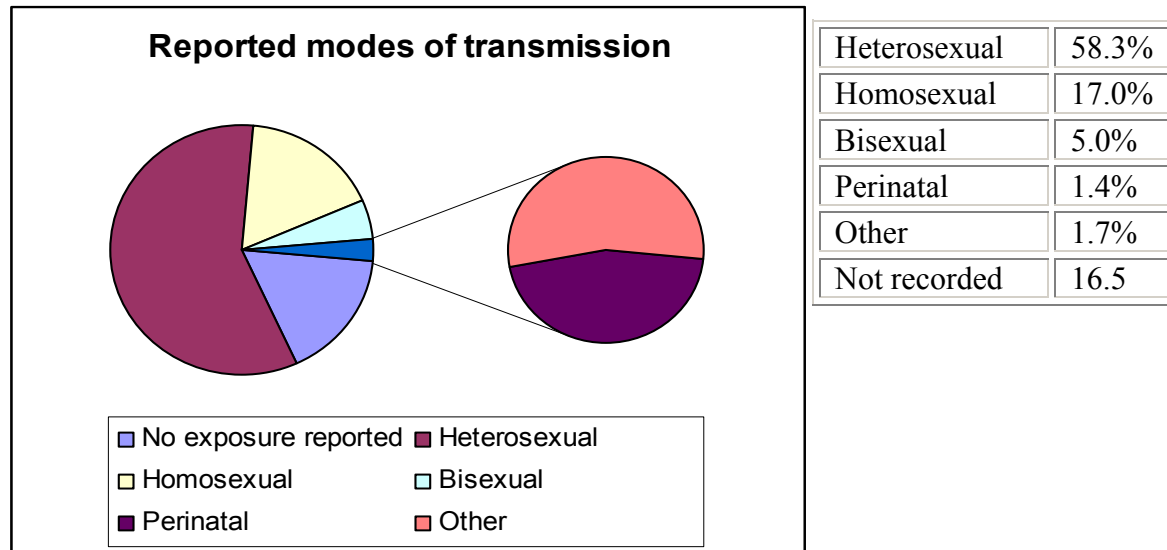
Figure 2.2 Philippines



Philippine Catholic population 68.9 Million or 83%

APPENDIX 3 – HIV/AIDS in the Philippines

Figure 3.1 Philippine modes of HIV/AIDS transmission.



The Philippine figures, like the Korean, are interesting in that to this point of time there is little recorded transmission through Intravenous Drug Use. Other Asian countries such as China and Burma have this as a major route of transmission.

Philippine deaths through AIDS are officially given as 125 males, 78 females and 10 children below 10 years of age, making a total of 203. Workers in the field say that these recorded numbers are probably too low. They also suggest that total numbers of infections are probably understating the problem by 30 to 40 percent.

Data from countries in the region support the consistent finding that the spread of HIV is proceeding very slowly in some parts of Asia and very rapidly in others. The available data suggest that these differences are not the result of early or late introduction of HIV into those areas. For example, HIV has been present in the commercial sex networks of the Philippines and Indonesia as long as it has been in Thailand and Cambodia. Yet rapid and extensive HIV epidemics have occurred in the latter two countries and not yet in the Philippines and Indonesia.

Among the behavioural factors that determine the different pattern of these epidemics in heterosexual populations, the following two are believed to be of paramount importance. The percentage of the male population who frequent female sex workers in a year and the average number of paying customers a sex worker has in a typical work week. Religious and cultural factors have been important in limiting these factors in the Philippines.

