



Hold Out Your Hand

STORIES FROM THE CATHOLIC HEALTH CARE EFFORT
DURING THE GLOBAL AIDS CRISIS

In 2019, America Media launched “Plague: Untold Stories of AIDS and the Catholic Church,” a six-part podcast series investigating the early days of the AIDS crisis and its impact on Catholic health care and the church. The podcast was hosted by America’s national correspondent, Michael O’Loughlin, who has maintained a working relationship with the Catholic Health Association since the release of Plague, including a feature in Catholic Health World and bylines in Health Progress. The following stories are adapted from O’Loughlin’s work on “Plague,” which serves as a powerful reminder of Catholic health care’s call to empower bold change, elevate human flourishing and continue the healing ministry of Jesus to those on the margins of society.

CHA advances the Catholic health ministry of the United States in caring for people and communities. Comprised of more than 600 hospitals and 1,400 long-term care and other health facilities in all 50 states, the Catholic health ministry is the largest group of nonprofit health care providers in the nation. Every day, one in six patients in the U.S. is cared for in a Catholic hospital.

© 2023 Catholic Health Association of the United States

To obtain ordering information, please contact CHA’s Service Center at (800) 230-7823 or servicecenter@chausa.org.

FOREWORD

Written by Michael O'Loughlin

Over the past several years, dozens of priests, women and men religious, and lay Catholics, each decades older than me, generously offered me their time so that I could learn how they each ministered during the worst years of the HIV and AIDS crisis in the United States. The point of these conversations, captured in my podcast “Plague” from America Media and in further depth in my recent book, *Hidden Mercy*, was not simply to preserve history.

Rather, I wanted to understand in greater depth the important role that Catholic institutions, including its health care ministry, played in addressing that public health crisis, so that lessons from then can be applied to challenges facing the church today.

Reflecting on history can be an important tool in helping to guide our future.

As Pope Francis put it in a 2018 homily, “We are children of a history that needs to be preserved,” while noting also, “we are authors of a history yet to be written.”

Each interview I conducted offered a glimpse into a painful past, but the stories were almost always filled with mercy, compassion and hope. I met Catholic sisters who uprooted their lives so that they could learn

how to serve gay men dying from AIDS. Priests who worked hard to ensure that people from marginalized communities had access to life-saving HIV medications. And lay Catholics who called on their church to live out the Gospel with authenticity and conviction.

A handful of these conversations are presented here. In addition to exploring the past, these oral histories also include observations about the challenges that still lay ahead in the fight against HIV and offer ideas about how Catholic healthcare providers might serve as effective partners. The quotes come from interviews conducted over several years and which were originally published in many forms, including an article in *Health Progress* in 2023 about the innovative ways some Catholic institutions continue to offer care for people with HIV.

When I finished writing *Hidden Mercy*, I sent a copy of my manuscript and a letter introducing some of the individuals I profiled to Pope Francis. I wanted the pope, whose motto is mercy, to know the names and stories of courageous Catholics who facilitated spiritual and physical healing at a time when the world seemed to offer only hostility.

To my surprise, Pope Francis wrote back.

“Thank you for shining a light on the lives and bearing witness to the many priests, religious sisters and lay people, who opted to accompany, support and help their brothers and sisters who were sick from H.I.V. and AIDS at great risk to their profession and reputation,” Francis wrote.

The pope was moved by the witness these spiritual and physical healers offered to those in need.

“Instead of indifference, alienation and even condemnation,” Pope Francis wrote, “these people let themselves be moved by the mercy of the Father and allowed that to become their own life’s work; a discreet mercy, silent and hidden, but still capable of sustaining and restoring the life and history of each one of us.”

While the worst days of the HIV crisis in the United States are behind us, each year tens of thousands of Americans, including some of the most vulnerable, will face a new diagnosis. Catholic health care ministry has the opportunity to remember its history and to continue to respond with mercy.

For additional resources about the Catholic Church’s response to HIV and AIDS, and links to the interviews from which these excerpts are drawn, visit americamagazine.org/plague. The interviews below have been edited for length and clarity.



Michael J. O’Loughlin is the national correspondent for America Media, host of the podcast “Plague,” and author of “Hidden Mercy: AIDS, Catholics, and the Untold Stories of Compassion in the Face of Fear.” He lives in Rhode Island.

America | **MEDIA**
A JESUIT MINISTRY



CONTINUING THE HEALING MISSION OF JESUS

An Oral History with Sr. Karen Helfenstein, S.C.

Many Catholic hospitals throughout the United States played an important role in caring for patients with HIV and AIDS in the earliest days of the crisis. But perhaps no hospital, Catholic or otherwise, is as synonymous with the crisis as the former Saint Vincent Catholic Medical Center in New York.

Sister Karen Helfenstein, S.C., trained as a nurse at the Sisters of Charity of New York affiliated hospital. Sister Karen once oversaw St. Vincent's entire emergency department and, during a period of the AIDS crisis, she was a top hospital administrator, helping to ensure the hospital's Catholic mission was fulfilled. During one of our interviews, she talked about the activists who protested the hospital because of the church's position on condoms, which some HIV activists believed hampered progress in the fight against the virus. Sister Karen explained

how rather than become defensive, the sisters listened to the activists and explored how they could work together to serve their shared community.

KAREN HELFENSTEIN, S.C.: *There were some, as there always are, very activist, some would say radical, people for whom we were never doing enough. And one of the things they learned was that the Catholic bishops did not want the use of condoms in Catholic hospitals or health services.*

Public health officials in the 1980s and 90s said the best way to slow the spread of HIV was through the use of condoms. This posed a special challenge for Catholic hospitals. The Catholic Church teaches that sex should be reserved for a married man and woman, always open to life. That means no condoms. Some Catholic ethicists at the time noted that using condoms to prevent the spread of HIV was something different than birth control. But church leaders in New York stood firm: condoms could not be distributed in Catholic healthcare centers. And that rule sometimes made Sister Karen's job challenging.

KAREN: *I was vice president for mission at St. Vincent's and my friends would call it mission impossible.*

That meant it fell to Sister Karen to make sure the hospital carried out its mission, which included serving the poor, while also respecting the rules laid out by the church around sexual ethics.

