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Interdisciplinary Perspectives on the Interplay between Human Rights and Sustainability

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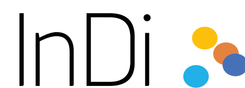

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Preface

The following collection of manuscripts emerged from an interdisciplinary virtual exchange held during the Winter semester of 2023/2024 at the Environmental Campus Birkenfeld, organized by Prof. Dr. Milena Valeva and Prof. Dr. Kathrin Nitschmann. Additionally, Prof. Dr. Héctor Bombiella Medina, a lecturer of anthropology in the Department of World Languages and Cultures at Iowa State University, contributed to the virtual exchange and supervised case studies 3 and 4, bringing his extensive experience in this field and facilitating the international exchange. Within the elective module on Human Rights, students from the Bachelor's programs "Nonprofit and NGO Management" and "Environmental and Business Law," as well as the Master's program "Energy and Corporate Law," explored the interconnections between human rights and sustainability.

In an era marked by unprecedented environmental challenges and profound social transformations, the intersection of human rights and the rights of nature has emerged as a critical area of inquiry and debate. Today, as we face the dual crises of climate change and biodiversity loss, the traditional boundaries between human and environmental rights are increasingly blurred. This confluence demands a fresh, interdisciplinary approach to understanding and addressing the complex and interrelated issues at hand.

Human rights, fundamental to the dignity and freedom of individuals, are deeply impacted by environmental degradation. Communities worldwide are experiencing firsthand the devastating effects of polluted air, contaminated water, and deforested landscapes, all of which undermine basic human rights to health, livelihood, and well-being. Conversely, recognizing the rights of nature – the intrinsic value of ecosystems and species – challenges us to reconsider our legal, ethical, and philosophical frameworks. It calls for a paradigm shift from an anthropocentric worldview to one that embraces the interconnectedness of all life forms.

Engaging in robust discussions and research on these topics is essential in today's context. By exploring interdisciplinary perspectives, we can forge innovative solutions that honor both the rights of individuals and the integrity of nature. This special issue aims to contribute to this vital discourse, providing insights and fostering dialogue on how we can collectively navigate the complex landscape of human rights and environmental sustainability.

The first chapter „Human rights and SDGs in the context of democracy" examines the significance of international human rights in today's context and links them to new value systems like sustainability.

The second chapter, the case study „Rights of Nature" explores the concept of granting legal rights to nature itself by comparing laws from various countries to show how it combats environmental exploitation.

The third chapter, the case study „Traditional coca leaf consumption and drug trafficking in Colombia" delves into the complex issues surrounding coca cultivation in Colombia, highlighting its economic, social, and political impacts.

The fourth chapter, the case study „The artisanal fishing community of Chorrillos, Peru" aims to provide theoretical insights and recommendations for improving the livelihoods of artisanal fishing communities in Peru, considering legal, ethical, and environmental perspectives as well as how economic liberalization, privatization, and deregulation affect the community's socio-economic conditions.

The relationship between the SDGs, human rights, and Catholicism in the United States, on health-related issues

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Table of contents

1 **Abstract** 20
2 **Introduction – The role of the catholic church in American health care** 20
3 **Catholic hospitals and the ERDs** 21
3.1 The social responsibility of catholic health care services 21
3.2 The pastoral and spiritual responsibility of catholic health care 21
3.3 The professional patient relationship 22
3.4 Issues in care for the beginning of life 23
3.5 Issues in care for the seriously ill and dying 24
3.6 Collaborative arrangements with other health care organizations and providers 24
4 **Catholicism and public health** 25
5 **Conclusion** 26

1 Abstract

The following article is intended to provide an initial overview about the relationship between the United Nations Sustainable Development Goals of 2015, as well as their Universal Human Rights of 1948, and c atholic healthcare in the United States of America. The aim is to show why C atholicism in the US, despite its constitutional secularity, still has a major influence on ensuring adequate health care for all citizens and where religious influence conflicts with the basic principles of the SDGs and the UN's Universal Human Rights. This is done using the example of c atholic h ospitals and the role of C atholicism in the field of public health.

2 Introduction – The role of the catholic church in American health care

The importance of the catholic Church for the American healthcare system can be easily assessed by its percentage share of healthcare related services. In 2020, the share of catholic facilities for acute care hospitals amounted to 15.6 %. There was a clear upward trend, an increase by 28.5% compared to 2001 (Solomon, et al., 2020). In 5 states, the proportion of such facilities is over 40% and 30% respectively (ibid.). Particularly relevant are 52 regions, in which catholic hospitals offer the only option for inpatient treatment in their respective communities (ibid.) and therefore have a special responsibility in regional healthcare provision.

Another area in which religion, and therefore the catholic Church, is significantly involved in health related services (Ko, 2014) is the public health sector. In contrast to healthcare facilities, the influence of the catholic Church cannot be quantified here in exact figures. Public health includes all activities that have a direct or indirect impact on human health, such as caring for the homeless, mobile care services for the elderly or preaching in church, which could potentially influence the health behavior of the faithful.

Since charity usually has a positive impact on the health of those who benefit from it both physically and mentally the catholic Church's influence on this can best be measured by the number of people who benefit from it. 13 million Americans benefited from services provided by Catholic Charities in 2020 (Catholic Charities USA, 2021). Around 40% of all Americans attend religious services every week (VanderWeele and Koenig, 2017). If you put this in relation to the number of people who belong to the catholic Church one fifth of all Americans (Masci and Smith, 2018) statistically more than 27 million Americans attend catholic services every week.

In the following, these two aspects of catholic healthcare in the US will be examined in more detail and critical reference will be made to possible areas of conflict and potential synergies with the SDGs and general human rights of the UN.