Source: Philippine National AIDS Council – Country Profile

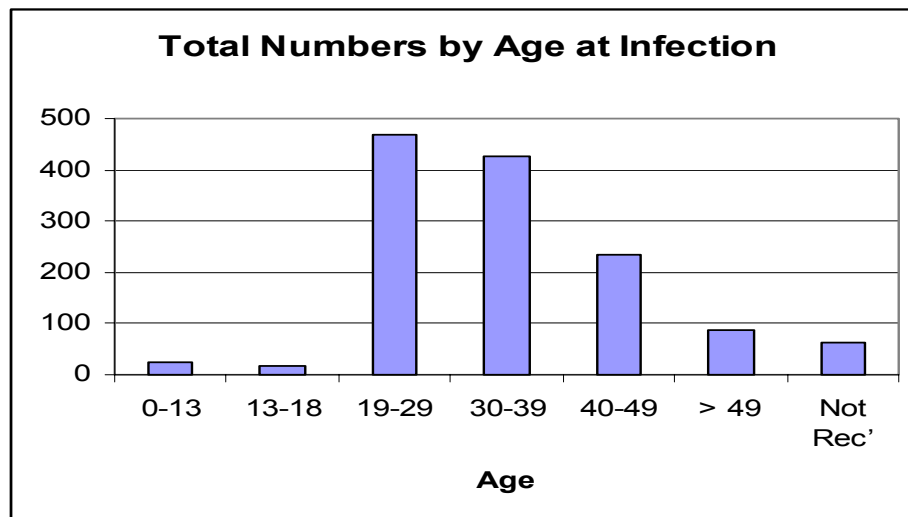
Table 3.1 Philippine HIV/AIDS Infections by Age and Gender

	Totals		Males		Females	
0-13	23	1.7	12	1.5	11	2.1
13-18	16	1.2	4	0.5	12	2.2
19-29	467	35.4	191	24.2	276	52.4
30-39	428	32.6	292	36.9	136	25.8
40-49	235	17.8	187	23.7	48	9.2
> 49	86	6.5	70	8.8	16	3.0
Not Rec'	63	4.8	35	4.4	28	5.3
<i>Totals</i>	<i>1318</i>	<i>100%</i>	<i>791</i>	<i>100%</i>	<i>527</i>	<i>100%</i>

Source: Philippine National AIDS Council

The statistical categories vary between Korea and the Philippines and so the tables are not strictly comparable.

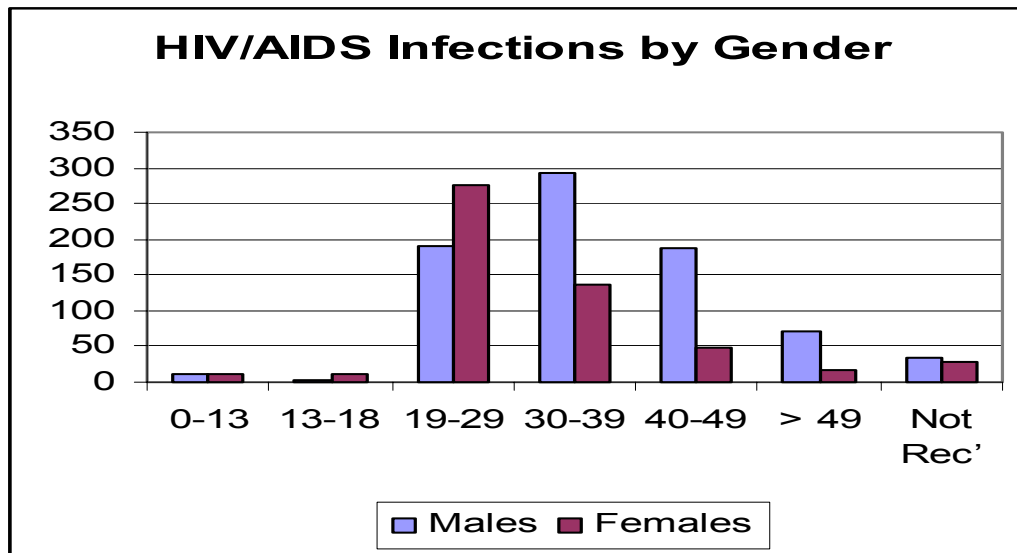
Figure 3.2 Philippine Numbers by Age



Source: Philippine National AIDS Council

Early statistics had a “Not Recorded” category but because of improved protocols of reporting and recording, as is also the case in Korea, contemporary statistics are more precise.

Figure 3.3 Total numbers of HIV/AIDS infections by gender



Source: Philippine National AIDS Council

A very significant aspect of these figures is that the numbers of female infections in the 19 to 29 age bracket exceed that of males.

The Philippine AIDS Council has not produced time series figures comparable with the Korean, but it can be inferred that like Korea both the total infections and rate of infection is slowly increasing, especially for individuals with high risk heterosexual behaviour.

Of special concern is the fact that the immigrant Filipino community in the USA has the highest rate of HIV/AIDS infections among immigrant Asian populations.