KAREN: *During the beginning, and in the heat of the AIDS crisis, there were very activist doctors, social workers, professionals who were attracted to*

come and work at St. Vincent's, and they wanted to minister and provide care for members of the gay and lesbian community.

Many of these doctors and nurses and social workers were Catholic. And at the AIDS clinic, many were also gay. And nearly everyone had an opinion on how to best respond to the AIDS crisis. One night in September 1989, simmering tension between gay activists and the Catholic hospital had boiled over. Members of the AIDS Coalition to Unleash Power, or ACT UP, had organized a huge protest at the hospital.

KAREN: *They really took over the emergency room waiting area one evening and would not go. Our security people couldn't handle it, so the police had to be called in. There actually were condoms on the hands of the risen Christ.*

This was the most memorable image of the protest: Jesus covered in condoms. And for that reason you might think access to condoms was the subject of that particular action. But it wasn't. It was about much more than that. But it's still important to understand how St. Vincent's managed the clash over condoms. Part of the reason protesters were angry had to do with money. It was expensive to treat people with AIDS, especially people with no insurance. Eventually state and federal governments began offering large grants and reimbursements for this kind of care, and Catholic hospitals and clinics received a lot of this government funding to treat people with AIDS. But they still didn't distribute or talk about condoms. This was a huge problem for some

members of ACT UP; they said the church had policies that were killing gay people. It would be natural for Sister Karen and the other Sisters of Charity to respond with anger to the protest, but they didn't.

KAREN: *I really wasn't angry. I knew those people were struggling so, and I felt it was a cry for help, almost like a suicidal person would try to take pills, but know that they weren't taking the full dose that would take them over the edge. And that's really what I felt like. What are we doing that's not enough for these people, and is it possible for us to find out what their further issue is?*

Sister Karen recognized the challenge facing St. Vincent's: how to carry out its mission of serving those most in need while respecting the church's teaching on human sexuality.

KAREN: *We were a Catholic hospital under the auspices of perhaps the most conservative archbishop in the country, Cardinal John O'Connor. So he's a very compassionate man, very orthodox, very true to what the Catholic Church teaches. And sometimes there were rubs of varying degrees between those two audiences, if you will.*

By audiences, she means the gay men, their allies and ACT UP, and the cardinal and his supporters.

KAREN: *And I was like the director with the baton, you know, like how do we do this in this place, at this time?*

How did the hospital handle the issues of condoms, all these factors considered?

KAREN: *Carefully. We talked to the nurses and doctors who believe that their professional responsibilities included fully educating a patient about what they could do to protect themselves and their partners. I said, we will not keep good quality nurses and doctors if we try to prevent them. And that's our primary mission, to provide excellent care.*

It was up to Sister Karen to convince church authorities that it was possible to do both: to stick to church teaching and to provide the best care for patients.

KAREN: *I worked very closely with [a hospital ethicist] and always worked closely with Cardinal O'Connor. So he began to learn and understand and we worked out ways that we could give people information for access to items that they needed. We had local pharmacies that they could easily get, for instance, condoms.*

It was this spirit of “let’s make this work” that would help St. Vincent’s become what the gay community needed during the AIDS crisis and transform it into a trusted partner during the height of the HIV and AIDS epidemic. But there were still occasional protests and flare ups from activists who challenged the hospital to go even further in providing the kind of care their community needed.

KAREN: *The security officers wanted Sister Margaret, who was our administrator at the time, to press charges [against the] people who had*

violated our property and disrespected us. And Sister Margaret Sweeney was stellar. She said, no, we're not pressing charges. We need to find out what these people's issues are. We need to talk with them and we need to see what we can do, learning from them what their needs are.

The Sisters recognized that for all the medical care St. Vincent's offered the gay community, there was still room to grow when it came to the hospital's culture.

KAREN: *At one point we were found by [the activists] not to have security guards that were sensitive to how the gay community behaved. Sometimes publicly kissing at the doorway of the hospital was offensive to perhaps a young security guard who came from a very fundamentalist religious background. They could hardly tolerate the view of that and thought that it was offensive to the hospital.*

Hospital administrators met with some of the protestors to chart a way forward, to ensure that all patients and their loved ones felt they were treated with respect and dignity.

KAREN: *We then had several of the staff, if not all of them, probably, take part in a sensitivity training program for understanding better the gay and lesbian lifestyle and the need to support them in there. And these people are simply grieving and helping each other through a terrible time in their lives.*

Saint Vincent's Catholic Medical Center closed in 2010, more than 150 years after it served its first patients. By listening to the community, the sisters who administered the hospital were able to become effective

partners to a community that didn't always agree with everything the church teaches.

But for Sister Karen, the pain she witnessed during that time in history left no choice but to respond with mercy.

KAREN: *It was a time that you can hardly explain because it was filled with pain and disbelief that we're here. And we saw whole apartment buildings where there were partners left and they would, you know, begin by going home to feed the cat and get the mail and then help each other because someone upstairs was in the hospital. And then when the second partner became ill, it was that whole Gay Men's Health Crisis that moved in and got volunteers to get the mail and go in and feed the cat and take care of their final affairs. So you were, it wasn't numb, but it was like, it was just unbelievable. And, and what can we learn to do better tomorrow?*



DIGNITY FOR THE SUFFERING

An Oral History with Fr. William Hart McNichols

In addition to connecting patients with healthcare professionals, Catholic hospitals also provided space to meet the spiritual needs of people with HIV.

Father William Hart McNichols had moved to New York City in 1980 to study art, to fulfill his goal of evangelizing through illustration. But Father McNichols soon found himself being asked for pastoral care from people with AIDS and their loved ones. Those requests multiplied throughout the 1980s, and Father McNichols was soon spending many hours each day accompanying those with HIV and AIDS in their homes, at their churches, and in their hospital rooms, including at Saint Vincent's.

