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COMMENTARY

Health and Human Rights: What Relevance Now?

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It is both an honor and terrifying to be asked to revisit an article we wrote 30 years ago for *Health and Human Rights*—one often touted as having been central to launching the health and human rights movement, but also written at a time when we didn't have the words to describe and concretize the linkages and had limited empirical evidence of what we were seeking to conceptualize and create.[1]

We often say in more recent times that the question is no longer *why* link health and human rights but *how* to do it. What does it mean to do so in practice? And for many of us—authors of the original paper and friends and colleagues around the world—we have dedicated much of our professional lives to doing just that: putting into place the evidence and the building blocks that can make a difference in their own right but that can also demonstrate the added value of these linkages to outcomes and human well-being more generally. Historically, it must be remembered that at the time, our interests were more modest—we sought to show simply *why* link health and human rights and what can be seen differently by considering them as connected.

It is also worth remembering the realities of the field at the time this was written—a time when these two communities (those working in public health and those working in the legal/human rights field) did not generally work together. This was true within the United States, where I live, but just as much in South Africa and in Brazil, two countries where I had close colleagues working on these issues, but all of us working in silos, and most often without collaboration. And I would assume that this was true wherever else these nascent efforts existed at the time as well. Technical languages were different between the two communities, but there was also a lack of trust. Folks on the public health side were concerned that, as was said to me at that time by a very high-ranking public health official, "I don't need these human rights people who know nothing about health coming in and telling me how to do my job." And on the flip side, the human rights community was deeply skeptical of government authority; it was accustomed to calling out abuses and not trusting that governments genuinely considered the rights impacts of their policies on the humans who were affected. This was in the real world so to speak, but the same issues existed also in terms

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of how teaching and training were done.

One may ask what efforts existed at the time to help students understand and see past their disciplines and their differences to work together on solving health-related human rights concerns, drawing on the strengths of each discipline. The reader will not be surprised to hear that this just did not exist, neither in rhetoric nor in reality. Consequently, when, under Jonathan Mann's leadership, we determined that training was needed and that part of this would require organizing a first-ever course on health and human rights, which could then in turn be replicated and adapted by others, the first question was, what sort of syllabus and readings could be provided to an initial cohort of students and what sorts of exercises would we put in place? And as the junior person on the team, I was tasked with finding materials from others who had made similar efforts, in the hopes of not reinventing the wheel. We assumed that a wobbly wheel could be found, but a wheel nonetheless. And while there were lots of engaging examples addressing survivors of torture, and in the fields of HIV and of women's health, to name a few, there was no conceptual framework categorizing and explaining what had been found or done programmatically that sought to link health and human rights. Finding nothing really suitable, we therefore set out to create a publication that could lay out such a framework and serve as a basic introduction that would be equally available and accessible to those students engaged in public health as those engaged in human rights, but written in such a way that it could also be used in academic and programmatic circles to facilitate general understanding of these linkages. And ultimately, we hoped, through this conceptual framework, to create a paradigm that could help facilitate work at this intersection going forward.

Moving to the substance, in revisiting this article I was relieved to see that while the first sections laying out the basics of public health and of human rights certainly require an update, there was nothing immediately embarrassing or fully irrelevant to the present moment. Phew. Again, much to add and contextualize, but so far so good. I have far more to say about how I think now about the utility of each of the three relationships presented in the original paper, alongside what I would consider the framing and explanations we offered for each. Again, nothing wrong, just a bit of history. Jonathan always liked for things to be in threes—for example, he taught me when I was making an intervention to always say that I have three points (not two or four but three), even if I didn't, because that's how folks hear things. It was thus clear that if we were to set out a conceptual framework, this would have to be done in threes. These, then, were the three relationships: (1) the impact of health policies, programs, and practices on human rights; (2) the health impacts resulting from violations of human rights; and (3) the inextricable linkage between health and human rights.

Sadly, while I think there is much to be said in support of the first two relationships, the third does feel now a bit like it was necessary more for the symmetry it offered than for the additional thinking it contained. Yes, health and human rights are inextricably linked, and the promotion or violation of rights in one area will impact the other; but in truth, I no longer think that there is a need to set out this third relationship. Indeed, I have noted over time how in my own work, and in the work of others, rarely is this third relationship elaborated in any way.

With respect to the first two relationships, then, while I mean this neither as a strength nor a weakness, it is important now to see them simply as analytical and descriptive—as a way to portray something that has occurred as opposed to setting out a program of action that can be used to move actions forward. I would also note that while I consider the two relationships to be solid, some friendly modifications in how they are discussed and used have proven useful over time:

- A key point that was implicit in what we laid out, but which has been made much clearer in the decades that follow, is the critical importance of framing these relationships around the notion of who are the duty bearers and who are the rights holders. In both cases, we are well served by be-

ing much more explicit about the fact that we are talking about the actions of state actors and their impacts on individuals and populations. Whether positive or negative, the focus therefore must be on these actors and the interactions between them. These bidirectional relationships do not happen in the abstract but are the result of the actions of states.

- Importantly, and relatedly, these actions and their impacts do not take place in a vacuum, even if this is how they were set out in this initial publication. Recognition of, and engagement with, the economic, social, cultural, political, and legal environment within these relationships and actions take place is central to any thinking or work on the health and human rights linkage if this framework is truly to remain a useful analytical model.

In this highly charged political moment, I am relieved to see, at least in my opinion, that the value of this article persists. History is important, and I believe in this complex time that we would be better served not to invent a new wheel but to build and improve on what we have, what we know, and what has been tested. I encourage the reader to review the original article, with its very humble beginnings in mind. Finally, to be honest, this remains an article that, despite whatever additional critiques I and others may now offer, I continue to provide in all my courses that touch on the health and rights intersection. I hope it can remain useful to others over the next 30 years, not only as a piece of history but as a living document.

References

1. J. Mann, L. Gostin, S. Gruskin, et al., "Health and Human Rights," *Health and Human Rights Journal* 1/1 (1994).