

Family Values Versus Safe Sex

A Reflection by His Eminence, Alfonso Cardinal Lopez Trujillo,
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Introduction

1. The mass media have circulated news that I granted an interview to the BBC, which was broadcasted last October 12, 2003, on the eve of Pope John Paul II's 25th Anniversary in his service as Bishop of Rome. On that occasion, I answered different questions for more than an hour, especially those dealing with the family. But, surprisingly, what was shown from the whole interview on the BBC Panorama's film, *Sex & The Holy City*, were merely three questions of less than half a minute each, the answers to which were certainly much more complete. The program apparently tried to deliberately and systematically criticize the Catholic Church for supposedly contributing to the death of people by not allowing the use of condoms to prevent the spread of HIV/AIDS.

The bishops of England and Wales have rightly complained to the BBC for that film, which, along with another program, was "biased against and hostile to the Catholic Church", and which has "given offence to many Catholics . . . For many decades the BBC has deserved [and] enjoyed a worldwide reputation for fairness and objectivity, especially in its News and Current Affairs. This reputation is increasingly tarnished."^[1] Many individuals and groups also manifested their disgust with the said BBC's Panorama program.^[2]

In that interview I warned about "safe sex", stating that one cannot truly speak of objective and total protection by using the condom as a prophylactic,^[3] when it comes to the transmission not only of HIV/AIDS (Human Immunodeficiency Virus, which causes the Acquired Immune Deficiency Syndrome), but also of many other STD's (Sexually Transmitted Diseases). I emphasized that in order to control the pandemic, it is necessary to promote responsible sexual behaviour that is inculcated by means of authentic sexual education, that respects the dignity of man and woman, and that does not consider others as mere

instruments of pleasure and thus objects "to be used." I also said that such responsible sexual behaviour takes place only in conjugal love, assuming the responsibilities of marriage as a reciprocal, exclusive and total self-giving of a man and a woman in a community of love and life.

Therefore, my position was absolutely clear against the so-called inordinate sex, against promiscuity that is fuelled today by certain permissive political measures and certain means of communication. That is why I reminded the audience that the Church teaches a moral position that is valid for all, both believers and non-believers. I also proposed that the Ministries for Health should require labels for condoms, as they do in the case of cigarettes, stating that the protection condoms provide is not total, and that the risks are indeed significant.[\[4\]](#)

In order to stress that the level of protection provided by the condom against HIV/AIDS and STD's is not sufficient, I also referred to a certain permeability suggested by the results of scientific investigations. Such concern also has to be given attention considering that the AIDS virus is 450 times smaller than the sperm cell -- in addition to other risks brought about by different factors in the condom's structure and in its actual usage.[\[5\]](#)

The Catholic Church's Criticism of the Condom in AIDS-Prevention Programmes

2. The Catholic Church has repeatedly criticized programs promoting condoms as a totally effective and sufficient means of AIDS prevention. The different Bishops' Conferences all over the world have expressed their concern regarding this problem. The Catholic Bishops of South Africa, Botswana and Swaziland categorically "regard the widespread and indiscriminate promotion of condoms as an immoral and misguided weapon in our battle against HIV/AIDS for the following reasons. * The use of condoms goes against human dignity. * Condoms change the beautiful act of love into a selfish search for pleasure -- while rejecting responsibility. * Condoms do not guarantee protection against HIV/AIDS. * Condoms may even be one of the main reasons for the spread of HIV/AIDS. Apart from the possibility of condoms being faulty or wrongly used they contribute to the breaking down of self-control and mutual respect."[\[6\]](#)

The Sub-commission for Family and Life of the Spanish Episcopal Conference said that the campaigns that promote the condom in Spain to supposedly stop HIV/AIDS are gravely irresponsible for three reasons: "because they tend to be deceitful, because they hide information, and because they do not contribute towards prevention, but rather to a greater spread of risky behaviour, since they imply that the health authorities are giving their approval to behaviour and lifestyles that are responsible for the epidemic."[\[7\]](#)

The Catholic Bishops' Conference of the Philippines maintained that while "an encounter with people infected with HIV-AIDS should be a moment of grace -- an opportunity for us to be Christ's compassionate presence to them as well as to experience His presence in them", nonetheless, [t]he moral dimension of the problem of HIV-AIDS urges us to take a sharply negative view of the condom-distribution approach to the problem." Besides, "[a]s in contraception, so also in preventing HIV-AIDS infection condom use is not a failsafe approach."[\[8\]](#)

Even earlier, the bishops of the United States of America affirmed in their 1987 statement: ". . . abstinence outside of marriage and fidelity within marriage as well as the avoidance of intravenous drug abuse are the only morally correct and medically sure ways to prevent the spread of AIDS. So-called safe sex practices are at best only partially effective . . . As the National Academy of Sciences has noted in its study of AIDS, 'many have argued that it is more accurate to speak in terms of 'safer' sex because the unknowns are still such that it would be irresponsible to certify any particular activity as absolutely safe'."[\[9\]](#)

3. I thought that the Church's position and the reasons behind it were already well-known. I am quite concerned because people, especially the young, are misled when total protection is seemingly offered to them, while in fact there is no such total protection. Aware of the immensity of the pandemic, while at the same time maintaining the different but complimentary levels of what is moral and what is merely hygienic, I wanted to speak out regarding the need not only to contain the continuous expansion of this pandemic, but also the need to prevent condom users from getting an infection that they previously thought was impossible to get, and which until now has had lethal consequences.

There are persons at risk of being contaminated, even though they think that their sexual relations,

from the hygienic point of view, are totally safe. How many fall victim to this error? They would have taken a different attitude, at least to a certain extent, had they been given more valid and objective information. Indeed, a great number of sources giving the correct information on condom ineffectiveness are public, but, apparently many are not well publicized. *The mere fact that this discussion has led persons to doubt to a certain extent the effectiveness of condoms in preventing infection is already, I think, a timely service.* The reader is invited above all to reflect why, despite the invitation to promiscuity made by the "safe sex" campaign and the distribution of an enormous quantity of prophylactics where the pandemic is more widespread, the problem of infection has become even greater.^[10]

These are precisely the points I wish to consider in this present reflection, with the aid of information gathered from different sources. I have no reason to doubt the expertise of persons and institutions with internationally renowned competence on these matters. The position of the Church is truly human and responsible: it is a call to fully respect the human person's freedom and dignity. The family suffers, above all in the poor countries. The fact that families and youth are oftentimes misinformed and given false security should not be tolerated any longer. It is clear that if I make this reflection, it is because of the close relationship between family and procreation, and also because matters regarding the family touching on condoms and other contraceptives pertain to our field of work. In describing the tasks of the Pontifical Council for the Family, the Apostolic Constitution *Pastor Bonus* states that it "strives to ensure that the rights of the family be acknowledged and defended even in the social and political realm. It also supports and coordinates initiatives to protect human life from the first moment of conception and to encourage responsible procreation."^[11]

As a Father of the Church said, "We should not be ashamed of the things that God has created." Not only should we not be ashamed of things created by God, we should also defend them, for everything that he has created is good. Human sexuality, conjugal love, responsibility, freedom, bodily health: these are God's gifts to us that we have to treasure.

The Concern of Some Moralists Raised by Studies Indicating that Condoms Might Not Provide Total Protection against the Transmission of HIV and STD's

4. I mentioned earlier that I thought the position of the Church and the foundations of my assertions were already well-known. On the other hand, it might also be possible that this position is still unknown to many, as manifested in concrete campaigns where scientific aspects are mixed with certain economic interests on the part of condom producers, and with an "ideology" of the powerful against the poor in line with "population control."

A well-known and authoritative moralist, Dionigi Tettamanzi, who is now the Cardinal of Milan, tackled these matters in a voluminous book, *Nuova Bioetica Cristiana*, published in 2000. He clearly shows why the condom cannot guarantee the so-called "safe sex" when used as a prophylactic. "The Ministry of Health [in Italy], through the National Commission for the fight against AIDS, often supplies the following information to children, youth, and other interested parties: 'The chances of contamination increase with more unprotected intercourse; thus, if you are not sure of your partner, *always use a condom*'^[12] But is the condom truly an effective means to stop contamination? Some critical reflections become necessary.

The first reflection is of a properly hygienic nature. It is said that the condom is to be used as a 'defense' measure, as a 'barrier' so as not to contaminate and be contaminated during sexual intercourse. Now, what is at stake, that is, caring for one's health (and life) and another's, calls for an accurate critical analysis of the *real efficacy* of this defensive means or barrier.