FATHER WILLIAM HART MCNICHOLS: *I remember the first person I ever visited. I walked into the room and his boyfriend and his mother were on either side of him. He was lying in a bed, this guy, and it almost looked like a scene of the cross, because you had the mother and then you had the dearest friend or lover on the other side. And they were feeding him orange juice from a straw, you know, dipping the straw in and then dropping it into his mouth like a baby bird. And he was so emaciated. And I remember kind of my interior was gasping. You know, I was just so shocked. It took me awhile to get out of that shock. And it took me awhile before I knew what to say and what to do.*

Early on during the AIDS crisis, there wasn't that much for doctors to do — but there was still great need. There was social isolation. There were practical things that people needed help with, like grocery shopping and cooking. And because a diagnosis of AIDS often meant an early death, patients had questions similar to those anyone else with a terminal illness might have: Are my affairs in order? Am I reconciled with my loved ones? Am I ready to die?

Father McNichols's story shows the AIDS crisis from the perspective of a pastor trying to figure out how he can best respond to the overwhelming need he encounters.

FATHER WILLIAM: *The whole thing was treated in the very beginning like leprosy and people were pretty terrified. I was really scared, too.*

Father McNichols remembers the first Mass held specifically for people with AIDS. This is early in the crisis. People still weren't sure how it

was spread. Some people thought, incorrectly, that it might be airborne or that it could be spread through saliva. These fears affected how the Mass would be celebrated.

FATHER WILLIAM: *I remember the meeting for the Mass was about, do we let people drink out of the chalice? And everybody had decided no.*

Father McNichols says that is just one example of how much people did not know about AIDS at the time. There was, of course, no way it could have been spread through communion.

FATHER WILLIAM: *This was early on and people, people did not know. Those were some of the planning issues.*

After that Mass, so many people approached Father Bill that he decided to start holding regular services for people with AIDS. A healing Mass is a special service in which worshipers pray that they or their loved ones will be healed of their illness—or at least given a sense of peace. They're fairly uncommon, but Father Bill felt many people had few other options. After all, effective medication to treat HIV and AIDS was still several years off.

At the healing Masses, the church was regularly filled with people experiencing horrible symptoms, struggling to walk, covered with lesions. Some people, too weak even to sit up, lay down in the pews. While the priests who ran the parish were happy to let Father Bill use their church, stigma was rampant everywhere in society. There were fears that the weekly parishioners might be frightened. So he wasn't allowed to advertise the Masses.

FATHER WILLIAM: *They were afraid that if the parishioners knew that there were people with AIDS coming there, that it would scare them away. And no matter how much you tell people, people with AIDS are not...you're not going to get it by them sitting on the same bench you do...people still have those fears.*

Father Bill remembers being in awe at the number of people who showed up each week. At the end of the Masses, he and a few lay people stood in the front of the church. They invited people who were sick to come forward and voice aloud their prayers. It was here that Father Bill learned intimately about the immense suffering afflicting people with AIDS and their loved ones.

FATHER WILLIAM: *They'd come up to me and I'd say, "What is it that you want from God?" And they'd say, "Well, I would like my headaches to stop," "I would like my diarrhea to stop," "I would like to be completely healed of AIDS," "I would like the night sweats to stop," "I would like to not be so terrified all the time." And whatever they would ask for, I would pray for. It was a profoundly beautiful experience.*

Father Bill wrestled with what he was being called to do as a priest in the midst of the epidemic. Healing Masses were one part of that, but his reach at those services was limited. People couldn't sit up in bed, nevermind get to church. He wanted to do more, to meet people where they were. So he signed on to visit patients as a chaplain at St. Vincent's. He went on to visit hundreds of patients over a seven year period. Some he ministered to in their final days, when they might not have even

known that a priest was there. Others he befriended, accompanying them from health to sickness and finally to death.

FATHER WILLIAM: *We'd go to movies together or go to lunch together and I'd really get to know him.*

Sometimes patients asked him for the kinds of things any person might ask a priest. Only there was a sense of urgency as their time was short. And sometimes, the moments were celebratory, even in the face of all that suffering.

FATHER WILLIAM: *One of the guys that I was visiting wanted to become a Catholic, so I instructed him. He couldn't get out of bed, you know. I mean, he was unable to leave. But he wanted to become a Catholic before he died. And it was just—it was solely his idea. I mean, it was his doing, you know, nobody was pushing him in any way. But I was very excited and I was like bringing in books and he would read them and then we'd talk. And finally the day came for the baptism, and a Sister brought in a cake. And I brought in a white t-shirt for him to put on for the baptism.*

There was another guy who wanted to get married to his girlfriend. He had gotten, you know, AIDS through IV drug-using. And he wanted his girlfriend to get his apartment and his money and stuff, so we had a wedding with him in bed. And a Sister went out and bought another cake, you know, a wedding cake this time. So those things were, are, things that I will never forget.

St. Vincent's was a Catholic hospital and much of the staff appreciated Father McNichols's work there. But not every patient wanted to be visited by a chaplain. At this time, the relationship between the gay community and church leaders was fraught. It was all over the news. The last person some gay men wanted to see was a priest. Father Bill respected that. But he did his best to be present for those who asked.

FATHER WILLIAM: *When I was a hospital chaplain, I did not wear clerics on purpose, because I knew that people were so hostile about the church. What I wore, I had a suit coat and I had a button on the suit coat of Saint Anthony holding the baby. And I'd walk into a room, and of course I was 33, and, and the guys would say, "Oh, who are you?" And I'd say, "I'm a chaplain." And they'd say, "Oh, what kind of a chaplain?" And I'd say "Catholic." And they'd say, "Are you a priest?" And I'd say, "Yeah." And by that time they weren't afraid of me.*

Each day he was at the hospital, Father Bill was handed a sheet of paper by one of the Sisters of Charity at St. Vincent's. It included the names of the patients he was to see that day. Father Bill kept all those sheets, securing them in a scrapbook he calls the book of the holy souls. To this day, he prays for them each year on All Souls' Day, a day set aside for Catholics to remember the dead.

FATHER WILLIAM: *Every November 2nd, I take that scrapbook and put it under the Eucharist. So I remember everybody every year, and I look at their names again.*

Today, Father Bill is a renowned iconographer who works from his studio in New Mexico. He continues to speak out on behalf of individuals who are marginalized in the church, including the L.G.B.T. Catholic community, and he uses his art to call attention to various social justice issues.



