

Inaugural Seminar

***Examining the Public Health Evidence and Data in Women's Health,
Maternal Health and HIV/AIDS***

San Calisto, 23 March 2012

On 23 March 2012, the Pontifical Council for Justice and Peace (www.justpax.va) and the World Youth Alliance (www.wya.net) presented a Seminar on "*Examining the Public Health Evidence and Data in Women's Health, Maternal Health and HIV/AIDS*", at the Etchegaray Hall, Palazzo San Calisto.

The seminar was addressed by four speakers, including two physicians, a lawyer and a political leader, who presented papers on issues related to reproductive health, HIV/AIDS, and international law and policy, each from the perspective of their particular areas of competence.

In his words of introduction, H.E. Cardinal Peter K.A. Turkson, President of the Pontifical Council, highlighted the mission of the Church, which is to safeguard the dignity of every person, given from the moment when a soul of inestimable value is created. The consciousness of the infinite value of every human person is perceived by man through the eyes of faith and reason, which, together with experience, demonstrates the uniqueness of the person within creation. Participants in the Seminar, therefore, were not only witnesses of the inherent dignity of each person, but also of the relationship between faith and reason.

The first speaker, Dr. Timothy Flanigan, MD, spoke on the issue of HIV-AIDS with a report entitled "*Hope in the Midst of Despair! Challenges ahead in the Global HIV epidemic.*" After explaining the positive results achieved by some countries (especially Uganda and Kenya) in reducing the prevalence of HIV infection, Dr. Flanigan highlighted that the main factors that enabled the achievement of this are: the mobilization of a whole country, from local and religious authorities to civil society at large; a change in individual behaviour, and the adoption of local language and solutions, as distinct from solutions imported from abroad.

Particularly interesting was the identification of two different approaches toward people who have contracted the virus: on one hand is the approach centred on risk (*risk-centred approach*) and on the other, the approach centred on the person (*person-centred approach*). In the first case, the person is seen almost exclusively as a vehicle for spreading the virus and solutions proposed are focused simply on avoiding transmission. This approach, which identifies the use of condoms as the only solution, has had limited, short-term results in the United States but has been disastrous in Africa. In the second case, the patient is seen as a person, with an inherent dignity, in whose regard we must adopt a broader approach; one that includes listening, offering hope and assistance to escape from any eventual conditions of exploitation and slavery. This approach, inherent to that taken by the Church and by other faith communities, has been more effective than the first, most notably in examining statistical findings. Finally, Dr. Flanigan presented three basic steps to combat the AIDS epidemic: *prevention* (which includes values such as abstinence and fidelity), *testing*, and *treatment* in case of infection. The latter is of fundamental importance to reduce the risk of transmission and new infection. The presentation was followed by a discussion, during which the following key points emerged: the need for the Church to propose her particular approach in response to the AIDS epidemic, with her language and with competent supporting evidence and statistics, all of which has led to remarkable successes in reality; the recognition of the crucial role of local communities, especially faith-based communities; and the need to respect local culture and to think of local solutions.

The second speaker, Dr. Robert Scanlon, MD, presented the theme of *Women's Health and Maternal Health. What the Public Health Record Teaches Us*. In his presentation, Dr. Scanlon proposed different solutions (from those prevalent at the present time) in response to women's health concerns, stating that today women are not allowed sufficient choice in how they deal with problems or difficulties related to conception or birth of a child or, in general, to their so-called "reproductive health." According to Dr. Scanlon, the exercise of true choice by a woman must presuppose an adequate knowledge of her own body and the various solutions to the problem(s) in order to enable her to choose a course of treatment that is suitable to her condition and least damaging to her health. In this context, education plays a crucial role. Today women are often only offered technical methods as solutions to problems

related to reproductive health, however invasive these might be. In contrast, accurate information and education would enable women and couples to choose natural and equally effective methods that would not be harmful to the health of the woman. He also highlighted the difference - now often the subject of confusion - between *pregnancy care*, which consists in reducing the risk of maternal mortality, and *pregnancy termination*, which instead means abortion. According to Dr. Scanlon, the causes of maternal mortality are now known and can therefore be properly managed by the physician in order to protect the health and life of the mother and the unborn child. (In this understanding, pregnancy care does not require focus on pregnancy termination.) In the ensuing discussion, the commonly accepted link between population growth and underdevelopment was discussed, and it was clarified that this commonly accepted thesis does not match the experience of Western countries, whose development in past centuries has been accompanied by strong population growth. Today, on the contrary, these countries suffer from a lack adequate (replacement level) population growth.

The third speaker, Professor Paloma Durán, Ph.D., proposed an interesting overview of the issue of reproductive health in international law. After having clarified the distinction between legal international norms and international policy commitments of member-states in the international community, Dr. Durán offered evidence that there is no recognized international "right" (at the UN level) that accords "sexual and reproductive rights" to women. In this regard, the only internationally protected right, in fact, is the *right to health*, codified in Article 25 of the Universal Declaration of Human Rights of 1948 (which establishes the right of everyone to *a standard of living adequate for the health and well-being of himself and of his family, with particular regard, among other things, to medical care*) and Article 12 of the International Covenant on Economic, Social and Cultural Rights of 1966 (which guarantees the right of everyone *to the enjoyment of the highest attainable standard of physical and mental health*). The latter must be read in light of the General Comment n. 14 of ECOSOC (UN Economic and Social Council), which constitutes a form of "jurisprudence" as the organ in charge of monitoring the performance of States' obligations under the Covenant by State parties to it. Regarding the World Conferences on the subject held in Cairo (1994) and Beijing (1995 and +5 and +10), these contain only political commitments, which are not

legally binding. In this context, it should finally be pointed out that so-called 'sexual and reproductive rights,' even where asserted, do not constitute rights in themselves, but should eventually be included as part of the broader right to health, as codified in the aforementioned 1966 United Nations Covenant. Finally, Dr. Durán emphasized that the right to health (a) refers to the entire life cycle of the person (man and woman) and (b) is governed by national law of each State, and that (c) international institutions have no mandate to discipline concretely on these rights. The discussion following Dr. Durán's presentation has shown that human rights, as guaranteed and codified in international law, constitute a minimum standard of rights, and that, in various areas of negotiation at the international level, the reference to natural law remains problematic.

The fourth speaker, Her Excellency Sarah Flood Beaubrun, parliamentarian and former Minister of Health in Saint Lucia and former Deputy Permanent Representative of Saint Lucia to the United Nations in New York, shared her experience while engaged in defending the right to life and human dignity, both in her country and at United Nations Headquarters. In her testimony, Dr. Beaubrun highlighted the many difficulties faced in defending personal convictions and in denouncing methods, often lacking transparency, used by many Member States and some lobby groups, to get the Member States of the United Nations to vote in favour of their positions. In particular, Dr. Beaubrun highlighted the existence of a real anti-life policy agenda pursued by many States, including some cases in which economic assistance to developing States is conditioned to a specific vote in the ongoing negotiations in favour of these problematic positions. Her presentation was followed a lively discussion, which nevertheless left open the question of why such a coercive policy agenda is supported with so many resources and so forcefully by some States in the international community.

Outstanding qualities of the seminar include the timeliness of the topics discussed, the competence of the speakers, the diverse approaches (medical, scientific, legal and political) which they took, and the generous opportunities for discussion, allowing participants to express themselves and share ideas, personal experience and observations.