



# Memo from Sr. Maura O'Donohue MMM: Urgent Concerns for the Church in the Context of HIV/AIDS

Strictly Confidential

URGENT CONCERNS FOR THE CHURCH IN THE CONTEXT OF HIV/AIDS

I have prepared this report after much profound reflection and with a deep sense of urgency since the subjects involved touch the very core of the Church's mission and ministry. In the course of my religious life over the past 40 years and of my pastoral and professional experience as a medical missionary I have been called upon to offer both an individual response and to coordinate community based responses to many human tragedies. From the perspective of such past experiences I feel compelled to call attention to and appeal for a response to the tragic situations which I am attempting to present below.

### General Background

The past six years have provided me with the opportunity of visiting many countries in Africa, Asia, the Americas and Europe. These visits were undertaken as part of my role as AIDS Coordinator for the Catholic Fund for Overseas Development (CAFOD) which serves as lead agency for HIV/AIDS programmes within the Confederation of Caritas Internationalis (CI). The purpose of my work was to raise awareness about HIV/AIDS among Church personnel, especially those involved in the socio-pastoral field. My activities included the facilitation of seminars and workshops on HIV/AIDS; offering consultation on development and planning of Church-sponsored HIV/AIDS services; seeking resources within the Caritas network to support such programs in the developing world.

The majority of these visits and activities have been undertaken together with Father Robert J. Vitillo, Director of Programmes at Caritas Internationalis, who shares the concerns set out in this report.

At the 1987 Caritas Internationalis General Assembly, HIV/AIDS was identified as a priority theme for reflection and action among member organisations of the Confederation. From that time the CI Secretary General, Mr. Gerhard Meier, asked CAFOD, the Caritas national member organization for England and Wales, to assume responsibility for the coordination of Caritas' AIDS-related activities. This same Secretary General also appointed an expert Working Group on HIV/AIDS with representation from every region of the world. Caritas Internationalis has

sponsored educational and awareness-raising seminars at regional, national and local levels for Church leaders and other health and social service professionals. Within the Caritas network several million U.S. dollars are raised each year to support HIV/AIDS services programs in Africa, Latin America, Eastern and Central Europe, the Middle East and Asia and Oceania. The projects include expansion of medical and social service facilities for people with AIDS; supply of food, transportation for mobile home care teams; residences for homeless persons with AIDS; development-oriented orphan care programs. Caritas has been especially effective in promoting North/South and South/South experience exchange and networking among AIDS service providers.

#### **Current Facts about HIV and AIDS**

In order to situate the gravity of the HIV/AIDS pandemic the following statistics may be useful:

- It is estimated that more than 14 million adults and 1 million children throughout the world have been infected with the HIV virus since the early 1980s.
- An estimated 9 million of these HIV-infected people are living in sub-Saharan Africa.
- In spite of the fact that the media and popular opinion mistakenly tend to associate HIV infection with so-called "high risk groups," it is known that at least 70-80% of HIV infections have been spread though heterosexual activity.
- 850,000 cases of AIDS (the stage of grave illness) have been reported to the World Health Organisation (WHO), which realises that these figures represent an underestimate and that in fact more than 2.5 million people have developed AIDS.

#### **Projections for the Future**

- It is expected that another 10 to 20 million people will be infected with HIV.
- By the year 2000 it is projected that between 30 and 110 million people will have been infected with HIV and that up to 10 million people will have died from AIDS.
- It is also estimated that 90% of the AIDS cases will then be in the developing world and 80% of these HIV infections will be the result of heterosexual transmission.

#### **Some Critical Issues**

The AIDS pandemic has drawn attention to issues which may not previously have been considered significant. Although the implications of the pandemic in the social, psychological, ethico-moral, legal, pastoral and development areas have been known for some time, the enormous challenges which AIDS poses for members of religious orders and clergy is only now becoming evident.

Some issues associated with the HIV/AIDS pandemic relate exclusively to women religious; others have more general application. These latter include the following:

- the impact on Church sponsored health services in developing countries;
- the need to develop effective models for family life education;
- the new demands being placed on religious communities and clergy to respond to the overwhelming needs of individuals and communities affected by HIV and AIDS.

## a) Priests and Religious with HIV/AIDS

AIDS is now affecting priests and religious in several countries. In one country, for example, with a total of less than 320 diocesan priests, 3 had died from AIDS-related illness, 4 others were dying and 12 were HIVinfected. That was 1991. Those figures represent an infection rate of 13% among the diocesan clergy in that particular country. In another country 16 members of one religious order have already died of AIDS. Obviously these situations are not openly discussed, but the numbers reflect an alarming trend.

