

Matthew Hanley and Jokin de Irala, *Affirming Love, Avoiding AIDS: What African Can Teach the West* (Philadelphia: The National Catholic Bioethics Center, 2010) pp 202

Concerned with the issue of HIV/AIDS prevention in Africa, Hanley and de Ira focus “on the behavioral dimensions of HIV transmission and their implications for prevention” (14). The authors admit that the HIV/AIDS epidemic is worsening despite the emphasis of the AIDS establishment on the use of technically based risk reduction programs. By AIDS establishment, they “mean global authorities like the World Health Organization and UNAIDS (the joint United States Organization on HIV/AIDS) as well as powerful and diverse Western governmental donor agencies like USAID (the U.S. Agency for International Development) and its European counterparts(1-2). Failure to find a cure and the lack of a good control measure for the disease has affected both the physical and mental wellbeing of Africans who have the highest number of HIV infections. This has had telling effects on the lives of those suffering with HIV/AIDS as their families. These have destructive effects and corrosive forces. Hanley and de Ira believe that “[t]he common thread uniting care and prevention is profound respect for the dignity and value of the human person” (163). While this focus on the good of the person has been gradually lost in the West, it is still present in Africa. This is what the West and its donor agencies will have to learn from Africa. To articulate their position, the authors organize the work in seven chapters.

The first three chapters examine the general framework for control and prevention of HIV. Chapter one articulates the often neglected ABC approach. A stands for *abstinence*, B stands for *be faithful* and C stands for *condom*. The A and B components emphasize risk avoidance while C emphasizes risk reduction. In other words, A and B are concerned with prevention while C is mainly for crisis management. A and B “represent commonsense return to ... bedrock disease control principle: primary prevention” (3). Chapter two submits that failure of the AIDS establishment to admit that risk reduction techniques have failed is one of the factors contributing to the relentless crisis of the situation. Chapter three shows the success of the A and B approaches in various countries, but laments that the AIDS establishment prefers the C approach because it provides good ground for the social marketing of condoms. They explain, “The social marketing of condoms refers to the strategy condom companies employ to create demand for their products, appealing to as wide a population as possible, if not to the masses” (33-34).

The next two chapters of the work are devoted to the weaknesses of an exclusively technical approach to the HIV/AIDS question. Chapter four rejects the public health officials’ approach to the epidemic for being too impersonal and, accuses them of concealing facts regarding the failures of the present approach. At the end of the day, people are been treated as objects rather than subjects. Who among the health workers for instance, would encourage his/her spouse to have sex with anyone he/she pleases provided the spouse is ‘safe?’ An insight into how destructive an exclusively technical approach can become shows itself in surveys carried out within different communities. Chapter five concentrates on analyzing the data. The authors ask a penetrating question. If the AIDS establishment is really interested in the plight of Africans, why is it not hearing the other side of the HIV/AIDS story? Because, “there are condoms to be sold, new markets to be

opened, grants to be awarded, prestigious articles to be published” (95).

The last two chapters of this work are about the way forward, what we are to do at this time. Chapter six conceptualizes the beauty of the Christian vision, acknowledging that there is a conflict between Catholic sexual ethics and the liberal Western reproductive rights perspective. The authors argue that while the Church teaches responsible love and deep respect for human dignity, the AIDS establishment is a “lethal mix of utilitarianism, individualism, and relativism” (108) where right to immediate pleasure is prized over other considerations. They explain, “As it applies to HIV prevention policy, the objective becomes seeking to maximize the good of sexual pleasure while minimizing the pain of AIDS” (114). This is an overt contradiction in the public health officials’ stance whereby in other health issues like smoking, obesity and sedentary lifestyle they launch an aggressive campaign for behavior change as a model. Why not then promote the African values of the sacredness of human sexuality, faithfulness, integrity and self control over sexual desires? Chapter seven acknowledges that this is a good starting point for what the West can learn from Africa as a way of preventing the AIDS epidemic. The Church that cares for 27 percent of people living with HIV/AIDS worldwide recognizes this as a good moral vision for chaste love which challenges us to move beyond risk prone behaviors that make people vulnerable to HIV/AIDS.

This work has three significant contributions. First, it is a reminder that a human being is not a bundle of sensation, but a rational animal that has capacity for self control. The libertine approach of the AIDS establishment tends to give an impression that once a person is sexually aroused; there is nothing to be done than to satisfy oneself. This is not correct. A human being is not a mere animal! Secondly, the work espouses the double standards of the donor agencies. They deny objective truth on matters of sexuality yet are imposing their agenda on Africans on the assumption that the whole of humanity has one cultural destination. Are they really helping the Africans? In what ways might African values be respected? Thirdly, a holistic approach to the AIDS epidemic is needed. When technology becomes an all in all solution to human problems, we are in the danger of scientism. We ought to know that science is only part of a solution but does not have all the answers to human problems.

As good as this work appears to be it has its own deficiencies. The authors are not clear as to what they mean by multiple partners in Africa. I hope they do not include polygamy under the general category of multiple partners because it is a legal form of marriage. Since it is a long-standing element of many people’s culture, it cannot be dismissed in a sentence. As to whether it is Christian or not is a different matter. What happens for instance, when one of the wives under the African patriarchal setup suspects that one of them is HIV positive? Again, what happens when both partners in a monogamous marriage are infected? There is a possibility that each time they have intercourse, they are going to amplify the impact of their infections. Is the solution still faithfulness and abstinence? Why have the authors as members of the health professional not addressed this important piece? Lastly, though the authors set out to consider the entire continent of Africa, the content of the work is on sub-Saharan Africa and not the whole of Africa. In spite of these weaknesses, this work is still a must-read text for all those who have the interest of Africa at heart. It will help many to open their eyes to the reality on the

ground and draw practical conclusions of their own.

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