

Chastity and Homosexuality

Combating the Scourge of HIV and AIDS

Rev. James McTavish, FMVD, MD

Abstract. Despite billions of dollars spent in risk-reduction measures, the HIV rate in men who have sex with men (MSM) continues to soar. Although MSM represent approximately 4 percent of the male population in the United States, in 2010 male-to-male sex accounted for 78 percent of new HIV infections among males. More emphasis needs to be given to risk-avoidance measures. The Catholic Church is both courageous and medically correct in stating that homosexual acts are harmful. The health risks of homosexual sex are scarcely mentioned in the public debate, as misguided political correctness seems increasingly to hold science and medical data hostage. Our brothers should be informed about the dangers of an active homosexual lifestyle and encouraged to live chastely. *National Catholic Bioethics Quarterly* 14.4 (Winter 2014): 637–645.

Worldwide, the group whose behavior puts them most at risk of HIV remains men who have sex with men (MSM).¹ Whether in Los Angeles, Manila, or London, the HIV rate among MSM continues to soar. Although MSM represent approximately

Rev. James McTavish, FMVD, MD, is a Scottish Catholic missionary priest with the Verbum Dei missionaries in Manila, Philippines. He is involved in apostolate work and teaches moral theology. The author thanks Sr. Frances Drum, FMVD, Mrs. Grace Chua, and Arleen Obsioma, MD, for their helpful comments on this paper. Correspondence: frjamesmc@gmail.com.

¹ MSM, although often understood as “men who have sex with men,” can also pertain to “males who have sex with males.” The distinction is made between men and males because some engaging in this homosexual activity are less than eighteen years of age.

4 percent of the male population in the United States, in 2010 male-to-male sex accounted for 78 percent of new HIV infections among males.²

In New York City, MSM have a 140-fold higher risk for newly diagnosed HIV compared with heterosexual men.³ In the Philippines, 84 percent of all new sexually transmitted HIV infections in 2013 occurred in MSM, with Manila being the epicenter of the epidemic.⁴ In London, HIV infections in MSM rose 33 percent from 2011 to 2012, with anecdotal reports of HIV-negative men borrowing four days worth of HIV medication from their HIV-positive friends so they could have sex without condoms at sex parties with HIV-positive men present.⁵ In October 2012, the *Sydney Morning Herald* announced an alarming increase in the number of HIV cases in Australia, where already 80 percent of those diagnosed with HIV infection attribute their infection to male-to-male sexual contact.⁶

Profile of Men Who Have Sex with Men

In 2012, the *Lancet* ran a series of articles on HIV in men who have sex with men. They described MSM thus:

Men who have sex with men (MSM) is a term introduced in 1992 to attempt to capture a range of male–male sexual behaviours and avoid characterisation of the men engaging in these behaviours by sexual orientation (homosexual, bisexual, heterosexual, or gay) or gender identity (male, female, transgender, queer). MSM includes gay-identified men, heterosexually identified men who have sex with men, bisexual men, male sex workers who can have any orientation, men engaging in these behaviours in all male settings, such as prisons,

² Centers for Disease Control and Prevention, “Today’s HIV/AIDS Epidemic,” October 2014, 3, <http://www.cdc.gov/nchhstp/newsroom/docs/HIVFactSheets/TodaysEpidemic-508.pdf>.

³ Preeti Pathela et al., “Men Who Have Sex with Men Have a 140-Fold Higher Risk for Newly Diagnosed HIV and Syphilis Compared with Heterosexual Men in New York City,” *Journal of Acquired Immune Deficiency Syndrome* 58.4 (December 1, 2011): 408–416.

⁴ “Newly Diagnosed HIV Cases in the Philippines,” Department of Health, National Epidemiology Center, Philippines, December 2013, <http://www.doh.gov.ph>. For latest updates, click “Disease Surveillance,” then “STI/HIV.” On October 31, 2012, the national newspaper *Philippine Daily Inquirer* reported that HIV cases were rising in “MSM-friendly” Quezon City, Manila (Rima Jessamine M. Granali, “HIV Cases Rise in ‘MSM Friendly’ Quezon City”).

