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Catholic Physicians' Guild

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**National Federation of  
Catholic Physicians' Guilds  
Proposed Position Paper  
Statement on Prevention of AIDS  
By Condoms**

January 17, 1988

When the Surgeon General's report on AIDS (Acquired Immune Deficiency Syndrome) was published in the *Journal of the American Medical Association* on Nov. 28, 1986, a flurry of activity resulted throughout the United States with far-reaching effects on the clinical practice of medicine as well as the entire area of education in human sexuality. Under the heading "*AIDS: You can protect yourself from infection*", Dr. C. Everett Koop stated:

If your [blood] test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).

This recommendation gave rise to a highly publicized campaign propagating the concept of so-called "safe sex" through the use of condoms. Educational programs about AIDS and its "prevention" have sprung up in elementary, middle, and high schools throughout the country, and on many college campuses condoms are being freely distributed to students. Much of this effort is being funded by tax revenues.

The National Federation of Catholic Physicians' Guilds is deeply concerned about the deadly AIDS epidemic and both the medical and ethical issues involved. The National Federation of Catholic Physicians' Guilds strongly supports efforts to curb the spread of AIDS by promoting education in chastity leading to an exclusive, monogamous marriage or a life of committed celibacy as the most effective weapon against the epidemic of AIDS and other sexually transmitted diseases. Part of our concern is that the wholesale promotion of condom use is not only misleading as to the effectiveness of preventing the spread of this deadly disease, but

also that the conceptual and behavioral consequences of publicly condoning widespread condom use, especially among young people, will cause adverse long term social and behavioral changes concerning the very basic meaning and natural purpose of human sexuality, affecting a much wider spectrum of individuals than just those who are potential victims of AIDS.

**Question of effectiveness of condoms in preventing transmission of Human Immunodeficiency Virus (HIV):** Given the deadly nature of the HIV virus and the well-documented failure rate of condoms in preventing pregnancy, the burden of proving that using condoms is somehow "safe" lies squarely with those propagating their use. No such proof has been forthcoming. Recent attempts at evaluating condoms seem to point to the contrary: "Scientific data on the failure rate of condoms in human use as opposed to condoms studied under laboratory conditions are virtually nonexistent" (*American Medical Association News*, Sept. 4, 1987, p. 55). In the laboratory, moreover, objective evaluation of condoms shows frightening results: "Since April, the Food and Drug Administration has tested 204 sample batches of latex condoms and found 41 with a failure rate that exceeded the agency's limit of four defective condoms out of 1,000." (*Ibid*).

Recently published clinical studies cast further doubt on the effectiveness of condoms in protecting from AIDS: Padian, N. et al, "Male to Female Transmission of Human Immunodeficiency Virus", *Journal of the American Medical Association*, 258:788, 1987; and Salzberg, A. et al, "Male to Female Transmission of HIV" (*Ibid*, p. 3386, 1987).

Furthermore, those who promote artificial birth control methods warn that condoms are only 85% to 97% effective in preventing pregnancy. It is reasonable to assume that viruses, which are much smaller than sperm cells, are more easily transmitted. It is also important to note that pregnancy can be achieved only during the fertile phase of the menstrual cycle (three to seven days), whereas the HIV virus can infect at any time. Dr. Koop himself has stated that ". . . if condoms are used as they have been for contraception, then there will be a high failure rate." (April 4, 1987 lecture at Children's Hospital of Philadelphia). A recent (Aug. 18, 1987) article in the "Science" section of the *New York Times*, reported that ". . . [health] officials note that condoms have been widely rejected as a method of birth control because they frequently fail, and say the devices may be no better — in fact, may be worse — at curtailing AIDS." The condom campaign, the article warns, can create a "false sense of security".

**Harmful consequences other than the spread of AIDS:** The nature of human sexuality consists of three basic aspects:

1. Biological sexual drive (self-gratification)

2. Uniquely human expression of personal relationship (love)
3. Procreation (generation of new life)

The fabric of human society is maintained by the family unit, which is both the source of new human life and the source of formation of human relationships which maintain the balance of social and moral order. This harnessing of the biological sexual drive to the expression of permanent, exclusive and personal love which generates a desire to have children and a need to share this love with those children is not an inevitable function of our biological attributes, nor is it automatically generated by the mere presence of the human sexual drive. It is necessary to actively educate, inculcate, encourage, and to culturally support these connections between the sex drive, love, and procreation in order for them to be successfully maintained within the family structure. The undirected sexual drive, left to its own trends without such cultural support, tries to drift away from real love (which addresses the long-term good of the "other person"), and tends toward pleasure and self-gratification as its only goal, resulting in the use of the "other person" as an object of pleasure, thus actually interfering with the ability to form lasting and loving human relationships in families.

Pope Paul VI, in his historical and prophetic encyclical "Humanae Vitae", has pointed out the dangers of separating the love-giving and life-giving functions of human sexuality by means of artificial birth control as a threat to the integrity of marriage and the family. Experience over the past 19 years has demonstrated the increase of family breakdown, divorce, extramarital sex, abortion, and promiscuity. These socially and spiritually harmful effects of the so-called "sexual revolution" were made possible by the so-called "protected sex" of contraception. This has resulted in the separation of the life-giving and love-giving aspects of marriage. The opportunity for a true love-giving relationship between spouses based on total mutual commitment and trust of each other and the acceptance of children have been replaced by an emphasis on the selfish goals of the sexual drive which, in turn, inhibits the development of those values necessary for a stable permanent family life.

This emphasis on the selfish goals of the sexual drive unleashed by "protected sex" for contraceptive purposes may nevertheless be somewhat restrained by sincere mutual trust and respect. However, when the reason for "protected sex" derives not from the mutually motivated desire to avoid pregnancy, but rather from the individually perceived need to be protected from the other person as a potential source of harm, or even death, then those selfish goals of the sexual drive are further promoted, rather than inhibited.

Thus, the total, permanent, and exclusive commitment of personal love is less likely to occur, and the likelihood of temporary, mutually exploitative relationships is increased. This practice undoubtedly leads to an increase in promiscuity, and a far greater breakdown of family life than that caused by contraception alone.

Since there is no doubt that promiscuity is a leading factor in the spread of the HIV virus, it is entirely likely that the public promotion of condom use — especially among our youth — will, by increasing promiscuity but yet not effectively eliminating the spread of infection, actually cause an increase in the incidence of AIDS.

Even if it could be assumed that such an inappropriately named program of “safe sex” were to be effective in decreasing the spread of AIDS, it should be noted that the promiscuity which it inadvertently encourages may become a serious threat to family and social stability. The resulting decrease in the desire for children, and an increase in sexual exploitation based on the uninhibited selfish sexual drive may result in a sufficient lowering of stable marriages and birth rates, posing yet another threat to the future of our society.

Given the already pervasive presence of sexual promiscuity in our society and the strong negative influences affecting young people in this respect, it must be recognized that education alone may not be a sufficient force to change behavioral patterns. Programs based on religious faith and prayer as forces in bringing about behavioral change should be developed as an active and positive way of encouraging chastity.

At the same time, we urge that the clergy and the laity of the Church must begin now to organize competent and compassionate care programs for the victims of AIDS which will emphasize the spiritual and religious needs of these patients, as well as providing physical and medical care. If we are to be successful in teaching Jesus Christ’s mandate of love and chastity to our youth, we must also demonstrate limitless charity to those who are suffering. In dealing with the crisis and tragedy of AIDS, the miracle of Christian love can prevail over isolation and despair — and will prevail against the temptations of suicide and active euthanasia which are subtly emerging as “solutions” to the hopelessness of incurable disease.

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