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AILING OF AIDS AND UNAIDED: A CRITICAL-HISTORICAL REVIEW OF HIV TESTING AND “SPACES” OF DISCLOSURE FOR CATHOLIC CLERICS AND RELIGIOUS IN SOUTH AFRICA DURING THE 1990s

Abstract

As was the case with the larger South African society during the 1990s, the Catholic Church was not without error in the manner in which it dealt with HIV and AIDS. Whereas the church was involved in activism for the rights of People Living with HIV and AIDS (PLWHA) on the outside, it ironically ignored, arguably even muted, voices of PLWHA within its inner ranks, especially the priests, religious, and candidates for spiritual formation and vocation at the seminaries. Sadly, HIV testing is intricately connected to the disclosure of HIV positive status for Catholic clerics and religious on account of the vow to celibacy. An HIV positive test result presents both a health and a moral dilemma for the church. So sensitive was the issue that the Southern Africa Catholic Bishops' Conference debated on it in the entire 1990s, and abandoned it inconclusively. Meanwhile, HIV positive priests agonised in silence and the religious in convents would only confess their status on death beds due to foreseen hostilities by their peers and superiors. Based on oral interviews and archival materials, such as correspondence letters and minutes, the article is a critical-historical review of how the Catholic Church handled HIV testing and disclosure within its inner ranks during the 1990s. It is argued that, as was the case of condom use in HIV prevention, the Catholic Church struggled throughout the 1990s to accept that priesthood and religious life was not immune to the social challenge of HIV and AIDS and thereby failed to accept and care for HIV positive priests and religious.

Keywords: HIV testing and disclosure; AIDS; religious and priests; South Africa; Catholic Church; care; stigma.

Slutelwoorde: MIV-toetsing en onthulling; vigs; geestelikes en priesters; Suid-Afrika; Katolieke Kerk; versorging; stigma.

1. INTRODUCTION

In South Africa, AIDS has never been a notifiable disease.¹ Therefore, both compulsory and secretive HIV tests have repeatedly been legally challenged.² Although an HIV test was not a condition for acquiring a South African visa during the early years of the epidemic,³ as it was in certain other countries, such as the United States of America (USA), the manner of testing and disclosing HIV status attracted much stigma and discrimination in the country. During the 1990s, prospective employers, especially in the mining sector, demanded a negative HIV test result as a prerequisite to the signing of an employment contract. Immigrant labourers who were found to be HIV positive were not re-employed upon their return from year-end holidays.⁴ Insurance companies made HIV testing compulsory for all health and life covers and would not issue any in the event of an HIV positive test result. Compulsory testing continued to be the norm, despite the fact that the South Africa Medical Defence Council had categorically stated that, “one may not test for HIV unless the test has a direct bearing on any treatment to be given”.⁵ In November 1991, the Department of Health and Population Development agreed to a “clinical case” definition for AIDS.⁶ However, a replica of that provision among the health professionals was not instantaneous. Most doctors were reluctant to be involved with People Living with HIV and AIDS (PLWHA). Hospital beds of People with AIDS (PWA) were labelled “biohazard”.⁷

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- 1 A Whiteside and C Sunter, *AIDS: The challenge for South Africa* (Cape Town: David Philip, 1997), p. 30.
 - 2 A Whiteside (ed.), *Implications for AIDS for demography and policy in Southern Africa* (Pietermaritzburg: University of Natal Press, 1998), p. 16.
 - 3 The National Centre for Health Policy, *AIDS in South Africa: The demographic and economic implications* (Johannesburg: Department of Community Health, Medical School, September 1991).
 - 4 Cheryl Carolus, the former Deputy Secretary General of the ANC, applied for life insurance in April 1995 and discovered how the insurance industry discriminated against PLWHA. She then wrote an article in the *Weekly Mail* of 9 June 1995 outlining her experiences, as well as other discriminations against PLWA in South Africa. Among these was the loss of employability in the mining industry. See “Unfair and irrational discrimination against People Living with AIDS in South Africa”, *The Weekly Mail*, 9 June 1995. See also, The Consortium, Article C Carolus, HIV testing for Insurance: Letter to all affiliates, 14 June 1995.
 - 5 Department of National Health and Population Development, “Background and strategy for AIDS prevention,” AIDS Unit, South Africa, April 1991.
 - 6 A Whiteside, “HIV infection: The nature of the economic impact – an overview”. Unpublished paper presented at the Economic Impact of AIDS in South Africa Workshop, Durban, 22-23 July 1991. At the time, Whiteside was a Senior Research Fellow at the Economic Research Unit of the University of Natal.
 - 7 Department of National Health and Population Development, “National communication strategy AIDS prevention”, AIDS Unit, South Africa, May 1991.

The Catholic Church was opposed to such discrimination. The SACBC was, since 1992, a member of the AIDS Consortium, a consultative body formed out of the National AIDS Convention of South Africa (NACOSA) and hosted by the Centre for Applied Legal Studies of the University of the Witwatersrand.⁸ The AIDS Consortium remained vocal and active in AIDS activism during the entire 1990s. Its principle objective was, “to address all human rights issues arising in relation to HIV/AIDS and to challenge all forms of unfair discrimination on the basis of HIV/AIDS”.⁹ Its unrelenting voice was dominant in matters relating to test regulations and rights. In June 1995, it was invited by Cheryl Carolus, the Deputy Secretary General of the ANC, to participate in a meeting with the Life Offices’ Association and Medical Association of South Africa (MASA) in order to produce draft guidelines on pre-test counselling.¹⁰ This illustrates that the Catholic Church was active, at least by way of representation, in AIDS activism regarding the rights of PLWHA as early as 1992. It was clearly against AIDS-related discrimination.

