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Pubblichiamo di seguito gli interventi che S.E. Mons. Silvano Maria Tomasi, Osservatore Permanente della Santa Sede presso l'Ufficio delle Nazioni Unite a Ginevra, ha pronunciato durante la VII Sessione Ordinaria del Consiglio dei Diritti dell'Uomo (in corso a Ginevra fino al 28 marzo) l'11 marzo scorso sull'assistenza sanitaria ai bambini nel grembo e ai malati gravi, e il 5 marzo sulla dignità della persona umana:

- INTERVENTO DI S.E. MONS. SILVANO MARIA TOMASI (11/03/2008)

Mr. President,

The Holy See delegation welcomes the opportunity to offer its observations on the Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health¹. First of all, we are pleased to note that the Report identifies this right as a "fundamental building

block of sustainable development, poverty reduction, and economic prosperity."² In a similar manner, Pope Benedict XVI recently affirmed that "[t]he building of a more secure future for the human family means first and foremost working for the integral development of peoples, especially through the provision of adequate health care [and] the elimination of pandemics like AIDS ..."³

The Report, Mr. President, appropriately calls attention to the single policy framework for health that was embodied in the Declaration of Alma-Ata on primary health care, promulgated, thirty years ago, by the world's Health Ministers. This framework outlined the underlying principles to assure equitable exercise of the right to health as well as the implementation of essential interventions to assure strong links between health and development.

We note, however, that, in accord with the Constitution of the World Health Organization, the definition of health extends beyond medical interventions and social determinants to include a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."⁴ The Holy See recognizes, as well, the need to assure access to spiritual assistance among those conditions which guarantee the full enjoyment of the right to health.⁵

The Report refers to the WHO definition of "health systems" that includes "all organizations, people, and actions whose primary intent is to promote, restore, or maintain health."⁶ Moreover, while discussing the pre-conditions for a "right-to-health" approach that strengthens health systems, he points out the entitlement of all individuals and communities to active and informed participation on issues relating to their health. In this regard, Mr. President, my delegation would like to focus on the key role that can and should be accorded to religious organizations as important stakeholders in the strengthening of health infrastructure.

Such organizations often assume significant responsibility for the burden of health care delivery, most especially to the poorest sectors of the population and to those living in rural areas. Too often, however, these faith-based service providers are not allowed a "place at the table" during the formulation of health care plans on national or local levels. They also are deprived of an equitable share in the resources – both from the national/local budgets and from international donors. Such funding is essential to facilitate the maintenance of ongoing health systems; the training, recruitment, and retention of professional staff; as well as the scaling up necessary to address the ever-increasing burden of global pandemics such as HIV, tuberculosis, malaria, and other infections and non-communicable diseases that disproportionately affect the poorest sectors of society.

Mr. President, my delegation was pleased to note, in this Report, the inclusion of "non-discrimination" among the core obligations of health systems and the emphasis on the obligation of States to address the particular needs of disadvantaged individuals, communities, and populations and to reach out to those living in poverty.⁷

With regard to those who require special protection, let us never ignore or deny the very right to life among those whose conditions are most vulnerable and may entirely depend on being safeguarded by others. Particular cases in point are children in the womb and those suffering from grave and life-threatening illnesses. My Delegation urgently hopes that references to "emergency obstetric care" will never be misconstrued to justify the forced ending of human life before birth and that the reference to a state's obligation to "identify a minimum 'basket' of health services"⁸ and to "striking balances"⁹ will not be interpreted in a manner that denies essential services to the seriously ill. While the report claims that "few human rights are absolute,"¹⁰ it is the firm belief of my delegation, Mr. President, that no compromise can be made with a person's right to life itself, from conception to natural death, nor with that person's ability to enjoy the dignity which flows from that right.

In conclusion, we note that the Report gave due recognition to "health as a public good" which requires "international cooperation" on "trans-boundary health issues." Urgent attention must be accorded to such issues since, in many countries, refugees, other migrants, and internally-displaced persons are deprived by host governments even of the most basic life-saving health services. In an attempt to fill such gaps, once again religious organizations often provide care, support, and treatment to such populations without concern for their national or ethnic origins.

Thank you.

1 Document A/HRC/7/11, 31 January 2008.2 *Ibid.*, #12.3 Address of His Holiness Benedict XVI to H.E. Mrs. Mary Ann Glendon, Ambassador of the United States of America to the Holy See, 29 February 2008, http://www.vatican.va/holy_father/benedict_xvi/speeches/2008/february/documents/hf_ben-xvi_spe_20080229_ambassador-usa_en.html4 Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.5 *Charter for Health Care Workers*, #40, Pontifical Council for Health Pastoral Care, Vatican City, 1995. http://www.healthpastoral.org/pdf/Charter_06_Chapter2.pdf6 Document A/HRC/7/11, 31 January 2008, #34.7 *Ibid.* #51.8 *Ibid.* #52.9 *Ibid.* #63.10 *Ibid.* #63.[0421-02.01 [Original text: English]●