⁵ Tony Kirby and Michelle Thornber-Dunwell, “New HIV Diagnoses in London’s Gay Men Continue to Soar,” *Lancet* 382.9889 (July 27, 2013): 295.

⁶ Amy Corderoy, “Alarming Increase in Number of HIV Cases,” *Sydney Morning Herald*, October 17, 2012. The Twentieth International AIDS Conference reported that of “the estimated 21,391 people living with diagnosed HIV infection in Australia, 80% of them attribute their infection to male-to-male sexual contact.” AIDS 2014 Communication Department, “Fact Sheet: HIV and AIDS in Australia,” 2014, http://www.aids2014.org/webcontent/file/AIDS2014_Fact_sheet_Australia.pdf. From 2003 to 2007, MSM accounted for “82% of newly acquired HIV infections” in Australia. See Frits van Griensven et al., “The Global Epidemic of HIV Infection among MSM,” *Current Opinion in HIV and AIDS* 4.4 (June 2009): 301–302.

and the rich and wide array of traditional identities and terms for these men across cultures and subcultures.⁷

In the *Lancet* series, Kenneth Mayer and colleagues hold that “sexual health for MSM encompasses the absence of disease and the possibility of safe and pleasurable sexual experiences.”⁸ However, the soaring HIV rate in MSM indicates that the promotion of safe and pleasurable sex experiences in MSM is proving unsafe and very unhealthy.

As part of the response to the disproportionate disease burden in MSM, the same authors propose that “successful responses to the global HIV/AIDS epidemic will require the development of culturally sensitive clinical care programmes for MSM that address these health disparities and root causes of maladaptive behavior (e.g., societal homophobia).”⁹ Medically speaking though, the root cause of HIV in MSM is the homosexual act, not homophobia. There is such a fear of being labeled “homophobic” that one can even become blind to the best medical practice. It seems that medical data are being held hostage by political correctness.¹⁰

Health Risks of Homosexual Acts

The health risks of homosexual acts are well documented although scarcely mentioned in the public debate.¹¹ They can be characterized as follows:

- Increased risk of infections, not only HIV but also human papillomavirus (HPV), viral hepatitis B and C, gonorrhea, syphilis, and all STDs.
- Increased risk of cancer—anal cancer, Kaposi’s sarcoma, and HPV-related malignancy.
- Higher incidence of physical injuries—anal trauma, hemorrhoids, anal fissures, and retained foreign bodies.
- Mental health disorders—increased suicidal tendency, depression and anxiety.
- Increased rates of substance abuse including drugs and alcohol.¹²

⁷ Chris Beyrer et al., “Global Epidemiology of HIV Infection in Men Who Have Sex with Men,” *Lancet* 380.9839 (July 28, 2012): 368.

⁸ Kenneth H. Mayer et al., “Comprehensive Clinical Care for Men Who Have Sex with Men: An Integrated Approach,” *Lancet* 380.9839 (July 28, 2012): 379.

⁹ *Ibid.*, 378.

¹⁰ See Christopher H. Rosik, “Spitzer’s ‘Retraction’ of His Sexual Orientation Change Study: What Does It Really Mean?,” *LifeSiteNews.com*, May 31, 2012, where Rosik asks, “Is it really far-fetched to suspect science is being held hostage to political agendas here?”

¹¹ John R. Diggs Jr., *The Health Risks of Gay Sex* (Scottsdale, AZ: Corporate Resource Council, 2002), <http://www.lc.org/profamily/healthrisksSSA.pdf>.

