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FAST AND FURIOUS

The HIV Epidemic in the Philippines

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The Philippines has become the country with the fastest growing HIV epidemic in Asia and the Pacific. The prevalence and rate of transmission was described as "low and slow" from 1984–2004 and "hidden and growing" from 2005–2009; now it is characterized as "fast and furious." We currently have around 37 new cases of HIV every day, which approximates to over 1,100 new cases every month.[1]

In this essay, we will give some background on HIV and AIDS and analyze some elements of the rising epidemic. We will then look at the call to chastity as the definitive and essential weapon for halting and even reversing the epidemic, especially among males having sex with males.

Before we proceed, it will be helpful to define some terms:

- HIV is an abbreviation for Human Immunodeficiency Virus. It is classified as a retrovirus, and there is

[1]UNAIDS, "Cities in Philippines Pledge to Lower HIV Infections and Improve their Track Record" (August 14, 2018). See also Department of Health, "Philippines Addresses Rising Trend in New HIV Infections" (undated press release).

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currently no cure for those infected with it, although medicines can keep disease progression at bay. HIV is the virus that eventually causes AIDS.

- AIDS stands for Acquired Immunodeficiency Syndrome. It is *acquired* through various modes of transmission, causes *immunodeficiency* as the immune system of the patient becomes deficient, and is a *syndrome* as a plethora of diseases can arise due to the patient's weakened immune state.

How is HIV Transmitted?[2]

There are three ways HIV can be transmitted:

1. through sexual contact, which could be either heterosexual or homosexual;
2. from mother to child, either during pregnancy, delivery, or breastfeeding; and
3. through blood, such as sharing HIV-infected needles among injecting drug users (IDU) or through receiving an infected blood transfusion (which is relatively rare nowadays). It can also be transmitted through a needle stick injury or from tattooing.[3]

The primary mode of transmission, therefore, is through the transfusion of an infected bodily fluid—either seminal or vaginal fluid, blood, or breast milk. HIV is not transmitted through coughing, sneezing, mosquito bites, swimming in the same pool, using the same toilet bowl, kissing, hugging, eating at the same table or from the same plate, or drinking from the same glass with an HIV-positive individual.

[2]Information on HIV and AIDS can be found on websites such as https://www.hiv.gov/ and https://www.cdc.gov/hiv/default.html.

[3]If the equipment used is not properly sterilized.

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What Happens When a Person Contracts HIV?

HIV attacks the immune system and gradually weakens it. The patient will not have any symptoms at first while the immune system is still able to function; indeed, it can take 5–10 years for any symptoms to develop. As the infection spreads, however, the immune system will be progressively weakened, leaving the patient vulnerable to many types of infections and some cancers.

The clinical stages are noted as follows:[4]

- Stage 1: asymptomatic, with generalized swelling of lymph glands;
- Stage 2: moderate unexplained weight loss, with increased infections such as herpes zoster;
- Stage 3: severe unexplained weight loss, with chronic diarrhea and/or prolonged fever; and
- Stage 4: multisystem infections such as tuberculosis affecting brain, lungs, skin, blood, etc.

How Can HIV/AIDS Transmission/Infection be Prevented?

A useful mnemonic for the prevention of HIV/AIDS transmission and infection is ABCDE:

- abstinence from sex outside marriage,
- being faithful to one's spouse (both spouses must be mutually faithful),
- conscience and correct choices,
- do not use drugs, and
- education.

[4]The HIV clinical staging system of the World Health Organization (WHO) provides a more detailed outline. See WHO, *Annex 1: WHO Clinical Staging of HIV Disease in Adults, Adolescents and Children* (Geneva: World Health Organization).