ADDRESSING PREJUDICE TO PURSUE HUMAN FLOURISHING

An Oral History with Sr. Carol Baltosiewich

The church's HIV and AIDS ministry took place in parishes and hospitals throughout the country, but getting outside and meeting people affected by the crisis was an invaluable part of the church's response.

As a young Hospital Sister of St. Francis in the 1980s, Carol Baltosiewich was working as a homecare nurse in Belleville, Illinois, just over the river from St. Louis. She noticed that several of her patients were young men who had moved home from the coasts and were now dying from a little-understood disease. Sister Carol knew she had to help—but she wasn't sure how. That's when her drive to live out the Gospel kicked in.

She set out on a quest to open an AIDS resource center for her local community. Bethany Place, which was affiliated with St. Elizabeth's Hospital in Belleville, would grow into one of the largest HIV and AIDS resource centers in southern Illinois. But first, she and another member of her religious order, Sister Mary Ellen Rombach, OSF, moved to New York City for six months to learn everything they could about HIV and AIDS ministry. Part of that education included volunteering on an AIDS hotline.

CAROL BALTOSIEWICH: *Some people would just call up to scream and shout and yell at you, [expressing] their anger.*

Sister Carol said that when she was answering the phones, she relied on a binder filled with descriptions about how HIV could be spread in order to answer the questions. But the scientific questions weren't the most difficult for her. Instead, it was the range of emotions people expressed, people who didn't have anyone to talk to, except for an anonymous nun sitting in a hospital storage closet.

CAROL: *And I mean it was not only men...I mean it was grandmothers, it was mothers. One guy called up and he said, "I'm 76-years-old and I've been in the closet, I've been married for 50 some years and I need to come out. How do I do that?"*

Sister Carol didn't have all the answers. And sometimes, the calls could overwhelm her. The gap between her life experiences and those of the

patients she was being asked to care for felt too large. But during her time in New York, Sister Carol got to know more gay men than she had ever met in Belleville. And those encounters changed her perspective. She recalls one day in particular when she saw a young man she had met at the hospital. He was crying on the street.

CAROL: *He was just shaking and he was crying. And he saw me sitting there and I stood up and he said, "Hi sister." I said, "What's going on Rob?" And he said, "Josh is dying. And I can't do anything about it."*

Sister Carol wasn't sure how to respond. She knew what the church taught about homosexuality. She knew there wasn't anything medically she could do that would help. But she saw a fellow human being standing in front of her, in pain, and her pastoral instincts kicked in.

CAROL: *All I could do was hold him.*

The next morning, Sister Carol learned that Josh had died. But what she saw between the two men changed her world.

CAROL: *You couldn't say it was wrong, I mean, the love that was there. And to see the care, the concern, the tenderness, the compassion that they showed for each other. You just watched that and...is this wrong? This, this can't be wrong...*

Sister Carol said that before arriving in New York, she hadn't really known any gay people. But in meeting gay people, caring for

one another through sickness and grieving deeply over loss, Sister Carol was transformed. Her world became bigger. She understood her commitment to the Gospel values of caring for those in need in a new way.

CAROL: *I started looking at my whole life and that's when I started to look at my own self. And I think that's when I came to the grips of, who is Carol and where does Carol want to go in life?*

When Sister Carol returned to Belleville, she and Mary Ellen brought back what they had learned. They got right to work and set up a hotline to answer questions about HIV and AIDS. That helpline eventually turned into something much bigger, a collaboration with the hospital called Bethany Place. The goal of Bethany Place wasn't just to provide medical care, though there was a clinic. Instead, Sister Carol thought back to the needs of her first patient with AIDS. She remembered his fear and loneliness and the frustration his parents felt in trying to make sense of the insurance and medication. She thought of doctors who refused to see her patients. She and Sister Mary Ellen decided that Bethany Place would handle all those kinds of things too.

CAROL: *We decided on "Bethany" because that was the closest [place] to Jerusalem that the lepers could come. Jerusalem, being the Holy city, kind of like the Mecca, they could not go into the holy city. And also Bethany was the home of Mary, Martha and Lazarus, Jesus' friends. And we could just say, oh, this is where Jesus really went to hang out, put up his feet and have a beer. And that's the atmosphere we wanted to create, where people could come and be accepted for who and what they are.*



**...THAT'S THE ATMOSPHERE WE WANTED
TO CREATE, WHERE PEOPLE COULD COME AND BE
ACCEPTED FOR WHO AND WHAT THEY ARE.**

Opening Bethany Place wasn't easy. Sister Carol said she stumbled a couple of times in the early days. She said she wished she had consulted the small gay community in Belleville that was already trying to help people living with AIDS. One gay man told us he didn't know what to make of these Catholic sisters who wanted to help his community. He said many gay men had been hurt by religious figures. His own mom had told him he'd burn in hell. So he didn't immediately warm to Sister Carol. But eventually, through lots of listening on Sister Carol's part, he saw they were sincere. He learned about their time in New York and even helped raise money for them at a local gay bar. Bethany Place took off and quickly grew into an invaluable partner in the fight against HIV.

By 1992, HIV and AIDS had hit everywhere in the US. While the gay community was still reeling and was affected in an outsized proportion, every population was affected by AIDS. In places like Belleville, the need was great and there still weren't enough resources.

Sister Carol, speaking to a local television news station, explained how she was having a hard time finding hospice care for Bethany Place clients.

CAROL (ARCHIVE): *I have five people that I could place very easily. And I know the Belleville paper had called me a couple of weeks ago about that and as I was talking to her, I had three requests on my desk right then...*

Bethany Place continued to grow as the epidemic got worse. But life for people with HIV and AIDS didn't get that much easier.

CAROL (ARCHIVE): *The fear of the disease which is still big time here, and how is it transmitted, it's a lack of understanding of the disease. And then the stigma that comes with the disease and anybody who works with AIDS also gets the stigma...*

Sister Carol became a fierce ally for people with HIV, and she was eventually appointed to a state AIDS commission. Later on, once Bethany Place was on more stable ground, she stepped aside. She was always seeking a new challenge. She started working closely with people battling addiction. She eventually left her religious order, but remains Catholic today. Bethany Place continued for several more decades, serving primarily low-income people with HIV in the Belleville area.