"There are two types of efficacy that could be considered in particular. First, 'technical' efficacy: since when did the condom 'prevent' the risk of contamination? In scientific circles, it is openly admitted that condoms are in fact not 100% safe. *On an average, it is said that there is a 10-15% inefficacy, since the AIDS viruses are much more 'filtrating' [able to pass through] than the sperm.*^[13]

Therefore, even at a 'technical' level of efficacy, one should question the scientific seriousness and the consequent professional seriousness of the condom campaign. There is a great risk involved: to 'deceive' persons by propagating 'safe sex because one is protected', while in fact it is not safe, or is not safe in the way it might be thought to be. The illusion becomes much more dangerous and serious when there is an even greater duty for persons 'at risk' or who indulge in promiscuous sexual relationships not to spread the infection (both to the partner and, eventually, to present or future children)."^[14]

5. Another Italian moralist, Elio Sgreccia, currently a bishop and Vice-President of the Pontifical Academy for Life, wrote that campaigns based only on the free distribution of condoms, "can become not only fallacious, but counterproductive and encourage . . . the abuse of sexuality; at any rate, they are devoid of truly human content and do not contribute to holistically responsible behaviour." [15] Many other moralists and experts also tackled these questions, including Lino Ciccone and Jacques Suaudeau, some of whom will also be cited in this paper.

Cardinal Tettamanzi further notes along this line that it is totally unacceptable for the State to organize and promote "safe sex" campaign, because of the lack of efficiency of condoms as a "barrier" against infection, and especially because of the danger of an irresponsible use of sexuality. For instance, when a soldier receives a condom, he knows that he should avoid contamination; but at the same time he is being induced to believe that any form of sex is licit. To these considerations one must add the risks to an individual's freedom of choice: when the "safe sex" campaign is undertaken in such a way that it exerts undue pressure on youth and on the public in general, together with an illusion of the condom's efficiency, it becomes tantamount to an imposition. [16] There is a paradox here in that the State (which claims to be neutral) is allowed to actively propagate and spread contraceptives, while it would be accused of being denominational if it undertook an educational campaign on the value (including hygienic) of marital fidelity! [17]

The Same Concern, from Non-Ecclesiastical Circles

6. The concern that condoms do not provide total protection against AIDS and STD's is not at all new, nor limited to Church circles. Dr. Helen Singer-Kaplan, who founded the Human Sexuality Program at the New York Weill Cornell Medical Center, Cornell University, wrote in her book, *The Real Truth about Women and AIDS*: "Counting on condoms is flirting with death" [18]. A Dutch medical journal also stated that "Practice shows that there is a great need for a method that prevents both HIV as well as pregnancy. Sad to say, the people still have not become aware that this method cannot be the condom." [19] In the 1980's and the 1990's, questions on the real protection provided by condoms arose from electron microscopic studies on the latex material, a concern related to the fact that the AIDS virus is about 25 times smaller than the sperm cell's head, 450 times smaller than the sperm cell's length, and 60 times smaller than the syphilis bacterium. [20]

In 1987, the *Los Angeles Times* published an article entitled "Condom Industry Seeking Limits on U.S. Study." [21] It stated that "[t]he condom industry has launched an intensive campaign to weaken, delay or possibly shut down a federally funded Los Angeles study of the effectiveness of condoms in preventing transmission of the AIDS virus . . . The research has taken on a new element of urgency in the wake of a series of questions raised about the ability of condoms to reliably prevent the spread of human immunodeficiency virus (HIV)." [22] Two years later, the same reporter wrote in an article, "4 Popular Condoms Leak AIDS Virus in Clinical Tests," that "Four of the nation's most popular condom brands permitted the AIDS virus to escape in laboratory tests conducted for UCLA, prompting researchers to warn users they should not assume that all condoms work equally well in preventing spread of the disease . . . Overall, among the thousands of condoms tested, the study found that 0.66% of condoms--more than one of every 200--failed, either allowing water or air to escape, breaking in tensile strength tests or leaking the AIDS virus." [23]

As a summary of these and other studies, Dr. John Wilks stated the following in his Letter to the Editor in the Nov 17, 2003, issue of *The Australian*: "In 1989, the *Los Angeles Times* reported that four of the nation's most popular condom brands permitted the AIDS virus to escape in laboratory tests conducted for UCLA, . . . Carey and associates (*Sexually Transmitted Diseases*, 1992) reported that HIV-sized particles leaked through 29 of 89 commercially purchased latex condoms in simulated intercourse . . . Voeller ('AIDS Research and Human Retroviruses', 1994) reported that leakage of virus-sized particles occurred in different brands of condoms of different ages at a rate of 0.9 per cent to 22.8 per cent in the laboratory setting . . . Lytle and others ('Sexually Transmitted Diseases', 1997) reported that under test conditions, 2.6 per cent of latex condoms allowed some virus penetration . . ." In still another test, only 30% of membrane samples from "Trojan" brand condoms were found to be absolutely without defects. [24]

On the other hand, a British newspaper reported that "the organisation [World Health Organisation]

says 'consistent and correct' condom use reduces the risk of HIV infection by 90%. There may be breakage or slippage of condoms . . ." [25] The International Planned Parenthood Federation even gave a higher failure rate, stating that "use of condoms reduces by approximately 70% the total risk between unprotected sex and complete sexual abstinence. This estimate is consistent with findings from most epidemiological studies." [26]

It should be stated that the remaining 10-30% from these figures, which represent the failure range, is relatively high when one deals with a potentially mortal disease such as AIDS, especially if there is an alternative that provides absolute protection against the sexual transmission of the same: namely, abstinence before marriage, and fidelity to one's spouse.

Given that AIDS is a serious threat, any inadequate information based on false security offered by condoms used as prophylactics would be a grave irresponsibility. Hence, a continuous effort to present the correct information clearly and comprehensively, avoiding all ambiguities and confusion, is certainly called for -- not only for the benefit of the public in general, but also in order to help the sincere and countless efforts to prevent the pandemic of AIDS and the other sexually transmitted diseases.

The Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention

7. The above cited medical literature and many others have opened several questions regarding condom effectiveness in preventing sexually transmitted diseases. In fact, on June 12-13, 2000, four US government agencies responsible for condom research, condom regulation, condom use recommendations, and HIV/AIDS and STD prevention programs co-sponsored a Workshop precisely "to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing HIV/AIDS and other STDS." The four agencies were the US Agency for International Development (USAID), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH). The *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention* was later prepared by the National Institute of Allergy and Infectious Diseases, the National Institutes of Health, and the Department of Health and Human Services, and was published on July 20, 2001. [27]

The Workshop's focus was on "the latex male condom for the prevention of HIV/AIDS and STDs during penile-vaginal intercourse." "Representatives of the sponsoring agencies and outside experts were asked to work as a panel", including experts on "STDs, genitourinary tract anatomy, contraception, condoms, behavioral science, epidemiology, medicine and public health." "The workshop examined only peer-reviewed literature [a total of 138 papers] because these studies have been subjected to independent scientific evaluation prior to publication." An additional 42 other papers are cited in the *Workshop Summary*. [28]

The said Workshop Summary explains that available scientific evidence indicated that the condom reduces the risk of AIDS/HIV by 85%. [29] There is then a 15% risk that remains.

The Workshop also studied in particular the transmission of other genital infections, and the usual conclusion is that studies demonstrated either *no or some protection* through condom use, or that there is *insufficient data to confirm* risk reduction. The diseases studied individually are the following: Gonorrhea (caused by *Neisseria gonorrhoeae*), Chlamydial infection (*Chlamydia trachomatis*), Trichomoniasis (*Trichomonas vaginalis*), Genital Herpes (Herpes Simplex Virus or HSV), Chancroid (*Haemophilus ducreyi*) and Syphilis (*Treponema pallidum*). [30] The Human papillomavirus (HPV) is given some more attention, with the conclusion stating clearly that "[t]here was no evidence that condom use reduced the risk of HPV infection . . ." [31]. HPV is a very important STD associated with cervical cancer, which in the US kills many more women than the HIV. [32]

There is no such thing then as a 100% protection from HIV/AIDS or other STD's through condom use today. This data should not remain unnoticed, since many users, including youth, think that the condom provides total protection.