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Global Facts About HIV

Since the start of the global epidemic, 74.9 million people around the world have become infected with HIV and 32 million of them have died from AIDS-related illnesses.[5] As of 2018, there were approximately 38 million people living with HIV worldwide. Yet while many countries have reported a stabilization or even a decrease in the number of their HIV cases between 2001 and 2009, nine actually registered more than a 25% increase in the number of their cases. One of these was the Philippines.[6]

HIV and the Philippines: The State of the Nation

The data is best reported in a table format as follows:

General Data and Reported Modes of HIV Transmission in the Philippines*				
	July 2019		Cumulative Data from 1984 to July 2019**	
Total Reported Cases	1,111		69,512	
Male	1,048		65,162	
Female	63		4,339	
Method of Transmission	Male	Female	Male	Female
Sexual contact	1,037	62	62,457	4,015
Male-female sex	84	62	7,071	4,015

[5]UNAIDS, *Global HIV & AIDS Statistics—2019 Fact Sheet* (Geneva: UNAIDS).

[6]UNAIDS, *Global Report: UNAIDS Report on the Global AIDS Epidemic 2012* (Geneva: UNAIDS, 2012), 11. See also UNAIDS, *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010* (Geneva: UNAIDS, 2010), 34.

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General Data and Reported Modes of HIV Transmission in the Philippines* (cont.)				
	July 2019		Cumulative Data from 1984 to July 2019**	
Method of Transmission	Male	Female	Male	Female
Male-male sex	699	-	35,919	-
Sex w/ males & females	254	-	19,467	-
Blood/Blood products	0	0	5	15
Sharing of needles	9	0	2,102	129
Needlestick injury	0	0	2	1
Mother to child	1	1	101	89
No data	1	0	495	90

*See the HIV and AIDS Data Hub for Asia Pacific website, particularly https://www.aidsdatahub.org/taxonomy/term/213, for the latest data on HIV/AIDS in the Philippines. The data in this table is for July 2019.
**No data available on sex for eleven (11) cases.

Breakdown of Data for the Philippines

From 1984 until July 2019, there were 69,512 documented cases of HIV in the Philippines.[7] Of these, 96% (66,472) were infected through sexual contact and 3.2% (2,231) through needle-sharing among injecting drug users. Mother-to-child transmission occurred in 0.3% (190) of cases, and there were 20 cases of HIV contraction through the reception of contaminated blood transfusions. It is extremely rare, therefore, to contract HIV from an infected blood transfusion.

[7]The preceding table shows, however, that the actual number of HIV cases is at least three to four times higher. The major reason for this is that many people who engage in high-risk behaviors do not get tested, perhaps out of fear.

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The predominant mode of transmission (96% of the cases) is through sexual contact—either homosexual, bisexual, or heterosexual. While heterosexual sex was the dominant mode of transmission from 1984 to 2006, the group now most at risk of transmitting HIV is the so-called MSM—males who have sex with other males (or men who have sex with men).[8]

MSM: Men Who Have Sex with Men

In 2012, the prestigious medical journal *The Lancet* ran a series of articles on HIV in men who have sex with men. These described MSM as follows:

> Men who have sex with men (MSM) is a term introduced in 1992 to attempt to capture a range of male-male sexual behaviours and avoid characterization of the men engaging in these behaviours by sexual orientation (homosexual, bisexual, heterosexual, or gay) or gender identity (male, female, transgender, queer). MSM includes gay-identified men, heterosexually identified men who have sex with men, bisexual men, male sex workers who can have any orientation, men engaging in these behaviours in all male settings, such as prisons, and the rich and wide array of traditional identities and terms for these men across cultures and subcultures.[9]

The MSM demographic in the Philippines is comprised of males particularly in the 15–34 year-old age group. In July 2019, this mode of transmission accounted for 92% of all new cases of sexually transmitted HIV in the country. What is particularly worrying, moreover, is that many of the MSM cases occur in the youth. Of the 1,111 new cases of HIV recorded in July 2019, 314 (31%) were among male youth aged 15–24; of these, 233 involved male-male sex (homosexual) and

[8]In the medical literature, "MSM" stands for "men who have sex with other men." However, seeing as many cases occur in those under 18 years of age, it can also be understood as "males who have sex with other males."

