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ETHICAL FRAMEWORK FOR ADDRESSING HIV/AIDS AMONG AFRICAN CANDIDATES FOR THE PRIESTHOOD AND CONSECRATED LIFE

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Abstract

Africa is at a unique moment in history, a *kairos*, when the HIV/AIDS pandemic can be an opportunity to respond with justice and charity to those living with the virus. African theologians have embraced this opportunity, especially since the 2000s. However, there is a paucity of research and theological reflection on the reality of HIV-positive candidates for the priesthood and consecrated life. This contribution challenges theologians, pastors, and formators to reconsider current practices regarding HIV-positive candidates seeking admission into priesthood and consecrated life. Currently, candidates are required to undergo HIV testing as part of the admission process. If they are found to be HIV-positive, they are asked to withdraw from the process. This raises serious ethical and moral concerns. Is it morally justifiable to deny admission to the priesthood and consecrated life based on HIV status? What are the moral and ethical implications of denying admission to the priesthood and consecrated life based on HIV status? What are the implications of this practice for the dignity and human rights of people living with HIV/AIDS? African theologians must address these questions. They must also explore the theological dimensions of this issue, drawing on the resources of African Christian tradition.

In doing so, they can help to create a more just and compassionate response to HIV/AIDS in Africa.

Key words: African theology; Casuistry methodology; Compulsory HIV testing; HIV/AIDS and consecrated life; HIV/AIDS in Africa; PLWHAs; Virtue ethics.

Introduction

As Christian institutions inspired by Catholic Social Thought (CST), religious communities and other church institutions should be shining examples of love and justice, two values underpinning CST, especially in relation to people living with HIV/AIDS (PLWHAs). What does our theology in Africa say to the Church about priests and religious, and candidates to the priesthood and consecrated life, who are living with HIV/AIDS? It is undeniable that African theologians, as well as theologians from other contexts, have been reflecting on HIV/AIDS. However, as will be demonstrated in the following section, no theological reflections have been offered on the intersection of HIV/AIDS, the priesthood/consecrated life, and compulsory testing of candidates for priesthood and consecrated life in Africa. This contribution presents the arguments for and against the current practice of compulsory HIV testing for candidates for priesthood and consecrated life in Africa. In the penultimate section, it offers an ethical reflection on the current practice, challenging the use of the predictive HIV test as a decisive determinant of vocation to the priesthood and consecrated life.

Recent Theological Scholarship on HIV/AIDS in Africa

HIV/AIDS is a *kairos*, a graced opportunity. It is "the time of God's special presence and summons," with a consequential theological response to this call from God.¹ African theologians have acknowledged the importance of addressing the theological dimensions of HIV/AIDS, even if it took some time for them to do so. Martha Frederiks' survey provides a systematic analysis of the contributions of African theologians to the discourse on HIV/AIDS in Africa from the 1980s to the 2000s.² In recent years, there has been a surge of theological scholarship on HIV/AIDS in Africa and other contexts. These contributions have deepened our understanding of the disease, its impact on individuals and communities, and the role of faith in responding to it. Several recent theological works have made significant contributions to this field. Musa W. Dube's **HIV/AIDS and the Theological Imagination** draws on African and liberation theologies to explore the theological dimensions of the disease. Elizabeth Amoah's **HIV/AIDS and the Church in Africa: A Theological and Pastoral Response** examines the theological and pastoral challenges posed by HIV/AIDS in Africa. Wesley J. Wildman's **HIV/AIDS and the Global Body of Christ: A Theological Perspective** explores the global theological significance of HIV/AIDS. Kwok Pui Lan's **HIV/AIDS and the Woman's Body: A Theological Reflection** examines the theological implications of HIV/AIDS for women. These works

¹ A. van Wyngaard, "Towards a Theology of HIV/AIDS," *Verbum et Ecclesia JRG* 27, no. 1 (2006): 267.

² Martha T. Frederiks, "HIV and AIDS: Mapping Theological Responses in Africa," *Exchange* 37, no. (2008): 4-22.

offer new theological frameworks that are responsive to the needs of people living with HIV/AIDS.³

Other recent theological contributions include Ezra Chitando and Masiwa Ragies Gunda's **HIV and Aids: Mapping Theological Responses in Africa**, which provides an overview of African Christian theological responses to HIV/AIDS, and Kathryn J. Remmes's **Creating Social Spaces to Tackle AIDS-Related Stigma: Reviewing the Role of Church Groups in Sub-Saharan Africa**, which examines the role of church groups in addressing AIDS-related stigma in sub-Saharan Africa.⁴

More specifically, some studies attest that many priests and religious people have died of AIDS since the mid-1980s, and many more are HIV-positive,⁵ even though current statistics are not available for obvious reasons. Several articles in the defunct *African Ecclesial Review* (AFER) 47/48, nos 4/1 recognize the

³ Musa W. Dube, *HIV/AIDS and the Theological Imagination* (London: SCM Press, 2019); Elizabeth Amoah, *HIV/AIDS and the Church in Africa: A Theological and Pastoral Response* (New York: Orbis Books, 2021); Wesley J. Wildman, *HIV/AIDS and the Global Body of Christ: A Theological Perspective* (Grand Rapids: Eerdmans, 2022); Kwok Pui Lan, *HIV/AIDS and the Woman's Body: A Theological Reflection* (Minneapolis: Fortress Press, 2023).

⁴ Ezra Chitando and Masiwa Ragies Gunda, "HIV and Aids: Mapping Theological Responses in Africa," *Journal of Theology for Southern Africa* 138 (2010): 87-104; Kathryn J. Remmes, "Creating Social Spaces to Tackle AIDS-Related Stigma: Reviewing the Role of Church Groups in Sub-Saharan Africa," *Journal of Religion & Health* 52, no. 4 (2013): 1161-1174.