3 Catholic hospitals and the ERDs

In the US, the ERDs, the Ethical and Religious Directives of the Catholic Bishops' Conference, have formed the framework for medical practice in c atholic healthcare facilities since 1948. They have been adapted several times over the years. The currently valid version is the sixth edition from 2018 (United States Conference of Catholic Bishops, 2018). This comprises 77 directives, divided into six thematic areas (ibid.). The latter will be analyzed individually below and compared with the related SDGs and general human rights of the UN. Unless otherwise indicated, the sources are always the sixth edition of the ERDs (ibid.), the UN Declaration of Universal Human Rights (United Nations, 1948) or the SDGs (United Nations, 2016) defined by the same.

3.1 The social responsibility of catholic health care services

The first part of the ERDs emphasizes Christ's mandate to protect the core elements of the Christian faith. This includes respect for human dignity, the caring for the poor, protecting the common good, ensuring adequate medical care and respecting a pluralistic society. At first glance, these formulations do not appear to contradict the UN's SDGs or general human rights. They seem to be in line with SDGs 3, 5 and 10, as well as with UN's human rights articles 1 to 3. However, these formulations are repeatedly subject to certain restrictions in line with Christian moral concepts. This restriction can be found explicitly in directives 1 and 4 and thus subjects aid for the needy, as well as medical research and teaching, to the imperative of Christian morality. The idea of pluralism, which can be found in the introduction, is also severely restricted by this and the refusal of treatment is justified by Christian morality. All employees of catholic healthcare facilities are obliged to adhere to church morals. The resulting contradictions with the SDGs and general human rights are not specified in this part but will become more evident, analyzing the following parts of the ERDs. As explained in more detail in Part 6, the sixth edition of the ERDs extends this mandatory consideration of Christian morality even further and now also applies it to non-church healthcare facilities that cooperate with the catholic church and presupposes strict compliance with the ERDs as the basis for maintaining cooperation (Penan and Chen, 2019).

3.2 The pastoral and spiritual responsibility of catholic health care

This section describes in detail the forms of spiritual care that must be provided in a catholic hospital. It emphasizes that, in addition to medical care, spiritual support is a basic prerequisite for holistic recovery - both physical and psychological. From a scientific perspective, a connection between spirituality and an improvement in general health can be observed not only in the field of public health - as explained in more detail in the corresponding chapter - but also in a clinical context. Studies have shown that religious practice has a stress-reducing effect (Whitehead and Bergeman, 2020) and can even alleviate depressive symptoms, resulting of stressful life events (Lorenz, et al., 2019). There is also a link between delayed wound healing and stress, which increases the risk of wound infection or other complications (Gouin and Kiecolt-Glaser, 2011). In addition, positive effects of religious practice in dealing with pain, as the most common non-drug coping strategy and

a greater perceived meaning of life in patients in palliative care were shown (Puchalski, 2001).

Thus, spiritual care can also be considered a relevant recovery factor in inpatient treatment from a scientific perspective. As an actual recovery factor, one could therefore argue that every patient has the same right to spiritual care during their treatment, derived from the UN Declaration on the Right to Health of 2008, which states: *"The right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health"* (United Nations, 2008). Since spiritual care can have a measurably positive impact on health, as previously proven, it should be available to every patient, regardless of their faith, in accordance with the principle of equality from Article 1 of the Universal Declaration of Human Rights and SDG 10. The ERDs do not meet this requirement. They only contain guidelines for catholic care and the treatment of Christians of other denominations, should they ask for spiritual assistance on their own initiative. This is possible according to canon law (c.844 §3,4), but only through a catholic clergyman. A clergyman of another Christian denomination is explicitly not permitted. Other religions are not mentioned. This is particularly critical in regions where there are only catholic hospitals, which means that believers of other religions are denied spiritual assistance. One could argue that they could also pray independently, but studies, as discussed in more detail later, show that people particularly benefit health-wise from organized religious activities, such as masses or prayers with their clergymen (VanderWeele and Koenig, 2017).

Directive 15 should also be critically scrutinized. It states that patients who are not conscious may also receive the holy sacraments if there is reason to believe that they would have consented to this if they were conscious and of sound mind. Particularly in the case of patients without relatives, this gives those responsible a high degree of discretion over the patient.

3.3 The professional-patient relationship

Part 3 elaborates on the principles set out in Part 1 and how these are to be implemented in the relationship between medical staff and patients. In addition to the equal treatment of all people, this section places particular emphasis on providing patients with comprehensive information about all treatment options, their legal rights, and the requirement that treatment should only be carried out with the explicitly expressed consent of the patient or, in the case of incapacity, by the patient's representative. These directives are also limited by the imperatives of the catholic faith. Catholic hospitals inform their patients of their legal rights but override them if they are contrary to catholic morality, as stated in directive 24. This restriction also applies to informing patients about treatments and treatment alternatives, whereby patients are only informed about church-compliant treatment methods, despite the treating physicians' knowledge of other treatment options. This restriction by directive 27 contradicts the claim of the ERDs mentioned in the introduction to this part, according to which there should be a free exchange of information, free from manipulation. In this respect, the ERDs partially violate the UN's right to medical information as part of the right to health (United Nations, 2008) and SDGs 3 and 10, as the ecclesiastical restrictions may prevent more helpful treatment and leave the patient in the dark about its possibility. The latter also contradicts the goal of fewer inequalities, leaving the patients depending on their own level of medical education. Once again, this particularly affects

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people who live in regions with exclusively catholic healthcare facilities.