An initial response of many bishops and religious superiors has been to institute HIV antibody testing requirements for all candidates for seminaries and religious life. Although these testing policies raise many human rights, justice-related and pastoral concerns, they are in no way successful in addressing the issue of priests and religious who are presently infected with HIV or who may become infected in the future.

Both positive and negative responses have been noted among dioceses and religious communities towards those priests and religious who are known to be infected with HIV or are already sick with AIDS. One Provincial Superior invited a member who had AIDS to live at the Provincial House, and the members of that community helped to care for the member until he died. In contrast, another priest, dying of AIDS in a hospital over a period of several months, was ignored by his bishop and brother priests. When the priest finally died his bishop went with an open truck to collect the body. The Matron of the hospital refused to release the body until a suitable casket was provided.

# b) Particular Vulnerability of Women Religious in the HIV/AIDS pandemic

The combination of several factors intricately woven into the fabric of our society (e.g. the low status of women in some regions of the world) encourages exploitation. For example, in some cultures, there is an accepted use of physical discipline and an expectation of unquestioning obedience from girls to any traditional "power figure." This implicitly condones violence, requires compliance with adults and further perpetuates a sense of powerlessness and vulnerability.

It is well known that long-haul truck drivers and other men obliged to be away from home and family for relatively long periods liaise with prostitutes. This is culturally "accepted" in some societies for both married and unmarried men. As a result of HIV/AIDS awareness-raising such men have begun to recognise prostitutes as a group at high risk of being infected with HIV. Many men, therefore, instead of visiting brothels, have sought to make contact with secondary school girls, who, because of their younger age, were considered "safe" from HIV. The incidence of pregnancy among

teenage girls has soared in some countries, as has the incidence of HIV/AIDS and other sexually transmitted diseases among these teenagers.

Religious sisters constitute another group which has been identified as "safe" targets for sexual activity. A number of sisters have reported incidents of abuse by their professors and teachers and of sexual harassment by other men in the general population. Sadly the sisters also report that priests have sexually exploited them because they too had come to fear contamination with HIV by sexual contact with prostitutes and other "at risk" women. For example, a superior of a community of sisters in one country was approached by priests requesting that sisters be made available to them for sexual favors (1991). When the superior refused, the priests explained that they would otherwise be obliged to go to the village to find women, and might thus get AIDS.

### c) Particularly disturbing issues which have emerged

In view of the many confidences shared with me by a great number of sisters during the course of my visits, I became aware of deeper and even more disturbing issues than those outlined above. These issues revealed behaviour patterns which I was very reluctant to accept as fact. My initial reaction was one of shock and disbelief at the magnitude of the problem with which I was presented. The information relates to the exploitation of sisters and other women by priests and comes from missionaries, (men and women); from priests, doctors and other members of loyal ecclesial family. I have been assured that case records exist for several of the incidents described below and that the information is not just based on hearsay. These records cause me grave concern because of the potential impact on the Church community -- the hierarchy, the clergy, the religious and the laity -- as well as on the particular individuals and families involved. My hope is that this information will provide an overview of what is happening, and will consequently motivate appropriate action especially on the part of those in positions of Church leadership and those responsible for formation.

Before providing details it is important to stress that what is presented here is not generalised behaviour but occurs time and time again in a familiar pattern. It does not apply to any single country or even continent, nor indeed to any one group or all members of society. In fact the following examples derive from experience over a six-year period and relate to incidents in some 23 countries in five continents, viz. Botswana, Burundi, Brazil, Colombia, Ghana, India, Ireland, Italy, Kenya, Lesotho, Malawi, Nigeria, Papua New Guinea, Philippines, South Africa, Sierra Leone, Uganda, Tanzania, Tonga, United States of America, Zambia, Zaire, Zimbabwe.

- 1. Several priests and indeed members of the hierarchy were reported to have abused their power and betrayed their trust in exploitative sexual relations with sisters. Some examples given were of candidates to religious life having to provide sexual favours to priests so as to acquire the necessary certificates and/or recommendations.
- 2. In several countries sisters are troubled by the policy that, when a sister becomes pregnant she must leave the congregation, while the priest involved with her can continue his ministry. This question is raised from the point of view of social justice. The sister is left to raise the child in a single parent family, often with a great deal of stigmatisation, and frequently in very poor

socio-circumstances. I was given examples in several countries where such women were forced into becoming a second or third wife in a family, because of lost status in the local culture. The alternative, as a matter of survival, is to go "on the streets" -- as prostitutes, and *inter alia* to expose themselves to the risk of HIV, if not already infected.