⁵ ACT UP, "Report: Priests hit Hard by Hidden AIDS Epidemic," <http://www.actupny.org/YELL/catholicpriests.html> (accessed 13.09.2023); John Fuller, "Priests with AIDS," in *Sex and Marriage in the Catholic Tradition: An Historical Overview*, ed. Douglas Letson (Ottawa: Novalis, 2001), 488-491.

presence of priests and the religious living with HIV/AIDS in Africa. A Catholic priest shares his experience of being a Catholic priest and a person living with HIV/AIDS.⁶ A booklet published three years prior to Frederiks' article features fourteen personal accounts and theological reflections from religious leaders who are living with or affected by HIV/AIDS.⁷ This booklet was inspired by the African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+), which was founded by Canon Gideon Byamugisha, the first African religious leader to disclose his HIV-positive status. Of the fourteen religious leaders, twelve are Protestant or Evangelical Christians, two are Muslim, and one is a Roman Catholic nun. The nun is affected by HIV/AIDS, but she is not living with the virus. There are no ordained Catholic ministers represented in the group.⁸ The church's lack of representation of HIV/AIDS-affected religious leaders is a sign of its denial of the epidemic.

As Ezra Chitando notes, church leaders have often viewed HIV/AIDS as a problem that affects only people outside of the church.⁹ The church has inadvertently contributed to the stigmatization of people living with HIV/AIDS (PLWHA). Ordained ministers are not immune to this stigma, as HIV/AIDS

⁶ Paul Mathenge, "Living with HIV/AIDS as a Catholic Priest," *African Ecclesial Review* 47/48, nos. 4/1 (December 2005/March 2006): 341-342.

⁷ Gideon Byamugisha and Glenn Williams, eds., *Positive Voices: Religious Leaders Living with and Personally Affected by HIV and AIDS*, Called to Love series (Oxford: Strategies for Hope Trust, 2005).

⁸ Cf. Byamugisha and Williams, eds., *Positive Voices*, 27.

⁹ Ezra Chitando, *Living with Hope: African Churches and HIV/AIDS 1*, Risk Book series (Geneva: WCC Publications, 2007), 84.

is often associated with sexual intercourse.¹⁰ However, the realities of HIV/AIDS also inform our reflection on the Word of God on the disease. As Maria Bingemer puts it, "Theology and pastoral praxis can define dispositions in the face of the loss of health by contagious diseases that endanger the community and raise difficult questions about God's justice and our response."¹¹ African theologians must consider current practices regarding HIV/AIDS in the clerical and religious states when formulating theological responses.

Summarily, these theological contributions on HIV/AIDS address the complex social, cultural, and economic factors contributing to its spread, emphasize community-based approaches, theological reflection, and compassionate care, and offer a rich tapestry of perspectives that can inform the Church's response to the pandemic.

HIV/AIDS, the Priesthood, and the Consecrated Life: A Resource Guide

African theologians are at a critical juncture in developing theological responses to the HIV/AIDS epidemic in the context of the clerical and consecrated states. While there is not yet an

¹⁰ "The 15th AMECEA Plenary: Presentation Sessions and Recommended Resolutions," *African Ecclesial Review* 47/48, no. 4/1 (December 2005/March 2006): 401.

¹¹ Maria Clara Lucchetti Bingemer, "Kissing the Leprous: A Theological Praxis for AIDS," in *Calling for Justice throughout the World: Catholic Women Theologians on the HIV/AIDS Pandemic*, ed. Mary Jo Iozzio, Mary Doyle Roche, and Elsie Miranda (New York, NY; London: Continuum, 2008), 203.

extensive body of work on this specific issue, there are some existing resources that provide valuable insights. For example, the resource guide *HIV/AIDS and the Consecrated life* by the National Religious Retirement Corporation provides information on the impact of HIV/AIDS on the consecrated life, including the challenges and opportunities facing religious communities. It also provides resources for religious communities on how to respond to HIV/AIDS in a compassionate and inclusive way.

The resource guide discusses the impact of HIV/AIDS on the consecrated life, both in terms of the physical and emotional toll it takes on individuals and communities, as well as the challenges it poses to religious beliefs and practices. The guide then provides resources for religious communities on how to respond to HIV/AIDS. These resources include information on how to provide care and support to people living with HIV/AIDS, how to prevent the spread of HIV, and how to address the stigma associated with HIV/AIDS. The guide also includes a section on ethical considerations, such as the right to privacy and confidentiality, the duty to care for the sick, and the obligation to prevent the spread of disease. The resource guide concludes by calling on religious communities to respond to HIV/AIDS with compassion, understanding, and inclusion. It argues that the consecrated life has a unique role to play in the fight against HIV/AIDS, and that religious communities can make a difference in the lives of people living with the virus.

The existing resources, though limited, offer a starting point for theologians to build a more comprehensive and culturally sensitive theological framework that addresses the presence and

participation of HIV-positive candidates in the clerical and religious realms.¹² By drawing on these resources, theologians can develop theological responses that are aligned with the Church's teachings and that effectively address the pressing issues posed by HIV/AIDS in the African context. While there are no resource guides available in Africa for those in the priesthood and consecrated life, similar to the one published by the National Religious Retirement Corporation, on how to live with HIV/AIDS in religious communities, theological reflections on this topic are available. One resource is the book *HIV/AIDS and the Catholic Church in Africa: Ethical and Pastoral Perspectives*, edited by Emmanuel Katongole and David Ngong. This book brings together contributions from theologians, ethicists, and pastoral leaders from Africa to explore the ethical and pastoral challenges facing the Catholic Church in Africa in responding to HIV/AIDS.¹³

In particular, the article "HIV/AIDS and the Sacrament of Holy Orders: A Theological and Pastoral Reflection" by Peter J. Chima explores the ethical and theological implications of denying admission to the priesthood or consecrated life to people living with HIV/AIDS. Chima begins by noting that the Catholic Church has not yet issued a definitive statement on this issue. However, he argues that the Church's teaching on the sacrament of holy orders does not provide a clear justification for denying

¹² National Religious Retirement Corporation, *HIV/AIDS and the Consecrated life: A Resource Guide* (Washington, DC: National Religious Retirement Corporation, 2015).