YOU COULDN'T SAY IT WAS WRONG,
I MEAN, THE LOVE THAT WAS THERE. AND TO SEE
THE CARE, THE CONCERN, THE TENDERNESS,
THE COMPASSION THAT THEY SHOWED FOR EACH OTHER.
YOU JUST WATCHED THAT AND...IS THIS WRONG?
THIS, THIS CAN'T BE WRONG...

Sr. Carol Baltosiewich



REMEMBERING THE AIDS CRISIS AND CARING FOR PATIENTS

An Oral History with Dr. Jon Fuller

Even though there is renewed hope in the fight against HIV, there is still work to be done. In fact, new diagnoses in some parts of the US remain stubbornly high. In 2017, more than 38,000 Americans were diagnosed with HIV. The most vulnerable groups are men who have sex with men in communities of color.

Father Jon Fuller, a Jesuit priest and medical doctor, worked in HIV and AIDS medicine beginning in the 1980s, retiring from his position on the clinical faculty of the Center for Infectious Diseases at Boston Medical Center in 2021. Father Fuller had a unique vantage point to the AIDS crisis. He treated patients from marginalized communities on the frontlines during the worst years of HIV. As a priest, acutely aware of the influence faith could have in the lives of his patients. And he said the fight against HIV must continue.

JON FULLER, SJ: *Most of my patients [didn't] know that I'm also a priest. It's not something that I would bring up to them. I think it could be a distancing topic. I need to have them be comfortable if I asked about sexual activity, drugs, and so on. Sometimes, my patients [would] tell each other this in the waiting room, but it comes up very, very little of the time.*

Dr. Fuller's early training was in the 1980s in San Francisco and he said emphatically that it's a mistake to think the crisis is over.

JOHN: *If there's one group that I feel that society in general, and perhaps the church also, have not recognized as being at special risk, that's young, gay men from minority communities, who have probably the highest incidence of new infections, at least in this country, and in many countries around the world.*

One of the issues he saw in his own practice was that younger people did not have the same history with the crisis.

JOHN: *There is a sense, because these young men who never saw the tremendous destruction, the physical deformity that came with those early years, who, because of their ignorance of the epidemic, feel that this is no big deal to catch HIV. They think, "I just need to go to the clinic and get a shot and this will all be fine." And they don't understand that HIV is not like getting syphilis or getting gonorrhea, which yes, can be treated. HIV is yours for life, and will change everything that you are able to do, and how you think of the world.*

Dr. Fuller said that unlike the earliest days of the epidemic, when stigma often led to isolation, some people with HIV today actually report finding community among others living with the virus.

JOHN: *For people in minority communities, for whom being gay is just one more layer of being stigmatized, HIV can be so isolating, that sometimes, a subset of that group actually wants to become infected, in order to be to belong to be a part of this HIV phenomenon to be a part of the HIV community. And that's tragic because no one has done a favor by becoming HIV infected.*

Dr. Fuller is a fairly unique figure in the history of the church's response to HIV and AIDS. As a Catholic priest who's also a medical doctor who has been working in HIV and AIDS medicine since the beginning, he had paid particularly close attention to the church's response. He said it stumbled a bit early on, but eventually, it figured out the key to successful ministry was found in listening to those people living with HIV and AIDS.

JOHN: *I'd say the early response was fearful, uncomfortable, unfamiliar, and not sure of what foot it should put forward first. Naturally enough, [the church] first put forward a doctrinal foot, and I think, didn't do so well doing that. But eventually, when it was truest to itself, by becoming immersed in the experience, and listening to the experience, it realized that there was more there than met the eye and that there was more that we had to learn to be our best selves in that situation.*

Looking ahead, Dr. Fuller said that there is still much to accomplish to help people living with HIV and to protect vulnerable communities.

He called the advent of modern pharmaceuticals such as pre-exposure prophylaxis (PrEP), medications that reduce the chance of someone contracting HIV through sex or IV drug use, miraculous. The concept of getting people with HIV on to antiretroviral therapy treatments, to suppress an individual's viral load to the point where it is undetectable, is referred to as HIV Undetectable=Untransmittable (or U=U). It means that the person cannot spread the virus, thus making it untransmittable. The results are twofold, protecting a person's own health and slowing the spread of HIV.

JOHN: *This is the most important development in HIV in 10 years in my mind.*

“U equals U” means, get yourself on treatment, get suppressed, and not only will you be taken care of, but the epidemic will stop spreading. The bottom line is that the most important way to prevent transmission is to get people who are infected on treatment and then full stop, they will stop.

If you've got HIV suppressed, and you're otherwise in good shape, with good nutrition and exercise, you can live a life expectancy that's going to be determined by your other medical conditions, not by HIV. Not only will you be taken care of, but the epidemic will stop spreading.

While longer-lasting injections are now available, most PrEP medications have to be taken daily. That can be difficult for people experiencing various crises, especially challenges associated with

housing or mental health. And while Dr. Fuller is encouraged that PrEP is becoming more accessible and widely used by gay and bisexual men, as well as transgender women, he laments that Black and Hispanic communities, including many undocumented people, are unable to access the medication at the same rate as gay, white men.

JOHN: *It's a fantastically complicated moving target to help these groups of people. Treating HIV is so much about first getting tested, then getting into treatment, and then staying on treatment.*

You can't have these time periods when you take a week off of treatment. So 100 percent compliance really has to be the message. Depending on the chaos of people's lives, that's more or less possible. So the next thing that's coming down the pike is injectable drugs.

Medical professionals working to fight HIV can seek out faith communities and other community organizations as potential partners to encourage people to seek out HIV testing and, if needed, treatment.

JOHN: *They've got to gain the trust of the community, so they really need to work with local organizations, parishes, community centers, and religious communities. Those are our ways to access a community, by asking a pastor to say, "We trust this team, please come to our center and talk with them about trying to sign up for care."*

Providers should also be aware of the need for confidentiality, as stigma around HIV has not gone away, and to think through the potential barriers that might give people pause from seeking a test.

JOHN: *It's especially true outside this country. I mean, it's bad enough here, but in developing country contexts, sometimes a woman may want to get tested, and then she suddenly becomes suspect of being unfaithful and becomes vulnerable to violence because she wants to find out if she got infected from her husband.*

There are also other opportunities for more comprehensive care.