[9]C. Beyrer, S. Baral, F. Van Griensven, S. Goodreau, S. Chariyalertsak, A. Wirtz, & R. Brookmeyer, "Global Epidemiology of HIV Infection in Men Who Have Sex with Men," *The Lancet* 380:9839 (2012): 368.

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81 involved sex with both males and females (bisexual). In July 2019, there were also 51 newly-diagnosed cases involving adolescents (aged 10–19)—37 through male-to-male sex and 14 through sex with both males and females.

Cultural Factors Encouraging MSM

The HIV epidemic both in the Philippines and globally[10] is driven by high rates of transmission among MSM; indeed, the risk of acquiring HIV is 22 times higher among men who have sex with men. It would thus be helpful to examine cultural attitudes that fan the flames of the epidemic.

Homosexuality is largely accepted here in the Philippines. For instance, one only has to watch television for a few moments to verify that there is a massive representation of LGBT+ characters in Filipino media. Some of the most influential local TV and media stars are openly gay and flaunt it. The overriding attitude toward homosexual behavior is light-heartedness, joking, and that it is a source of fun. This, however, is in stark contradiction to the staggering rates of HIV infection in males having sex with other males as presented above, which are no laughing matter.

Labeling is also commonplace in Filipino culture whereby a young boy, even at five or six years old, is already labeled as gay with terms such as "bakla" (Tagalog) or "bayut" (Cebuano). I first encountered this in a poor neighborhood where I lived with my community in Cagayan de Oro, Mindanao, while studying theology at the nearby seminary of St. John Vianney. When a group of children came to our house with their parents to pray the rosary, they were calling one young boy of around six years old "bayut." I inquired as to what it meant and was told that it means one is gay. I was very much surprised by such labeling of this young child who was years away from puberty and sexual maturation. If he grows up being

[10]J. McTavish, "Chastity and Homosexuality: Combating the Scourge of HIV and AIDS," *The National Catholic Bioethics Quarterly* 14:4 (Winter 2014): 637–645.

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called "gay" every day, it will not be a surprise if he self-identifies as a homosexual when he is older.

Moral Evaluation

The evaluation of homosexual behavior presents a special challenge in our world of today as "there are many forces in our society that promote a view of sexuality in general, and of homosexuality in particular, not in accord with God's purpose and plan for human sexuality."[11] Even many "Catholic" groups present homosexuality as completely harmless, if not a good thing, representing a legitimate sexual alternative, and that the teaching of the Catholic Church is oppressive and unscientific. Such groups promote the fundamental freedom of the person to live according to their sexual orientation, an orientation they claim "they were born with."[12] However, Joseph Ratzinger, then Prefect for the Congregation of the Doctrine of the Faith, wrote that the Church's teaching concerning homosexuality "does not limit but rather defends personal freedom and dignity realistically and authentically understood."[13]

Orientation vs. Act

There is a difference between the homosexual orientation and the homosexual act. A person may have a homosexual orientation

[11]United States Conference of Catholic Bishops, "Ministry to Persons with a Homosexual Inclination: Guidelines for Pastoral Care" (November 14, 2006), 1.

[12]There is no credible scientific research that supports such an erroneous claim. In the nature vs. nurture debate regarding the genesis of homosexuality, it is understood that one is not born that way (nature) but rather becomes that way (nurture).

[13]Congregation for the Doctrine of the Faith (CDF), "Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons" (October 1, 1986), n. 7.