Source: USAID www.usaid.gov/pop.health/aids/

APPENDIX 4 – HIV/AIDS in Korea

Figure 4.1

Mode of Transmission - Korean HIV/AIDS 1984-2001

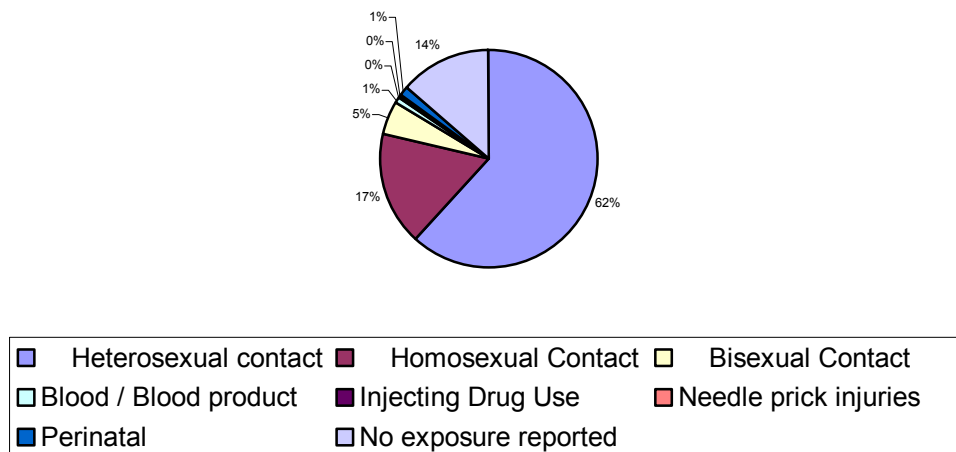


Table 4.1 Reported Modes of Transmission (N=1,611)"

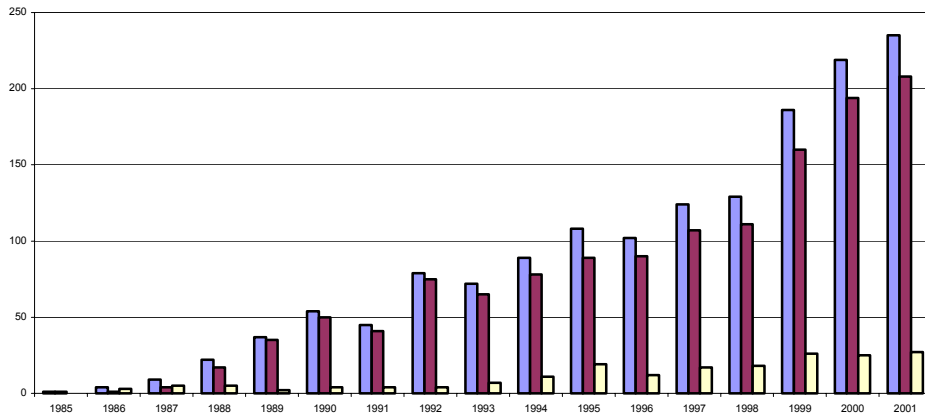
Reported Modes of Transmission	01/84-12/01	2001
Sexual Transmission		
Heterosexual contact	992	129
Homosexual Contact	273	31
Bisexual Contact	81	5
Blood / Blood product	13	0
Injecting Drug Use	6	0
Needle prick injuries	3	0
Perinatal	24	5
No exposure reported	219	0
<i>Cumulative Total</i>	<i>1611</i>	<i>Annual 170</i>

Source: HIV/AIDS Registry, January 1984- December 2001

The vast majority of HIV/AIDS cases have been recorded as sexually transmitted. The category O's (overseas) means contracted overseas and these are not differentiated as either heterosexual or homosexual.