Regarding organ donation, both living and after death, there is no potential for conflict between catholic and secular healthcare institutions. In the "Evangelium Vitae" No. 86, Pope John Paul II describes the act of organ donation as an act of Christian charity (John Paul II, 1995). This also corresponds to directive 30, which also permits living donation under the premise of non-violence towards the donor.

A foretaste of the greatest area of conflict between catholic healthcare and secular human rights, concerning part 4 is, is provided by directive 36, which sets out how to deal with victims of sexual violence. Victims should receive physical and psychological care and institutions should cooperate with law enforcement agencies. After being raped, women are granted the right to receive medication to prevent an unwanted pregnancy, but only if no pregnancy could previously be detected by testing. This restriction contradicts SDG 5, particularly subsection 5.6, which states that women have the right to reproductive health care and self-determination. Even though this right is not explicitly mentioned in the UN's general human rights, it has become increasingly important in the past. Even if this right is not explicitly mentioned in the UN's general human rights, the UN clearly positioned themselves in favor of women's right to abortion, including mentioning their concern about the recent tightening of abortion law in the US (United Nation, 2022). In doing so, they refer to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) adopted by the UN General Assembly in 1979, particularly Article 12, which guarantees free access to medical care related to family planning and pregnancy (United Nations, 1979). In addition, the trauma of pregnancy resulting of rape also causes psychological suffering, which means that the ERDs here are also incompatible with SDG 3.

3.4 Issues in care for the beginning of life

The catholic church, and therefore also its hospitals, takes the clear position that life is sacred from on conception. Abortions are therefore prohibited under all circumstances, even if the pregnancy results from rape, as mentioned in the previous example. Married couples who wish to have children should be supported medically, but only to the extent that the chance of natural fertilization is increased. Fertilization itself must take place through sexual intercourse between the spouses. Couples should also be informed about alternatives such as adoption and taking in a foster child. Interventions that threaten the life of the fetus during pregnancy are permitted if there is a significant risk to the mother and it is impossible to delay the intervention. In some cases, this meant that women who were carrying a fetus that was not viable, only received help when they suffered from sometimes life-threatening bleeding or other complications. They had previously been refused help and were sent home, because although the fetus was not viable, it still had a heartbeat (Shepherd, et al., 2018). Although the women suffered severely from their condition, the ERDs prohibited them from receiving medical assistance that would jeopardize their pregnancy because the fetus, even though it would be unable to live after birth, still had a heartbeat, and the women were not in acute danger to their lives. The regulations of the ERDs subsequently placed these women in life-threatening situations that they wouldn't have gotten into in non-Catholic institutions.

Contraceptive methods are rejected, and patients are not informed about their options. Instead, married couples are to be introduced to the church doctrine of responsible parenthood and advised on natural family planning. Prenatal diagnostics are only permitted if they serve to prepare the parents-to-be to deal responsibly with a disabled child.

This part of the ERDs is particularly in conflict with the SDGs and the general human rights of the UN. Here too, this relates to SDG 5.6, and Article 12 of the CEDAW. However, further contradictions to UN law can be derived from this part of the ERDs. Studies show that women of color disproportionately often give birth in catholic hospitals (ibid.). In the state of New Jersey, for example, 4% of all deliveries by white women took place in catholic hospitals during the observation period. This compares to 17% of all deliveries by Hispanic women (ibid.). In Maine, this ratio between white and black women was 11 to 32% (ibid.). This is particularly problematic as the risk of miscarriage before the

20th week of pregnancy is significantly higher for black women than for white women (Mukherjee, et al., 2013). The main factors here are assumed to be pre-existing socio-economic disadvantages of the black population in America. The black women in Mukherjee's study became pregnant younger on average, had a lower level of education, a significantly lower income, were more likely to be overweight and were less well insured (ibid.). Thus, although black women have an increased need for reproductive care due to more frequent pregnancy complications, they are disproportionately bound to treatments according to the ERDs, which increases the inequalities between the white and black population in the US. Thus, there is also a conflict between the ERDs and SDGs 3 and 10, as well as Articles 1 - 3 of the UN Human Rights and Article 12 of the CEDAW. The latter particularly emphasizes the responsibility of the state to guarantee women's rights. The US has not yet fulfilled this responsibility.

3.5 Issues in care for the seriously ill and dying

This section offers little potential for conflict between the ERDs and UN law. This is mainly since the UN avoids taking a clear stance on euthanasia. When it does take a position, it is not explicitly for or against euthanasia, but merely against its expansion, for example against the current international trend of accepting disabilities as a legitimate reason for euthanasia (de la Hougue, 2021). The ERDs reject any form of euthanasia based on Christian teaching. They place their emphasis on palliative care on facilitating the most dignified life possible until death. This is to be ensured through the administration of pain-relieving medication, even if this potentially brings about death more quickly, and spiritual support. Patients have the right to refuse life-sustaining measures if their illness cannot be considered curable and leads to death soon and if, in their own feelings, such measures would only prolong their suffering. The fact that the illness must be incurable and soon fatal is not explicitly stated, but can be derived indirectly from directive 59, which emphasizes that the refusal of life-sustaining measures is to be accepted unless this is contrary to Christian morality. As this rejects suicide, any form of support for a person who is willing to die, who could overcome their illness with medical help or live with it permanently, is not permissible from the Church's point of view.

Furthermore, the ERDs are also in favor of organ donation as soon as the death of the donor has been clearly established. The use of aborted fetuses for therapeutic or research purposes is not permitted. There are no clear contradictions to the SDGs or general human rights on this topic.