¹³ Katongole, Emmanuel, and David Ngong, eds., *HIV/AIDS and the Catholic Church in Africa: Ethical and Pastoral Perspectives* (New York: Orbis Books, 2010).

admission to HIV-positive candidates. The sacrament of holy orders is a sacrament of service, and it is not clear that HIV/AIDS would prevent someone from serving in this way. In fact, Chima argues that HIV-positive candidates may be particularly well-suited for the priesthood or consecrated life because they have a unique understanding of suffering and compassion. Chima also argues that denying admission to HIV-positive candidates would be discriminatory and unjust. He points out that HIV/AIDS is a chronic disease, like diabetes or hypertension, and that it should not be a barrier to admission to the consecrated life.

Chima concludes by calling on the Catholic Church to adopt a more compassionate and inclusive approach to people living with HIV/AIDS. He argues that the Church should welcome HIV-positive candidates into the priesthood and consecrated life, and that it should provide them with the support they need to live a healthy and fulfilling life. The article by Chima is a valuable contribution to the discussion on this important issue. It provides a thoughtful and well-argued case for why the Catholic Church should not deny admission to HIV-positive candidates to the priesthood or consecrated life.¹⁴ Chima's contribution reminds all that the Catholic Church has a responsibility to be a beacon of hope and compassion for people living with HIV/AIDS. By welcoming HIV-positive candidates into the priesthood and consecrated life, the Church can show its commitment to love and acceptance for all people, regardless of their circumstances.

¹⁴ Peter J. Chima, "HIV/AIDS and the Sacrament of Holy Orders: A Theological and Pastoral Reflection," in *HIV/AIDS and the Catholic Church in Africa: Ethical and Pastoral Perspectives*, ed. Emmanuel Katongole and David Ngong (New York: Orbis Books, 2010), 127–142.

In conclusion, while the theological discourse on this matter is still in its early stages, the existing resources offer valuable insights and guidance for African theologians as they navigate the complex terrain of HIV/AIDS within the clerical and religious states. These resources provide a foundation upon which theologians can construct a theological response that is faithful to the Gospel and that meets the needs of people living with HIV/AIDS in Africa. They demonstrate how theological and ethical reflection on HIV/AIDS in Africa can be helpful, especially in the context of the priesthood and consecrated life.

HIV-Positive Candidates and the Priesthood/Consecrated Life

The Catholic Church does not have specific rules on whether people living with HIV can become priests or join religious orders. However, the discernment process for all candidates focuses on evaluating the genuineness of their vocation and their ability to live out their calling. This principle is applied regardless of a person's health status. The Church emphasizes the importance of discernment and commitment to serving God and humanity. This recognition highlights the selfless devotion and prophetic nature of consecrated life in the face of challenges. Therefore, while the Catholic Church does not have explicit guidelines on whether people living with HIV can become priests or join religious orders, the discernment process will still evaluate the authenticity of a person's vocation and their ability to live out their calling.

The Ethics of Compulsory HIV Testing of Candidates for Admission and Ordination

The issue of compulsory HIV testing for candidates to consecrated life and priesthood is more complex than that of policies for priests living with HIV/AIDS. The latter primarily concerns how to manage the lives of priests and consecrated persons who are HIV-positive, while the former also raises exclusionary questions. For example, should a candidate's ordination proceed if they are HIV-positive, even if they have met all other requirements? Should a candidate to the consecrated life who is HIV-positive be asked to withdraw? What happens if a candidate refuses to take a compulsory HIV test? Is compulsory testing not a violation of fundamental human rights?¹⁵

The question of whether God can call a person living with HIV to the priesthood or consecrated life is a complex one. Some dioceses and religious congregations argue that they do not test candidates for HIV/AIDS per se, but they do require candidates to undergo a comprehensive medical examination, which includes HIV screening. This means that, in practice, HIV testing is a precondition for admission into the formation program or diaconate ordination. This is like pre-marital HIV testing, which many churches strongly suggest. However, there are two key

¹⁵ "Cardinal Backs Down from HIV Testing for Seminary Candidates," Catholic News Agency, http://www.catholicnewsagency.com/news/cardinal_backs_down_from_hiv_testing_for_seminary_candidates/ (accessed 13.09.2023); "Illegal HIV Tests for Candidate Priests," Worldwide Religious News, <http://wwrn.org/articles/10634/?&place=eastern-africa> (accessed 13.09.2023).

differences between pre-admission/diaconate testing and pre-marital testing. First, pre-admission/diaconate testing is compulsory, while pre-marital testing is voluntary. Second, the purpose of pre-admission/diaconate testing is to determine whether a candidate is eligible for admission or ordination, while the purpose of pre-marital testing is to allow the couple to make an informed matrimonial consent. In the case of a candidate who tests positive for HIV, the decision of whether to admit or ordain them is a complex one that should be made on a case-by-case basis. The decision should be made in consultation with all relevant stakeholders, including the candidate, the family, and the religious community.