¹² Methamphetamine addiction is now endemic in many American MSM communities, leading to disinhibition and highly risky sexual practices; see Nadine Nakamura et al., “HIV Risk Profiles among HIV-Positive, Methamphetamine-Using Men Who Have Sex with Both Men and Women,” *Archives of Sexual Behavior* 40.4 (August 2011): 793–801.

Exacerbated by Promiscuity

The media image of a happy homosexual couple who remain faithful to each other is not supported by the data, but is instead a caricatured stereotype that attempts to normalize homosexual relationships under the political agenda of “equality.” Some men who formerly lived an actively gay lifestyle admit they had never met a faithful homosexual lover. “Fidelity” in a gay relationship should not be automatically associated with monogamy. A male homosexual living with another might still be labelled as “faithful” despite having many other concurrent partners. In *The Sexual Organization of the City*, Edward Laumann, a sociologist at the University of Chicago, argues that the “typical gay city inhabitants spend most of their adult lives in ‘transactional’ relationships, or short-term commitments of less than six months.”¹³ One study involving 1,500 homosexual men and women concluded that 45 percent of white male homosexuals had sex with five hundred or more partners, with 28 percent having a thousand or more sex partners.¹⁴

Being aware of the real dangers of this type of promiscuity would help us understand why the Church labors to save homosexuals from “a way of life which constantly threatens to destroy them.”¹⁵ Rampant homosexual activity endangers a person’s life and that of many others—and that is why the Church emphasizes chastity and risk avoidance.

Risk Avoidance rather than Risk Reduction

The approach of the AIDS establishment has been to emphasize risk reduction measures—a way of saying “Do what you wish with your body and your sexuality, then we will find ways to reduce the risk of the consequences.” Thus the establishment promotes, for example, the flawed response of the condom.¹⁶ That is a risk-reduction strategy, but as we are dealing with a deadly disease, why not emphasize risk avoidance and call on others to completely abstain from the behaviors that put the person at risk?

Risk avoidance includes the promotion of abstinence and mutual monogamous fidelity, which are “in fact not faith-based motivational programs but evidence-based AIDS prevention.”¹⁷ The reticence about risk avoidance is because many do not believe that we should intervene in areas of sexuality—this is a Western golden rule that has also been aggressively marketed around the world.

¹³ Edward Laumann, *The Sexual Organization of the City* (Chicago: University of Chicago Press, 2005), quoted in Adrian Brune, “City Gays Skip Long-Term Relationships: Study Says,” *Washington Blade*, February 27, 2004, 12.

¹⁴ Alan P. Bell and Martin S. Weinberg, *Homosexualities: A Study of Diversity among Men and Women* (New York: Simon and Schuster, 1978), 308.

¹⁵ Congregation for the Doctrine of the Faith (CDF), Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons (October 1, 1986), n. 12.

¹⁶ See James McTavish, “Benedict XVI on Condoms and AIDS: Good Theology and Good Medicine,” *Ethics and Medics* 38.4 (April 2013): 1–3.

¹⁷ Edward Green, Foreword to *Affirming Love, Avoiding AIDS: What Africa Can Teach the West*, by Matthew Hanley and Jokim de Irala (Philadelphia: National Catholic Bioethics Center, 2010), xviii.

Risk avoidance is actually the approach taken for most other behaviors that endanger health, such as smoking. The emphasis is on stopping or never starting in the first place. Matthew Hanley and Jokin de Irala state, “It is noteworthy that public health entities seek to modify some lifestyle choices but not others. The consumption of tobacco, cholesterol-laden diets, sedentary lifestyles, and reckless driving are all considered behaviors that require modification, but sexual behavior associated with disease and other adverse consequences is not.”¹⁸