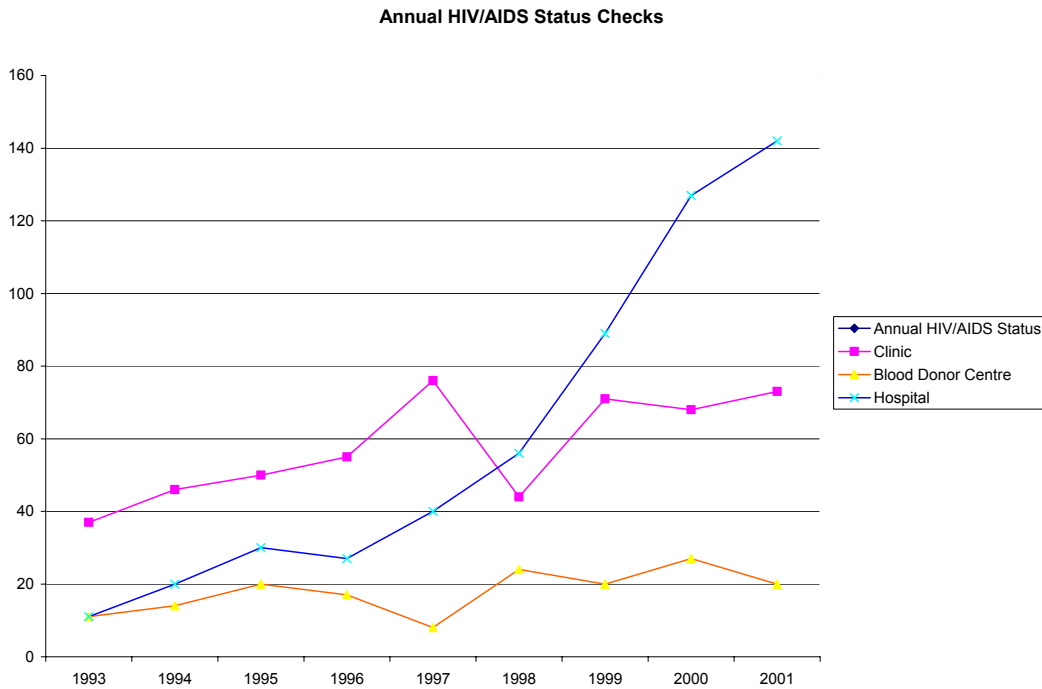
The category "No exposure reported" in effect no longer exists due to the strict recording protocols now in place.

Figure 4.2
Annual New Registered HIV Infections – [Legend: Total Male Female]



Source: HIV/AIDS Registry, January 1984- December 2001

Figure 4.3
Annual New Registered HIV Infections – By Registration Source



Source: HIV/AIDS Registry, January 1984- December 2001

The three main checking points in Korea are Health Clinics, Hospitals and Blood Donation Centres. Since 1995 there has been an encouragement for people to check possible Sexually Transmitted Infections at Hospital Centres as indicated above.

Table 4.2
Korean Annual Figures for New Infections, Advanced AIDS and Deaths

	Total	85-93	'94	'95	'96	'97	'98	'99	'00	9/01
Total	1,515	323	89	108	102	124	129	186	219	235
Male	1,326	289	78	90	90	107	111	160	194	208
Female	189	34	11	18	12	17	18	26	25	27
Advanced AIDS	233	16	11	14	22	33	35	34	32	36
Deceased (Hospital)	334 (231)	42 (14)	13 (9)	21 (14)	33 (25)	36 (30)	46 (37)	43 (52)	52 (48)	48 (36)

Source: HIV/AIDS Registry, January 1984- December 2001

Table 4.3

Cumulative Total HIV/AIDS Cases
 By Age and Gender (Numbers in brackets indicate already deceased)

	Total		Males		Females	
	1,515 (334)	%	1,326 (298)	87.5	189 (36)	12.5
0-9	10 (2)	0.7	9 (2)	0.7	1 (-)	0.5
10-19	26 (1)	1.7	22 (1)	1.6	4 (-)	2.1
20-29	428 (38)	28.2	364 (34)	27.4	64 (4)	33.9
30-39	548 (128)	36.2	485 (113)	36.6	63 (15)	33.3
40-49	293 (92)	19.3	258 (81)	19.5	35 (11)	18.5
50-59	150 (46)	9.9	134 (43)	10.1	16 (3)	8.5
60 +	60 (27)	4.0	54 (24)	4.1	6 (3)	3.2

Source: HIV/AIDS Registry, January 1984- December 2001

The figures show that Korea, like the Philippines is a low prevalence country for HIV/AIDS infections in Asia. However those working in HIV/AIDS prevention like KADA point to cultural shifts and population movements that will increase the risk of infection.