Ironically, the Catholic Church in South Africa denied the same rights to HIV positive priests, candidates for seminary who tested positive for the HIV virus, as well as members of religious communities in the convents who developed AIDS related health complications. During the 1990s, both HIV testing and the disclosure of an HIV positive result for the religious became a human rights, cum moral dilemma for the church on account of, among other issues, the celibacy vow. Informed by this, as is shown in this article, Catholic ethicists have, since the early 1990s, laboured to call the church in South Africa to the attention of underlying HIV and AIDS related human rights abuses with regard to clerics, religious and seminarians living with HIV/AIDS. Indeed, moral theologians have consistently called the hierarchy to human rights resources available in the same canon law and tradition that has been wrongly construed to bring about suffering and alienation of certain groups. Similar to what Carla Tsampiras found in her historical analysis of narratives and responses to HIV/AIDS in South Africa among medical and political communities (1980-1995), the Catholic community in South Africa, “often relied on constructed ‘AIDS avatars’, framed understanding of the syndrome and influenced responses to it”.¹¹

8 National AIDS Convention of South Africa, Facsimile Transmission R van Heerden (NACOSA) – Cecilia Moloantoa (SACBC), 16 September 1992. Ref: Invitation to act as a work group facilitator at the National AIDS Convention of South Africa (NACOSA), 23-24 October 1992, NASREC.

9 The AIDS Consortium, Interim Constitution, 14 May 1998, p. 1.

10 The AIDS Consortium, Centre for Applied Legal Studies, Witswatersrand University. Letter to all Affiliates. Ref: Article by Cheryl Carolus on HIV Testing for Insurance, 14 June 1995; See also Article by Cheryl Carolus on HIV testing for insurance, *Weekly Mail*, 9 June 1995.

11 CZ Tsampiras, *Politics, polemics, and practice: A history of narratives about, and responses to, AIDS in South Africa, 1980-1995* (PhD, University of Rhodes, 2012), p. i.

This article is a critical-historical review of how the Catholic Church handled HIV testing and disclosure within its inner ranks, that is, the hierarchy and the religious. It is based on historical research conducted in South Africa between 2007 and 2010 and in part a section of a 2011 PhD thesis undertaken at the University of KwaZulu-Natal (UKZN).¹² Oral interviews of clerics, religious, lay leaders and Catholic AIDS project administrators, as well as written and archival sources in the form of correspondence letters, plenary session minutes, magazine articles, and project reports form the bulk of the data. The *Southern Cross*, a Catholic magazine released twice a month, was particularly resourceful.

It is important to locate this narrative within the present literary and historical context of AIDS in South Africa. Whereas the data used in this article was collected between 2008 and 2010, and speaks to an even earlier historical period (1990-1999), the circumstances surrounding HIV/AIDS in South Africa have since changed considerably. Three specific areas of change are worth noting. Firstly, with regard to the historiography of AIDS, there was hardly any work that focused on the history of AIDS in South Africa by 2000.¹³ Tsampiras rightly observed that the South African historian was a late comer in documenting an epidemic that was highly considered “of the present” on account of the urgency to respond to the on-going crisis.¹⁴ In the early 2000s, however, general historical works emerged, such as that of John Iliffe¹⁵, Philippe Denis and Charlse Becker,¹⁶ and Jonathan Engel.¹⁷ The “AIDS in Context” Conference in Witz in 2001 ushered in a set of new publications that focused on social sciences and their interrelatedness in the epidemic.¹⁸ Secondly, Catholic response to the disease has also changed.

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- 12 SM Joshua, *The Catholic response to HIV and Aids in South Africa with a special reference to KwaZulu-Natal (1984- 2005): A historical-critical perspective* (PhD, University of KwaZulu-Natal, 2010). Also available online, <http://researchspace.ukzn.ac.za/jspui/bitstream/10413/3464/1/Joshua_Stephen_Muoki_2010.pdf>.
- 13 MD Grmek, *History of AIDS: Emergence and origin of a modern pandemic* (Princeton: Princeton University Press, 1990).
- 14 Tsampiras, pp. 3-5.
- 15 J Iliffe, *The African AIDS epidemic: A history* (Oxford: James Currey, 2006), see particularly chapter 5, “The conquest of the South”. For a review of Iliffe’s work, see S Marks, “Review: science, social science and pseudo-science in the HIV/AIDS debate in Southern Africa”, *Journal of Southern African Studies* 33(4), December 2007.
- 16 P Denis and C Becker (eds), *The HIV/AIDS epidemic in sub-Saharan Africa in a historical perspective*. English addition published online by the Senegalese Network, “Law, Ethics, Health”, October 2006. Available on the website of the *Agence Universitaire de la Francophonie*, <<http://rds.refer.sn/IMG/pdf/AIDSHISTORYALL.pdf>>, accessed July 2016. See Part 3, “HIV/AIDS in the history of epidemics”; particularly M Echenberg, “Historical perspectives on HIV/AIDS: Lessons from South Africa and Senegal”; B Carton, “Historicising the unspeakable. Legacies of bad death and dangerous sexuality in South Africa”.
- 17 J Engel, *The epidemic: A global history of AIDS* (New York: Collins, 2006); J Goudsmit, *Viral sex: The nature of AIDS* (Oxford: Oxford University Press, 1998).
- 18 C Burns, “A useable past: The search for ‘history in chords’”. In: HE Stolten (ed.), *History and present day politics – The meaning of collective memory in South Africa* (Uppsala: Nordiska Afrikainstitutet, 2007), p. 356.