3.6 Collaborative arrangements with other health care organizations and providers

No direct contradiction to UN law is evident in the last part of the ERDs either. Indirectly, however, it can be considered relevant for all previously identified areas of conflict. The most significant changes in the sixth edition of the ERDs compared to its predecessor can be found in this part and serve to increase the influence of the catholic church and its teachings on the American healthcare system (Penan and Chen, 2019). Directives 70 - 74 clearly state that in the event of cooperation between a non-church healthcare institution and catholic actors - whether in acquisition, governance, or management - these institutions must also comply with the ERDs. According to directive 75, only the bishop of the relevant diocese may judge whether all catholic standards have been met or whether there is a risk of "scandal" and, if necessary, take measures or have measures taken to comply with the ERDs.

This expansion of ERDs can have a major impact on the regional provision of medical services that are not compatible with the ERDs. For example, in 2018, the Catholic Health Initiative system took over 22% ownership of Premier Health, the largest non-church health care provider in Southwest Ohio (Solomon, et al. 2020). Under the new ERDs, all Premier Health facilities must now abide by them, even though they are non-church and remain majority owned by them. Catholic healthcare institutions are also trying to expand their influence on the education system. In 2019, it became known that the University of California has numerous links to catholic healthcare facilities and often places students in these facilities after graduation, where they must submit to the ERDs from on their first employment as health care professionals (ibid.). Cooperation with catholic healthcare providers should therefore be considered carefully in advance. The moral implications of the latest ERDs must therefore be scrutinized by non-church institutions, and the government should carefully monitor future developments in the national healthcare system against this background and, if necessary, take regulatory measures to curb the ever-growing influence of ERDs on American hospitals and educational institutions.

4 Catholicism and public health

Public health is still a relatively new field of research. This is particularly true in a country characterized by individualism and liberalism such as the US, where healthcare and medicine are primarily associated with the detection and proper treatment of diseases (Rozier, 2014).

The easiest way to measure the importance of the catholic church to public health is to look at the reach of its aid programs. The umbrella organization of catholic charities in the US is Catholic Charities USA (CCUSA), which was founded in 1910. According to its own data (Catholic Charities USA, 2021), CCUSA helped 13 million people in 2020, as already mentioned. Aid was provided in the fields of affordable housing, immigration and refugee, disaster service, food and nutrition, integrated health, and social enterprise. The association spent $4.7 billion, of which 88% were spend on their projects, and raised $4.9 billion in the same period. The three main sources of income were government grants (41%), own income (34%) and donations (18%). In addition to their own ethical guidelines, the ERDs are also considered seriously in the work of the CCUSA (Smith and McGrath, 2021). This means that the areas of conflict between the ERDs, UN law and SDGs described for catholic hospitals can also be expected to be apparent in the field of integrated health services, provided by CCUSA.

> Studies that investigate the connection between mental health and religiosity are of great interest. Longitudinal studies have shown that people who attend religious services weekly or more often are 30% less likely to suffer from depression.

In addition to the organized form of catholic care, it is also of interest to observe the influence of Catholicism, in a more implicit way, on the health of Americans. One factor that has both direct and indirect influence on individual health is the psyche. For example, as previously mentioned, stress can slow down wound healing. Mental illnesses such as depression influence a person's health behavior in many ways. Poor hygiene, too little or too much sleep, unhealthy eating habits, giving up hobbies, social withdrawal, poorer education, drug or game addictions, self-harm, suicide, physical or psychological violence towards others, neglecting social duties or an increased susceptibility to errors in exercise of responsible activities, with negative consequences for others, are just some of the possible consequences of depressive illnesses. In this respect, studies that investigate the connection between mental health and religiosity are of great interest. Longitudinal studies have shown that people who attend religious services weekly or more often are 30% less likely to suffer from depression (VanderWeele and Koenig, 2017). In relation to American Catholics who attend religious services at least once a week, this statistically results in the following positive influence of catholic practice compared to non-religious Americans: With a prevalence of 9.2% (Goodwin, et al., 2022), 2,484 million out of 27 million non-religious Americans statistically develop a major depression within one year. With a 30% reduction in prevalence, statistically 1,739 million of the 27 million American Catholics who attend religious services at least once a week develop a major depression during the same period. This corresponds to a difference of 745000. A major depression usually has a noticeable impact on various areas of life and therefore restricts the subjective as well as the measurable quality of life and thus impairs personal health. Over 80% of those affected by a major depression report noticeable restrictions in coping with work or so-

cial life, resulting of their mental condition (Brody, et al., 2018). This would potentially equate to 596000 catholic Americans being able to better manage their daily lives through their religiosity and even 745000 Americans at all, being happier and enjoying healthier lives because of their belief. One possible explanation as to why religious practice has a positive effect on mental health is, in line with Victor Frankl's logotherapy, the assumption that a stronger sense of meaning in life also promotes mental resilience and thus prevents depression. Studies have even been able to prove this connection on a neuroscientific level (Schaefer, et al., 2013). A connection between perceived meaning in life and physical health has also been found (Roepke, et al., 2013). As lastly an increased sense of meaning through religiosity has also been identified (Krok, 2014), this could provide an explanation for the lower prevalence among regularly practicing Catholics.