- 3. Superior Generals I have met were extremely concerned about the harassment sisters were experiencing from priests in some areas. One superior of a diocesan congregation, where several sisters became pregnant by priests, has been at a complete loss to find an appropriate solution. Another diocesan congregation has had to dismiss over 20 sisters because of pregnancy again in many cases by priests.
- 4. Some priests are recommending that sisters take a contraceptive, misleading them that "the pill" will prevent transmission of HIV. Others have actually encouraged abortion for the sisters with whom they have been involved. Some Catholic medical professionals employed in Catholic hospitals have reported pressure being exerted on them by priests to procure abortions in those hospitals for religious sisters (1990).
- 5. Groups of sisters from local congregations have made passionate appeals for help to members of international congregations and explain that, when they themselves try to make representations to Church authorities about harassment by priests, they simply "are not heard" (1991). In another situation where, after 29 sisters of a diocesan congregation had become pregnant by priests in the diocese, the Superior General complained to the archbishop. Shortly afterwards she and her councillors were dismissed at a public function by the archbishop who nominated an alternative group of sisters to the Nuncio with no apparent effect, and the sisters are still waiting for a response from higher Church authorities. Meanwhile the unconstitutionally appointed Superior General and Council administer the congregation (1993).
- 6. In a small number of countries, members of Parish Councils and of small Christian communities are challenging their pastors, because of their relationship with women and young girls generally. Some of these women are wives of the parishioners. In such circumstances husbands are angry about what is happening, but are embarrassed to challenge their parish priest. Some priests are known to have relations with several women, and also to have children from more than one liaison. Laypeople spoke with me about their concerns in this context stating that they are waiting for the day when they will have dialogue homilies. This, they volunteered, will afford them (the laity) an opportunity to challenge certain priests on the sincerity of their preaching and their apparent double standards. In one country visited, I was informed that the presbytery in a particular parish was attacked by parishioners armed with guns because they were angry with the priests because of their abuse of power and the betrayal of trust which their actions and life styles reflected (1991).
- 7. In another country a recent convert from Islam (one of 2 daughters who became Christians) was accepted as a candidate to a local religious congregation. When she went to her parish priest for the required certificates she was subjected to rape by the priest before being given the certificates. Having been disowned by her family because of becoming Christian she did not feel free to return home. She joined the congregation and soon

afterwards found she was pregnant. To her mind the only option for her was to leave the congregation, without giving the reason. She spent 10 days roaming the forest, agonising over what to do. Then she decided to go and talk to the bishop, who called in the priest. The priest accepted the accusation as true and was told by the bishop to go on a two-week retreat.

**8**. Since the 1980s in a number of countries sisters are refusing to travel alone with a priest in a car because of fear of harassment or even rape. Priests have also on occasion abused their positions in their role as pastors and spiritual directors, and utilised their spiritual authority to gain sexual favours from sisters. In one country, women superiors have had to request the bishop or men superiors to remove chaplains, spiritual directors or retreat directors after they abused sisters.

#### **Some Consequences**

The most direct consequences of such abusive behaviour must be recognised in the immediate physical, emotional and spiritual pain endured by those who have been abused. Other effects include disillusionment or cynicism among both abused and others in the community. They find the foundation of their faith is suddenly shattered. Many come from family backgrounds where joining a religious congregation is culturally unacceptable and therefore undergo a lot of pressure not to join. They question why celibacy should be so strongly proclaimed by the same people who are seemingly involved in sexually exploiting others. This is seen as hypocrisy or at least as promoting double standards.

## **Some Positive Responses**

Gradually it is being relised that hurt and disappointment and the social injustices experienced have to be brought to the surface and shared. These issues have to be dealt with delicately and with support from one's community/colleagues. In this way individuals are supported and assisted in dealing with the situations. The result will hopefully be that, instead of having their faith eroded, the people concerned will be helped to develop a truly adult faith which transcends dependency on and betrayal by counsellors, spiritual directors, and other authority figures.

It is equally important to emphasise that there are some very creative and positive preventative responses in several countries. In certain dioceses visited, all the priests meet regularly for reflection, prayer and diologue. Some diocesan clergy organised a series of workshops on HIV/AIDS for the priests in that country. These workshops are ongoing and are now being organised in collaboration with the Conference of Religious Women.