Elsewhere in the article it was argued that 2000 was a watershed year in Catholic response to HIV/AIDS.¹⁹ More inclusive debates and corrective actions from within the SACBC have been undertaken. A Catholic AIDS Convention, held in Cedara, Pietermaritzburg in 2013, whose proceedings were published in the *Grace and Truth Journal*, is a clear indicator to this.²⁰ Thirdly, the present South African AIDS epidemic is quite different from that of 1990s. However, the recently concluded International AIDS Conference in Durban (2016) has shown that many of the issues, such as human rights violation, inequality, stigma and discrimination, especially among certain social groups, are even worse today.²¹ Therefore, although this article's narrative does not endeavour to historicise on the dramatic events of the 2000s and rather limits itself to the earlier period of the 1990s, it is important to be cognisant of the discontinuities and continuities thereof. The Treatment Action Campaign (TAC), the "denialist" regime of Thabo Mbeki, as well as the changing trends in that response during Zuma's presidency, are well documented.²²

2. THE UNRELENTING DEBATE ON THE TESTING OF PRIESTLY CANDIDATES

During the 1990s, a debate was raging in the ranks of the Southern Catholic Bishops' Conference (SACBC) as to whether compulsory HIV testing should be included in the medical test-list of candidates for the priesthood. So serious was the issue that some bishops were afraid that, unless drastic measures were taken, "by the year 2020 there would be no candidates for priesthood".²³ The matter was first brought to the awareness of the bishops in their August 1989 plenary session.²⁴ It was during a study day on the formation of priests in the "Circumstances of To-Day", in preparation for the Synod of Bishops, that the

19 SM Joshua, "The Dowling controversy, the 'message of hope,' and the principle of *oikonomia*: A historical-critical reflection on the South African Catholic Church's stance on the use of condoms in HIV prevention between 2000 and 2005", *Journal of Theology for Southern Africa* 137, July 2010, pp. 4-27.

20 A Orobator, "Catholic responses to HIV/AIDS in Africa: the long walk to conversion", *Grace and Truth: A Journal of Catholic Reflection for Southern Africa* 30(3), October-November 2013, pp. 20-35.

21 Lilianne Plaumen, "It isn't lack of drugs holding us from eradicating AIDS but inequality". Speech delivered at the Durban International Conference, 2016, <<https://www.theguardian.com/global-development/2016/jun/09/hiv-rates-eradicating-aids-inequality-social-stigma>>, accessed 5 August 2016.

22 P Zwane, *The role of the Roman Catholic Church in South Africa in developing an authentic Christian sexual morality for Zulu Christians* (PhD, University of KwaZulu-Natal, 2003), pp. 23-56.

23 SACBC, *Minutes*, Plenary session, St Peter's Seminary, Garsfontein, Pretoria, 18-25 January 1994.

24 *Report*, Workshop, "Mandatory testing for candidates for seminaries and religious life with all its implications", Christ the New Man Centre-GA- Rankuwa, 11 June 1991.

question of testing seminarians for HIV was raised in various discussion groups. The question did not raise much discussion then. In March 1990, the Commission for Seminaries raised the issue in a report to the Consultation on AIDS, which had been organised by the Commission for Christian Service of the SACBC. A good deal of emphasis was laid on the implications of the topic of HIV testing for seminary training.²⁵ It was felt that the topic had a bearing on the medical report required from candidates for the priesthood and religious life. In September 1990, when discussing the *Memorandum on Admission Policy* to the seminary, the question was clearly asked, “should an HIV certificate be added to the list of documents required from candidates?”²⁶ Participants decided to raise this issue with the bishops attending the conference. Meanwhile, Father Hyacinth Ennis was asked to continue research on the subject and to present a paper in the conference plenary session. By this time, the subject had become a key source of panic and controversy at seminaries and formation institutions, not the least in the church leadership structures.²⁷

During a meeting of the Commission for Seminaries, held on 22 November 1990, Father Hyacinth gave a brief summary of two papers on mandatory HIV testing for candidates to seminaries and religious life and its implications.²⁸ He addressed the rights of groups, individuals, and the Gospel values. A prolonged discussion followed which centred on the implications of adopting a mandatory testing. The commission finally decided that the Department of Health Care and Education of the Commission for Christian Service should be asked to draw up a recommendation about HIV testing to be tabled at the January 1991 conference’s plenary session. According to the January 1991 plenary session minutes, the Department for Health Care and Education recommended, “that Mandatory HIV testing for seminaries and religious institutions and its implementations and implications be considered”.²⁹ The conference demanded more presentations on the matter and postponed deciding on the matter, citing inadequate information.

During the successive plenary sessions, experts on the subject, experienced in various orientations, were brought in. These included government health policy experts, representatives of international Catholic health agencies, such as Caritas International and Catholic International Development Charity (CAFOD), representatives from other bishops’ conferences, superiors of various religious communities and seminaries. Dr J Carswell of the Department of Health and Population Development in Pretoria, for instance, drew from his 19 years’ experience as a surgeon in Kampala to reflect on the necessity of a one-time

25 *Ibid.*

26 SACBC, Commission for Christian Education and Worship, *Minutes*, Meeting of Executive Committee of the Commission, Khanya House, Pretoria, 26 October 1993.

27 *Report*, Workshop, “Mandatory testing”, 11 June 1991.