In connection with these findings presented in the *Workshop Summary*, the Catholic Family and Human Rights Institute made a report, "Physicians Groups Charge US Government with Condom Cover-Up", stating that "[g]roups representing over 10,000 doctors have accused the US Government's Centers for Disease Control and Prevention (CDC) of covering up the government's own research that shows that

condoms do not protect individuals from most sexually transmitted diseases." According to the report, these groups claim that, ". . .the CDC has systematically hidden and misrepresented vital medical information regarding the ineffectiveness of condoms to prevent the transmission of STDs. The CDC's refusal to acknowledge clinical research has contributed to the massive STD epidemic." [33]

8. In an article subsequent to the *Workshop Summary*, [34] four of the Workshop panel members, along with other experts, further analyse points and issues stemming from this Workshop, such as the definition of terms, [35] risk *prevention* (i.e., provides *absolute* or *total* protection) versus risk *reduction* (i.e., provides *partial* protection), [36] cumulative risk, factors that influence condom effectiveness [37] and public health implications.

In their article, Fitch, *et.al.* emphasize that the cumulative risk factor is very significant. "For example, an intervention that is 99.8% effective for a single episode of intercourse can yield an 18% cumulative failure rate with 100 exposures." [38] Likewise, based on an International Planned Parenthood Federation (IPPF) article, "the risk of contracting AIDS during so-called 'protected sex' approaches 100 percent as the number of episodes of sexual intercourse increases." [39] IPPF is an institution promoting all forms of "birth control."

What has to be considered therefore is not only the risk of each single condom use, but also of its continued use, a risk which dramatically increases in the long run. *This means that the safe sex Russian Roulette becomes even more serious with repeated condom use.*

Condom Failure and Pregnancy

9. Most probably related to the condom's efficiency in preventing the transmission HIV/AIDS and STD's is its efficiency in preventing pregnancy. The WHO explains that *perfect use* of the condom *does not* prevent pregnancy all the time. "Estimated pregnancy rates during perfect use of condoms, that is for those who report using the method exactly as it should be used (correctly) and at every act of intercourse (consistently), is 3 percent at 12 months" [40]. Needless to say, the condom's *typical use*, which includes perfect and imperfect use (i.e. not used at every act of intercourse, or used incorrectly) is much less effective in preventing pregnancy. "The pregnancy rate during typical use can be much higher (10-14%) than for perfect use, but this is due primarily to inconsistent and incorrect use, not to condom failure." [41] Indeed, pregnancy in spite of condom use is well documented, with the Pearl index placed at around 15 failures per 100 women years within the first year of use. [42] If pregnancy may occur in spite of condom use, wouldn't it be only logical to conclude that the condom also allows transmission of HIV and STD's, given that the disease-causing organisms may be present with the sperm cells, in the seminal fluid, and even elsewhere, such as on skin surfaces not covered by the condom? Moreover, one must consider that a woman can become pregnant only during her fertile days (approximately 5-8 days in a cycle, taking into account the sperm's lifespan inside her body), while the HIV and STD's may be transmitted on any day.

Condom Failure and Its Latex Material

10. The above considerations on studies pointing towards condom failure are not limited to theoretical arguments. That condoms may be defective is not mere theory, but a fact confirmed by real-life experiences in the real world. One may perhaps assume that in the condom's ideal or perfect state, that is, with a surface with no defects whatsoever, the latex material theoretically might provide a high degree of protection against the passage of HIV-sized particles. However, when it comes to the actual or real state of latex materials, in distributed items such as condoms, the situation could be quite different.

For instance, some permeability and electric tests indicate that latex may allow passage of particles bigger than the HIV. [43] Likewise, holes and weak spots in condoms may be detected by tests, as can be seen in a 1998 article on the US Food and Drug Administration website. "Condom manufacturers in the United States electronically test all condoms for holes and weak spots. In addition, FDA requires manufacturers to use a water test to examine samples from each batch of condoms for leakage. If the test detects a defect rate of more than 4 per 1,000, the entire lot is discarded. The agency also encourages manufacturers to test samples of their products for breakage by using an air burst test in accordance with specifications of the International Standards Organization." [44] If four leaking condoms are allowed in

every batch of 1,000, there could be hundreds of thousands or even millions of leaking condoms circulating all over the world, either sold or distributed for free, and most probably contributing to the spread of HIV/AIDS and STD's. Does the public know this? Does the public know that the risks increase the more often and the more promiscuously one is exposed, considering the cumulative risk factor, as explained earlier?

Cardinal Eugenio De Araujo Sales, who was for many years Archbishop (and now Emeritus) of the immense Archdiocese of Rio de Janeiro, recently stated in a newspaper article that several lots of condoms (some from leading brands) were recalled from the market in Brazil in 1999, 2000 and 2003, due to failure in different tests and to the discovery of counterfeit products.[\[45\]](#) According to Cardinal Sales, the 1999 recall, for example, involved 1,036,800 units of the condom Prudence, the third leading brand in Brazil, because it failed the test done by Inmetro, the government's Ministry for Development, Industry and Exterior Commerce. Even prior to these comments made by the Cardinal, the consumer group *Civitas International* stated that, "In 1991, IDEC [*Instituto Brasileiro de Defesa do Consumidor*] published a study that reported that five out of the seven top condom brands in Brazil, including the nation's number one brand, Jontex, manufactured by Johnson and Johnson, flunked international safety tests."[\[46\]](#)

11. Condoms, in addition to having possible manufacturing defects, could undergo deterioration during shipping, handling and storage, and even further degradation after purchase by the end user. To a greater or lesser degree, factors such as the following have been proposed as possibly contributing to the degradation of latex (and thus to condom failure): exposure to sunlight, heat (including body heat when placed in pockets or wallets), humidity, pressure, certain spermicides and even to atmospheric ozone.[\[47\]](#) Besides, the condom may still suffer last-minute physical damage immediately prior to or during actual use, such as contact with pointed or sharp objects including fingernails.

The US Food and Drug Administration (FDA) website warns that, "[c]onsumers should make sure the condom package is undamaged, and check each condom for damage as it is unrolled to be used. The condom should not be used if it is gummy or brittle, discolored, or has a hole. Condoms also should not be used after their expiration date or, if they don't have an expiration date, more than five years after the date of manufacture. Only water-based lubricants (for instance, glycerine or K-Y jelly) should be used with latex condoms, because oil-based lubricants such as petroleum jelly weaken natural rubber."[\[48\]](#) If such precautions exist, it must be because real dangers also exist -- in this case, a life-threatening danger, that would be irresponsible to simply take lightly.

There are also condoms made from other materials such as polyurethane, which are "comparable to latex condoms as a barrier to sperm and HIV virus", and natural membrane (lambskin) condoms, "which are useful in preventing pregnancy, [but] are not effective protection against HIV or other sexually transmitted diseases. Although sperm cannot pass through the lambskin material, small microorganisms, including HIV, can penetrate these condoms."[\[49\]](#)

Even in the case of serodiscordant couples, from the medical perspective, the condom does not seem to be the real answer: among consistent condom users, there is still the possible transmission of the HIV.[\[50\]](#) The *Workshop Summary* discussed earlier also says that "[t]here is demonstrated exposure to HIV/AIDS through sexual intercourse with a regular partner (with an absence of other HIV/AIDS risk factors). Longitudinal studies of HIV- [negative] sexual partners of HIV+ [positive] infected cases allow for the estimation of HIV/AIDS incidence among condom users and condom non-users. From the two incidence estimates, consistent condom use decreased the risk of HIV/AIDS transmission by approximately 85%."[\[51\]](#) To further promote "safe sex", some have advised the use of a double condom, the efficiency of which remains questionable, taking into account the different factors presented above.[\[52\]](#)

User-Related Condom Failures

12. Aside from the above considerations on the physical integrity of the condom, one must also remember that condoms are often used improperly. For instance, one might flip the condom over after starting to apply it on the wrong side, allowing sperm, if already present, to be introduced directly into the vagina. Starting intercourse without a condom or taking it off during intercourse, not holding on to the condom during withdrawal, not withdrawing while the penis is erect, reuse of condom, etc., are some other examples of incorrect condom use, which could easily take place. One study shows that *in vivo*, slipping and

rupture of the condom account for 0.1-16.6% and 0.5-6.7% of condom failure, respectively.[53]

The typical, real-life use of condoms is far from perfect; it is rather frequently used inconsistently and incorrectly. This is not difficult to understand, given that consistent use requires an enormous amount of self-discipline (and memory), and correct use requires a relatively meticulous 7-step process, if one follows the guidelines laid down by the Centers for Disease Control and Prevention.[54] In one of their brochures, the Medical Institute (Texas) says, "When given a basic list of procedures for correct condom use, less than half of sexually active adolescents report they use condoms correctly." [55] Without going into detail, suffice it to say that the sexual act, because of its instinctive and passionate aspects, and at times the absence of a minimum of self-control, brings along with it the above-mentioned risks before, during and after the use of the condom.