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through no fault of their own and strive to live a chaste life; here the homosexual orientation or inclination is obviously not sinful in itself. The homosexual act, however, is objectively sinful. It is always disordered as it is not open to life, and it does not respect the complementarity of the sexes. The Catechism of the Catholic Church (CCC) states that

> tradition has always declared that homosexual acts are intrinsically disordered. They are contrary to the natural law. They close the sexual act to the gift of life. They do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved.[14]

However, it should be borne in mind that "responsibility for an action can be diminished or even nullified by ignorance, inadvertence, duress, fear, habit, inordinate attachments, and other psychological or social factors."[15]

"Go in" vs. "Coming out"

Too lightly are young people encouraged to "come out" and express their homosexuality. More helpful advice would be to "go in" and seek the deeper reasons for a lack of harmony in the healthy maturation of sexual identity. I believe that most males who I see engaging in effeminate behavior do not experience deep-seated same-sex attraction. They are confused, more often than not, about their sexual identity, or are experimenting, following fads and trends. Pope Francis in *Christus Vivit* notes that

> young people are aware that the body and sexuality have an essential importance for their lives and for their process of growth in identity. Yet in a world that constantly exalts sexuality, maintaining a healthy relationship with one's body and a serene affective life is not easy.[16]

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[14]*Catechism of the Catholic Church* (Vatican City: Libreria Editrice Vaticana, 1993), 2357. Hereafter referred to as CCC.

[15]CCC 1735.

[16]Francis, *Christus Vivit* (Vatican City: Libreria Editrice Vaticana, 2019), 81.

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It is commonly believed that the Pope's only comment regarding homosexuality is "Who am I to judge?" However, this fragment does not accurately express his statement and needs to be read in context to be understood properly. During his flight back to Rome following World Youth Day 2013 in Rio de Janeiro, Francis told the press, "If a person is gay and seeks God and has good will, who am I to judge him?"[17]

To invite a young person to "come out" may be inviting them to embrace a homosexual lifestyle that is dangerous both morally and medically. The health risks of homosexual acts, which are well documented though scarcely mentioned in the public debate, can be characterized as follows:

- increased risk of infections—not only HIV but also human papillomavirus (HPV), viral hepatitis B and C, gonorrhea, syphilis, and all sexually transmitted infections/diseases (STI/STD);
- increased risk of cancer—anal cancer, Kaposi's sarcoma, and HPV-related malignancy;
- higher incidence of physical injuries—anal trauma, hemorrhoids, anal fissures, and retained foreign bodies;
- mental health disorders—increased suicidal tendency, depression, and anxiety; and
- increased rates of substance abuse including drugs and alcohol.[18]

Being aware of the real dangers helps us understand why the Church labors to save homosexuals from "a way of life which constantly threatens to destroy them."[19]

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[17]"'If a Gay Person Seeks God, Who Am I to Judge Him?' Says Pope Francis," *Catholic Herald* (July 29, 2013).

[18]See J. Diggs, Jr., *The Health Risks of Gay Sex* (Corporate Resource Council, 2002).

[19]CDF, "Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons," n. 12.

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The False Promise of Condoms

While a UNAIDS Global Report boldly and uncritically announces that "condom use is a critical element of combination prevention and one of the most efficient technologies available to reduce the sexual transmission of HIV,"[20] abstinence from the sexual act is actually the most proven method for reducing HIV transmission risk in MSM. This is 100% effective, yet in the aforementioned UNAIDS report the word "abstinence" is not even mentioned once; indeed, Matthew Hanley and Jokin de Irala state that

> it is noteworthy that public health entities seek to modify some lifestyle choices but not others. The consumption of tobacco, cholesterol-laden diets, sedentary lifestyles, and reckless driving are all considered behaviors that require modification, but sexual behavior associated with disease and other adverse consequences is not.[21]

This is why even as early as 1993, in a pastoral letter on AIDS entitled "In the Compassion of Jesus," the Catholic Bishops' Conference of the Philippines (CBCP) declared that

> the moral dimension of the problem of HIV-AIDS urges us to take a sharply negative view of the condom-distribution approach to the problem. We believe that this approach is simplistic and evasive. It leads to a false sense of complacency on the part of the State, creating an impression that an adequate solution has been arrived at. On the contrary, it simply evades and neglects the heart of the solution, namely, the formation of authentic sexual values.
>
> Moreover, it seeks to escape the consequences of immoral behavior without intending to change the questionable behavior itself. The "safe-sex" proposal would be tantamount to condoning promiscuity and sexual permissiveness and to fostering indifference to the moral demand as long as negative social and pathological consequences can be avoided.[22]

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[20]UNAIDS, *Global Report: UNAIDS Report on the Global AIDS Epidemic 2012*, 19.