28 SACBC, *Minutes*, Meeting of the Commission for Seminaries, 22 November 1991.

29 SACBC, *Minutes*, Plenary Session, St John’s Vianney Seminary, Pretoria, 22-29 January 1991.

HIV testing for the religious. Citing the example of the Catholic Mission Hospital in Kampala, Uganda, where compulsory testing for nursing candidates proved unfruitful, as it did not prevent them from getting infected at a later stage. Carswell concluded as follows, "I think that the experience from other African countries directs us towards more important issues than testing. How are we going to care for those affected by HIV, either directly (if they are themselves infected by HIV) or indirectly, when their families or colleagues are infected?"³⁰ Similarly, Sister Maura O' Donohue of CAFOD and Reverend Robert Vitillo of Caritas International contested that, "this whole discussion about testing could become quite irrelevant if all bishops and religious superiors would adopt the prophetic stand of the New Mexico bishops",³¹ who stated in June 1990 that, "if properly disposed and qualifications are otherwise met, persons living with AIDS have the right to assume those ecclesiastical offices or liturgical functions for which they may be capable".³² The reasons forwarded for a mandatory testing included the high cost of care and medication which most seminaries and religious communities could not afford, the need for planning, the suitability for vocation life-style, and guarding against HIV infection among the religious communities.³³

In effect, the church could hardly agree upon the issue of HIV testing for the seminary candidates and the religious. In spite of all the seminars and workshops on the subject, the debate dragged on throughout the entire early 1990s. It broadened to include the testing of all the seminarians and the religious, pre-marital testing, and the testing of priests returning from leaves of absence. The bishops seemed to drift further apart after every discussion on the matter. A document compiled by the Theological Advisory Commission (TAC), which recommended compulsory testing for the religious with adequate support systems, such as counselling and medical care, could not be agreed upon by the bishops either.³⁴ Certain diocesan officials went ahead to enact a policy of mandatory HIV testing on all priests returning from a leave of absence from active ministry following reports, "that three such returning priests have been diagnosed with AIDS, two of whom have already died," and that the diocesan health insurance premiums had doubled because of the high cost of medical

30 J Carswell, "HIV testing of candidates for seminaries and the religious". Unpublished paper presented to the SACBC Plenary Session, Mariannahill Conference Centre, KwaZulu-Natal, 10 August 1992.

31 M O'Donohue and R Vitillo, "HIV-antibody testing and candidates for seminaries and religious life". Unpublished paper presented to the SACBC Plenary Session, Mariannahill Conference Centre, 10 August 1992.

32 New Mexico Bishops, *A pastoral statement on AIDS and the religious*, 18 June 1990.

33 For a complete list and discussion of these reasons, see the SACBC Archive, Canon 642, Health for HIV Testing, Catholic File 1; *Report*, Workshop, "Mandatory testing", 11 June 1991.

34 SACBC, *Minutes*, Plenary Session, Mariannahill Conference Centre, KwaZulu-Natal, 4-11 August 1992.

care that these priests required.³⁵ Religious communities also dealt with the issue differently. The Milwaukee-based Salvatorians had made HIV testing part of their routine admissions process since 1988.³⁶ Several other communities were in the early 1990s working on a similar hard-line policy for HIV testing. The Oblates of Mary Immaculate (OMI) had HIV testing as a condition before candidates could join St Joseph's Scholasticate or any other form of religious formation since the early 1990s.³⁷ The Dominicans had a similar policy in the 1990s.³⁸ The Augustinians were more moderate in their policy which stated, "that any brother with AIDS will be cared for in one of our local communities unless he wishes otherwise".³⁹ To this effect, the policy expounded further that, "HIV testing be not part of our admission procedures [...] those candidates who identify themselves as having engaged in high risk behaviour be tested for HIV". Therefore, as far as the Augustinian Brothers were concerned, the presence of HIV in a candidate was itself not a determinant of admission into initial religious formation. However, certain circumstances could necessitate compulsory testing. Various church groupings had irreconcilably drifted too far apart on the matter.

By 1994, the bishops were fatigued by the subject of HIV testing and yet there were no signs of imminent consensus on the matter.⁴⁰ Some requested more information and indicated their unpreparedness to vote on the matter. Yet, many more felt that there had already been too many presentations and discussions on the subject and that the question should be taken more seriously and voted upon. They, however, unanimously agreed that the acceptance of HIV positive candidates would prove to be draining in every way. Whereas some bishops felt that counselling before and after testing should be emphasized, others felt that more than testing was required – accompanying and counselling a candidate over an extended period of time. The majority of religious congregations seemed to combine compulsory testing with counselling support. During the August 1994 plenary session, the conference agreed that every bishop should make his own decision regarding mandatory testing for seminary candidates in his diocese.⁴¹ This was preceded by a talk on the subject by a staff

35 R Vitillo, "Ethical considerations in testing for HIV". Address to the Caritas Internationals Working Group on AIDS, Kampala, Uganda, September 1993.

36 "AIDS test for religious", *Southern Cross*, 25 December 1988.

37 Interview, Provincial Superior of the Oblates of Mary Immaculate in the Diocesan Province of Durban, Father Stuart Bate, The Oblates of Mary Immaculate Provincial Headquarters, Durban, 10 July 2008.

38 Interview, Provincial Superior of the Dominicans, Father Albert Nolan, Emaphetelweni Centre, Pietermaritzburg, 12 November 2008.

39 The Augustinian Friars of the Province of Saint Thomas of Villanova, *An AIDS policy* [s.a.]. The events and citations it alludes to are of the late 1980s. The document was most likely written in the early 1990s.

40 See SACBC, *Minutes*, Plenary, 4-11 August 1992; SACBC, *Minutes*, Plenary Session, Mariannhill Conference Centre, Kwazulu-Natal, 3-11 August 1994.