One National Conference of sisters planned a ten-day workshop for the superiors and those charged with the responsibility for formation in their respective congregations. This workshop focussed on emerging pastoral and social issued which apply to women religious in particular and included some of the questions outlined above (1992). There was also a request for assistance with a series of workshops on similar issues for the Diocesan Priests' Association in the same country.

The International Union of Superiors General of women religious in Rome also arranged that a one-day session of their General Assembly in April

1992 be dedicated to HIV/AIDS-related issues. Already they have sent out a communication through their Regional Coordinators to alert presidents of key regional Conferences of Religious about these emerging issues.

#### **Specific Group Responses**

Some of the specific responses undertaken by religious and clergy include:

re-examining the procedures for selection of candidates for the priesthood and religious life;

fostering healthy relationships and encouraging the reestablishment of trust among clergy, religious and laity;

analysing the pyscho-social dynamics of what is happening, in the context of society in general;

re-examining formation programmes in the light of recent developments;

reflecting on how to prevent the continuation of the above mentioned abuses.

#### **Future Action**

It is necessary not only to analyse these tragic situations but also to plan an active response. Such action might include:

promoting holistic growth of clergy, religious and laity;

giving priority to training for leadership;

providing for the spiritual, psychological and social healing of people who have been exploited and of those who exploit;

ensuring that there are effective procedures for raising awareness of, reporting, and dealing with incidents of abuse that do or might occur;

providing adequate support for those who need help to cope with deep psycho-social problems.

# **Concluding Comments**

- 1. We need to recognise the deep human and personal needs of priests even of those who are involved in such abusive situations. They too depend on other human beings for the unconditional love of God to be mediated to them in their weakness. We must all make this mediation possible for one another, by supporting one another in weakness, "bearing one another's burdens." It would be absurd to maintain that we are all weak human beings, and then belittle those who appear "deficient," or to resent those who are insensitive.
- 2. Disclosure of the kind of events outlined in this report may put priests in general under a cloud of spoken or silent suspicion. In this context there is a certain amount of public skepticism about the sincerity of Church officials

and clergy in handling these complex and delicate issues. Much more reflection and sincere searching is clearly necessary in order to overcome facile labelling anc over-defensive responses. The women involved also have a responsibility to be informed and to take appropriate actions which will help to resolve past abusive situations and avoid the perpetuation of abuse in the future.

- 3. There is need to re-establish the Church's credibility and to begin the task of rebuilding trust between priests and the nonordained members of the Church. AIDS has highlighted some long-standing complex issues and has also in a very dramatic way brought to light other major problems, which in the context of AIDS can hardly be ignored; indeed they must be addressed. These include the Church's teaching on such topics as chastity, celibacy, marriage, parental responsibility and family life -- all of which need to be addressed in the context of sexuality. A renewed theological and spiritual reflection in these areas seems necessary. Otherwise, it is difficult to know what will happen in view of the frailties becoming visible now at the very heart of Church ministry.
- **4**. An exclusively woman-centred, or "militant feminist" approach to the issues described, in my opinion, is not a solution. Injustices can take many forms, and perhaps women need in these circumstances to be especially careful not to create another form of sexism or alienation by victimising men. Reactions of bitterness and hatred can be as scandalous as the original offences.

By the experiences outlined above we are confronted with the critical need for reconciliation, transformation and redemption in society and in the Church. Some of the fundamental issues are indeed being addressed in various places. Yet there still remains the sad reality that the greater number of Church leaders and their faithful persist in denying or minimising such a tragic situation. In the last analysis the Church will be judged not only by its response to HIV/AIDS, but also on its perceived hypocrisy and apparent duplicity in this context -- because if we are not part of the solution we are a large part of the problem.

The sisters and others who are now coming forward to speak of the abuse they have suffered are contributing to the change of culture by their pain and their courage. Inexperience aggravated by socio-cultural attitudes often deprives many of these sisters of the opportunities they need to describe the events. It is surprising that so many are now giving voice to their experiences. Through the initiative of these sisters, the People of God in general may achieve a more mature and responsible understanding of themselves and their Church. There is something prophetic in this tragedy, because it is the "voiceless" who have prompted this maturing process. For all this, quite apart from their suffering, we owe them a deep debt of respect and gratitude. I pray that their pleas for help and understanding will not go unheard but will receive an equally courageous and prophetic response.

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