

Pope Benedict Is Right!
By Susan E. Wills
April 3, 2009

During an interview with the press en route to Africa, Pope Benedict was asked about the use of condoms to combat AIDS in Africa. He answered that the epidemic "cannot be overcome by the distribution of [condoms]: on the contrary, they increase it."

Many assumed that Pope Benedict's comments reflected only the Church's moral opposition to contraception and to sexual activity outside marriage and had nothing to do with sound science. He was harshly criticized for calling into question the central dogma of the sexual revolution that "safe sex" is free of consequences. Many AIDS experts have found that condoms do not work and, as Benedict observed, may be "exacerbating the problem" in Africa. Harvard researcher Edward C. Green—who spent 25 years promoting the use of condoms in Africa to combat AIDS—is just one who has publicly defended the Pope's viewpoint.

Part of the explanation for why condoms aren't the answer to the AIDS epidemic in Africa is the phenomenon of "risk compensation," a person's greater willingness to engage in potentially risky behavior when he believes his risk has been reduced through technology. Someone who uses sunscreen is likely to stay in the sun longer, and studies have shown an increase in melanoma among sunscreen users. Seat belts "save lives," but in 23 months after mandatory seat-belt laws went into effect in the United Kingdom, traffic fatalities increased due to more careless driving.

Similarly, experts in sexually-transmitted diseases have found that risk compensation may occur with condom use. As noted in a 2006 study co-authored by a senior advisor in the USAID Office of HIV/AIDS, many HIV researchers have reported that "the perception that using condoms can reduce the risk of HIV infection may have contributed to increases in inconsistent use, which has minimal protective effect, as well as to a possible neglect of the risks of having multiple sexual partners. Thus, the protective effect of promoting condoms ... could even be offset by aggregate increases in risky sexual behavior" (emphasis added). The authors stress that behavior change (abstinence, monogamy, fewer partners), which has proven "a feasible and effective approach to preventing new HIV infections," must be promoted in any HIV/AIDS prevention program.

The many problems with condoms: Although some claim condoms are 80-90% effective in preventing HIV transmission, that assumes perfect condition, and correct and consistent use. Studies have shown them far less effective among younger and less experienced adults.

The reality of "cumulative risk exposure" is also ignored by condom promoters. For example, with "repeated exposures to an infected partner, such as a man visiting a sex worker [sic] in Nairobi or Johannesburg once a month, the man will likely be infected within five months, even with consistent condom use."

What works? In 2004, 150 AIDS experts signed a Comment in the medical journal *The Lancet* calling for an evidence-based approach to preventing the sexual transmission of HIV/AIDS, with primary emphasis on changing behavior rather than promoting condoms to halt generalized epidemics. One co-author later testified to Congress: "No generalized HIV epidemic has ever been rolled back by a prevention strategy based primarily on condoms. Instead, the few successes ... were achieved not through condoms but by getting people to change their sexual behavior." Once again, science has proven the wisdom of Church teaching on abstinence before, and faithfulness within, marriage. Visit

www.usccb.org/prolife/factsheet/condoms for additional information and citations to research studies.