Moral Evaluation of Homosexual Acts

The moral evaluation of homosexual activity presents a special challenge in our world because “there are many forces in our society that promote a view of sexuality in general, and of homosexuality in particular, not in accord with God’s purpose and plan for human sexuality.”¹⁹ Even many “Catholic” groups would present homosexuality as completely harmless, or even a good thing that represents a legitimate sexual alternative. They believe that the teaching of the Catholic Church is oppressive and unscientific. Such groups claim to promote the fundamental freedom of the person to live according to their sexual orientation, an orientation they claim they were born with. Joseph Cardinal Ratzinger, the then Prefect for the Congregation of the Doctrine of the Faith, wrote that, in contrast, the Church’s teaching concerning homosexuality “does not limit but rather defends personal freedom and dignity realistically and authentically understood.”²⁰

Church Teaching on the Homosexual Act

There is a difference between the homosexual *orientation* and the homosexual *act*. A person may have the homosexual orientation through no fault of his own and may strive to live a chaste life. Here the homosexual orientation or inclination is obviously not in itself sinful. However, the Catholic Church teaches that the homosexual act is objectively sinful. It is always disordered, as it is not open to life and does not respect the complementarity of the sexes. The *Catechism of the Catholic Church* states that “tradition has always declared that ‘homosexual acts are intrinsically disordered.’ They are contrary to the natural law. They close the sexual act to the gift of life. They do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved.”²¹

Rev. Paul Check, the current director of Courage, stated, “Homosexual activity is ‘intrinsically disordered,’ which means that no subjectively good intention can make it good. It is always contrary to man’s nature and therefore cannot lead to fulfillment or to holiness. And so, the Church warns strongly and clearly against it.”²²

¹⁸ Ibid., 25

¹⁹ US Conference of Catholic Bishops, “Ministry to Persons with a Homosexual Inclination: Guidelines for Pastoral Care” (November 14, 2006), 1.

²⁰ CDF, Letter on the Pastoral Care of Homosexual Persons, n. 7.

²¹ *Catechism*, n. 2357.

²² Paul Check, interviewed by Ann Schneible, “People with Homosexual Inclinations Not Excluded from the Church,” *Zenit.org*, February 14, 2014, part 2.

This distinction between orientation and act is helpful in pastoral situations. A man with a homosexual orientation may be striving to live a chaste life and uniting this struggle, which he did not choose, to the sacrifice of the Lord's Cross.²³ On the other hand, a man may be engaging in homosexual acts and this is objectively sinful. It should be born in mind, however, that "responsibility for an action can be diminished or even nullified by ignorance, inadvertence, duress, fear, habit, inordinate attachments, and other psychological or social factors."²⁴

Duty to Inform regarding Dangers of Homosexual Acts

In the fight against HIV and in an attempt to encourage a chaste lifestyle, especially among those most at risk, the Catholic Bishops of the Philippines advise, "Parents and educators need to teach, by their word and example, the dignity of the human person, the beauty and sacredness of human love anchored on God's love. Chastity and monogamous fidelity are the best protection from HIV and AIDS."²⁵ Education and correct medical information are vital to making people aware of the harmful effects of an active homosexual lifestyle.²⁶ At times, we can simply remain silent about its dangers, which may be a grave omission, or at worst we can actually be the ones approving of or even openly promoting a homosexual lifestyle. Ratzinger strongly reminded us that "departure from the Church's teaching, or silence about it, in an effort to provide pastoral care is neither caring nor pastoral."²⁷ The Canadian Bishops noted that "avoidance of difficult questions or watering down the Church's teaching is always a disservice. Such attitudes could lead young people into grave moral danger."²⁸

We need to educate young people especially to be critical consumers of the mass media. The Catechism warns that the mass media "can give rise to a certain passivity among users, making them less than vigilant consumers of what is said or shown."²⁹ The mass media today often aggressively promote the homosexual lifestyle without adequately presenting its risks and consequences. Pope Francis, in his recent apostolic exhortation *Evangelii gaudium*, writes, "We are living in an information-driven society which bombards us indiscriminately with data—all treated as being of equal importance—and which leads to remarkable superficiality

²³ *Catechism*, n. 2358.