41 SACBC, *Report*, Consultative Workshop on HIV/AIDS, Khanya House, 28 September 1994.

member of St John Vianney Seminary. Bishop Cawcutt later described the talk as extremely “biased”.⁴² On 28 September 1994, Bishop Cawcutt told an HIV/AIDS Workshop that he, “had a problem with that decision because he feels the bishops are ignorant about HIV/AIDS and know very little if anything”.⁴³ It was decided at the workshop that the November 1994 Board Meeting of the SACBC be asked to allocate enough time during the January 1995 plenary session. Bishop Cawcutt and Father Emil Blaser would invite a medical professional to give an informed input to the bishops before they make a decision so that they might be made aware of the implications of their decisions on mandatory testing for seminary candidates. The members of the workshop regretted that the wrong message had already been sent out to the public through, “the reaction and response to this particular challenge that has entered our whole life structures and systems”.⁴⁴ Although the bishops actually allowed Dr Ezio Baraldi, a private medical practitioner in Pretoria, to address them during the January 1995 plenary session, as organised by Bishop Cawcutt and Father Blaser,⁴⁵ evidence is lacking that they revised their position on compulsory HIV testing. Apparently, the issue was never raised again at conference level. In 2003, Johan Viljoen, a member of the SACBC AIDS Office who is HIV positive, lamented that, in an effort to keep the HIV positive persons outside its inner cycle, the Catholic Church in South Africa had refused HIV positive candidates from joining the training for priesthood and religious life.⁴⁶ He added that the issue was so thorny that the debate died on account of the unwillingness of religious congregations to discuss it.⁴⁷ The matter resurfaced in January 2013 at an AIDS conference held at Saint Joseph’s Theological Institute in Cedara, Pietermaritzburg, in the form of a pastoral article presented by Sister Alison Munro titled, *HIV and AIDS: Testing of candidates for the priesthood and religious life*.⁴⁸ Munro warned that, “not having an HIV testing policy at all appears to be problematic, especially if it implies that HIV+ means being excluded from admission”.⁴⁹

Therefore, the manner in which the Catholic Church dealt with HIV testing and disclosure within its own ranks not only exacerbated AIDS related stigma

42 *Ibid.*

43 *Ibid.*

44 *Ibid.*

45 SACBC, *Minutes*, Plenary Session, St Peter’s Seminary, Pretoria, 17-24 January 1995.

46 J Viljoen, “Responsibility and caring for one another: A response to paper by Sr. Patricia Fresen”. In: S Bate (ed.), *Responsibility in a time of AIDS: A pastoral response by Catholic theologians and AIDS activists in Southern Africa* (Pietermaritzburg: Cluster Publications, 2003), pp. 70-78.

47 Viljoen, p. 71.

48 A Munro, “HIV and AIDS: Testing of candidates for the priesthood and religious life”, *Grace and Truth: A Journal of Catholic Reflection for Southern Africa* 30(2), July-August 2013, pp. 106-118.

49 *Ibid.*, p. 116.

and discrimination, but more so was an infringement on the rights of individual priests, religious and candidates for religious formation. Like the insurance and the mining companies,⁵⁰ the church propagated a separatist ideology in its bid to remain “HIV free” within its religious ranks. The failure of the SACBC bishops to unanimously uphold the rights of HIV positive priests and seminary candidates, the refusal by certain dioceses to allow HIV positive priests to resume duties, following their leave of absence,⁵¹ and the inclusion of the HIV test as a condition for acceptance in religious formation by most religious congregations significantly impaired the church’s response to HIV/AIDS. How could the church become a watchdog over the government and business companies’ abuse of AIDS patients’ rights, for instance, whereas it adopted similarly discriminative policies within its ranks? Its policies were in many ways juxtaposed to the values it wanted to be seen as representative of. The SACBC’s representation to the Consortium in the fight against compulsory testing within the insurance industry is a classic example.

3. THE SILENCE OF HIV POSITIVE PRIESTS AND RELIGIOUS: CONFIDENTIALITY OR CONFINEMENT?

These juxtaposed positions became even clearer in KwaZulu-Natal. The newly appointed coordinator of the Catholic Archdiocese of Durban AIDS Care Commission (CADACC), Zibukele Mqadi, conducted a survey in 1999. Using a set of questions, he interviewed 36 out of the 61 parish priests in the archdiocese. According to the findings, 78% of the priests interviewed, indicated that there was stigma and discrimination against PLWHA within their religious formations.⁵² The majority of the priests expressed concern that the hierarchy was neither supportive, nor accommodative of those priests that struggled with AIDS. They felt that the leadership rejected HIV positive priests and still expected all priests to minister compassionately to parishioners who suffered from AIDS.⁵³ This resonates well with the complaint of yet another HIV positive priest who was cited by Viljoen in 2003, saying that, “the driver of an ambulance should be in the front – he shouldn’t be in the back with his patients”.⁵⁴ He was implying that the church could not afford to ignore HIV positive priests. Similar sentiments were expressed

50 SM Joshua, “AIDS monies and the NGOisation of Catholic response to HIV and AIDS in South Africa between 2000 and 2005: a histo-critical perspective”, *Studia Historiae Ecclesiasticae: Journal of Church History Society of Southern Africa* XXXVIII(2), December 2012, pp. 23-57.

51 Vitillo.

52 Z Mqadi, “Unpublished Report: CADAC survey among priests”, September 1999; Interview, Coordinator of the Catholic Archdiocese of Durban AIDS Care Commission (CADACC), Zibukele Mqadi, 4 July 2008.

53 Interview, Mqadi, 4 July 2008.

54 Viljoen, p. 72.

by Sister Hermenegild Makoro,⁵⁵ a long time religious superior in the Kokstad diocese and Secretary General of the SACBC at Khanya House in Pretoria. She said that stigma and discrimination within the church have always been hidden. She narrated that in 1999 a young member of a convent in Kokstad died of AIDS related complications after hiding it for over three years. Although Sister Makoro was the superior, she was not told until a few weeks before the death of the sister. Prior to her death, she told Sister Makoro that the reason why she refused to disclose her status was because HIV/AIDS was discussed in a stigmatising manner in the community. The way her colleagues in the convent spoke about the disease in her presence, without knowing that she was infected with the virus, created fear and self-condemnation. They repeatedly accused those that suffered from the disease of being sexually promiscuous and thereby apportioning blame upon them for their self-made and well deserving suffering. The sick sister's courage in disclosing to Makoro and insisting that her status be disclosed publicly in her obituary became the turning point for the convent and her family.

