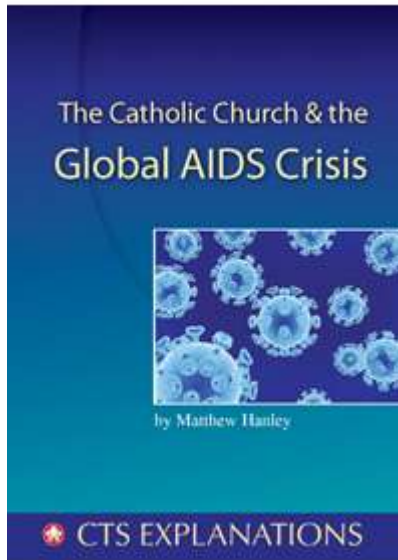


BOOK REVIEWS

THE CATHOLIC CHURCH & THE GLOBAL AIDS CRISIS BY MATTHEW HANLEY

REVIEWED BY DR PETER DOHERTY



This booklet recounts that although the global Aids pandemic has been with us for over three decades there has been a failure of most international attempts to contain it. Millions of lives have been lost. Millions of orphans have been created. And despite the recent progress in prolonging life in the affected, millions still go on without the necessary treatment particularly in Africa.

Medical and public health authorities have created the conventional wisdom, which is what most of us have to go by and that is epitomised by ' safe-sex ' which we are repeatedly reassured holds most promise. 'Safe -sex ' is a procedure for using the current technical risk reduction measures of which condoms have been given the greatest priority. The Catholic Church has been broadly criticised for being opposed to their use

and has been accused in many circles of thereby accentuating the Global Crisis.

In an editorial in the CMQ (August 2002) it was noted that according to a UN report released on June 23rd of that year, the UN's massive effort to supply the world with condoms in a bid to stem the spread of HIV/AIDS is failing. Following an exhaustive analysis of survey data from developing countries around the world, the Population Division of its Department of Economic and Social Affairs concluded that the ready availability of condoms has not significantly altered individual sexual behaviour. The report claimed that despite widespread knowledge of Aids and the easy access to condoms ' only a small percentage of respondents began using them to prevent HIV transmission, Fewer than 8% of women in all countries surveyed reported they had changed their behaviour by using condoms. Among married women the percentages were particularly low " The report claims that most women desire children and thus are unwilling to use prophylactics that also act as contraceptives. It stated that in a number of Western and Central African countries the difficulty of promoting condoms is compounded by the fact that the majority of women who are sexually active are not likely to resort to the condom "

Matthew Hanley is insistent that the global Aids pandemic is probably better described as a series of epidemics with distinct transmission patterns. In Eastern Europe and parts of Asia the virus is transmitted primarily through intravenous drug use which is also a prominent feature of HIV epidemics in several major urban centres, including London. In other epidemics, a large portion of HIV transmission comes primarily through homosexual contacts. Whereas in sub-Saharan Africa where the disease is most severe the transmission occurs heterosexually.

Two prominent risk factors are involved. Multiple sexual partnerships, particularly when they overlap, and the large percentage of men who are not circumcised. Observers have noted a correlation between the lack of male circumcision and the severity of HIV epidemics in Southern and Eastern Africa. In other parts where the majority of males are circumcised, HIV prevalence tends to be lower. Poverty, is often quoted as one of the main reasons for AIDS in Africa, but some of the poorest countries have the lowest rates, whereas the wealthiest have the highest.

In 1993 the University of Texas analysed the results of 11 different studies that had tracked the effectiveness of condoms to prevent the transmission of the AIDS virus. The average condom failure rate was 31%. One reason condoms fail is that the latex has tiny intrinsic holes called "voids". Sperm is larger than the holes, but the Aid virus is 50 times smaller than these tiny holes.

It is sometimes forgotten nowadays that the condom has been in use for decades and was never regarded as highly efficient but as a reasonable safe guard. Its use under highly controlled conditions revealed good results but they are seldom realised in random use. The advent of the birth pill relegated it to the second division.

Beyond the fundamental moral judgements about condom use the booklet discusses important prudential considerations. Might they encourage people to indulge in behaviour in which otherwise they might not have engaged? Might they encourage people to take greater empirical risks when they feel they are at least partially protected by an artificial device? It has been observed, for example, that those who made greater use of sunscreens suffered an increase in skin cancer. Providing access to adolescents of the morning after pill did not reduce the incidence of teen age pregnancy and has contributed to increased rates of sexually transmitted infections. Apparently this phenomenon is known in public health circles as 'risk compensation' or 'disinhibition'. A landmark Lancet article in 2000 by John Richens argued that risk compensation was responsible for the initial failure of seatbelt laws to prevent deaths. Many drivers assumed that the seat belt would protect them even if they drove more recklessly or under the influence of alcohol. In a parallel to condoms he noted that a *"vigorous condom promoting policy could increase rather than decrease unprotected sexual exposure if it has the unintended effect of encouraging greater sexual activity"*.

An exhaustive review of the impact of condom promotion at the University of California which had been commissioned by UNAIDS concluded that condoms have not been responsible for turning round any of the severe African epidemics. Norman Gearst who led the study was himself surprised by the results and commented "they were not what UNAIDS wanted to hear at all." Subsequently, instead of welcoming the findings and adopting future HIV prevention strategies accordingly, the Agency tried to alter the conclusions and finally refused to publish them. The researchers retaliated by publishing their findings in another prestigious journal, Studies In Family Planning. Subsequently UNAIDS released their own conclusions about how wonderful and effective condoms are but without the names of the authors. Such an episode involving the leading AIDS agency of the United Nations illustrates a lack of interest in scientific methodology, but rather a determination to present their own ideological preferences above the welfare of those they are protecting. They prefer the priority of sexual freedom to that of protecting public health.

The booklet is essentially focussed on the failure of condoms to reduce the levels of HIV transmission and it stresses that only a behaviour change can accomplish a radical reduction. Kenya and Uganda are the main countries to demonstrate this. It is a booklet which has appeared at an important time. Commentators and World assemblies must be urged to admit that their policies have been mistaken. It should be widely promoted

A criticism is that references are not provided for the articles quoted in favour of the motion, which may cause trouble for those wishing to see the originals.

References

Matthew Hanley. The Catholic Church and the global AIDS crisis. CTA Publications, London 2011.

Down with Condoms. Catholic Medical Quarterly **55: (3)**
http://www.cmq.org.uk/CMQ/2002/down_with_condoms.htm

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