The Medical Institute (Texas) explains the results of inconsistent condom use in the most simple terms: "What if I use them most of the time? You're at risk. In fact, the CDC says, 'Used inconsistently (less than 100 percent of the time), condoms offer little more protection than when they are not used at all.'" [56]

HIV/AIDS Increase and Decrease with Condoms and Chastity, Respectively

13. That condoms do not provide total protection against the transmission of HIV and STD's is compounded by the fact that the "safe sex" campaigns have led not to an increase in prudence, but to an increase in sexual promiscuity and condom use.[57]

In fact, there are studies showing that HIV/AIDS cases increase as the number of condoms distributed also increases.[58] Human behaviour is an important factor in the transmission of AIDS. Without adequate education aimed at abandoning certain risky sexual behaviour in favour of well-balanced sexuality, as in pre-marital abstinence and marital fidelity, one risks perpetuating the pandemic's disastrous results.

There are reports supporting the idea that where abstinence before marriage and fidelity to one's spouse have been successfully promoted, the HIV/AIDS pandemic has dramatically decreased. For instance, Uganda has pushed for a chastity-based program, and there the incidence of HIV/AIDS is managed relatively better than in other countries. "As AIDS sweeps across Africa, Uganda remains a lone success story, as millions of Ugandans have embraced traditional sexual morality, including sexual abstinence outside of marriage and fidelity within marriage, in order to avoid infection. But the international AIDS community has been reluctant to promote this strategy elsewhere, continuing, instead, to place its faith in condoms." [59]

In connection with this, the U.S. Agency for International Development, in its case study, *Declining HIV Prevalence, Behavior Change, and the National Response. What Happened in Uganda?*, states in a table showing HIV trend and behavioural data in Uganda, Kenya and Zambia, that, "prevalence declines in Uganda relate more to reduction in sex partners than condom use." [60] Similarly, the Joint United Nations Programme on HIV/AIDS (UNAIDS) *AIDS epidemic update* of December 2003 states: "HIV prevalence continues to recede in Uganda, where it fell to 8% in Kampala in 2002 -- a remarkable feat, considering that HIV prevalence among pregnant women in two urban antenatal clinics in the city stood at 30% a decade ago. Similar declines echo this accomplishment across Uganda, where double-digit prevalence rates have now become rare . . . To date, no other country has matched this achievement -- at least, not nationally." [61]

In Thailand and in the Philippines, the first HIV/AIDS cases were reported in 1984; by 1987, Thailand had 112 cases, while the Philippines had more, with 135 cases. Today, in the year 2003, there are around 750,000 cases in Thailand, where the 100% Condom Use Program had relatively great success. On the other hand, there are only 1,935 cases in the Philippines [62] - and this, considering that the Philippines' population is around 30% greater than Thailand's! Relatively low rates of condom use by the people in general, and staunch opposition from the Church [63] and a good number of government leaders against the condom program and sexual promiscuity, are well-known facts in the Philippines.

Commenting on some of these reports, Jokin de Irala, Professor of Epidemiology and Public Health at the University of Navarre, Spain, said: "That which is being done in many countries is simply irresponsible. To trust condoms blindly without anything else in the preventive strategy, when it has been seen that such method has not been sufficient to stop the epidemic in groups that are *a priori* very concerned, such as homosexuals, is an error that can end up having to be paid dearly . . . The people could demand from their authorities greater seriousness and originality when it comes to resolving these

problems. They should ask at least for the same courage that has been shown, for example, when the fight against tobacco was started seriously. We cannot remain passive, naively believing that such a complex problem could be solved by a 'patch' such as the condom." [64]

14. As to the transmission of HIV in general, even though the WHO affirmed in 2002 that 99% of HIV infections in Africa were due to non-protected intercourse, one should also consider what some authors have recently put expressed, that is, the possibility that the majority of new HIV/AIDS cases in Africa are not due to sexual relationships, but rather to the reuse of needles for injections, given the inadequate sanitary infrastructure in the continent. [65] In this sense, the present orientation of the anti-AIDS efforts focusing exclusively or heavily on condom distribution is obviously insufficient and questionable.

The Right to Correct and Complete Information

15. AIDS represents a serious danger for which there is still no cure. Condom users should be guaranteed their ethical and juridical rights to be correctly and completely informed of the risks involved in the sexual transmission of this disease, and of the true effectiveness of the prophylactic. Given the AIDS pandemic proportion, what the Church aims for is not mere *risk reduction* (which is actually transformed into *risk augmentation* if the real risks of transmission are not explained to the public), but rather *risk elimination*; not *partial protection*, but *total protection*; not *relative protection*, but *absolute protection*. It is truly misleading to say that one promotes "safe sex", when in fact one is actually promoting "safer sex", that is, sex that is safer than not using a condom at all; but it is still far from being total protection. To claim that it is "technically correct" to say that the condom "provides protection" (leading people to think they are fully protected), when in fact one actually means that it "provides partial protection", or "85-90% protection", or "relative protection", is to lead many to their death. To emphasize that the condom "reduces risks", but hiding the fact that it "does not eliminate risks", leads to confusion.

To advertise that the condom is "effective in preventing transmission of HIV and many other STD's", or "will help reduce the risk of their transmission" (perhaps claiming that in some countries its production has already been perfected), when one actually means that it is "up to a certain degree effective in preventing HIV and some STD's but not totally, and that there is no evidence that it reduces the risk of HPV infection", then this is not only a lack of respect for women's rights; it is outright anti-woman, and anti-man as well. To encourage "behaviour change" among adolescents in sex education programs, when one actually means "to encourage them to use a condom when they engage in pre-marital sex", while at the same time encouraging pre-marital sex itself, is to destroy not only adolescent reproductive health, but also their emotional, mental, health, and spiritual health, and indeed their future and entire lives.

16. The false security generated by the "safe sex" campaigns are hindrances to this right to correct, complete information. Appeals from true, sincere consumer and health advocates, especially authentic women's health advocates, to fully and clearly reveal available information on condom effectiveness (or rather, ineffectiveness), have been frequently falling on deaf ears, for one reason or another. Such appeal is based on the right of the consumer to know the true characteristics of the product he or she is using -- even more if such characteristics have a bearing on the consumer's health and life. The public has to be informed that the condom does not guarantee total protection against AIDS and other STD's. In the same way that cigarettes carry the warning that the smoke they produce is dangerous to the health of the smoker and those nearby, perhaps condoms should also be required to carry warning labels, on their packaging and on the shelves and apparatus where they are displayed, stating that they do not guarantee total protection against HIV/AIDS and STD's, or that they are not safe.

Dr. Luis Fernández Cuervo of El Salvador even goes a step further, alluding to the possibility of taking legal action against those who promote "safe sex", similar to the legal action taken against tobacco companies. "If a habitual smoker contracts cancer he or she can legally sue the tobacco company, making it liable. This way, in the United States, they have obtained juicy millions in compensation (!). As if a smoker did not know, for more than fifty years now, that tobacco could lead him or her to cancer! But if a person who is sexually promiscuous and uses the condom becomes sick with AIDS, this person has no right to sue the laboratory that manufactured the condom, nor the many groups that promote the condom as 'safe sex'. This is odd, very odd." [66]

17. The HIV/AIDS and STD pandemics continue to grow, in spite of the great efforts to curb their growth. Taking into account the data presented in different studies and experiences on the field, the idea of "safe sex", as it has been presented in condom campaigns, seems false, or at least dubious, and thus has to be submitted to scrutiny. What is more, since there is a certain level of risk, it is also a grave responsibility of national and international institutions, both public and private, as well as of the mass media, to contribute to providing correct, complete information about the existence of these risks, which could lead people to their death. Formal protests have been and should continue to be made by those who think that certain groups hinder such efforts to bring the whole truth into light.[\[67\]](#)

It is true that even medicines cannot be expected to be 100% effective or safe all the time for all users, but it is still acceptable to use them in spite of the risks. In these cases, it is also the patient's right to be informed not only of the medication's intended effects, but also of the possible risks, side effects and other complications, as well as, very importantly, the alternatives. In the case of HIV/AIDS and STD prevention, "safe sex" campaigners should fully reveal the condom's risks, and perhaps even describe the diseases the users might contract as a consequence of condom failure. And also very importantly, they should present the "alternative" solution (which is actually the "primary" solution), that is 100% effective against the sexual transmission of these diseases; it involves no expense, and even strengthens the person's character and freedom: abstinence before marriage, and fidelity to one's spouse.