JOHN: *If people are on HIV drugs that are either preventing them from getting infected or suppressing them, they may increase their number of sexually transmitted infections because they have used protection less often. So people on these regimens need to still be monitored very tightly for sexually transmitted infections.*

The most important way to prevent transmission is to get people who are infected on treatment.

While the fight against HIV and AIDS in the United States looks different today than it did four decades ago, helping those with HIV lead lives of dignity remains essential. Globally, the fight continues. Pope Francis marked a recent World AIDS Day by noting that December 1 is “an important occasion to remember the many people affected by this virus, for many of whom in some parts of the world, access to essential treatment is unavailable.”

“I look forward to a renewed commitment of solidarity to ensure fair and effective health care,” Francis said.



**[DECEMBER 1 IS] AN IMPORTANT OCCASION
TO REMEMBER THE MANY PEOPLE
AFFECTED BY THIS VIRUS, FOR MANY OF WHOM
IN SOME PARTS OF THE WORLD, ACCESS
TO ESSENTIAL TREATMENT IS
UNAVAILABLE. I LOOK FORWARD TO A
RENEWED COMMITMENT OF SOLIDARITY TO ENSURE
FAIR AND EFFECTIVE HEALTH CARE.**

Pope Francis, World Aids Day



FAITH IN ACTION

St. Mary center helps people with HIV or AIDS
to not just survive, but thrive.

Written by Julie Minda

Ramon “Ray” Ramirez was an executive at the Marshall’s department store chain, privately insured and healthy in the 1990s when his life drastically changed in the mid-1990s. His boyfriend died by suicide, then Ramirez fell ill and was diagnosed with human immunodeficiency virus, or HIV, the virus that can lead to AIDS. His illness progressed to the point that he was unable to maintain his job.

“I found myself ill and alone,” he says, “and I discovered I needed help on so many different levels.”

Remembering his boyfriend’s positive experience at the CARE Center in Long Beach, California, Ramirez turned to that program for help around 1997. A multidisciplinary team did a full medical workup on him and determined that beyond HIV, he had multiple

chronic illnesses. Ramirez says the team helped him address each of the conditions and to maintain a proper HIV medication regimen. Gradually, they helped him rebuild his health.

“If it wasn’t for the CARE Center, I don’t think I’d have this quality of life,” says Ramirez, 74.

Ramirez is one of the approximately 2,000 people assisted annually by the program that Dignity Health St. Mary Medical Center started in 1986 to help people with HIV or AIDS.

HIV used to be a death sentence for those infected. But groundbreaking medical advancements over the past 30-plus years have dramatically improved prognoses and prospects for people who contract HIV, as well as for those whose infection becomes acquired immune deficiency syndrome, or AIDS. The CARE Center has been evolving its programming and services to meet emerging needs during this time. CARE is short for Comprehensive AIDS Resource Education.

Currently, the facility and its staff of about 50 provide HIV/AIDS treatment, medical and dental care, behavioral health, nutrition services, spiritual care, social services and other offerings.

Randy Hope is social services manager and a former patient at the CARE Center. He says, “the goal is to stop transmission of the virus and also with the viral load suppressed, the body is less susceptible to opportunistic infections. Then, people can go from surviving with HIV to thriving with HIV.”

‘NOT WHO WE ARE’

HIV attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of an HIV-infected person, most commonly during unprotected sex, or through sharing injection drug paraphernalia.

The body can't get rid of HIV and no cure exists. So, once infected, a person has HIV for life. AIDS, a late stage of HIV infection, occurs when the body's immune system is badly damaged by the virus. Without HIV medicine, people with AIDS typically survive about three years. Once someone has a dangerous opportunistic illness, life expectancy without treatment falls to about a year, says HIV.gov, a website of the Department of Health and Human Services.

Sr. Celeste Trahan, CCVI, leads St. Mary's founding congregation, the Congregation of the Sisters of Charity of the Incarnate Word of Houston. She says when HIV began spreading in the 1980s, there was much public fear because no one understood why it was spreading so fast, how it was transmitted and why people were becoming so sick. Families were disowning people with the virus and even churches and medical facilities were turning them away. Everyone dreaded infection, Sr. Trahan says.

Rev. Stanley Kim, St. Mary mission integration director, says amid the panic a St. Mary social worker told administrators of her concern

that patients with AIDS were being turned away from the emergency department with nowhere else to go.

Rev. Kim says the social worker and St. Mary's administrators and the Incarnate Word sisters agreed, "This is not who we are. We do not turn people away."

COMFORT CARE

St. Mary leaders developed the CARE Program, later renamed the CARE Center, to fill the gaping void in care. They sectioned off part of the hospital to take in AIDS patients — many of whom were dying. The CARE Program offered pain management and other palliative care and end-of-life support, as well as home care.

Sr. Trahan notes that a key focus during those early days of the program was building institutional knowledge and understanding of HIV and AIDS and then educating hospital staff and the public with those learnings. The hope was to reduce people's fear and decrease the stigma around infected people.

Around 1987, researchers began introducing drug therapies to inhibit HIV infection and by 1996 researchers had developed a drug cocktail that completely suppressed the replication of the virus in the body, according to the Mayo Clinic. Since then, researchers have been refining drug regimens. Today's medications are so effective that most infected people need only one pill daily to maintain HIV treatment and control.

BOOSTING IMMUNITY

CARE Center's Hope says because of these historic, lifesaving advancements in therapy, the outlook has drastically improved for people with HIV or AIDS. If they adhere to the appropriate drug regimen and maintain habits that boost their immunity and decrease their risk of disease generally, most can live a long, healthy life.

Given these exigencies of life with HIV, Hope says, the center focuses on getting at-risk people tested for HIV, providing drugs that can help prevent infection for exposed people, getting newly infected people very rapidly onto a drug regimen that can decrease the virus' toll and keeping infected people on track with their medications. Infected people need to take their medications all their life, and the medications are very expensive, notes Hope. The center can provide them at no cost for those without coverage.