[21]M. Hanley & J. de Irala, *Affirming Love, Avoiding AIDS: What Africa Can Teach the West* (Philadelphia: National Catholic Bioethics Center, 2010), 25.

[22]Catholic Bishops' Conference of the Philippines (CBCP), "In the Compassion of Jesus: A Pastoral Letter on AIDS" (January 23, 1993).

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While many blame the Catholic Church in the Philippines for its lack of support for condom initiatives, a 2001 report from the U.S. Agency for International Development in the country clearly stated that "it is highly unlikely that the church's position constrains condom use among high risk groups. It is difficult to conceive of a sex worker engaged in this activity who refuses to use a condom because of religious proscription."[23] Yet even if condoms were to eliminate part of the risk of HIV transmission, their benefit would soon be offset with repeated use because of what is known as cumulative risk,[24] which is perceived intuitively in everyday experiences even if it is not mathematically calculated. Suppose there is a 1% risk of death when crossing a busy road. The chances of dying if one were to cross one hundred times does not remain at 1% overall; intuitively, the risk of death increases the more one crosses the busy road. In this example, the cumulative risk for crossing the street one hundred times would be 63%. As such, if we take the risk of HIV transmission from unprotected sex to be 1% and the condom reduces that risk by 85%, the risk of transmission would be reduced to 0.15% for each episode but the cumulative risk would be 14% for one hundred exposures, 31% for two hundred and fifty exposures, and 53% with five hundred exposures. Thus, even if condoms decrease the risk of infection in a single event, they are less effective the more one engages in risky behavior; indeed, the CBCP succinctly and correctly states that "given its high failure rate, the condom cannot really put a stop to AIDS."[25]

[23]U.S. Agency for International Development (USAID), *Final Evaluation of the AIDS Surveillance and Education Project* (Manila: USAID, 2001), 23.

[24]See E. Green, *Rethinking AIDS Prevention: Learning from Successes in Developing Countries* (Westport, CT: Praeger, 2003), 110–111.

[25]CBCP, "On the Government's Revitalized Promotion of Condoms" (March 2, 2010).

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Who is My Neighbor?

The most recent CBCP pastoral letter on AIDS, "Who is My Neighbor?" (July 2011), reminded us that

> every local parish must establish itself as a privileged place where education about HIV and AIDS is disseminated and persons most vulnerable to the virus or living with or affected by the virus receive Jesus' healing love through the physical, emotional and spiritual support of the members.
>
> Church workers, seminarians and the clergy must be equipped with basic knowledge about HIV & AIDS and complementary pastoral counseling skills … to bring hope, healing and reconciliation to those vulnerable to the virus, those infected and affected by HIV, through the sacraments and pastoral care.[26]

The same document also reiterates the

> call on the rest of the flock to be in solidarity with those living with and affected by HIV and AIDS. They are our sisters and brothers. They are our neighbors. They are the human face of Jesus in our modern time. To love them is to love God.[27]

In this light, and with a desire to make our love for neighbor concrete, we propose in this final section the lived virtue of chastity as the definitive response to the rising HIV epidemic in the Philippines (and elsewhere). The call to chastity needs to resound strongly, particularly with MSM given that demographic's tendency for high levels of promiscuity.

Promiscuity as a Driving Factor

The issue of promiscuity as a principal driving factor of the epidemic is rarely discussed in the literature on HIV transmission. One study involving 1,500 homosexual men and women, for example,

[26]CBCP, "Who is My Neighbor? A Pastoral Letter on AIDS" (July 11, 2011).

[27]CBCP, "Who is My Neighbor?"