The Church Promotes Life, through a Real Protection from HIV/AIDS and STD's

18. The statements reflecting the hard fact of condom failure by no less than international and national agencies, along with the scientific studies and real-life experiences, go totally against the accusations made against the Church: namely, that the Church contributes to the death of millions by not promoting or allowing the use of condoms in the fight against the pandemic. Indeed, shouldn't it be the opposite: that is, that those promoting the condom without properly informing the public of its failure rates (both in its *perfect* use and in its *typical* use, and the *cumulative risks*), have led to, lead to, and will continue to lead to the death of many? Are there not many who fall victim to a false sense of security generated by campaigns promoting "safe sex", oblivious to the fact there are multiple factors that lead to condom failure?

Victims of the "safe sex" fallacy tell us, in the numerous centres caring for HIV/AIDS patients promoted by the Catholic Church, that if they had only known the real risks beforehand, if only they had been properly informed, they would not have engaged in promiscuous sexual behaviour, they would not have entered into sexual relationships outside of marriage, and they would have remained very faithful to their families. The Catholic Church is very close to the AIDS patients, and welcomes them with charity, defending their human dignity, and recognizes the drama they undergo, with the mercy shown by the Good Samaritan. Cardinal John O'Connor, the late Archbishop of New York and great pro-life leader, used to visit clinics for AIDS patients once a week. The Catholic Church can surely claim expertise in the fight against the HIV/AIDS pandemic, providing 25 percent of all the care worldwide, having committed professionals and volunteers, religious and lay alike, to care not only for the individuals but also for their families, in the most holistic manner, respecting the dignity of the human person and the family through the proper use of sex and promoting the life-long commitment of spouses.[\[68\]](#)

19. For those who have already exposed themselves to the risks outlined above, a responsible mode of action would be to determine whether or not one might have already been infected, considering that a real danger exists. Each person has the obligation to take care of his or her health and that of others, and to do so, each person has the right to be aided by society as far as possible. Moral as well as epidemiological considerations urge those who have repeatedly exposed themselves to potential contamination to undergo tests to determine whether they in fact might have already been infected with the HIV or other microorganisms causing STD.[\[69\]](#) Not to do so would mean not to take necessary precautions to preserve one's health and life, and that of others. Not to take the tests could mean to unknowingly contribute to the spread of the debilitating, deadly disease to one's own family and society at large. These persons should be encouraged and helped to approach international and local institutions offering voluntary counselling and testing services for those who may need them.

The Church is ready to help. Through the generosity of millions of people, including persons of other

faiths who collaborate in our apostolate, the Catholic Church is able to provide 25% of services for HIV/AIDS patients, and to run a great number of hospitals, clinics and other health care facilities worldwide. The Church continues to undertake the promotion of authentic reproductive health and women's health, which includes complete information using unambiguous terminology, and a truly safe sexual practice based on authentic human sexuality.

The Need to Rediscover Truly Responsible Sexual Behaviour

20. It is obvious that this article can only be limited to a few but serious investigations, focusing on the sexual transmission^[70] of HIV/AIDS and STD's. There are many more studies explaining that condoms do not provide total protection against these diseases, many of which could be easily found on the internet. One has to seriously distinguish between the proper use of the condom and the failures of the same due to different causes. Regarding the latter, the user can not be safe, just as in the case of other accidents with regrettable consequences. The greatest force of these considerations is the call to avoid the various consequences of disordered sexual behaviour, and even worse, the risk of promiscuity, even prior to considering the use of the condom itself. Rather than focusing merely on the aspects dealt with by the expert investigators, one has to keep in mind above all the integral good of the person, in line with the proper moral orientation, which will be necessary to provide total protection against the spread of the pandemic. With or without the threat of HIV/AIDS and STD's, the Church has always called for education in chastity, premarital abstinence and marital fidelity, which are authentic expressions of human sexuality.^[71]

Moreover, the Church does not propose the development of condoms with better quality that would assure 100% effectiveness against the transmission of HIV and STD's.^[72] What is being proposed is to live one's sexuality in a way that is consistent with one's human nature and the nature of the family. It has to be mentioned too that the WHO admits that abstinence and marital fidelity is a strategy *capable of completely eliminating* the risk of infection from HIV and other STD's; condoms, on the other hand, *reduce* the risk of infection.^[73]

21. It is important, by way of synthesis, to transcribe the recommendation made by Luc Montagnier, who is credited with having discovered the HIV: "Medical means are not enough . . . In particular, it is necessary to educate the youth against the risk of sexual promiscuity and wandering."^[74] The CDC has likewise informed that, "the only strategies of prevention that are truly effective consist in (sexual) abstinence and sexual relations with a non-infected partner, while respecting reciprocal fidelity."^[75] This is why one of the most important Italian infectious diseases experts, Prof. Mauro Moroni, affirms that, "AIDS is a typical behaviourally spread epidemic . . . If those behaviours are removed, AIDS could be stopped without any specific prophylactic intervention."^[76]

Prof. Lino Ciccone adds: "Therefore a true and effective prevention is above all the set of initiatives that aim at putting an end to whatever promotes sexual laxity, presented as a triumph of liberty and civilization -- similar to what is being done to help youth not to fall into the slavery of drugs or to free them from them. In other words: true prevention takes place only through a serious educational effort. An education free from equivocations and widespread reductive concepts, which leads to the discovery, or rediscovery, of the values of sexuality and a correct scale of values in human life.

"Any other option that excludes such ways, or worse, that implies an ulterior push towards sexual promiscuity and/or the use of drugs, is anything but prevention, and to promote the same is tragically deceitful. A typical example of this mystification are all the campaigns that promise victory over AIDS only if the use of the condom is generalized. In this way sexual promiscuity is encouraged, which is the first cause of the epidemic."^[77]

Ciccone's observations coincide fully with the serious problem that I have wanted to delve into. "It has to be noted moreover that it becomes an authentic crime, when one endorses as guaranteed the defense against infection when the condom is used. This is the message that is also launched with the slogan related to the condom of 'safe sex'. As a contraceptive the condom already registers a notable margin of failure, but, as a defense against sexually transmissible diseases, the failure is decidedly much higher. The following is a very recent and authoritative confirmation coming from a scientific source: 'In general terms the barrier methods [. . .] protect against sexually transmitted diseases (risk reduction of around 50%). [. . .]

This protection takes place with regards to many pathogenic agents: Papilloma virus [. . .], HIV." [78]

Conclusion: The Need to Strengthen Marriage and the Family

22. I have presented in a conference in Chile the detrimental effects of going against human dignity, of trivializing the true meaning of sex, and of making instrumental and commercial the use of sex. [79] A lifestyle that is disordered and corresponds neither to the totality of the human person nor to the will of God, cannot be a true good. We have seen how different peoples have been wounded by such trivialization of sex. In general, cultures have always distinguished between sex without responsibility and sex that is protected by marriage, in favour of the family.

Some might say that this is an excessive demand. But we have to be confident that the Lord, "will not let you be tempted beyond your strength." [80] In several places there is an emergence of youth movements whose members publicly promise to maintain a responsible attitude towards sex, and to remain chaste, abstaining before marriage, and to be faithful to their spouses. For what reason then should this model not be presented to youth, especially at a time when there are many problems in a society that seems to be confused? The fight against the HIV/AIDS pandemic also has to tackle disordered sexual behaviour.

23. Marriage has to be presented as something precious, something that will help bring happiness and fulfilment to a person, as couples undertake a life-long project of mutual, exclusive, total, irrevocable and sincere self-giving. "In the `unity of the two', man and woman are called from the beginning not only to exist `side by side' or `together', but they are also called to exist mutually `one for the other' . . . This *mutual gift of the person in marriage* opens to the gift of a new life, *a new human being*, who is also a person in the likeness of his parents." [81]

Prof. Livio Melina, a moral theologian, reminds us that a culture of the family is essential for the family to be strengthened in two evidently fragile, central points: *fidelity in love*, and *parenthood*. Regarding the *crisis of fidelity*, he says that it is manifested "as an incapacity to maintain continuity in time to the delightful event of affection: it is becoming more rare for love to `have a story', to be prolonged in time, to be constructed and thus become a habitable home. [82] The romantic conception of love, which dominates today, perceives love as a spontaneous event, outside the control of freedom, disengaged from the ethical responsibilities of providing care and diligent work, dissenting from institutionalization." [83]

The Holy Father Pope John Paul II said, "A pastoral proposal for the family in crisis presupposes, as a preliminary requirement, doctrinal clarity, effectively taught in moral theology about sexuality and the respect for life . . . At the root of the crisis one can perceive the rupture between anthropology and ethics, marked by a moral relativism according to which the human act is not evaluated with reference to the permanent, objective principles proper to nature created by God, but in conformity with a merely subjective reflection on what is the greatest benefit for the individual's life project. Thus a semantic evolution is produced in which homicide is called `induced death', infanticide, `therapeutic abortion', and adultery becomes a mere `extra-marital adventure'. No longer possessing absolute certainty in moral matters, the divine law becomes an option among the latest variety of opinions in vogue." [84] Chesterton with his pleasant irony said that what is lacking, as with the birds, is to construct a "stable nest", if they are truly mature.