A further potential for the Catholic Church to contribute to public health lies in preventive healthcare. A study that examined the relationship between religious affiliation and attitudes towards climate change found that a not insignificant proportion of American Catholics believe in a certain level of competence of religious authorities, including scientific issues (Alper, 2022). 45% of Catholics attributed at least some competence in this area to religious authorities. They believed them to be more competent than elected officials, to whom only 41% attributed this competence (ibid.). Another study showed that religious Americans had a high level of trust in their church's stance on vaccination against Covid-19. After their personal doctor, the church's advice was the most trustworthy source of information to them (Nortey and Lipka, 2021). Thus, religious authorities could, for some extend, have played a crucial role during the nationwide vaccination campaign. Among the Catholics surveyed, 52% stated that the topic had not been discussed to a relevant extent in their church. 42% stated that they had been encouraged to be vaccinated by their religious authorities. Only 3% of Catholics reported a negative attitude towards Covid vaccination from clergy (ibid.). The influence of the Vatican, especially Pope Francis, on the attitude of Catholics towards vaccinations will probably only become more clearly during the next epidemic or pandemic crisis. Until 2022, the Pope avoided a clear statement for or against the Covid-19 vaccination, although in 2021 he already described it positively as an "Act of love" (Watkins, 2021).

Since 2022, he has clearly described vaccination as a "moral obligation" to Christians and warns against ideologically motivated misinformation (Pullella, 2022).

Making a clear statement about similarities and contradictions between public health related topics, comparing church and UN activities and positions generally, proves to be difficult and possibly also not expedient, as their assessment is heavily dependent on the respective definition of the relatively new term public health. A topic-related approach seems to be more promising here. The catholic church's clear stance on reproductive medicine issues and the resulting conflicts with UN law and the SDGs can also be applied to catholic counseling centers, which, as already mentioned, also take the ERDs seriously into account. The fact that religiosity can contribute to improving the mental health of a society, which also has a positive effect on physical health and the opportunity to participate in society, should be particularly emphasized at this point. This is because access to religious events is not highly dependent on income or origin. The catholic church can therefore contribute to achieving the goals of SDGs 3 and 10 and support SDGs 1 and 2 through its aid organizations. Through its global role, it will also play an important role in achieving the goals of SDG 17 in the future. The attitudes of the catholic church that undermine SDG 5 and Article 12 of the CEDAW and lastly also conflict partially with Articles 1 - 3 of the UN's Universal Declaration of Human Rights, must be viewed with concern.

5 Conclusion

As can be clearly seen from the examples given in this article, religion must also be considered when assessing a society in terms of its condition and its development potential in terms of the SDGs and UN's general human rights. In this regard, the Catholic Church in America paints a mixed picture. In the area of inpatient healthcare, the catholic church is extending its influence on majority non-Catholic hospitals by tightening the ERDs and is also attempting to do so in the education sector. As a result, progress already achieved through scientific research, particularly in reproductive medicine, is at risk. By expanding their sphere of influence, more and more women, especially women of color, are denied access to modern, CEDAW-compliant reproductive medicine.

In the field of public health, on the other hand, the positive aspects of Catholicism in America are becoming increasingly apparent, even if it should be emphasized that many aspects, such as religious-political interdependencies for example, have not been considered in this study. The low-threshold access to religious activities, which has the potential to mitigate negative socio-economic effects on the mental and physical health of disadvantaged sections of the population, should be particularly emphasized and therefore being supported, but also being critically assessed regularly, by all included decision makers in the future.

Hopefully, this overview of an extremely complex, and especially in the field of public health, under-researched topic presented here, will provide an incentive for further research in the future.

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Bibliography and sources

Alkhayer J., Gupta N. and Gupta C. M. (2022): *Role of ADR methods in environmental conflicts in the light of sustainable development*, IOP-Publishing, vo. 1084.

Alper, B. A. (2022). *How Religion Intersects With Americans' Views on the En-vironment*. Pew Research Center. Retrieved from: file:///C:/Users/Yannick/Downloads/PF_2022.11.17_climate-religion_REPORT.pdf.

Amnesty International (2023): *Amnesty International Report 2022/23*, Amnesty International Ltd.

BMUV (n.d.): *The Aarhus Convention*. Retrieved from: www.bmuv.de/themen/umweltinformation/aarhus-konvention#:~:text=Das%20%22Übereinkommen%20über%20den%20Zugang,Europäische%20Un- ion%20bei%20der%204.

BMZ (n.d.): *The Global Goals for Sustainable Development.*. Retrieved from: www.bmz.de/de/agenda-2030.

Brody, D. J., Pratt, L. A. , Houghes, J. P. (2018). *Prevalence of Depression Among Adults Aged 20 and Over: United States*, 2013–2016. U.S. Department of Health and Human Services. Retrieved from: www.cdc.gov/nchs/data/databriefs/db303.pdf.

Brown, J. G. (1999) *Ethics in Environmental ADR: An Overview of Issues and Some Overarching Questions*, Valparaiso University Law Review, vo. 342 2000.

Baurmann, M., Lahno, B. (Ed.) (2009) *Perspectives in Moral Science.* Frankfurt School Verlag.

Bexell, M., Hickmann, T. & Schapper, A. (2023) *Strengthening the Sustainable Development Goals through integration with human rights.* Int Environ Agreements 23, 133–139. https://doi.org/10.1007/s10784-023-09605-x

BVL (n.d.): *Minamata Convention on Mercury*. Retrieved from: www.bvl.bund.de/EN/Tasks/04_Plant_protection_products/03_Applicants/13_Le-galRegulations/03_InternationalAgreements/06_Minamata/ppp_intern_agreements_ Mi-na-mata_node.html

Chancel, L., Piketty, T., Saez, E., Zucman, G. et al. (2022): *World Inequality Report 2022*, World Inequality Lab wir2022. wid.world.

Catholic Charities USA (2021). *2020 Annual Report.* Retrieved from: www.catholiccharitiesusa.org/resource/2020-annual-report/.