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concluded that 45% of white male homosexuals had sex with five hundred or more partners, with 28% having a thousand or more.[28] In a discussion I had on this point last year with three gay Filipino men who used to live very promiscuous lives, I learned that one had had 100 same-sex sexual partners, the other 250, and the third, 750.[29] I also asked one of them if there was any truth in the notion of a gay man finding a partner and being faithful to him, of "getting married" and being faithful for the next ten years. One of their replies was enlightening: "Father, how boring that would be!" Thankfully, all three have embraced the virtue of chastity and have now found that much longed-for peace and fulfillment.

A Call to Chastity

All baptized persons, whether homosexual or heterosexual, are called to chastity.[30] The CCC teaches us that "homosexual persons are called to chastity. By the virtues of self-mastery that teach them inner freedom, at times by the support of disinterested friendship, by prayer and sacramental grace, they can and should gradually and resolutely approach Christian perfection."[31] It emphasizes that homosexual persons are "called to fulfill God's will in their lives and, if they are Christians, to unite to the sacrifice of the Lord's Cross the difficulties

[28]A. Bell & M. Weinberg, *Homosexualities: A Study of Diversity among Men and Women* (New York: Simon and Schuster, 1978), 308.

[29]Readers who may be shocked by these figures may simply not be well-informed about the extent of highly promiscuous behavior in MSM circles. Such information is often covered up.

[30]Chastity is different from celibacy. Chastity for a priest or religious, for example, involves celibacy (no sexual relationships) while for a married couple it includes the physical dimension of their love. All are called to chastity according to their state of life; only some (e.g., priests and religious) are called to celibacy.

[31]CCC 2359.

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they may encounter from their condition."[32] We are also reminded that the homosexual inclination "constitutes for most of them a trial."[33]

The best way to be convinced of the beauty of chastity is to live it out; after all, as the saying goes, "you cannot counsel what you yourself don't live." As the Book of Sirach reminds us, "do not fall into the grip of passion, or you may be torn apart as by a bull.… Evil passion destroys those who have it, and makes them the laughingstock of their enemies" (6:2, 4). Our dear friend St. Alphonsus Liguori also writes:

> It is especially to be remarked, that we cannot resist the impure temptations of the flesh, without recommending ourselves to God when we are tempted. This foe is so terrible that, when he fights with us, he, as it were, takes away all light; he makes us forget all our meditations, all our good resolutions; he also makes us also disregard the truths of faith, and even almost lose the fear of the divine punishments. For he conspires with our natural inclinations, which drive us with the greatest violence to the indulgence of sensual pleasures. Who in such a moment does not have recourse to God is lost. The only defence against this temptation is prayer.[34]

A Support Group like Courage

Referral to a support group can be considered. One example is Courage,[35] a ministry within the Catholic Church for persons struggling with SSA (same-sex attraction). It is present in over half of the dioceses in the United States and in three dioceses in the Philippines.

Courage promotes five goals:

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[32]CCC 2358.

[33]CCC 2358.

[34]See A. Liguori, *Alphonsus Liguori: The Redeeming Love of Christ: Selected Spiritual Writings*, ed. J. Oppitz (New York: New City Press, 1992), 70–71.

[35]See the Courage website at https://couragerc.org.

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1. Chastity—to live chaste lives in accordance with the Roman Catholic Church's teaching on homosexuality.
2. Prayer and dedication—to dedicate one's life to Christ through service to others, spiritual reading, prayer, meditation, individual spiritual direction, frequent attendance at Mass, and the frequent reception of the sacraments of Reconciliation and the Holy Eucharist.
3. Fellowship—to foster a spirit of fellowship in which all may share their thoughts and experiences, thereby ensuring that no one will have to face the problems of homosexuality alone.
4. Support—to be mindful of the truth that chaste friendships are not only possible but also necessary in a chaste Christian life, and in doing so provide encouragement to one another in forming and sustaining them.
5. Good example—to live lives that may serve as good examples for others.