Prof. Melina further comments that a culture of the family will also help solve the *crisis of parenthood*, "manifested as a refusal to assume the burdens, perceived as too heavy, to give life to children." [85] Such crisis has given rise to what we have oftentimes described as the "demographic winter." The crisis of fidelity and the crisis of parenthood are but dimensions of the crisis of the moral subject, that is, of the person. Melina proposes two paths or ways to reconstruct the moral subject: *the way of virtues*, and *the way of interpersonal relationships*. [86]

24. It is true that where there has been no education towards a serious responsibility in love; where the dignity especially of women is not given sufficient importance; where a faithful monogamous relationship is ridiculed; where condoms are distributed to the youth in parties and to children in schools; where immoral lifestyles are diffused and all forms of sexual experience are regarded as positive; and where parents are not allowed to give adequate formation to their children: such "impossibility" turns into a serious, limiting condition. The end result is not only alarming in terms of the spread of HIV/AIDS, but in that man and

woman can no longer have full confidence in each other. What will become of these children's future, without the proper information and the necessary parental guidance?

But the greatest help that the Church, and perhaps all people of good will, could offer to curb this terrible pandemic, relying on Divine Providence, is to strengthen the family.^[87] The different groups, movements, associations, institutes and centres that work in favour of family and life have special roles to play. The family is the Domestic Church and the basic unit of society, the school of virtues the first environment where children receive their education from their first educators, their parents. Catholic families should become examples of holiness, letting their close relationship with God in their life of prayer and in the sacraments overflow into a genuine concern for others. The Holy Father has repeatedly insisted, "Family, become what you are!." May the family truly become what it really is, after the example of the Holy Family, the model for all families.

Endnotes

[1]

Statement by the Catholic Bishops' Conference of England and Wales, Meeting in Rome, Oct 17, 2003, on the BBC's recent coverage of Catholic issues.

[2]

See, for example, the Society for the Protection of Unborn Children's October 27, 2003, open letter to Mr. Greg Dyke, Director General, BBC Broadcasting House, regarding the BBC Panorama programme *Sex and the Holy City*, stating, "not only did *Sex and the Holy City* fail to support such serious charges with objective, verifiable evidence, but there were also many other claims made in support of the general thesis of the programme which fly in the face of statistical, medical and scientific evidence from recognized authoritative sources." The same open letter then provides details supporting this concern. See also The Forum of Polish Women's letter to the Embassy of the United Kingdom dated October 16, 2003: "We feel deeply offended by false arguments and lies presented by BBC1's *Panorama* programme, especially in the context of the celebrations of John Paul II's 25th anniversary as Pope."

[3]

Regarding the term "prophylactic:" in general, condoms are used as "contraceptives" (that is, to prevent conception) and/or as "prophylactics" (that is, to avoid transmission of diseases).

[4]

For more details on this matter, see also Paragraph 16 of this text below.

[5]

For more details, see Paragraphs 6-13 of this text below.

[6]

"A Message of Hope," July 30, 2001, issued during the Plenary Session of the Southern African Bishops' Conference at St. Peter's Seminary, Pretoria.

[7]

100 Cuestiones y respuestas sobre el 'síndrome de inmunodeficiencia adquirida' y la actitud de los católicos [100 Questions and Answers on "Acquired Immune Deficiency Syndrome and the Attitude of Catholics], February 2002, question number 55.

[8]

Catholic Bishops' Conference of the Philippines, Pastoral Letter on AIDS *In the Compassion of Jesus*, January 23, 1993.

[9]

Administrative Board of U.S. Catholic Conference, *The Many Faces of AIDS: A Gospel Response*; November 1987. See also the Letter of His Eminence Cardinal Josef Ratzinger to the *Pronunzio Apostolico* in the United States, Archbishop Pio Laghi, May 29, 1988.

[10]

For more details, see Paragraph 13 referencing Uganda data of this text below.

[11]

Pope John Paul II, Apostolic Constitution *Pastor Bonus*, Art. 141 §3.

[12]

Ministry of Health -- National Commission for the Fight against AIDS, *Ferma l'AIDS. Vinci la vita* ("Stop AIDS, Win Life"). This is a folded brochure for the youth.

[13]

Footnote number 7 reads: See Aa.Vv., *Quale è il grado effettivo di protezione dall'HIV del profilattico?*, in *Medicina e Morale*, 5 (1994): 903-925; L. Ciccone, *Aspetti etici della prevenzione della infezione da HIV*, in *Medicina e Morale*, 2 (1996): 277-278; E. Sgreccia, *A proposito delle campagne di prevenzione dell'AIDS*, in *Medicina e Morale*, 4 (1999): 637-639; J. Suaudeau, *Le "sexe sûr" et le préservatif face au défi du SIDA*, in *Medicina e Morale*, 4 (1997): 689-726.

[14]

Dionigi Tettamanzi, *Nuova bioetica cristiana*, Piemme, Casale Monferrato 2000, pages 418-419. He continues: "But there is another question regarding efficacy when it comes to the condom: not so much the 'technical' effectiveness related to the means used, but rather what we might call 'cultural' efficacy. If it is true that the channel of diffusion of the AIDS virus is 'inordinate' sexual behaviour, the truly and fully effective means of prevention does not lie in favouring such inordinate sexual behaviour along with a certain 'barrier' to the infection, but rather in orienting and favouring 'orderly' sexual behaviour. If one remains imprisoned in the logic of inordinate sex, the technical precautions become too weak against a driving force that, although indirect, is not repelled."

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Elio Sgreccia, *Manuale di Bioetica, Vol 2: Aspetti medico-sociali*, Vita e Pensiero, Milan 1991, page 266.

[16]

See Dionigi Tettamanzi, *Nuova bioetica cristiana*, Piemme, Casale Monferrato 2000, page 420.

[17]

See G. Morra, *Lotta all'AIDS. Tecnica e scienza da sole sono una fragile barriera*, in *Avvenire*, February 7, 1987, page 1, quoted in Dionigi Tettamanzi, *Nuova bioetica cristiana*, Piemme, Casale Monferrato 2000, pages 421.

[18]

Simon & Schuster, 1987. As quoted in J.P.M. Lelkens, *AIDS: il preservativo non preserva. Documentazione di una truffa*, in *Studi Cattolici*, Milano (1994) 405: 722.

[19]

J.P.M. Lelkens, *AIDS: il preservativo non preserva. Documentazione di una truffa*, in *Studi Cattolici*, Milano (1994) 405: 722, cites the following as source: *Revista medica olandese* 135 (1991): 41.

[20]

See for example, S.G. Arnold, J.E. Whitman, C.H. Fox and M.H. Cottler-Fox, *Latex Gloves not Enough to Exclude Viruses*, in *Nature* 335 (1988) 6185:19. B.A. Hermann, S.M. Retta and L.E. Rinaldi reported in *A Simulated Physiologic Test of Latex Condoms*, in the 5th International Conference on AIDS, Montreal 1989 (Abstracts WAP 101), that there were relative permeability of microspheres greater than the HIV in 6 out of 69 condoms tested. See also B.A. Rozenzweig, A. Even and L.E. Budnick, *Observations of Scanning Electron Microscopy Detected Abnormalities of Non-lubricated Latex Condoms*, in *Contraception* 53 (1996) 1:49-53. These studies are quoted by Jacques Suaudeau, *Sesso sicuro*, in Pontifical Council for the Family (Ed.), *Lexicon. Termini ambigui e discussi su famiglia, vita e questioni etiche*, Edizioni Dehoniane Bologna, 2003, pages 797-798.

[21]

Los Angeles Times (LT), Friday, August 28, 1987, by Allan Parachini, *Times Staff Writer*, in <http://www.egis.com/news/lt/1987/LT870807.html>.