²⁴ *Ibid.*, n. 1735.

²⁵ 2011 Catholic Bishops' Conference of the Philippines, "Who Is My Neighbor?" pastoral letter on AIDS, July 2011, n. 4.

²⁶ A distinction can be made between anal sex and non-penetrative acts; see Mayer et al., "Clinical Care for Men Who Have Sex with Men," 380, for a list of the most common sexual practices in MSM and the concomitant health risks. Anal sex can be *receptive* or *insertive*. Receptive anal intercourse (RAI) with an "HIV-positive partner carries a per-contact transmission risk of roughly 1.5%. For insertive anal intercourse, the risk is 0.1% for circumcised men and 0.6% for uncircumcised men." RAI is the major factor driving the HIV epidemic in MSM.

²⁷ CDF, Letter on the Pastoral Care of Homosexual Persons, n. 15.

²⁸ Episcopal Commission for Doctrine of the Canadian Conference of Catholic Bishops, *Pastoral Ministry to Young People with Same-Sex Attraction* (June 2011), n. 16.

²⁹ *Catechism*, n. 2496.

in the area of moral discernment. In response, we need to provide an education which teaches critical thinking and encourages the development of mature moral values.”³⁰

Bearing in mind that homosexual persons should be treated with “respect, compassion, and sensitivity” and that every sign of unjust discrimination must be avoided, it may help if more people were aware of the risks of an active homosexual lifestyle.³¹ The Catholic Medical Association (CMA) of the United States underlined the role of teachers in Catholic institutions having a “duty to defend the teachings of the Church on sexual morality, to counter false information on same-sex attraction, and to inform at-risk or homosexually involved adolescents that help is available.”³² The extent of false information among the American public was shown in a 2014 Gallup poll that revealed that 42 percent of those surveyed erroneously believe that homosexuality is something a person is born with.³³ The CMA also notes that Catholic medical professionals have “a special duty in this area,” especially in their educational role, to help those with homosexual inclinations.³⁴

This medical and Christian duty is becoming even more urgent in light of recent statements by the World Medical Association that declare that homosexuality “is a natural variation of human sexuality without any intrinsically harmful health effects.”³⁵ The soaring HIV rate in MSM indicates that this pronouncement is medically misleading. Christopher Rosik, the current president of NARTH (the National Association for Research and Therapy of Homosexuality), has criticized the WMA statement, stating that it “lacks scientific integrity, sometimes providing conclusions that are no more supportable than speculation and at other times failing to provide adequate scholarly context.” He notes that “ideology rather than science” is driving part of their vision.³⁶

What Else Can Be Done?

The words of Francis in *Evangelii gaudium* can give us a general missionary orientation. He reminds us that as part of our mission, it is valuable to help even just one person—“Every person is immensely holy and deserves our love. Consequently, if I can help at least one person to have a better life, that already justifies the offering

³⁰ Francis, *Evangelii gaudium* (November 24, 2013), n. 64.

³¹ *Catechism*, n. 2358.

³² Catholic Medical Association, *Homosexuality and Hope*, part II, n. 4, accessed October 28, 2014, <http://www.ewtn.com/library/ISSUES/homohope.htm>.

³³ See Justin McCarthy, “Americans’ Views on Origins of Homosexuality Remain Split: Most Say Being Gay or Lesbian Starts at Birth,” *Gallup.com*, May 28, 2014.

³⁴ CMA, *Homosexuality and Hope*, Part II, n. 8.

³⁵ World Medical Association, “Statement on Natural Variations of Human Sexuality,” accessed October 28, 2014, <http://www.wma.net/en/30publications/10policies/s13/>; this was adopted by the World Medical Association at its 64th General Assembly, Fortaleza, Brazil, in October 2013.