Spiritual Accompaniment

Spiritual direction is also of great benefit in helping persons with SSA approach this Christian perfection. As noted by the late Rev. John Harvey, the founder of Courage,

> it is by regular spiritual direction, moreover, that the person with SSA can formulate and begin to live this plan of life. Very often, people with SSA have already experienced the loneliness and incompleteness of either of the two patterns of homosexual activity, namely, promiscuity or a steady same-sex relationship. Dissatisfied with these experiences, they are ready to listen to the sympathetic proposal of a new approach, difficult though that new way may seem on the surface. The spiritual

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> director's task is to show the [person] … with SSA that it is possible to live a chaste and happy life without being isolated from society.[36]

Evangelization of Society

All initiatives geared toward helping individuals need to be marked with a commensurate effort to evangelize society. Some particulars that can be focused on are as follows:

- the formation of seminarians and young religious on factors thought to be involved in the genesis of homosexuality, primarily to give them pastoral tools for dealing with the overwhelming number of youth in the Philippines who are confused about their sexual orientation;
- a more cautious and critical reception of the Western tenets of sexual morality (foreign imports are fine for basketball but not when it comes to moral values);
- a clearer presentation of Catholic teaching in the area of same-sex attraction;
- more targeted campaigns that warn of the risks of HIV transmission among MSM rather than simply generic information campaigns on the general risks of HIV/AIDS;
- more active roles for Catholics in countering the massive exposure of LGBT+ in Filipino media which has a confusing effect on and deleterious consequences for the healthy development and maturation of the sexuality of the youth;

[36] J. Harvey, *Same Sex Attraction: Catholic Teaching and Pastoral Practice*, ed. G. O'Donnell (New Haven, CT: Knights of Columbus Supreme Council, 2007), 23–24.

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- the updating of formation for priests and clergy who are often unclear about Catholic teaching on factors that drive the HIV epidemic in the Philippines;
- more research efforts geared toward elucidating factors that drive homosexual behavior in the Philippines, starting with better baseline data on the prevalence of same-sex attraction and behavior in the country, and understanding the role of pornography, especially exposure to gay pornography, as a possible contributing factor in increasing sexual promiscuity among MSM;
- listening to the sociological impact on young males of having large numbers of fathers absent and working abroad as overseas Filipino workers (OFWs), and seeing if this influences their masculine identity;
- efforts to reverse the current "light" attitude toward homosexuality and increase general awareness of the risks involved when males have sex with other males; and
- the opening of more chapters of Courage to help women and men experiencing same-sex attraction live chaste lives.

Conclusion

The HIV epidemic in the Philippines is driven largely by homosexual promiscuity. This is a medical fact, and the hard data is proof of it—92% of all new cases of sexually transmitted HIV in the Philippines (as of July 2019) occurred among MSM. A more targeted and directed pastoral care approach is therefore needed, for while it is true that we are all at risk and that no one is exempt, the danger of a general approach to AIDS awareness, a campaign addressed to all, is that it weakens and waters down the message so that it does not reach the MSM group who needs to hear it the most.

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The evangelization of cultural attitudes toward males having sex with males is very much needed as well. While the topic of homosexuality generally elicits much merriment, there is nothing enjoyable in presiding over a funeral Mass of a yet another gay man (usually in his late 20s or early 30s) who died of "pneumonia" (often a euphemism for AIDS-related illness). We need to reflect on how we evangelize, bearing in mind that the Church states that homosexual persons "must be accepted with respect, compassion, and sensitivity. Every sign of unjust discrimination in their regard should be avoided."[37]

The HIV epidemic in the Philippines shows no signs of abating; instead, it continues to grow at a fast and furious rate. New cases of HIV among MSMs are skyrocketing and going through the roof, and they will continue to do so until the issue and the causative factors behind it are more honestly and directly confronted.

[37]CCC 2358. The most vitriolic intimidation I know of in the Philippine setting has not been discrimination against homosexual persons but rather the aggressive attempts by members of the MSM demographic (and those who support gay culture) to silence gay men who try to speak out and share how they are now living chastely and are happier (and healthier) for it.

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