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The article also says: "Among other things, the association [the Health Industry Manufacturers Association, which is the condom industry's trade group] has insisted to federal funding officials that the research rely solely on testing standards established by condom makers, that condom

companies be allowed to supply all prophylactics to be tested, and that only products currently sold in the United States be studied . . . The documents indicate that the attempt to force major modifications in the condom study was apparently motivated by industry concerns that the research might conclude that no American-made condom is currently able to consistently prevent the spread of HIV."

[23]

Allan Parachini, In *Los Angeles Times*, Tuesday, September 12, 1989 (available online at <http://www.aegis.com/news/lt/1989/LT890904.html>). Tests were made using a machine that simulates the stresses of actual intercourse, and included a variety of criteria, including water and air leakage, tensile strength and other factors.

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See B. A. Rozenzweig, A. Even and L. E. Budnick, *Observations of Scanning Electron Microscopy Detected Abnormalities of Non-lubricated Latex Condoms*, in *Contraception*, 53 (1996):49-53, as cited in Jacques Suaudeau, *Sesso sicuro*, in *Lexicon*, page 798.

[25]

The Guardian, Special Report 13 October 2003.

[26]

Willard Cates, *How Much Do Condoms Protect Against Sexually Transmitted Diseases?*, in *IPPF Medical Bulletin*, 31 (Feb 1997) 1: 2-3. Quoted by SEICUS, *Condoms Are Effective in Preventing HIV/STD Transmission*, in *SHOP Talk* (School Health Opportunities and Progress) *Bulletin*, Apr 25, 1997 Volume 2, Issue 2.

[27]

See *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention*, 20 July 2001, pages 1-2. The *Workshop Summary* is available from the internet: <http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>.

[28]

Workshop Summary, page 2.

[29]

Workshop Summary, page 14.

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Workshop Summary, pages 14-23.

[31]

Workshop Summary, pages 23-26.

[32]

Centers for Disease Control and Prevention, *National Vital Statistics Report*, volume 49, number 12, October 9, 2001.

[33]

Friday Fax, Volume 4 (August 17, 2001) Number 35 (see <http://www.c-fam.org>). The report cites a statement issued by the Physicians Consortium, retired Congressman Tom Coburn, M.D., Congressman Dave Weldon, M.D. and the Catholic Medical Association.

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J. Thomas Fitch, MD, Curtis Sine, MD, W. David Hager, MD, Joshua Mann, MD, MPH, Mary B. Adam, MD, and Joe McIlhaney, MD, *Condom Effectiveness. Factors that Influence Risk Reduction*, in *Sexually Transmitted Diseases* 29 (December 2002) 12:811-817. This paper analyses the Workshop Summary, the papers considered by the Workshop summary, and other papers published after the Workshop was held. Drs. Fitch, Hager, Adam and McIlhaney were members of the Workshop panel.

[35]

Efficacy, effectiveness, method failure, user failure, perfect use, always use, never use, typical use.

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"Given the ever-present risk of infection due to method failure alone, one should not expect condom use to *prevent* infection." Fitch et al, *Condom Effectiveness*, page 812.

[37]

Mechanical qualities of condom materials, mode of STD transmission, method failure (slippage and breakage), user failure (inconsistent and/or incorrect use), STD infectivity, presence of other STD's, age and sex, number of exposures, etc.

[38]

Fitch *et.al.*, *Condom Effectiveness*, page 812.

[39]

Human Life International, *Fact Sheet on Condom Failure*, <http://www.hli.org/Fact%20Sheet%20on%20Condom%20Failure.html>, referring to as source Willard Cates, *How Much Do Condoms Protect Against Sexually Transmitted Diseases?*, in *IPPF Medical Bulletin*, 31 (Feb 1997) 1:2-3. See also Human Life International's other fact sheets on condoms in <http://www.hli.org/bbc.html>.

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WHO, *Effectiveness of Male Latex Condoms in Protecting against Pregnancy and Sexually Transmitted Infections*, in *Information Fact Sheet* number 243, June 2000.

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WHO, "Effectiveness of Male Latex Condoms in Protecting against Pregnancy and Sexually Transmitted Infections," in *Information Fact Sheet* number 243, June 2000.

[42]

The Pearl pregnancy rate is the standard method for comparison of effectiveness of contraceptive methods. It measures the number of pregnancies that occur if used by 100 women for one year.

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See, for example, the numerous studies cited by J. Suaudeau, *Sesso sicuro*, in *Lexicon*, pages 795-817, and J.P.M. Lelkens, *AIDS: il preservativo non preserva. Documentazione di una truffa*, in *Studi Cattolici*, Milano (1994) 405:718-723. A number of studies hypothesize that among other factors, the process of vulcanization could contribute to the irregularity of the latex surface and the presence of microscopic pores.

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Mike Kubic, *New Ways to Prevent and Treat AIDS*, in *FDA Consumer*, Jan-Feb 1997 (revised May 1997 and Jan 1998; available at http://www.fda.gov/fdac/features/1997/197_aids.html).

[45]

O Globo, November 15, 2003.

[46]

David Bornstein, *Brazil's First Consumer Protection Agency*, in *Journal* (of Civitas International) vol 2 (May--Jun 1998) number 3. It continues: "Johnson and Johnson immediately took out full-page ads in national newspapers attacking IDEC. Johnson and Johnson hired statisticians to attack IDEC's study, which had been conducted by an independent lab in the Netherlands. But Brazil's health minister took the report seriously, ordering a national recall of Jontex and the other four offending brands . . ." (From <http://www.civnet.org/journal/issue7/rpdborn.htm>)

[47]

R. F. Baker, R. Sherwin, G.S. Bernstein and R.M. Nakamura, *Precautions When Lightning Strikes During the Monsoon: The Effect of Ozone on Condoms*, in *Journal of American Medical Association* 260 (1988) 10:1404-1405.

[48]

Mike Kubic, *New Ways to Prevent and Treat AIDS*, in *FDA Consumer*, Jan-Feb 1997 (revised May 1997 and Jan 1998; available at http://www.fda.gov/fdac/features/1997/197_aids.html).

[49]

Mike Kubic, *New Ways to Prevent and Treat AIDS*, in *FDA Consumer*, Jan-Feb 1997 (revised May 1997 and Jan 1998; available at http://www.fda.gov/fdac/features/1997/197_aids.html).

[50]

See J. Suaudeau, *Sesso sicuro*, in *Lexicon*, pages 795-817. See also CDC, *Update: Barrier Protection Against HIV Infection and Other Sexually Transmitted Diseases*, *MMWR*, 42 (Aug 6, 1993) 30: 589-591,597, citing Saracco A, Musicco M, Nicolosi A, *et.al.* *Man-to-woman sexual transmission of HIV: longitudinal study of 343 steady partners of infected men*, in *J Acquir Immune Defic Syndr* (1993) 6:497-502: "In another study of serodiscordant couples (with seronegative female partners of HIV-

infected men), three (2%) of 171 consistent condom users seroconverted . . . When person-years at risk were considered, the rate for HIV transmission among couples reporting consistent condom use was 1.1 per 100 person-years of observation . . ." See also Francisco Guillén Grima e Inés Aguinaga Ontoso, *Efectividad de los preservativos en la prevención de la infección por VIH en parejas de personas seropositivas*, in *Med Clin (Barc)* (1995) 105:541-548 (Dr. Guillén Grima is Titular Professor of Preventive Medicine and Public Health at the Universidad Pública de Navarra; both authors are connected with Pamplona City Government's *Area of Health and Social Services*). Davis and Weller (1999) reported that despite 100 per cent condom use, 9 seroconversions occurred (HIV negative status to HIV positive status) per 1000 persons using condoms per year.

[51]

Workshop Summary, page 14.

[52]

See J. Suaudeau, *Sesso sicuro*, in *Lexicon*, pages 795-817. See also Mike Kubic, *New Ways to Prevent and Treat AIDS*, in *FDA Consumer*, Jan-Feb 1997 (revised May 1997 and Jan 1998; available at http://www.fda.gov/fdac/features/1997/197_aids.html): "Male and female condoms, however, should not be used at the same time because they won't stay in place."

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Davis, Karen R., and Weller, Susan C., *The Effectiveness of Condoms in Reducing Heterosexual Transmission of HIV*, in *Family Planning Perspectives*, Nov/Dec 1999, pages 272-279.

[54]

See CDC, *Update: Barrier Protection Against HIV Infection and Other Sexually Transmitted Diseases*, *MMWR*, 42 (Aug 6, 1993) 30: 589-591,597.

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"If Someone tells You a Condom will keep you Safe . . .", brochure of *The Medical Institute for Sexual Health*, Austin, Texas.