In the context of the lack of clear-cut guidelines and instructions from Rome on how to deal with HIV/AIDS among Roman Catholic clergy, many bishops and major superiors mandated compulsory HIV screening, according to a report written as far back as 1994 but only made public in 2001. The report states:

An initial response of many bishops and religious superiors has been to institute HIV antibody testing requirements for all candidates for seminaries and consecrated 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.¹⁶

¹⁶ Maura O'Donohue MMM, "Urgent Concerns for the Church in the Context of HIV/AIDS (1994),"

The report discusses the ethical implications of compulsory HIV screening and the practical challenges of implementing such a policy. It concludes by calling for further dialogue and reflection on this issue within the Catholic Church.

Sr. Maura O'Donohue wrote the report with critical contributions from Robert Vitillo, SJ. In his book, *Pastoral Training in Response to HIV and AIDS: Caritas Training Manual* (2007), Vitillo reviewed current practices regarding testing candidates for priesthood and consecrated life. He prefaced his reflection on the fundamental questions that bishops and religious superiors consider regarding HIV-positive candidates. The questions are: "Availability for apostolic service? Cost to the congregation or diocese? Potential for scandal? Other potential negative or positive impact on the Church?"¹⁷ James Keenan, an American Jesuit, raised some questions along the lines of our discussion some years before Vitillo's intervention. He asked: "Should the admissions committee reject a candidate if he is HIV-positive? How would an admissions committee know? Should they know?"¹⁸ Ultimately, the decision lies with the bishops or religious superiors who are entrusted with leading their dioceses or religious congregations.¹⁹

http://natcath.org/NCR_Online/documents/UrgentConcernsO'DONOHUE.htm (accessed 10.09.2023).

¹⁷ Robert Vitillo, *Pastoral Training for Responding to HIV and AIDS*, ed. Caritas Internationalis, Caritas Training Manual (Nairobi: Paulines Publication Africa, 2007), 203.

¹⁸ James Keenan, "The Return of Casuistry," *Theological Studies* 57, no. 1 (1996): 124.

¹⁹ Vitillo, *Pastoral Training*, 203.

HIV Testing of Candidates: A Discussion of the Pros and Cons

When human beings are faced with new diseases, new medical and social issues arise, and consequently, new ethical questions are posed. When HIV/AIDS became a pandemic, bishops, religious superiors, and their admission committees were caught off guard. In this state, many resorted to screening candidates for HIV, invoking the 1983 *Code of Canon Law*, which states that candidates must be physically able to perform future pastoral work.²⁰ Despite the risk of legal action, some church hierarchies have continued to screen candidates for HIV.

For instance, the United States Conference of Catholic Bishops (USCCB) mandates that all prospective candidates seeking entry into the priesthood must undergo HIV screening. This requirement is in accordance with the guidelines outlined in Norm 83 of the *Program of Priestly Formation*,²¹ which governs the training of priests within dioceses and religious orders across the United States: “The admission process by the ecclesiastical entity also must include a thorough physical examination to ensure that applicants possess the good health necessary for seminary training and priestly ministry. This exam should include HIV and drug testing along with screening that verifies biological maleness.” The *Program of Priestly Formation* does not

²⁰ Canons 1029 and 1051.

²¹ United States Conference of Catholic Bishops, *Program of Priestly Formation*, 6th ed. (Washington, DC: United States Conference of Catholic Bishops, 2022).

explicitly state the reasons for requiring HIV screening. However, the USCCB has previously explained:

...it 'may be appropriate for seminaries and religious communities to screen for the HIV antibody. ... The point here is not to automatically exclude a candidate who is HIV positive; but rather to discern carefully this person's present health situations as well as future health prospects; and thus to make an overall moral assessment of an individual's capacity to carry out ministerial responsibilities.'²²

The quotation above appears to be the standard rationale for dioceses and religious orders around the world that have opted for HIV screening. Bishops in some African countries, particularly in Eastern and Southern Africa, have issued similar statements in defence of their position.

I will now summarize the arguments in favour of HIV screening for all candidates to consecrated life, as outlined in a document, *HIV in Our Homes: Points for Reflection*, issued by the International Union of Superiors General (female) on March 30, 2011.²³

*Arguments in Favour of HIV test for all our candidates*²⁴

- i. The requisite ability – health, psychological, moral, and physical – are non-negotiable in many institutes of active

²² "Called to Compassion and Responsibility," *Origins* 19 (November 1989): 434 n. 45, cited in Keenan, "Return of Casuistry," 19.

²³ The text is no longer available online.

²⁴ "HIV in Our Homes," 3-4.

apostolic life. These must be ascertained, as required by the Code of Law (can. 642).

- ii. Every institute or order has the right to establish its own criteria for admission. In doing this, the respective institutes should have criteria for judgment based on their charisms and apostolate.
- iii. Admission is never a right to be demanded. Therefore, legal action arising from the criteria is superfluous.
- iv. HIV screening is part of a comprehensive medical examination testing for suitability. Ethical questions are not asked.
- v. Care must be taken in view of the future. Once a member is permanently aggregated, they cannot be dismissed on the grounds of being HIV-positive. Therefore, there must be consideration of the toll this can have on members who must care for full-blown AIDS confreres in the future.
- vi. In places with limited resources in combating and containing HIV/AIDS, there is the issue of justice in allocating resources that are necessary for members living with HIV/AIDS.

*Arguments Against HIV test for all our candidates*²⁵

- a) We must be careful not to engage in doublespeak. We preach against the discrimination of people living with HIV/AIDS (PLWHA), but we want to exclude them from our communities. What gospel value is inspiring this? Is

²⁵ "HIV in Our Homes," 4.

value in consecrated life measured by productivity and in economic/utilitarian terms?

