

Director General of the World Health Organization  
European Commissioner for Health  
Presidents of scientific societies from all over the world  
Minister of Health of Italy  
First Lady of Namibia (Monica Geingos)  
Former health ministers of Italy Costa Rica Botswana

I am very pleased to have the opportunity to greet you at the beginning of your Congress, also on behalf of His Holiness Pope Francis, and as President of the Pontifical Academy for Life.

In fact, you know how much we all care not only about the topics you will explore in these days, but also those that more generally are at the center of your work as a community committed to public health.

The issue of public health has come to the fore in an explosive way with the pandemic crisis. But it continues to prove to be of primary importance in this time that someone has defined as "polycrisis", i.e. an era in which the balance of the human family to which we were accustomed is breaking up due to a combination of factors concerning ecology, energy, war and all their consequences.

The public health perspective is extremely important, because it helps to better understand the impact of these elements on people's well-being, both to better understand them and to make consequent choices and actions.

I mention three aspects that I consider of primary importance.

The first lies in the inalienable link, which we have recognized in a sometime brutal way with the pandemic, between everyone's health and each other's health. This brings back to the center an awareness that our societies, especially in the West, have tended to forget. That is, the reciprocity and interdependence that are the basis not only of our health, but also of life itself: every life is a common life, it is life of one another.

The second is the composite nature of the discipline you are dedicated to, because it is necessary to bring together many different types of knowledge. Almost like a mosaic, whose success derives on the one hand from the tiles that are chosen and on the other from the way in which they are articulated with each other. Therefore, knowledge of biology and hygiene, epidemiology and statistics is needed, but then also of economics and sociology, cultural anthropology and ecology. In fact, it is not just a question of understanding the phenomena, but also of identifying political, social and technological means of action with regard to health systems, the family, work and the environment.

In fact, and this is the third point, this approach shows how health and disease are not only facts determined by nature, but are socially constructed and produced. That is, they depend both on the styles and living conditions that are specific to a specific society, and on the tools we use to interpret them. Our responsibility therefore does not lie only in taking measures to cure diseases, but also in recognizing how health is protected by a set of factors which first of all asks to be examined and in its complexity.

The public health approach helps us understand the connections between phenomena, it also reveals the situations in which communities live, which are the result of social and environmental policies (which also include the way we treat animals), have an impact on human health and life.

If we examine life expectancy – and healthy life expectancy – in different countries and in different social groups, we discover enormous inequalities. They depend on variables such as the salary level, the educational qualification, the neighborhood of residence (even within the same city). We affirm that life and health are equally fundamental values for everyone, but this affirmation is hypocritical if we are then disinterested in the choices that determine inequalities: despite our declarations and our proclamations, in fact, not all lives are equal and health is not protected for everyone in the same way. The public health perspective offers an original contribution to revealing these links and understanding how we can become responsible for them. Only in this way will we be

able to convert our gaze and our actions to practice greater justice. The way in which the anticovid vaccinations were carried out showed the great potential of collaboration in research, but also the inability of a fair regulation of patents. We have failed to avoid discriminating against the most vulnerable and penalizing those most exposed to the disease.

Without a regulation of patents that keeps the remuneration of industrial groups within reasonable limits, it will not be possible to guarantee a direction of research and a distribution of its burdens and advantages according to criteria of justice. This means that it is also necessary to assume limits and renunciations in the name of respecting the fundamental rights of others, as happens when drugs and devices that protect against deadly diseases are involved.

The Church is committed to working in this line.

As I approach the conclusion, I would like to confide that I was struck by the expression "life expectancy", which is part of the lexicon of your discipline. It made me think. It is certainly a useful notion for statistics and for the study of health and disease. But in addition to the quantitative sense, its spiritual meaning also resonates for me. What matters is what actually nourishes hope for our lives, both on a personal and community level. Along these lines goes my final wish which I express to you - also in the name of Pope Francis - together with gratitude for the important contribution you offer for the construction of a more just world, which believes itself healthy, even where instead it is sick and violent: I hope that your commitment will be an effective testimony to that attitude of mutual care which expresses God's style in meeting the men and women who (all) are close to his heart, since here is rooted the hope of our living.

Thanks for your attention.

Archbishop Vincenzo Paglia, Presidente – Pontifical Academy for Life

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