

Family Values Versus Safe Sex

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In an interview some time ago with the BBC's Panorama Programme I warned about "safe sex", stating that one cannot truly speak of objective and total protection by using the condom as a prophylactic, 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). 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.[1]

Many Bishops' Conferences all over the world, individual bishops and theologians have since long ago presented these points. A well-known and authoritative moralist, Dionigi Tettamanzi, now the Cardinal of Milan, calls for an accurate critical analysis of the real efficacy of the condom: "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".[2] 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."[3] Many other moralists and experts have tackled these questions, including Lino Ciccone and Jacques Suaudeau.

Indeed, the discussion on condom failure is not at all new, or limited to Church circles. In 1987, the Los Angeles Times published an article entitled, Condom Industry Seeking Limits on U.S. Study [on condom effectiveness], and another in 1989, 4 Popular Condoms Leak AIDS Virus in Clinical Tests.[4] A British newspaper reported that "the [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...".[5] The International Planned Parenthood Federation even gave a lower effectiveness 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".[6]

In 2000, the US National Institutes of Health and other federal agencies held a Workshop to study peer-reviewed journal publications on condom effectiveness. The Workshop Summary explains that available scientific evidence indicated that the condom reduces the risk of AIDS/HIV by 85%,[7] and that "[t]here was no evidence that condom use reduced the risk of HPV infection...".[8] HPV or Human papillomavirus is an STD associated with cervical cancer, which in the

US kills many more women than the HIV. As for other genital infections, there is either no or some protection through condom use, or there is insufficient data to confirm risk reduction.

As a related matter, 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. Based on this data, would it not 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.

The remaining 10-30% from these figures, which represent the condom's 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.

In an article subsequent to the Workshop Summary, Fitch et al emphasize that the cumulative risk factor is very significant – that is, the risk (transmission of infection in spite of condom use) greatly increases the more the action (condom use) is repeated.[9] 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”.[10] This means that the safe sex Russian Roulette becomes even more serious with repeated condom use.

Permeability and electric tests indicate that latex may allow passage of particles bigger than the HIV.[11] 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 (FDA) website.[12] The FDA allows four leaking condoms in every batch of 1,000: hence, 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.

In fact, Cardinal Eugenio De Araujo Sales, former Archbishop 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 the discovery of counterfeit products.[13]

In addition to having possible manufacturing defects, condoms could undergo deterioration during shipping, handling and storage, and even further degradation after purchase and during actual use. Furthermore, the typical, real-life use of condoms is far from perfect; it is rather normally used inconsistently and incorrectly.

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.[14]

On the other hand, where abstinence before marriage and fidelity to one's spouse have been successfully promoted, the HIV/AIDS pandemic has been significantly controlled better: take the case of Uganda [15] and the Philippines (presently with 1,935 cases, compared with Thailand's 750,000 cases, in spite of Thailand's smaller population).[16]

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 ineffectiveness of the so-called prophylactic. The false security generated by the "safe sex" campaigns are hindrances to this right to correct, complete information. The public has to be informed of the risks they expose themselves to, perhaps by requiring condoms 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, and that they are not safe.

For those who have already exposed themselves to the risks outlined above, a responsible mode of action would be to undergo tests 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.

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 AIDS pandemic. Indeed, shouldn't it be the opposite: 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? The Catholic Church can surely claim expertise in the fight against the HIV/AIDS pandemic, providing 25 percent of all the care worldwide. Finally, one must remember that 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 based on family values not be promoted?

[1] See Pope John Paul II, *Evangelium Vitae* (Mar 25, 1995), and *Familiaris Consortio* (Nov 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, Dec 8, 1995. See also 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, (Sep 27, 2000): 2.[2] Nuova bioetica cristiana, 2000.

[3] Elio Sgreccia, Manuale di Bioetica, Vol 2: Aspetti medico-sociali, Vita e Pensiero, Milan 1991, p. 266.

[4] Both articles were written by Allan Parachini. See Los Angeles Times (LT), Aug 28, 1987 , in <http://www.aegis.com/news/lt/1987/LT870807.html>, and Sep 12, 1989 in <http://www.aegis.com/news/lt/1989/LT890904.html>.

[5] The Guardian, Special Report 13 Oct 2003 .

[6] 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 Vol. 2, Issue 2.

[7] Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention, 20 July 2001 , p. 14. The Workshop Summary is available from the internet: <http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>.

[8] Workshop Summary: pp. 23-26.

[9] 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 (Dec 2002) 12: 811-817.

[10] 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>.

[11] See, for example, the numerous studies cited by J. Suaudeau, Sesso sicuro, in Lexicon, pp. 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.

[12] 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).

[13] O Globo, Nov. 15, 2003 .

[14] 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, pp. 2428-2432. See especially p. 2431.

[15] See Condom Lobby Drives AIDS Debate Besides Abstinence Success in Africa, in Catholic Family & Human Rights Institute, Friday Fax Vol. 5 (Dec 13, 2002) No. 51.

[16] See Telling the Truth: AIDS Rates for Thailand and the Philippines, by Rene Josef Bullecer, in <http://www.hli.org/thailand%20and%20philippines%20aids%20rates.html>.