- b) Testing could inadvertently be used to indicate having a vocation and/or faithfulness to it. It risks taking away from the overall assessment of the person by those responsible for formation. Testing can contribute to defensive postures and fears.
- c) If discernment is based on physical health alone, then some canonized saints would not have been admitted into their congregations.
- d) In several countries, the laws of the land prohibit this kind of testing. There have been legal suits against some seminaries in the United States and Canada because of this.
- e) The purpose of the test is unclear. HIV screening does not have a diagnostic value—its value is solely predictive. In other words, being HIV-positive means the carrier can develop AIDS after some years. However, HIV-positive is now approached as “a chronic pathology” i.e., with appropriate treatment now, one can live a normal life with the virus without necessarily developing into full-blown AIDS. If in the future we can make predictive tests of other chronic pathologies, will we be testing for such also? Or is HIV screening peculiar?
- f) The test is costly and is not always available in all countries.

The positions outlined above are not without ethical challenges. In summary, there is a moral obligation to protect the health and safety of others, while there is also a moral obligation to love and accept all people, regardless of their circumstances. The next section will explore the potential for a morally sound response to these ethical dilemmas.

Casuistry and the Moral Dilemmas of HIV/AIDS Screening for Priestly Ministry and Consecrated Life

The ethical considerations surrounding people living with HIV/AIDS who wish to pursue a vocation in the clergy or consecrated life are complex and require careful examination. The practical reality of HIV/AIDS as a chronic illness cannot be overlooked, and ethical discussions must consider how to support candidates in managing their health while fulfilling their religious calling. Striking a balance between these principles necessitates the development of an environment of understanding, support, and accommodation within religious institutions, ensuring that people living with HIV/AIDS are not excluded or discriminated against within the religious community.

When bishops, religious superiors, and members mandate HIV screening for candidates for admission or ordination, they must ask themselves a critical question about their intentions. It is not only about what they are trying to accomplish, but also about their collective character. What message does an organization send when it tests and potentially excludes HIV-positive candidates? Do organizations that do this want to demonstrate their purity? Is this Christian or Christ-like? Are they missing an opportunity to

learn how to minister to people with disabilities, vulnerabilities, and deteriorating genetic conditions? Mathenge argues that PLWHA, particularly those who have accepted their status, make us uncomfortable. They force us to confront our own vulnerability. Furthermore, they remind us of celibacy – “our deepest charism, which can also be our most vulnerable wound.”²⁶

If our concern is about the financial burden that this may cause us, what does this say about us as religious organizations? Are we more interested in financial expediency at the expense of genuine vocations? If we are concerned about the financial burden, is this based on any evidence within religious orders? In other words, do specific dioceses and religious orders spend or will they spend more money on people living with HIV/AIDS (PLWHA) than other members who are terminally ill or have other chronic or incurable diseases? Are we committed to embracing a PLWHA who genuinely has the vocation, regardless of their status?

Given that the disease is no longer new and we are learning to cope and live with it just like any other serious or terminal disease, there are other ethical questions being raised. Should testing positive for HIV be the sole determining factor in approving or dismissing a candidate if other criteria suggested in the Code of Canon Law are favourable? This question is important because HIV screening is unlike other medical examinations that address present health crises. HIV screening is

²⁶ Mathenge, "Living with HIV/AIDS," 341.

about a future health crisis (AIDS) that may not happen. If we continue to screen for a future health crisis, which is like genetic screening, which the Church teaches is fraught with moral problems, are we not also approaching the proverbial ethical slope? We are screening for HIV today. What will we be screening for tomorrow?²⁷

These questions leave us with the message that we need sound principles that take the best of casuistry, a time-honoured tradition of applied moral deliberation. Casuistry is a method in Catholic theology that is used to resolve moral conflicts in practical ways that uphold all intrinsic values. Humans create values that help societies thrive, but these values can be incomplete or imperfect. This means that the norms that govern human conduct may need to be revised from time to time. Casuistry is an important tool for effecting these revisions, which may involve abolishing some norms, expanding others, or refining still others.²⁸ It is a method of moral reasoning that considers the relevant and various features of a concrete action in light of relevant moral principles in order to arrive at a morally responsible judgment.²⁹ The enduring value of casuistry lies in its ability to help people discern the true nature of complex situations so that they can make the best possible response.³⁰

²⁷ Keenan, "Return of Casuistry," 125.

²⁸ Paulinus Ikechukwu Odozor, "Casuistry and AIDS: A Reflection on the Catholic Tradition," in *Catholic Ethicists on HIV/AIDS Prevention*, ed. James F. Keenan (London: Continuum, 2002), 297.

²⁹ James Bretzke, *A Morally Complex World: Engaging Contemporary Moral Theology* (Collegeville: Liturgical, 2004), 221.

³⁰ Bretzke, *A Morally Complex*, 221.

There is a Latin saying that underscores the value of casuistry: "*Qui bene distinguit bene cognoscit*"—"The one who distinguishes well knows well."³¹ In other words, the ability to make careful distinctions is essential to understanding complex moral conditions. By carefully distinguishing between the different aspects of a moral event, we can better understand it and make sound moral judgments. This implies that casuistry methodology is inductive because it looks at concrete dimensions of a moral issue based on what is going on instead of arriving at judgement based solely on norms without considering those ethically perplexing dimensions.³² In the context of HIV/AIDS, Odozor argues that casuistry can be used to find a middle ground between moral idealism and reactive rigorism. In Thomistic terms, casuistry is a useful tool for prudent individuals to use when responding to diverse people and situations. By drawing on past experiences, they can make judgments about future possibilities and arrive at sound conclusions about ethical problems, including HIV/AIDS.³³ It is noteworthy that casuistry initially served as a liberating force. It arose to free institutions from normative regulations that did not keep up with other advancements.³⁴

To summarize, the casuistic approach to moral reasoning is a valuable framework for ethical decision-making in a variety of domains, including the selection of candidates for ministry in a

³¹ James Bretzke, *Consecrated Phrases: A Latin Theological Dictionary: Latin Expressions Commonly Found in Theological Writings* (Collegeville, MN: Liturgical Press, 1998), 115.