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"If Someone tells You a Condom will keep you Safe . . .", brochure of *The Medical Institute for Sexual Health*, Austin, Texas. It adds: "Good intentions won't protect you. About 15 percent of couples who rely on condoms to avoid pregnancy will still get pregnant within the first year of use. And even if you did manage to use them consistently and correctly, 2-4 percent of condoms leak, break or slip off. And you're not just at risk for pregnancy."

[57]

Hearst, N. and Hulley, S.B., "Preventing the Heterosexual Spread of AIDS. Are We Giving Our Patients the Best Advice?," in *Journal of the American Medical Association*, 259 (1998), 16, pages 2428-2432. See especially page 2431.

[58]

See the graph showing an almost parallel increase of condom distributed by the USAID and the spread of HIV/AIDS, from 1984-2003, in the *Population Research Institute Review* (May-Jun 2003), page 10, summarizing data taken from the Harvard School of Public Health, UNAIDS, and the Kaiser Family Foundation.

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See *Condom Lobby Drives AIDS Debate Besides Abstinence Success in Africa*, in *Friday Fax* Volume 5 (Dec 13, 2002) Number 51.

[60]

In USAID's *Project Lessons Learned, Case Study*, September 2002. page 11, Table: *Simulation of Uganda HIV Dynamics: Potential impact of similar behavior change in South Africa by 2000*. The Table's source is: Stoneburner, RL, Low-Beer D. *Analyses of HIV trend and behavioral data in Uganda, Kenya, and Zambia*, in *Abstract ThOrC734. XIII International AIDS Conference*, Durban, South Africa, Jul 7-14, 2000. On the same page, the Case Study report adds, under the heading, *A "social vaccine" in Africa? (Can this success be replicated?)*: "It must be remembered that many of the elements of Uganda's response, such as high-level political support, decentralized planning, and multi-sectoral responses, do not affect HIV infection rates directly. Sexual behavior itself must change in order for seroincidence to change. According to Stoneburner, the effect of HIV prevention

interventions in Uganda (particularly partner reduction) during the past decade appears to have had a similar impact as a potential medical vaccine of 80 percent efficacy."

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Available at the WHO website, <http://www.who.int/hiv/pub/epidemiology/epi2003/en/>.

[62]

See *Telling the Truth: AIDS Rates for Thailand and the Philippines*, by Rene Josef Bullecer, M.D., Executive Director, Human Life International-Visayas Mindanao, Philippines, and Director of AIDS-Free Philippines. He also reported that, "In 1991 the World Health Organization (WHO) AIDS Program forecasted that by 1999 Thailand would have 60,000 to 80,000 cases, and that the Philippines would experience between 80,000 and 90,000 cases of HIV/AIDS." In 1999 there were 755,000 cases in Thailand (65,000 deaths) and 1,005 in the Philippines (225 deaths)." See <http://www.hli.org/thailand%20and%20philippines%20aids%20rates.html>.

[63]

See Catholic Bishops' Conference of the Philippines, Pastoral Letter on AIDS, *In the Compassion of Jesus*, January 23, 1993, and Jaime L. Cardinal Sin, Pastoral Letter on *Subtle Attacks against Family and Life*, July 9, 2001.

[64]

Desde el corazón de África, nuevas estrategias preventivas contra el sida, in *Diario de Navarra*, December 1, 2003

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According to these authors, up to 70% of new HIV infections in several African regions might be parenteral, especially due to reuse of needles. See Gisselquist, David, Potterat, John, J. *et.al.*, "Mounting Anomalies in the Epidemiology of HIV in Africa: Cry the Beloved Paradigm," in *International Journal of STD & AIDS*, 2003/14, pages 144-147; Gisselquist, David, Potterat John J. *et.al.*, "Let it Be Sexual: How Health Care Transmission of AIDS in Africa was Ignored," in *International Journal of STD & AIDS*, 2003/14, pages 148-161; and "British Medical Journal Asserts Coverup in African AIDS Pandemic, Claims AIDS Crisis Caused by Bad Medicine, Not Sex," in *Friday Fax*, Volume 6 (February 28, 2003):10.

[66]

Tabaco versus SIDA: una comparación, in *El Diario de Hoy (El Salvador) Editorial, Tema del momento*, <http://www.elsalvador.com/noticias/2003/06/02/editorial/edito5.html>.

[67]

Several groups have proposed or have embarked on measures towards this end. See, among others, *Famille et Liberté's* publication, *La Lettre* (Dec 1995) supplement du numéro 3 -- 4e trimestre, dealing with *La politique de prevention du sida en France* (AIDS prevention policy in France).

[68]

See the Message for the World Day of AIDS, December 1, 2003, *Una parola di amore e di speranza per le famiglie e per le persone colpite dal terribile male*, by Javier Cardinal Lozano Barragán, President of the Vatican's Pontifical Council for Health Pastoral Care (published November 30, 2003).

[69]

These considerations hold true for those who involve themselves in either heterosexual or homosexual risky behaviour, intravenous drug users, and other individuals considered as having high risks of infection.

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The AIDS virus and other microorganisms causing and STDs may also be transmitted through other modes, such as injections, contaminated blood transfusion, contact with mucous membranes, etc.

[71]

See Pope John Paul II, *Evangelium Vitae* (March 25, 1995), and *Familiaris Consortio* (November 22, 1981), among others. See also Pontifical Council for the Family, *The Truth and Meaning of Human Sexuality. Guidelines for Education within the Family*, Vatican City, December 8, 1995.

[72]

Which besides, would seem improbable, at least with the current design of condoms, given the human tendency not to use the condom consistently and correctly at all times, and given other possible modes of STD infection, such as skin contact outside the area covered by the condom.

[73]

WHO, *Estrategia Mundial de prevención y lucha contra el sida: Actualización de 1992*. Ginebra: OMS, 1992 (WHA45/29), as referred to in Francisco Guillén Grima e Inés Aguinaga Ontoso, *Efectividad de los preservativos en la prevención de la infección por VIH en parejas de personas seropositivas*, in *Med Clin (Barc)* (1995) 105: 541-548.

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L. Montagnier, *AIDS: natura del virus*, in various authors, *Vivere: perché? L'AIDS*, Acts of the Fourth International Conference organized by the Pontifical Council for Health Pastoral Care, Vatican City, November 13-15, 1989, in *Dolentium Hominum* 5 (1990) 13: 52.

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Cited by K. April *et.al.*, in *Qual è il grado effettivo di protezione dall'Hiv del profilattico?*, in *Medicina e Morale*, volume 44 (1994):922.

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Mauro Moroni, in a paper presented in *Milano Medicina 1987*, as cited by Lino Ciccone, *Bioetica. Storia, principi, questioni*, Edizioni Ares, Milan 2003, page 380.

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Lino Ciccone, *Bioetica. Storia, principi, questioni*, Edizioni Ares, Milan 2003, page 380.

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Lino Ciccone, *Bioetica. Storia, principi, questioni*, Edizioni Ares, Milan 2003, page 381. The final quote is from G. Pascetto *et al.*, *Ginecologia e Ostetricia, 1. Ginecologia*, Editrice Universo, Rome 2001, page 482.

[79]

En pro de una auténtica educación sexual, en Alfonso López Trujillo, *Familia, vida y nueva evangelización*, EVD, Estella (Navarra) 2000, 277-298.

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1 Corinthians 10:13.

[81]

Pope John Paul II, Apostolic Letter *Mulieris Dignitatem* ("On the Dignity and Vocation of Women"), August 15, 1988, numbers 7 and 18.

[82]

Cf. F. Botturi, *Dialettica dell'amore e costruzione familiare*, in *Anthropotes* 17 (2001):255-273.

[83]

Livio Melina, *La promozione di una cultura della famiglia dal punto di vista morale*, in *Anthropotes*, 19 (2003):32.

[84]

Address of Pope John Paul II to the Bishops of Brazil from the East 2 Region on their "Ad Limina" Visit Saturday, November 16, 2002.

[85]

Livio Melina, *La promozione di una cultura della famiglia dal punto di vista morale*, in *Anthropotes*, 19 (2003):32.

[86]

Livio Melina, *La promozione di una cultura della famiglia dal punto di vista morale*, in *Anthropotes*, 19 (2003):33-34.

[87]

See J. Suaudeau, *Stopping the Spread of HIV/AIDS. Prophylactics or Family Values?*, in *L'Osservatore Romano* Weekly Edition in English, (Apr 19, 2000):9-10, and further clarification in *L'Osservatore Romano* Weekly Edition in English, (September 27, 2000).