Catholic Charities USA (2021). *2020 Services Overview*. Retrieved from: www.catholiccharitiesusa.org/wp-content/ uploads/2021/03/Catholic-Charities-USA-2020-Services-Overview-Data.pdf.

Cullinan, C. (2011). *Wild Law: A Manifesto for Earth Justice*. Chelsea Green Publishing.

De la Hougue, C. (2021). *UN Experts speak out against the euthanasia of persons with disabilities.* European Center for Law & Justice. Retrieved from: www.eclj.org/euthanasia/un/lonu-seleve-contre-leuthanasie-des-personnes-handicapees.

DIS (n.d.): *Alternative dispute resolution (ADR) procedure overview*. Available at: www.disarb.org/schiedsgerichtsbarkeit/verfahren-im-ueberblick.

Dobson, A. (2003). *Citizenship and the environment.* New York: Oxford University Press.

Dryzek, J. S. (2021). *The Politics of the Earth: Environmental Discourses.* Oxford University Press., 4th ed.

Eckersley, R. (2004). *The Green State: Rethinking Democracy and Sovereignty.* MIT Press.

Fox N., Alldred P. (2021) *Climate change, environmental justice and the unusual capacities of posthumans*. J Human Rights Environ 12:59–75. https://doi.org/10.4337/jhre.2021.00.03

Goodwin, R. D. (2022). *Trends in U.S. Depression Prevalence From 2015 to 2020: The Widening Treatment Gap*. Am J Prev Med, 63(5): 726–733. Retrieved from: www.doi.org/10.1016/j.amepre.2022.05.014.

Gouin, J. P., Kiecolt-Glaser, J. K. (2011). *The Impact of Psychological Stress on Wound Healing: Methods and Mechanisms.* Immunol Allergy Clin North Am, 31(1): 81–93. doi: 10.1016/j.iac.2010.09.010.

Grimm, S. (2004): *Verpflichten Menschenrechte zur Demokratie? Über universelle Menschenrechte, politische Teilhabe und demokratische Herrschaftsordnungen*, Wissenschaftszentrum Berlin für Sozialforschung.

Hamadeh, N., Van Rampaey, C., Metreau, E., Eapen, S.G. (2022): *New World Bank country classifications by income level: 2022-2023*, World Bank Blogs, Retrieved from: www.blogs.worldbank.org/opendata/new-world-bank-country-classifications-income-level-2022-2023.

Heidenreich, F. (2023). *Nachhaltigkeit und Demokratie.* Eine politische Theorie. Suhrkamp Verlag

Herlin-Karnell, E. (2023) *The Constitutional Concepts of Sustainability and Dignity*. Jus Cogens 5, 125–148. https://doi.org/10.1007/s42439-023-00078-9

ICC (n.d.): *Arbitration*. Retrieved from: www.iccwbo.org/dispute-resolution/dispute-resolution-services/arbitration/.

ICC (n.d.): *Mediation procedure according to ADR rules*. Retrieved from: www.iccgermany.de/schiedsgerichtsbarkeit/weitere-streitbelegungsinstrumente/mediationsverfahren-nach-adr-regeln/#:~:text=Ein%20Mediationsverfahren%20kann%20vorab%20vertraglich,zu%20einer%20Einigung%20führen%20wird.

ICSID (n.d.): *Rules and Regulations*. Retrieved from: www.icsid.worldbank.org/rules-regulations/mediation/keydifferences-between-mediation-and-conciliation.

John Paul II (1983). *Codex Iuris Canonici*. Code of Canon Law 1983, 158-159. Retrieved from: www.bibliotecanonica.net/docsaj/btcajx.pdf.

John Paul II (1995). *Evangelium Vitae*, to the Bishops Priests and Deacons Men and Women religious lay Faithful and all People of Good Will on the Value and Inviolability of Human Life. Retrieved from: www.vatican.va/content/johnpaul-ii/en/ encyc-licals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html.

Kamau, M., Chasek, P., & O'Connor, D. (2018). *Transforming multilateral diplomacy: The inside story of the sustainable development goals*. Routledge.

Knauß, S. (2018). *Conceptualizing human-nature interrelations: The rights of nature in Ecuador and Bolivia.* Journal of Human Rights and the Environment 9(2): 100-122.

Ko, S. C. (2014). *Religion as a Social Determinant of Public Health*, By Ellen Idler, Ed, Oxford University Press. Christian Journal for Global Health, 2(2), 76-77. ://doi.org/10.15566/cjgh.v2i2.88.

Krok, D. (2015). *The Role of Meaning in Life Within the Relations of Religious Coping and Psychological Well-Being.* J Relig Health, 54: 2292–2308. DOI: 10.1007/s10943-014-9983-3.

Letzte Generation (2024): *Unsere Forderungen*, Retrieved from: www.letztegeneration.org/forderungen/.

Lohmann, J. (2004; updated 22.04.2020): *Geschichte der Menschenrechte.* Retrieved from: www.planet-wissen.de/geschichte/menschenrechte/geschichte_der_menschenrechte/index.html.

Lorenz, L., Doherty, A., Casey, P. (2019). *The Role of Religion in Buffering the Impact of Stressful Life Events on Depressive Symptoms in Patients with De-pressive Episodes or Adjustment Disorder.* International Journal of Environmental Research and Public Health, 16, 1238. doi:10.3390/ijerph16071238.

Masci, D., Smith, G. A. (2018). *7 facts about American Catholics*. Pew Research Center. Retrieved from: www. pewresearch.org/shortreads/2018/10/10/7-facts-about-american-catholics/IV.

Mukherjee, Sudeshna et al. (2013). *Risk of Miscarriage Among Black Women and White Women in a US Prospective Cohort Study.* American Journal of Epidemiology, 177(11): 1271-1278. DOI: 10.1093/aje/kws393.