Upon his assumption of priestly duties in January 1999 at the Esigodini Parish near Edendale, Father Charles Ryan succumbed to, "the same judgemental and stigmatising attitude, so popular within the church cycles".⁵⁶ He had just relocated from Nigeria to South Africa when, in this remote and poor township near Pietermaritzburg, he met with the harsh realities of HIV/AIDS. He narrated his experience as follows, "I tended to subscribe to the traditional Catholic view that that person died of AIDS because of promiscuous sexual activity. And I tended, without thinking, to operate in that premise and tried to be compassionate as much as possible but nevertheless without resisting the popular assumption that we were dealing with sinful people and so I did not have any particular issue concerning stigmatization and it did not matter at that time."⁵⁷

It was not until Ryan was invited to speak at a conference on HIV/AIDS in Johannesburg, that he was able to confront his own attitude towards PLWHA. In the 2000s Ryan would become a diligent campaigner against AIDS related stigma and discrimination in his teaching at St Joseph's Theological Institute and in conferences, not the least in his parish.⁵⁸

Jennifer Boysen narrated in detail how the manner in which they spoke about HIV/AIDS in Mariannahill during the 1990s ended up creating panic, fear and pandemonium amongst parishioners.⁵⁹ "We went out there and said there

55 Interview, Former Sister Superior, Kokstad Diocese and Secretary General of the SACBC at Khanya House, Hermenegild Makoro, SACBC Offices, Khanya House, Pretoria, 19 October 2007.

56 Interview, Former Priest, Esigodini Parish, Edendale, Kwazulu-Natal and Lecturer, St Joseph's Theological Institute, Father C Ryan, Office, St Joseph's Theological Institute, Cedara, 22 October 2007.

57 *Ibid.*

58 *Ibid.*

59 Interview, Jennifer Boysen, 23 November 2007.

is a new disease and it is fatal and if you get it you are going to die,” recounted Boysen.⁶⁰ She added that although, much later on, they realised their mistakes and attempted to correct them, as diocesan project leaders, eager to respond to a new disease with meagre information, they made many mistakes in the 1990s. She narrated what followed, “We scared people. Our messages created a lot of fear rather than a response. There was a lot of pandemonium, a lot of fear, a lot of speculation. Later on we would find cases where sick persons were left unattended because families were afraid that ‘If I touch him or her I die too’.”⁶¹

Whereas scary messages were not unique to the Catholic Church, it is evident that the church’s statements on HIV/AIDS during the 1990s did not do much good in exposing stigma and discrimination. The church did not create an atmosphere for disclosure and counselling. It is no surprise, therefore, that only six out of 36 Archdiocese of Durban parish priests had counselled an HIV positive person by 2000, regardless of the fact that they ministered in a region with the highest incidence and prevalence rate in the country.⁶² If the testimony of Father Charles Ryan is anything to go by, beneath the activity of care and compassion by the church and the many burial services, there was an undercurrent of pessimism, silence, denial, condemnation and rejection. These, according to Musa Dube, are the typical characteristics of stigma – “a disease of the affected imposed on the infected”.⁶³ Neither the religious, nor the ordinary parishioners found the church a safe place to disclose their HIV status, largely due to the utterances and attitudes expressed within the communities *vis-à-vis* PLWHA. Indeed, as the provincial superior of the Oblates of Mary Immaculate (OMI) in the diocesan province of Durban, Stuart Bate meticulously demonstrated, most priests were ill equipped in counselling with PLWHA.⁶⁴ Therefore the tendency of the Catholic Church in South Africa, as goes the confession of ecumenism in the region, “to exclude others, our interpretation of the scriptures and our theology of sin have all combined to promote the stigmatization, exclusion and suffering of people with HIV or AIDS. This has undermined the effectiveness of care, education, and prevention efforts and inflicted additional suffering on those already affected by the HIV.”⁶⁵

It is noteworthy that few Catholic religious, if any at all, have gone public about their HIV positive status. Mqadi observed that, even though there are

60 *Ibid.*

61 *Ibid.*

62 Mqadi, “Unpublished Report”; Interview, Mqadi, 4 July 2008.

63 SM Joshua, “Personal notes on a talk presented by Musa Dube”, Church of Sweden AIDS Symposium on ‘The church and AIDS’, Blue Waters Hotel, Durban, 12 April 2007.

64 S Bate, “Differences in confessional advice in South Africa”, pp. 212-221, <<https://www.scribd.com/presentation/54528350/Differences-in-Confessional-Advice-in-South-Africa>>.

65 “Preamble to ‘Plan of Action: The ecumenical response to HIV/AIDS in Africa’”, Global Consultation on the Ecumenical Response to the Challenge of HIV/AIDS in Africa, Nairobi, 25-28 November 2001.

HIV positive priests in the archdiocese of Durban as his study had indicated,⁶⁶ none had taken the bold step of going public about their status. Consequently, the Catholic Church was almost entirely unrepresented in the African Network of Religious Leaders Affected by HIV and AIDS (ANERELA). Clerics of other denominations living with the virus, who went public about their status, had to fight enormous stigma. Their efforts have, however, born much fruit in ministering to other clerics in the same conditions, for instance the Anglican priest, Gideon Byamugisha,⁶⁷ and the Dutch Reformed dominee, Christo Greyling.⁶⁸ According to both Mqadi and Viljoen, the Catholic Church's curtail against the religious living with HIV/AIDS is the main reason for its absenteeism in public discourse among "positively living' clerics.