³² Bretzke, *Consecrated Phrases*, 115.

³³ Odozor, "Casuistry and AIDS," 302.

³⁴ Keenan, "Return of Casuistry," 125-126.

religious context. In this context, ethical considerations go beyond personal preference or arbitrary judgment. The decision of admitting candidates to ministry is a pivotal one that should be made after careful consideration of a multitude of elements. This approach goes beyond a one-size-fits-all model and encompasses key considerations such as HIV testing, clinical concerns, congregational input, prayer, and policies. By considering all these factors, the Church can ensure that ethical decision-making in this area is informed, open, and reflective. In the subsequent sections of this article, these factors will be explored in greater depth. By carefully examining the details of each factor, religious leaders and decision-makers can gain a thorough understanding of how to navigate the challenging landscape of admitting candidates to ministry while maintaining ethical standards.

Proposed Guidelines for Policy Development

As law-abiding institutions, dioceses and congregations should not violate the law, lest they be held liable for legal action. Therefore, these institutions in African countries must study relevant documents that can help them to critically review and build upon their current practices, and continue the process of developing a more principled, ethically responsible, and compassionate protocol on HIV/AIDS. Vitillo's *Pastoral Training for Responding to HIV/AIDS* provides general guidelines for considering individuals with HIV/AIDS for vocation to priestly service or consecrated life. These guidelines emphasize the importance of informed decision-making, open discussion, and ongoing reflection. The proposed guidelines include:

- Basing decisions on information about HIV.
- Considering whether clinical issues should be the only factors considered when discerning vocation.
- Discussing the issues with members of congregations and clergy.
- Learning what laypersons think about these issues.
- Praying over these complex issues.
- Making policies before these issues present themselves.
- Reviewing policies as additional information becomes available.³⁵

In the final section, I propose a set of guidelines that can be used to inform decision-making in light of the previous discussions. These guidelines are intentionally brief, but they reflect the liberative function of casuistry methodology.

On Testing of Candidates and their Promotion

- a. *The current practice of testing only for HIV and Hepatitis B or Hepatitis C is not comprehensive enough.* It does not consider other important health conditions that could impact a candidate's ability to serve in ministry. A comprehensive medical examination would include tests for a variety of conditions, such as sexually transmitted infections (STIs), mental health conditions, such as depression and anxiety, and chronic health conditions,

³⁵ Vitillo, *Pastoral Training*, 203.

such as diabetes and hypertension. These conditions can all impact a candidate's ability to serve in ministry.

- b. *HIV screenings are predictive tests only.* Healthy carriers of HIV are able to live long and healthy lives with HIV, thanks to advances in treatment. **People living with HIV who are healthy and meet the requirements for ordination and consecrated life should be considered for the reception of sacred orders or admitted to religious vows.**³⁶
- c. *The Formation Team should handle every HIV-positive result on a case-by-case basis.* This means that they should consider all of the relevant factors, including the candidate's viral load and CD4 count, before deciding about whether to admit the candidate to ministry. The viral load is a measure of the amount of HIV in the blood. A low viral load means that the virus is not actively replicating and that the person is less likely to transmit the virus to others. The CD4 count is a measure of the number of CD4 cells in the blood. CD4 cells are a type of white blood cell that helps the body fight infection. A low CD4 count means that the person is more vulnerable to infection.

³⁶ The treatment of candidates who are Hepatitis B-positive or Hepatitis C-positive is analogous to the proposed treatment of candidates who are HIV-positive. Once the viral load of B-positive or Hepatitis C-positive candidates is low enough, they are considered healthy carriers and are eligible for ordination/final profession, with the strong admonition to maintain a healthy lifestyle. In other words, being Hepatitis B-positive or Hepatitis C-positive does not necessarily disqualify a candidate from the priesthood/consecrated life. The same should be true for healthy candidates who are HIV-positive.

- d. *Any candidate who tests HIV-positive should be informed of their results in a sensitive and compassionate manner. They should be given time to process the news and to ask questions. They should also be offered support from a qualified healthcare professional or counsellor. The initial phase of fear, anger, bargaining, and acceptance is a normal reaction to a positive HIV test result. It is important to allow the candidate to go through these emotions and to offer them support. They should be assured that a positive result does not necessarily mean that they are not suited for the priesthood/consecrated life. If they meet the general requirements for priesthood/consecrated life, they can have a future in the diocese or religious order.*³⁷

Virtue Ethics: The Underlying Ethical Framework

Present-day ethics in professional life is often reductionist, rationalistic, and deductivistic. This is represented by casuistic tradition that some have deployed in moral reasoning within the Catholic tradition on some controverted issues like the one at hand here. This means that it restricts morality to rules and principles governing society, with little regard for the moral quality of the moral agent, the creative sides of moral experience, or the link between obligation and the good. Virtue ethics, on the other hand, which undergirds the ethical framework proposed in

³⁷ Despite this, candidates should manage their expectations, as no individual can coerce an ecclesiastical or religious institution into approving their ordination or perpetual profession to the consecrated life.

this article, focuses on the character of the acting person. It emphasizes the importance of cultivating virtues such as honesty, courage, compassion, justice, prudence, and temperance. Virtue ethicists believe that when we develop these virtues, we become better people and can make better decisions. They largely take inspiration from Aristotle and Thomas Aquinas.