Nortey, J., Lipka, M. (2021). *Most Americans Who Go to Religious Services Say They Would Trust Their Clergy's Advice on COVID-19 Vaccines.* Pew Research Center. Retrieved from: file:///C:/Users/Yannick/Downloads/PF_10.15.21_covid. congregations.full report.pdf.

Official Journal of the European Union: *Directive 2013/11/EU of the European Parliament and of the Council of May 21st*, 2013, on alternative dispute resolution for consumer disputes and amending Regulation (EC) No 2006/2004 and Directive 2009/22/EC.

OPM (n.d.): *Alternate Dispute Resolution Handbook*. Retrieved from: www.opm.gov/policy-data-oversight/employee-relations/employee-rights-appeals/alternative-dispute-resolution/handbook.pdf.

Penan, H., Chen, A. (2019). *The Ethical & Religious Directives: What the 2018 Update Means for Catholic Hospital Mergers.* In National Health Law Program. Retrieved from: www.healthlaw.org/resource/the-ethical-religious-directives-what-the-2018-update-means-for-catholic-hospital-mergers/.

Permanent Court of Arbitration (n.d.): *International Conciliation and Mediation at the PCA*. Retrieved from: www.pca-cpa.org/international-conciliation-and-mediation-at-the-pca/.

Papada, E. et al. (2023): *Defiance in the Face of Autocratization*. Democracy Report 2023, University of Gothenburg: Varieties of Democracy Institute.

Pettit, Ph. (ed.) (1997). *Republicanism: a theory of freedom and government.* New York: Oxford University Press.

Philips, J. (2020): *Actualizing Human Rights - Global Inequality, Future People, and Motivation,* Routledge Studies in Human Rights, 1st ed.

Puchalski, C. M. (2001). *The role of spirituality in health care*. Proc (Bayl Univ-Med Cent), 14(4): 352–357. doi: 10.1080/08 998280.2001.11927788.

Purvis, B., Mao, Y. & Robinson, D. (2019) *Three pillars of sustainability: in search of conceptual origins*. Sustain Sci 14: 681–695 (2019). https://doi.org/10.1007/s11625-018-0627-5

Pufé I. (2014): *What is sustainability? Dimensions and Opportunities.* Retrieved from: www.bpb.de/shop/zeitschriften/apuz/ 188663/was-ist-nachhaltigkeit-dimensionen-und- chancen/.

Pullella, P. (2022). *Pope backs COVID immunisation campaigns, warns of ideologi-cal misinformation*. Reuters. Retrieved from: www.reuters.com/world/europe/pope-backs-covid-immunisation-campaigns-warns-ideologicalmisinformation-2022-01-10/.

Ritchie H., Rodés-Guirao L., Mathieu E., Gerber M., Ortiz-Ospina E., Hasell J. and Roser M. (2022): *Population Growth*. Retrieved from: www.ourworldindata.org/population- growth#research-writing.

Roepke, A. M., Jayawickreme, E., Riffle, O. M. (2014). *Meaning and Health: A Systematic Review*. Applied Research Quality Life, 9: 1055–1079. DOI: 10.1007/s11482-013-9288-9.

Rozier, M. (2014). *A Catholic Case for Public Health.* Catholic Health Association of the United States. Retrieved from: www.chau sa.org/docs/default-source/hceusa/a-catholic-case-for-public-health.pdf?sfvrsn=2.

Sachs, J. D., Lafortune, G., Fuller, G., Drumm, E. (2023): *Sustainable Development Report 2023 - Implementing the SDG Stimulus*, Dublin University Press.

Schaefer, S. M. (2013). *Purpose in Life Predicts Better Emotional Recovery from Negative Stimuli.* PLOS ONE 8(11), 1-9. doi: 10.1371/ journal.pone.0080329.

Shamir Y. and Kutner R. (2003): *Alternative Dispute Resolution Approaches and their Application*, in: UNESCO PC-CP series, no. 7.

Shepherd, Kira et al. (2018). *Bearing Faith: The Limits of Catholic Health Care for Women of Color.* Columbia Law School. Retrieved from: www.scholarship.law.columbia.edu/faculty_scholarship/3933/?utm_source=scholarship.law.columbia.edu% 2Ffaculty_scholarship%2F3933&utm_medium=PDF&utm_campaign=PDFCoverPages.

Solomon, T. (2020). *Bigger and Bigger, the Growth oof catholic health systems*. In Community Catalyst. Retrieved from: www.com munitycatalyst.org/resource/bigger-and-bigger-the-growth-of-catholic-health-systems/.

Statista (2024): *Wie sehr vertrauen Sie der deutschen Regierung?.* Retrieved from: www.de.statista.com/statistik/daten/studie/ 153823/umfrage/allgemeines-vertrauen-in-die-deutsche-regierung/.

Stone, D. (1972). *Should Trees Have Standing? Towards Legal Rights for Natural Objects.* Southern California Law Review 45: 450-501.

Tharakan R. J. and Lahoti K. (2019): *Conquest of Sustainable Development through Reformative Mechanisms of ADR*, European Journal of Sustainable Development 8(5):254, pp. 254-261.

The Economist Intelligence Unit (2023): *Democracy Index 2022 - Frontline democracy and the battle for Ukraine.*

UNEP (2019): *Minamata Convention on Mercury.* Retrieved from: www.minamataconvention.org/sites/default/files/2021-06/ Minamata-Convention-booklet-Sep2019-EN.pdf.