However, Bate had other reasons to explain why Catholic priests would not disclose their status publicly.⁶⁹ Firstly, he contested, "there may be nothing for the priests to disclose".⁷⁰ He thus implied that there may be no Catholic priests living with HIV. Secondly, he maintained that this phenomenon is imbedded in the tradition and the practice of the Catholic Church in regard to the sanctity of priesthood and marriage as sacraments. An HIV positive disclosure by a Catholic priest is highly indicative that he has broken the vow of chastity. This is tantamount to contravening the priestly call and may warrant severe disciplinary measures. Thirdly, Bate maintained that Catholic priests have particular structures within which to disclose. The spiritual director, who is a confidant, as opposed to the bishop, who is the authority, is the person to whom priests would disclose to within the Catholic Church. Therefore, the Catholic Church context is quite different from that of other denominations. Lastly, Bate challenged the thinking that public disclosure of priests may add certain value to the churches' response to HIV and AIDS. He added that confidentiality is not synonymous to silence.

Apparently, Bate was defensive of either the Catholic Church or the Oblates congregation that he headed. Surely, the priests, as the rest of the Body of Christ, are not exempt from the afflictions that plague the society. To argue that there are no Catholic priests ever infected with the HI-virus in South Africa is an uphill task. Mqadi's survey left no room for doubt that there were priests in KwaZulu-Natal who were ailing and unaided in their struggle with AIDS. Johan Viljoen personally knew what it is to live as a Catholic with the HI-virus when he told a group of Catholic theologians and activists in Johannesburg that, although the church was an exemplary leader in caring for PLWHA, it, however, "does not extend this

66 Mqadi, "Unpublished Report"; Interview, Mqadi, 4 July 2008.

67 Gideon Bamugisha is the Founding Director of ANERELLA. He was among the first priests to go public about living with HIV in Uganda.

68 Reverend Christo Greyling of Cape Town is the International Director of the World Vision AIDS Programme. He has lived for over 22 years with the HI-virus and brought much hope to many priests in the AIDS ministry.

69 Interview, Bate, 9 July 2008.

70 *Ibid.*

same care and compassion to those in its inner circle of priests and religious".⁷¹ He added that, "the ministry of the Church to its own priests and religious who have AIDS could be its most powerful witness in the struggle against stigma and discrimination".⁷² Viljoen knew many priests in South Africa who, like himself, lived with the virus, yet they would not disclose their status for fear of persecution by the church hierarchy. Bate is right in asserting that celibacy in priesthood, which is unique to the Catholic Church, might have had a direct influence on priestly public disclosure. However, there are no grounds to question the efficacy of a priest's public disclosure in confronting stigma and discrimination. Actually, the opposite is true. Silence in the name of confidentiality among the religious has often been selfishly used in the Catholic Church for the interest of particular religious organisations and formations. This is what Sister Alison Munro, the coordinator of the SACBC AIDS Office, rightly called, "the second wave of silence confronting the society".⁷³ She did not miss words in her call for a Catholic representation in the public voice against AIDS and related stigma, "The [Catholic] Church, like the country as a whole, needs leaders who are role models in the fight against AIDS".⁷⁴

Therefore, the use of the Catholic moral tradition by certain leaders as an excuse to curtail relatively effective measures favoured by the Catholic health workers involved in the AIDS pandemic is only one side of the debate. Keenan and Fuller argued that the Catholic moral tradition is rich with resources that foster the application of such measures.⁷⁵ Their premise was the belief that, "our common Catholic moral tradition can help us to mediate constructively the apparent clash of values".⁷⁶ Similar to the viewpoints of Keenan and Fuller, the Nordic Catholic feminist historian of theology, Kari Elizabeth Borresen, argued that, "indispensable instruments for a feminist Reformation of Christianity are to be found in the Roman Catholic tradition".⁷⁷ She demonstrated that, "the current doctrinal incoherence between outdated premises and preserved conclusions, which affects the main themes of theological sexology, is a new phenomenon in the history of Christianity, resulting from the recent collapse of androcentric

71 Viljoen, p. 71.

72 *Ibid.*, p. 72.

73 A Munro, "Responsibility: The prevention of HIV/AIDS". In: S Bates (ed.), *Responsibility in a time of AIDS: A pastoral response by Catholic theologians and AIDS activists in Southern Africa* (Pietermaritzburg: Cluster Publications, 2003), pp. 32-51.

74 *Ibid.*, p. 45.

75 JF Keenan et al. (eds), *Catholic ethicists on HIV/AIDS prevention* (New York: A & C Black, 2000), p. 21.

76 *Ibid.*

77 K Borresen, "Religion confronting women's human rights: The case of Roman Catholicism". In: T Lindholm (ed.), *Facilitating freedom of religion on belief: A desk book* (Leiden: Berkerly, 2004), pp. 545-559.

or dualistic axioms".⁷⁸ What used to be taken axiomatically in the ancient and medieval times, such as the conflict between love of God and sexual love, for instance, is now upheld by the obligation of cultic celibacy, not axiomatically anymore. No longer able to control Catholics by condemning sexual activity as transmitting original sin, the pontifical castigation of so-called "hedonism" condemns contraception and maintains a male priesthood which must keep away from women and femaleness. Borresen concludes that resources in the tradition, a dynamic interpretation of incarnate Scripture that is historically shaped revelation, and an optimistic anthropology in terms of Christ's redemptive divinization of humanity, are essential means of arriving at this new enculturation, so vital for a viable Roman Catholicism.⁷⁹