INTERVENTO DI S.E. MONS. SILVANO MARIA TOMASI (5/03/2008)Mr. President, 1. The current debates at the Human Rights Council (HRC) provide a useful supplement of reflection that leads us to the heart of the world's expectations: a recognition of fundamental rights and their implementation. But underneath the statement of high ideals, different perceptions and convictions risk to build barriers and stifle concrete respect for people. Perhaps history can help us out of the impasse. Walls and fences built to keep peoples apart have not blocked their movement in the long run nor prevented the flow of ideas and exchanges. At this moment in time dialogue appears more urgent than ever both to sustain mutual knowledge and to prevent dangerous misunderstandings. Now that the HRC has practically successfully completed its organizational structure and developed its operational mechanisms, an even more critical task is left to accomplish, the building of a larger sense of trust and a more precise understanding of the different points of departure and of the different visions that persist in the interpretation and daily implementations of human rights.2. The core rules of human rights is often coloured by the historical experience and cultural traditions of the States and regions where it must be applied. In particular, it seems that at the root of various conflicting positions is the focus of attention placed on the relationship between persons and collectivities. Thus, it becomes important to clarify and identify where the source and foundation of human rights are found. In reality the very expression 'human rights' offers the key for an appropriate understanding because it deals exactly with what is 'human', that is the common link among every person and the foundation of human rights.3. The great progress achieved in articulating human rights and in improving their application is due in large part to the wisdom of the framers of the Universal Declaration of Human Rights where the universal value of the inherent dignity and worth of the human person was deliberately agreed upon as the cornerstone of all rights. Avoiding a purely collectivist or individualistic approach to human rights, this historical document sets out rights as well as duties and thus it establishes a range of connections between the individual, community and society. In this way, rights attributed to groups or collective entities are rooted in the dignity inherent equally in each of their individual members. This approach cannot be turned upside down by deriving fundamental rights of persons from the community to which they belong as if it were the subject of basic rights. If the latter were the case, the whole architecture of human rights would crumble. But human rights are universal, interdependent and indivisible: civil, political, economic, social and cultural, and all require effective implementation through an engagement at various levels of social life, of the village, the city, the nation and the international community through its institutions. An integral implementation of all human rights expresses the concrete position of the person in society. A new understanding of the tension between individual persons and community becomes possible by balancing the attention to the rights of the individual within a social dimension. In this context, it remains a concerted responsibility to eliminate those destructive structures that see war, the arms race and unlimited military spending, unbridled profit and unfair trade as acceptable options since they undermine the universal protection of human rights. An essential expression of human dignity is the right to freedom of religion, and here as well the tension between individual persons and community takes on significant dimensions that demand new reflection stemming from the solid base of the UDHR and the two Covenants of 1966.4. A person's fundamental right to believe and to practice a specific religion, in the ways proper to it, provided these will not discriminate or condone i.a. torture genocide or slavery, is the juridical foundation of the organized form of that belief, of its functioning in freedom and of its preserving and defending its own specific identity. It is a bottom-up approach. With his fundamental rights, starting with that of religious freedom, the individual person contributes to defend the identity and the freedom of the organized form of his religion and develops harmoniously in relation to others. Identities, however, cannot be used as a means to justify violations of human rights that are a common heritage of the entire human family and of every culture. Then, respect of the human person from conception to natural death is the only measure to judge any policy be it the fight against

terrorism or the fight against hunger and underdevelopment. Dialogue and interaction become possible when our common human dignity is the guiding value. On its part, the State does not have the power to create human rights by enacting a law, but it has only the capacity to recognize and discipline their existence and ensure their protection, specifically in case of discrimination. Persons then can exercise their human rights individually and in community: it is a continuum for the common good. Mr. President,⁵ As the UN Special Rapporteur on Freedom of Religion or Belief has reminded the Council, present instruments protect religious freedom in its manifold manifestations and forbid any advocacy of national, racial and religious hatred that leads to discrimination or violence. The implementation in every country of existing human rights protection instruments, especially the UDHR and the related Covenants, is the best way to ensure respect of all beliefs and of a peaceful coexistence within pluralistic and interactive contemporary societies. Unfortunately, victims of religious intolerance are particularly numerous where the international law of human rights is not incorporated into national legislations that risk in this way to allow impunity of violators of fundamental human rights. The way ahead includes a renewed engagement in appropriating through education the juridical instruments developed by international law. But it is not enough to communicate a series of documents. It is important to change attitudes, a long range process that transforms the person and ensure an effective support for dignity and freedoms such as freedom of religion and expression and freedom from want and fear.⁶ In conclusion, Mr. President, allow me to recall the well known aspiration of Pope John XXIII, a still valid and timely message expressed in *Pacem in Terris* "that the United Nations Organization may be able progressively to adapt its structure and methods of operation to the magnitude and nobility of its tasks. May the day be not long delayed when every human being can find in this organization an effective safeguard of his personal rights; those rights, that is, which derive directly from his dignity as a human person, and which are therefore universal, inviolable and inalienable. This is all the more desirable in that men today are taking an ever more active part in the public life of their own nations, and in doing so they are showing an increased interest in the affairs of all peoples. They are becoming more and more conscious of being living members of the universal family of mankind." (n. 145) The HRC, as the other organs of the United Nations, are called to realize this wish in our time. The human family and the peoples of the United Nations cannot wait another 60 years.[00421-02.01] [Original text: English][B0184-XX.01]