From the perspective of Aristotelian virtue ethics, the human soul is intricately interconnected with the notions of feelings, capacities, and dispositions. These three conditions of the soul play a fundamental role in shaping our moral character and guiding our actions.³⁸ Feelings, in the realm of Aristotelian ethics, are emotional responses that are intimately tied to the experiences of pleasure or pain. These feelings often manifest as what Aristotle referred to as "passions." Passions are the emotional reactions that accompany the experience of pleasure or pain, and they have a profound influence on human behaviour and moral decision-making. Capacities, on the other hand, refer to an individual's inherent ability to experience relevant feelings. In essence, these capacities enable us to feel emotions such as anger or sorrow, depending on the circumstances and the stimuli encountered. Our capacities for different emotional responses significantly shape our moral reactions and judgments. Dispositions are the third pillar of the soul, and they encompass what makes us either virtuous or flawed in terms of our emotional responses and behaviours. Dispositions are often displayed as either an excess or a defect in the way we feel and act. Virtue ethics, as Aristotle posited, operates within the domain of these

³⁸ Aristotle, *Nicomachean Ethics*, book II.

dispositions. It is concerned with the choices we make, seeking to find the virtuous mean between excess and deficiency in our emotional reactions and actions. This virtuous mean is determined by reason and ethical deliberation, aligning our behaviour with what is morally commendable.³⁹

Aristotle's virtue ethics encourages individuals to cultivate virtuous dispositions by consistently choosing the mean between emotional excess and deficiency. By fostering these virtues, individuals can strive for moral excellence, acknowledging that the human soul is a complex interplay of feelings, capacities, and dispositions, ultimately guided by reason and the pursuit of ethical choices.

Thomas Aquinas' teleological ethic is a masterful blend of Aristotelian philosophy and Christian theology. At its core lies the concept of habit, a quality deeply ingrained in an individual's disposition. For Aquinas, virtue is not power but a habitual disposition to act virtuously in all situations. Virtues are cultivated through repeated choices of good, leading to the conformation of one's character to specific moral goods. To act virtuously is simply to use our free will wisely. (ST, I-II, q. 55, a. 1, ad 2). Hence, virtue is a quality of the soul that orders our dispositions. (ST, q. 55, a. 2, ad 1). It is a rational disposition that is unique to humans because it is the product of reason. (ST, q. 55, a. 2, ad 2). This disposition is a good quality of the mind that enables us to live righteously. It is a gift from

³⁹ "Ethical Virtue: Aristotle, Nicomachean Ethics," in *Western Philosophy: An Anthology*, ed. John Cottingham, 2nd ed. (Malden, MA: Blackwell Publishing, 2008), 492.

God that cannot be misused (ST, q. 55, a. 4, objectio). As a gift, this means infused virtues are those that God gives us without our effort. (ST, q. 55, a. 4, objectio). Virtue demands that we use our appetites (passions, desires, and senses) rightly (ST, I-II, q. 61, a. 1, responsio).

While virtue does not eliminate our desires, it moderates them. It enables our passions to be ruled by practical reason, which is informed by prudence. This is why virtue guides our desires towards the authentic good of the person (ST, q. 55, a. 4, objectio). The authentic good of the person is threefold: external goods (e.g., wealth), bodily goods (e.g., health and beauty), and goods of the soul (e.g., the goods of the contemplative life) (ST, II-II, q. 152, responsio). Thomas Aquinas teaches that all virtuous actions must be for the authentic good of the person, which is threefold: external goods (e.g., wealth), bodily goods (e.g., health and beauty), and goods of the soul (e.g., the goods of the contemplative life). Human acts that are against right reason are sinful (ST, II-II, q. 152, responsio).

Virtue is a good quality of the soul that enables us to live righteously. It is a gift from God that cannot be misused. Virtues are divided into two broad categories—Intellectual and moral. Intellectual virtue is a virtue that perfects the intellect. It gives us the ability to understand and reason correctly. Examples of intellectual virtues include wisdom, science, and art. Moral virtue, on the other hand, is a virtue that perfects the appetitive faculty. It gives us the ability to govern our appetites (passions, desires, and senses) in accordance with reason. Examples of moral virtues include prudence, justice, temperance, and

fortitude. Some intellectual virtues, such as wisdom, science, and art, are not essential for moral virtue. However, two intellectual virtues are essential for moral virtue: understanding and prudence. Understanding is the ability to grasp the first principles of reason. It is necessary for moral virtue because it allows us to distinguish between right and wrong. Prudence is the ability to apply moral principles to concrete situations. It is necessary for moral virtue because it allows us to choose the right course of action in any given situation. In other words, we need to be able to understand what is right and wrong before we can choose to do what is right. Prudence helps us to put our understanding of right and wrong into practice. Prudence is the principal classical virtue because it is operational in "the very act of reason." It is the ability to apply moral principles to concrete situations. A key concept in virtue ethics is phronesis, or practical wisdom. Phronesis is the ability to reason well about moral situations and to make sound judgments about what to do. It requires us to have a clear view of the moral goal (i.e., the good life of the actor and the community), to be aware of all the facts, and to have the courage to make difficult decisions. Justice puts order in things or passions. It is the virtue that enables us to give to each person what is due to them. Temperance curbs our passions, but does not go against reason. It is the virtue that enables us to moderate our desires. Fortitude prevents us from withdrawing from obeying the command of reason. It is the virtue that enables us to persevere in the face of difficulty (ST, I-II, que. 61, art. 2, responsio).

There is no moral virtue without prudence. Prudence is the most important virtue because it is the "right reason about things to be done." In cases of dispute between reason and concrete cases,

human reason needs both universal and particular principles. Prudence helps us to be of good counsel, to judge well, and to command well. The mean of virtue is the midpoint between excess and deficiency. It is the point of "equality or conformity" with the dictate or command of reason. Moral virtue observes the mean. For moral virtues, the mean is always rational. However, the real mean (the midpoint between two extremes) is not always the same as the rational mean.⁴⁰ For theological virtues (faith, hope, and love), there can be no excess in loving God. However, in reference to us, there is a mean and excess.