Keenan, Fuller, and Borresen, are in agreement that the Catholic tradition has been wrongly used to sanction certain moral positions, with devastating consequences. The same tradition is, however, helpful in correcting these. Bate's reliance on the Catholic tradition in order to justify the lack of priestly public disclosure of HIV positive status, therefore, may be seen as an escapist argument. This argument is a reminder that misconceived notions of the Catholic tradition, as well as ethical presuppositions, are yet the hardest hurdles for the Catholic Church in responding to the AIDS epidemic. Indeed, Canon 220 provides for the protection of the religious against mandatory medical testing,⁸⁰ whilst, at the same time, affirming the responsibility of the bishops, major superiors, and seminary rectors in assessing the physical and psychological suitability of candidates to diaconate and the priesthood, using standard medical procedures.⁸¹ However, it is when the HIV test and its result is isolated from the entire medical well-being and is used to discriminate against PLWHA that, "a record as a Church of not always dealing with HIV in a positive way", is created.⁸² As John O'Connor rightly summarised the issue in 1994, a non-discriminative Catholic policy on HIV testing must address four issues, "i) confidentiality; ii) informed consent; iii) strategies of care for persons who discover a positive HIV status because of a test requirement; iv) effect of a person's HIV status on a diocese's/congregation's decision regarding his/her acceptance as a candidate".⁸³

78 *Ibid.*, p. 558.

79 *Ibid.*, pp. 545-559.

80 J Fuller and R Vitillo, *Clergy and religious and the AIDS epidemic* (Chicago: National Federation of Priests' Councils, 2000), pp. 1-34.

81 R Gibbons, "Canons 220, 1-Admission to the seminary and HIV testing: Another opinion". In: P Cogan (ed.), *CLSA advisory opinions 1984-1993* (Washington DC: Canon Law Society of America, 1995), pp. 50-52.

82 Munro, "HIV and AIDS", pp. 106-107.

83 J O'Connor, "HIV testing of applicants: Diocesan trends and issues". In: J Fuller (ed.), *Clergy and religious and the AIDS epidemic* (Chicago: National Federation of Priest' Councils, 1994), pp. 77-82.

As was argued elsewhere,⁸⁴ the Catholic Church in South Africa was involved in heroic activities of AIDS care during the 1990s, but, on the contrary, its religious institutions were not places of healing and acceptance for those within its ranks that succumbed to HIV infection or even to AIDS itself. Since religious and priests are persons whose life and family vocation is within the confines of church congregations and communities, the natural place they would have found a “space”⁸⁵ to comfortably disclose their HIV positive status is in the church institutions.⁸⁶ Unfortunately, during the 1990s, these were the sources of pain, rejection and stigma.

4. CONCLUSION

A recent survey (2013) has indicated that the situation today is not as dire as compared to the 1990s. “Four respondents from religious congregations reported having finally professed members who are either HIV+ or who are on treatment because of AIDS. One bishop was aware of a religious priest in his diocese who is on treatment [...] Six congregations with members on treatment are paying for the ARV drugs.”⁸⁷ This comes at a time when HIV is no longer a death sentence, but rather a chronic and manageable condition on account of ARV treatment and an increased awareness.

The manner in which the Catholic Church in South Africa dealt with HIV testing and disclosure among priests and the religious can be paralleled to the way it dealt with the use of condoms in HIV prevention. After a prolonged denial that condoms may aid in HIV prevention, the hierarchy got absorbed in a lengthy debate on policy and came short of sanctioning the use of condoms in an ironically titled pastoral letter, *The Message of Hope*.⁸⁸ Afterwards, each bishop adopted an own approach in their dioceses. Meanwhile, practitioners sought pragmatic alternatives in dealing with the issue. Similarly, the hierarchy toyed with the idea that the priests and religious had nothing to disclose. When the evidence became overwhelming, the bishops debated for about nine years, and finally resolved that each bishop should exercise discretion in their own dioceses. Meanwhile, priests and religious living with HIV/AIDS had to bear the worst

84 SM Joshua, “The Southern Africa Catholic Bishops’ Conference (SACBC) agonies of structural and leadership formation in responding to HIV and AIDS between 1990 and 2000: A historiorganizational perspective”, *Studia Historiae Ecclesiasticae* XXXIX Supplement, August 2013, pp. 291-324.

85 The word is used here to refer to a social and conducive atmosphere, as opposed to a geographical location.

86 N Radikobo, “To disclose or not to disclose: An appraisal of the Memory Box Project as a safe space for disclosure of HIV positive status”, *Journal of Theology for Southern Africa* 125, July 2006, pp. 7-20.

87 Munro, “HIV and AIDS”, p. 110.

88 Joshua, “The Dowling controversy”, pp. 4-27.

discrimination from within and without the church ranks. Therefore, Catholic response to HIV/AIDS has evolved from silence, denial, debate to spirited engagement. "This historical pattern", Agbonkhianmeghe Orobator contends, "is akin to the process of conversion in the Christian sense of *metanoia*".⁸⁹ In this long Catholic walk to conversion with regard to HIV/AIDS, the words of Kenya's retired archbishop are well befitting, "We want to apologise for not doing what we should have done and doing what we should not have done".⁹⁰ A similar confession was echoed by Munro in the presence of Catholic bishops and theologians when she said that, "the care and compassion we extend to those with whom we work in AIDS ministry exceeds that which we practise when one of our own members is infected".⁹¹

89 Orobator, pp. 20-35.

90 See E Bongmba, *Facing a pandemic: The African Church and the crisis of HIV/AIDS* (Waco: Baylor University Press, 2007), p. 9.

91 Munro, "HIV and AIDS", p. 107.