The center previously had its services spread out around St. Mary's campus but recently consolidated them at a "one-stop-shop" facility. There, patients can get HIV or AIDS treatment as well as other medical care, chronic disease management, dental care, nutrition support and access to a food pantry, counseling and other behavioral care, access to numerous support groups and navigation help with social services. All center staff are trained in providing trauma-informed care. Hope says statistics show that the vast majority of people with HIV or AIDS have suffered trauma in their past, and most also suffer from substance abuse.

Hope notes that much of the center's programming is grant-funded, with some of those dollars coming from St. Mary's foundation. Some of the services the center delivers are reimbursed by private insurance, Medicare or Medi-Cal, which is California's Medicaid program.

Tammy Basile, a registered dietician at St. Mary, is part of the interdisciplinary team that helps CARE Center patients to learn about and maintain healthy habits. She says maintaining proper body composition and boosting immunity is essential for CARE Center patients because if their health deteriorates, they are at higher risk than the general population for very serious outcomes.

LIFE TOOLS

For center client Ramirez, the positive momentum he built with the health improvements at the center years ago also inspired him to take advantage of the CARE Center's counseling and support groups. In the past, because of social stigma, he had avoided such services. But he says those services helped give him "the tools to live a better life, to listen better, to be more empathetic and to be a better person." He since has returned to the Catholic Church and says he's feeling healthy now, in a holistic way.

He adds that people with HIV or AIDS often isolate themselves and become somewhat reclusive because of fears of contracting diseases and exacerbating their condition. He says the center linked him with people "traveling on the same highway" as him and that helped him form important new social connections.

He says it breaks his heart when he sees people who go to the CARE Center once then never return to become a patient. “I think, ‘Your life could be so much better, so much richer.’”

*Article originally published in Catholic Health World,
November 1, 2023.*

CONCLUSION

Written by Paulo Pontemayor, CHA Senior Director for Government Relations and Dennis Gonzales, CHA Senior Director of Mission Innovation & Integration

On December 1, 2021, we put together a World AIDS Day Conversation to highlight the forty years since the first official report of five unique cases in the Center for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR). These cases in June of 1981 were the first mention of what we now know as Acquired Immunodeficiency Syndrome (AIDS). We were grateful to be the first space where Michael O'Loughlin would debut his wonderful book, *Hidden Mercy*.

Our webinar, which took place in the middle of another pandemic, COVID-19, allowed us to reflect on society's response four decades later towards HIV/AIDS and showcased the compassionate care and response of people in Catholic health care, both past and present. In preparing for this webinar, both of us shared why this topic was so important to our work and how our experiences led us to approach our leadership to greenlight this conversation.

DENNIS: I was born in Santa Fe, New Mexico, at St. Vincent’s Hospital (now CHRISTUS St. Vincent). Interestingly enough, it was a Sister of Charity who delivered me, telling my mom that “this one is going to be a priest!” Well, not exactly, but I did end up working in Catholic ministries, both education and health care, much of my life. My parents were very young, so my grandparents played a major role in raising me, especially my grandmothers. In Hispanic families, the “abuelas” are unquestionably the matriarchs and revered leaders of the family. This was certainly true in my case, as my grandmother Gonzales (we all called her Granny) made sure I attended Catholic elementary, high school, and university, first with the Sisters of Loretto, then with the De La Salle Christian Brothers, and then the Jesuits. As the cost was significant for my young family, it would not have been possible without the love and generosity of my grandparents. To this day, I am eternally grateful to them. They are now with God, but I know they continue to pray for me.

An early and enduring lesson I learned growing up was that we are all God’s people, and He loves us all unconditionally. It is our responsibility and privilege to serve others, to be the Word Incarnate in the world, especially for the most vulnerable. My grandparents and parents demonstrated this calling in a vivid way during the 1990s, when my first cousin, only 5 years older than myself, fought a long, painful battle with HIV/AIDS. Despite the public stigma associated with the disease, my family wrapped their arms around him and walked with him during that terrible time. Eventually, even though he had shied away from the Church previously, my cousin was able to make

peace with God with the support and spiritual direction of a loving and pastoral Franciscan priest from the St. Francis Cathedral Basilica. When he passed, that loving priest celebrated his funeral in the basilica.

Even though this happened over 30 years ago, the memories are clear, and the impact on my own spiritual development is more powerful than ever. Yes, there are many examples of when members of the Church fell short. However, there are also many beautiful stories and examples of when the people of God answered the call to follow our Gospel values and, like the Good Samaritan, showed love and compassion to their neighbors in need.

PAULO: Coming from the U.S. territory of Guam, I grew up sheltered, seeing the problems of the world being an ocean away. Living on an island allowed me to truly feel the distance between world issues that were happening “out there” and away from my daily reality of going to Catholic school, hanging out with my friends, and pursuing typical interests like comic books and video games. I never thought that I would ever interact with anyone living with HIV/AIDS. When I left the island to go to the University of Washington, my world opened — more students on campus surrounded me than were living in my small hometown. Thinking that I would be pursuing a career in health care, I sought to take the required pre-requisite classes and got involved in student organizations and campus.

One day, a blood drive was happening on campus, and I volunteered to donate. It was my first time ever doing so, and in the intake process, I learned that if you belonged to the men who have sex with men (MSM)

category, you were prohibited from donating. I donated blood but was curious about why this prohibition was in place. I learned that this restriction dates to the early days of the AIDS epidemic, when blood donations couldn't be screened for HIV, leading to cases of transfusion-transmitted HIV.

Upon returning home to Guam for the summer between my freshman and sophomore years, I searched for an internship to strengthen a future application to medical school. I was fortunate to be accepted by the Coral Life Foundation, Guam's first HIV/AIDS community-based organization, where I met the founder, who was one of the first CHamoru (the indigenous people of the island) individuals to contract HIV when he was living in the mainland. Between assisting with community outreach events, education presentations, and direct services for Guamanians living with HIV/AIDS, he would share stories of his time in New York City in the early 1980s and all the friends he had who got sick and died from the disease. He spoke to me about the racial disparities faced by some members of the gay, bisexual and transgender community and the condition. Most importantly, he told me about the great work of St. Vincent's Hospital, which cared for many of his friends. Over that summer, he became my mentor and changed the course of my life.