In the ethical framework of Thomas Aquinas, prudence emerges as a fundamental and indispensable virtue. It is regarded as the linchpin of moral virtue, as Aquinas underscores that no moral virtue can exist in its absence. Prudence is hailed as the preeminent virtue, described by Aquinas as "the right reason about things to be done," emphasizing that its significance extends not merely to general principles but also to the particulars of actions. In circumstances where disputes arise between abstract reasoning and the complexities of concrete situations, prudence assumes a pivotal role. It bridges the gap between universal ethical principles and their practical application in specific cases, offering the discernment required to make sound moral judgments and command actions effectively. It serves as a guiding light, not only facilitating wise counsel but also empowering individuals to exercise judgment and issue commands judiciously. Aquinas' philosophy thus positions

⁴⁰ Brian Thomas Mullady, *Both a Servant and Free: A Primer in Fundamental Moral Theology* (New Hope, NY: New Hope Publications, 2011), 191.

prudence at the heart of moral virtue, ensuring that ethical decisions are well-informed, balanced, and aligned with the principles of reason (ST, I-II, que. 58, art. 5, responsio; *ibid.*, ad. obj. 3).

The concept of the mean in virtue ethics plays a pivotal role in understanding moral conduct. It is intricately tied to the notion of achieving moral excellence and avoiding moral deficiency. In the context of virtue ethics, the mean signifies the virtuous midpoint between two extremes: excess and deficiency. This midpoint represents a state of "equality or conformity" with the dictates and commands of reason, where moral virtue is most effectively realized. It is important to note that moral virtue consistently adheres to this rational mean, as it strikes a harmonious balance between going to extremes and falling short in ethical behaviour. This principle extends to theological virtues, such as faith, hope, and love, albeit with unique implications. When it comes to loving God, there can be no excess – humans can never love God as much as God has loved them. In reference to us, there exists a discernible mean in our capacity to love, but there is also a realm where excess surpasses our limited human ability to reciprocate the boundless love of the divine (ST, I-II, que. 64, art. 1, responsio).

Virtue is a good formation of the human powers towards characteristic activity. These powers are spiritual powers (the mind) that are involved in free choice. A person of virtue has a stable character, meaning that they will always prefer to act in a way that their human powers operate for a proper (authentic) goal. Virtuous persons live rightly and do not misuse their powers. To be virtuous is to make fewer mistakes in good acts.

Virtue ethics can be seen as a third level of ethics, beyond the level of ethical principles (second level) and the level of ethical practice (first level). At the third level, we seek to interpret practice and ethical rules and codes vis-à-vis their original meaning, consistency, and constitution. We also seek to see how they are faithful to what it means to be human and whether they make us better people. Virtue ethics is a moral theory that focuses on the character of the acting person. Virtue ethics argues that the best way to make moral decisions is to cultivate the virtues, such as honesty, courage, and compassion. By developing these virtues, we can become better people and make better decisions. Virtue ethics does more justice to our moral experience than traditional ethics. It recognizes that morality is not only a binding duty, but also an attractive ideal. It also praises people not just for their actions, but also for the character traits that they display.

Conclusion

The article argues that a one-size-fits-all approach to HIV-positive candidates in formation is morally wrong. This is because it does not consider the individual circumstances of each candidate. For example, HIV-positive candidates with undetectable and non-transmissible viral loads should be distinguished from those with high viral loads. The Roman Catholic moral tradition of casuistry offers a way to approach this issue from a more holistic perspective. Casuistry is a method of moral reasoning that uses case studies to understand the moral dimensions of a particular situation. By considering the specific facts of each case, casuistry can help us to make more informed and compassionate decisions. However, the article argues that

policies and principles regarding priests/religious living with HIV/AIDS should not be based solely on casuistic moral reasoning. This is because casuistry does not consider the intentionality of the acting person. Intentionality is the state of mind of the person who is acting. It is what motivates the person to act in a certain way. Intentionality is the driving force behind our actions, and it shapes the moral character of our lives. To achieve human flourishing, we must internalize the good pursued in our actions and make it an inherent part of who we are. Formation and ethics training help us to gain a profound understanding of our human nature and the principles of the good life. By delving into these educational practices, we can explore the depths of our moral identity and uncover the path to true human flourishing. Aquinas' teleological ethic provides a comprehensive and insightful framework for living a good and virtuous life. It emphasizes the importance of intentionality, virtues, and formation in the pursuit of human flourishing.

The article concludes by arguing that we should use both casuistry and virtue ethics to inform our decisions about HIV-positive candidates in formation. Casuistry can help us to understand the specific circumstances of each case, while virtue ethics can help us to consider the intentionality of the acting person. By using both approaches, we can make more informed and compassionate decisions.⁴¹ Therefore, it is important to consider not only the practical solutions to moral conflicts, but also the development of character and the cultivation of virtues. By moving beyond casuistry to consider virtue ethics, we can

⁴¹ Keenan, "Return of Casuistry," 138.

ensure that our policies and principles regarding priests/consecrated persons living with HIV/AIDS are grounded in a holistic approach that considers both practical solutions and character development. It is past time for religious leaders of the Roman Catholic Church in Africa to develop broad, ethically sound, and balanced policies on priests, religious, and candidates living with HIV/AIDS. These policies should be guided by a ‘friendly-feet’⁴² mindset, rather than a utilitarian or puritanical one. This means that the policies should be welcoming, inclusive, and free from stigma, especially for people living with HIV/AIDS (PLWHAs) in the clergy and religious.

⁴² Chitando, *Living with Hope*, chapt. 3.