³⁶ Christopher H. Rosik, “NARTH Response to the WMA Statement on Natural Variations of Human Sexuality,” accessed October 28, 2014, <http://www.narth.com/#!/world-medical-association---narth/c4c6>.

of my life.”³⁷ We should not think that the problem is so big that nothing will change, as this defeatist attitude could merely be the fruit of an underlying laziness and lack of spirituality.³⁸ Rather, the Risen Christ is the wellspring of our hope. He is always powerfully at work in the world, even when statistics appear to belie his real and active presence. Even where “all seems to be dead, signs of the resurrection suddenly spring up. It is an irresistible force.”³⁹

Concrete actions that give life to the body of Christ include prayer, especially prayers of intercession. We should not meet the very challenging reality of AIDS with a discouraged look of despair, but rather with “a spiritual gaze born of deep faith which acknowledges what God is doing in the lives of others.”⁴⁰ All those working in the realm of HIV prevention should realize that no sincere concern for others is ever wasted. Francis acknowledges that our Lord can use our sacrifices “to shower blessings in another part of the world.”⁴¹ Perhaps our little sacrifice, even to defend the facts about sex among MSM, will help strengthen another person to be faithful in their chaste struggle. We also need to set good chaste examples in our own personal lives. It would be counterproductive to encourage chastity in others while we ourselves were living promiscuous or unfaithful lives.

The homosexual person may also greatly benefit from being introduced to Courage, a Catholic support group for men with homosexual tendencies. Courage has five goals:

1. *Chastity*—Live chaste lives in accordance with the Roman Catholic Church’s teaching on homosexuality.
2. *Prayer and Dedication*—Dedicate one’s life to Christ through service to others, spiritual reading, prayer, meditation, individual spiritual direction, frequent attendance at Mass, and the frequent reception of the sacraments of Reconciliation and Holy Eucharist.
3. *Fellowship*—Foster a spirit of fellowship in which all may share thoughts and experiences, and so ensure that no one will have to face the problems of homosexuality alone.
4. *Support*—Be mindful of the truth that chaste friendships are not only possible but necessary in a chaste Christian life, and in doing so provide encouragement to one another in forming and sustaining them.
5. *Good Example*—Live lives that may serve as good examples to others.⁴²

³⁷ Francis, *Evangelii gaudium*, n. 274.

³⁸ *Ibid.*, n. 275.

³⁹ *Ibid.*, n. 276.

⁴⁰ *Ibid.*, n. 282.

⁴¹ *Ibid.*, n. 279.

⁴² See the Courage website, www.couragerc.net.

Convenient and Inconvenient

As the HIV rate in MSM continues to soar, it seems apparent that a greater promotion of risk avoidance rather than risk reduction is needed. Chastity is a call for all, especially for those engaged in promiscuous lifestyles. The Catholic Church, although often lambasted by the media for its supposed prejudice against homosexual persons, is correct in pointing out the medical and moral harm of the homosexual act. She should not be deterred in attempting to offer a helping (and, at times, saving) hand to our brothers whose lives are at risk because of an active homosexual lifestyle.

St. Paul exhorts Timothy and each one of us, “Proclaim the word; be persistent whether it is convenient or inconvenient; convince, reprimand, encourage through all patience and teaching. For the time will come when people will not tolerate sound doctrine but, following their own desires and insatiable curiosity, will accumulate teachers and will stop listening to the truth and will be diverted to myths. But you, be self-possessed in all circumstances; put up with hardship; perform the work of an evangelist; fulfill your ministry” (2 Tim. 4:2–5 NAB).

If we do not speak up, the truth risks being drowned out by the voices of many powerful lobby groups and self-interests. Our brothers deserve to be told the medically correct facts even if stating these facts is becoming increasingly politically incorrect. In this way, pointing out the medical and moral dangers of the homosexual lifestyle, not being afraid to stress risk avoidance over risk reduction, loving MSM as our brothers in Christ, and especially encouraging them to strive to live chastely, we may be able to help slow the rate of HIV infection among MSM.