I returned to Seattle with a new focus on learning about health disparities and what systems perpetuated this inequality while also volunteering with organizations that addressed HIV/AIDS in communities of color. I look back on these days fondly because of

all the committed people I met who did important work on behalf of those living with HIV/AIDS while also promoting public health in the community. Several years later, I found myself moving to DC to work in the U.S. Congress, where I helped my boss introduce the first Congressional resolution recognizing National Asian American and Pacific Islander HIV/AIDS Day. At CHA, I have the awesome privilege of advocating for policies that expand access to affordable and accessible health care for all, including those living with HIV/AIDS. My experience with the Coral Life Foundation instilled in me a deep commitment to constantly working to advance health equity policies.

DENNIS & PAULO: The courageous people of Catholic health care — clergy, male and female religious and laypersons — have been at the forefront of caring for those living with HIV/AIDS since the beginning. Our past can only strengthen us to move forward, to remember that even in the darkest times of the HIV/AIDS crisis, Catholic health care was there, meeting the needs of individuals who had few places to turn. As we look to the future, we hope that these stories inspire you in your work, wherever you are, to provide compassionate care to anyone who walks through the doors of Catholic health care so that all can experience God's healing presence and love.



A CLOSING PRAYER

*Loving and merciful God,
Let us pause to remember those whose lives were cut short by HIV
and to recommit ourselves to standing in solidarity with those
who face the reality of a new diagnosis.*

*We seek from you the strength
to strive for justice,
to minister with kindness,
and to walk humbly with those whose lives have been affected by AIDS.*

*We ask you God, in the words of Saint Augustine,
to tend your sick ones,
rest your weary ones,
bless your dying ones,
soothe your suffering ones,
and pity your afflicted ones.*

AMEN

Final chapter in a storied history

St. Vincent's is faithful to mission until the end

By JUDITH VANDEWATER

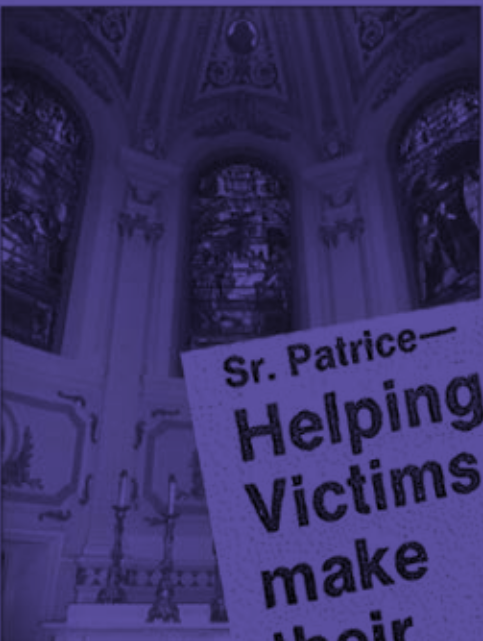
NEW YORK—The symbolic heart of St. Vincent's Hospital, Manhattan—the beautiful St. Elizabeth Ann Seton Chapel—is locked rose. For more than a century, the two-barrage sacristy had been a place to convene life's beginnings and endings.

And, in the stress-filled days before the April 10 closing of the last Catholic hospital in New York City, staff found comfort there.

"It always say you can feel the power in this room," said Sr. Jane Iannocelli, SC, vice chair of the board of Saint Vincent Catholic Medical Centers, the hospital's backbone parent. Together with Sr. Marian Kevin Phillips, SC, Sr. Iannocelli had worked down a grand staircase to open the chapel for the photograph at right. It was taken weeks after the hospital's closing, at a time when employees and patients were still coming to the hospital's lobby to retrieve records. The lobby is that rare (patients and employees are referred to a website for information), but the mechanism of the \$1 billion bankruptcy liquidation of the system and its flagship, St. Vincent's Hospital, may prove for years.

Many, but not all, of St. Vincent's religious-based services are being picked up by other hospitals. Some gaps that opened may never be filled.

This afternoon, in the still of the chapel, Sr. Phillips directed attention to the balcony.



The St. Elizabeth Ann Seton Chapel was the pride of

Civil War, in the infamous Triangle Shirtwaist Factory fire where locked exits contributed to 140 deaths, to the emergence in 1981 of a previously unknown, lethal virus.

Dr. Dennis Greenbaum, chair of St. Vincent's Department of Medicine, said that in the early years of HIV/AIDS, when there was no effective therapy and the mortality rate for the virus was "well over 55 percent," one of every six HIV/AIDS patients in the U.S. was treated at St. Vincent's.

Sr. Phillips said gay men infected with the virus were initially reluctant to seek care at a Catholic institution. They feared prejudice but St. Vincent's embraced them without judgment. The hospital started

Sr. Patrice— Helping AIDS Victims make their peace

The young man died in the morning far from the Midwest town where he was born. He died in an apartment in New York City with a young woman friend at his side. His parents, unable to accept the fact that their son was homosexual, rejected him during his fatal illness. When the woman called to tell them their son was dead, the parents asked her to telephone other members of the family with the news. "Have him buried," they told her. "We'll send you a check."

HOMOSEXUAL MEN have been hit hard by the AIDS (Acquired Immune Deficiency Syndrome) epidemic. Gay men in New York City account for 40% of the 12,000 reported cases of



SPIRITUAL CARE OF THE PERSON WITH AIDS

Literature and Art Can Touch Closed Heart

Persons with AIDS present a special challenge to spiritual ministers. Infection with HIV, the virus that causes AIDS, places them in the midst of a battlefield on which many wars are

being fought—with AIDS can be paradigm of the scriptural "perfect in weakness" (2 Cor 12:9)

TOOLS FOR SPIRITUAL CARE



Washington Office
1625 Eye Street NW, Suite 550
Washington, DC 20006
(202) 296-3993

St. Louis Office
4455 Woodson Road
St. Louis, MO 63134-3797
(314) 427-2500

... can be t...
paradigm of the scriptural adage "perfect in weakness" (2 Cor 12:9)

TOOLS FOR SPIRITUAL CARE
As Jesus reminds us in the parable (Lk 24:13-33), the primary disciples on their journey. Thus, in meeting him what has been happening in the whole gamut of emotions—hope and disillusionment. Similar to persons with AIDS, spiritual ministers...

... in the...
the story. Thus, in meeting his disciples on their...