UNEP (2016): *UNEP Implementing Principle 10 of the Rio Declaration*. Retrieved from: www.unep.org/news-and-stories/story/ unep-implementing-principle-10-rio-declara-tion.

United Nations (2024) *United Nations Brundtland Commission*. Retrieved from: www.un.org/en/academic-impact/sustainability.

United Nations (n.d.): *The 17 Goals*. Retrieved from: www.sdgs.un.org/goals.

United Nations (n.d.): *Transforming our world: the 2030 Agenda for Sustainable Development*. Retrieved from: www.sdgs.un. org/2030agenda.

United Nations (o.J.): *Peace, dignity and equality on an healthy plane*t, Universal Declaration of Human Rights, Retrieved from: www.un.org/en/about-us/universal-declaration-of-human-rights.

United Nations (2022). *US abortion debate: Rights experts urge lawmakers to adhere to women's convention.* Retrieved from: www.news.un.org/en/story/2022/07/1121862.

United Nations (2016). *Transforming our world: the 2030 Agenda for Sustainable Development*. Retrieved from: www.sustaina bledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf.

United Nations (2011): *Resolution adopted by the General Assembly*, 65/283. on Strengthening the role of mediation in the peaceful settlement of disputes, conflict prevention and resolution, A/RES/65/283, Distr.: General 28 July 2011.

United Nations (2008). *The Right to Health,* Fact Sheet No. 31. Office of the United Nations High Commissioner for Human Rights. Retrieved from: www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf.

United Nations (1994): *UNCITRAL Model Law on International Commercial Arbitration*, in: United Nations publication Sales No. E.95.V.18.

United Nations (1992): *Department of Economic and Social Affairs*, Sustainable Development. Retrieved from: www.sdgs.un.org/ 2030agenda.

United Nations (1992): *Department of Economic and Social Affairs,* Publications. Retrieved from: www.sdgs.un.org/publications/ agenda21.

United Nations (1992): *United Nations Conference on Environment and Development*, Rio de Janeiro, Brazil, 3-14 June 1992. Retrieved from: www.un.org/en/conferences/environment/rio1992.

United Nations (1979). *Convention on the Elimination of All Forms of Discrimination against Women*. Convention on the Elimina tion of All Forms of Discrimination against Women. Retrieved from: www.un.org.

United Nations General Assembly, *New York City*. Retrieved from: www.ohchr.org/sites/default/files/cedaw.pdf.

United Nations (1972): *Report of the UN Conference on the Human Environment-Stockholm 5-16 June 1972*. UN Library. Retrieved from: www.documents.un.org/doc/undoc/gen/nl7/300/05/pdf/nl730005.pdf?token=aYpaiOjXxYH75EqgDw&fe=true.

United Nations (1948). *Universal Declaration of Human Rights. United Nations General Assembly,* Paris. Retrieved from: www.un. org/sites/un2.un.org/files/2021/03/udhr.pdf.

United Nations Human Right council (o.J.): *About HRC* Retrieved from: www.ohchr.org/en/hr-bodies/hrc/about-council.

UN General Assembly (1998): *Declaration on the Right and Responsibility of Individuals*, Groups and Organs of Society to Promote and Protect Universally Recognized Hu-man Rights and Fundamental Freedoms, Office of the High Commissioner for Human Rights. Retrieved from: www.ohchr.org/en/instruments-mechanisms/instruments/declaration-right-and-responsibi lity-individuals-groups-and.

UNICEF (2022): *Climate Justice Roundtable - Recap and Reflections - An online discussion with activists and experts*, United Nations Children's Fund. Retrieved from: www.unicef.org/globalinsight/media/2866/file.

United States Conference of Catholic Bishops, Washington, DC (2018). *Ethical and Religious Directives for Catholic Health Care Services*, Sixth Edition. Retrieved from: www.usccb.org/resources/ethical-and-religious-directives-catholic-healthcare-services.

Valdés, E.G. (2009) *Dignity, Human Rights, and Democracy.* Baurmann, M., Lahno, B. (2009) (Ed.) Perspectives in Moral Science: 253-265. Frankfurt School Verlag.

VanderWeele, T. J., Koenig, H. G. (2017). *A Course on Religion and Public Health at Harvard*. American Journal of Public Health, 107(1), 47-49. doi: 10.2105/AJPH.2016.303501.

VanDyke, A. M., Schriver, F. R. (2021). *Applying Medical Ethics in Catholic Charities. Catholic Charities USA*. Retrieved from: www. catholiccharitiesusa.org/wp-content/uploads/2021/10/Applying-Medical-Ethics-in-Catholic-Charities.pdf.

V-Dem (2023): *The V-Dem Dataset*, www.v-dem.net/data/the-v-dem-dataset/, quoted from Our World in Data (2023): *Human rights index*. Retrieved from: www.ourworldindata.org/grapher/human-rights-index-vdem?tab=table&country=~RUS.

Watkins, D. (2021). *Pope Francis urges people to get vaccinated against Covid-19.* Vatican News. Retrieved from: www.vaticannews.va/en/pope/news/2021-08/pope-francis-appeal-covid-19-vaccines-act-of-love.html.

Whitehead, B. R., Bergeman, C. S. (2020). *Daily Religious Coping Buffers the Stress-Affect Relationship and Benefits Over all Metabo lic Health in Older Adults.* Psycholog Relig Spiritual, 12(4), 393–399. doi: 10.1037/rel000025.

WIPO (n.d.): *What is Arbitration?* Retrieved from: www.wipo.int/amc/en/arbi- tration/what-is-arb.html.

WIPO (n.d.): *What is Mediation?* Retrieved from: www.wipo.int/amc/en/media- tion/what-mediation.html.