

HEALTH AND HUMAN RIGHTS: Broadening the Agenda for Health Professionals

As citizens of the modern world, we are all responsible for promoting and protecting human rights. Yet the institutional and societal context of health, and the professional practices and methods employed in seeking to ensure the well-being of individuals and populations, create additional human rights-related roles and responsibilities for health professionals.

This issue of *Health and Human Rights* focuses on the engagement of health professionals in human rights-related work. Here we recognize and salute the inspiring example of those doctors, nurses and other health professionals working to relieve suffering within their own societies and abroad. As described in the articles by Aeberhard (p. 30), Destexhe (p. 46), and Maddocks (p. 88), they have created a response to urgent health threats facing communities, populations, and even, in the instance of nuclear weapons, the entire world, in a spirit of transnational medical solidarity.

In addition, the article by Hannibal and Lawrence (p. 110) describes how an organization such as Physicians for Human Rights has creatively applied well-established medical methods and techniques to document human rights abuses. Combining medical credibility and scientific methods, they have provided evidence of rights violations by describing their physical and mental effects. In this manner, health professionals are making important new contributions to political and legal efforts to denounce, redress, punish and prevent human rights abuses.

Readers of *Health and Human Rights* will be familiar with three broad-based relationships between health and human rights; these are useful in considering health professionals' current and potential human rights-related activities.¹

Thus far, most health and human rights work has focused on the adverse health impacts of violations of human rights and dignity. While health professionals' involvement with human rights often started with concerns about health workers whose rights were violated, their work evolved naturally toward healing and then documenting the health impacts of rights violations. While health workers' courage and the transnational scope of their concern was extraordinary, their work remained close to the traditional domain of medical practice—caring for the ill and injured.

Much needs to be done to identify, describe, and document further the scope and intensity of this relationship. Indeed, as all human rights violations (and violations of dignity) should be assumed to have impacts on physical, mental and/or social well-being, such impacts await discovery and more systematic analysis. From a methodologic viewpoint, the work identifying linkages between reproductive health and rights begins to suggest how the health impacts of other rights violations might be explored, and how vital such information may be for analysis and action.² Furthermore, humanitarian medical work has led to increasing awareness and engagement with longer-term public health and human rights issues. For in most situations, populations in need of urgent medical assistance are either victims of acute violations of human rights or have been subjected to an underlying and pervasive lack of respect for human rights and dignity.

In contrast to the care and reporting of health impacts caused directly by rights violations, the two other health and human rights relationships require health workers to engage in more direct complex ways with human rights concerns, workers and institutions.

It is essential, for example, to consider the impacts of health policies, programs and practices on human rights. This is particularly important for the many health professionals working in the public sector, whether their function is to provide health care to individuals or to promote and protect public health. In either case, their actions as agents of the

state automatically make them responsible for promoting and protecting human rights, or at least for avoiding unwarranted restrictions or violations of rights in the context of their work. Thus, in contrast to an earlier time in medicine and public health, modern health professionals working for the state have a dual responsibility: to promote and to protect health, while also promoting and protecting human rights. In addition, as public health is identified in the International Bill of Human Rights as one of the acceptable justifications for restricting human rights, health professionals working for the state must ensure that such restrictions be used only as a last resort—when truly necessary—and in the least burdensome and restrictive manner possible.

The goal is to ensure that human rights and dignity are promoted and protected within health policies, programs and practice. To put it provocatively: “all public health policies and programs should be considered discriminatory (or otherwise burdensome on rights) until proven otherwise.” From this starting point, existing and proposed policies can be scrutinized and improved, benefiting from an explicit effort to negotiate an optimal balance between achieving health goals and respecting human rights norms. Such efforts are as necessary as they have been infrequent; more recently, in the context of HIV/AIDS prevention, both the feasibility and societal logic of such an approach have been demonstrated.^{3,4}

To be sensitive to rights issues, health professionals must first be knowledgeable about human rights. Since few health professionals—even in the most governmental domain of public health—have received any formal education or training about human rights, there is a considerable risk that health professionals may inadvertently violate rights, or consent to their violation of rights in the context of their work. As documented in the survey of schools of public health in the United States and around the world in this issue of *Health and Human Rights* (p.129), education about human rights is only beginning to become available for health professionals.

The third health and human rights relationship, which considers promoting and protecting human rights to be inextricably linked with promoting and protecting health, is the most challenging and, to date, the least explored. Whenever urgent medical needs arise, the doorway is opened to consid-

ering the human rights foundation of vulnerability to disease, disability and premature death. Parallel with efforts to relieve suffering, awareness is increasing about the underlying societal conditions which determine, to a large extent, the nature of the health crisis.

Whether dealing with natural disasters or human crisis produced by conflict, epidemic disease, or poor population health (i.e., maternal mortality, sexually transmitted infections, cancer, heart disease, injuries), a link to human rights violations—a series of human rights-based common denominators—can be identified. In this regard, the human rights framework provides health professionals with a valuable and previously unavailable conceptual framework for defining the underlying societal determinants of health status, a vocabulary for describing commonalities among superficially diverse health problems (e.g., epidemic disease, injuries and cancers), and guidance about the societal changes required to promote and protect health.

The modern human rights framework can provide a new movement of health professionals with the necessary instruments and modes of action to uncover and act upon the societal foundations for disease, disability and death. Health professionals who recognize that human rights speak directly to the societal pre-conditions for health can work to identify the societal root causes of prevailing health problems such as asthma, lead poisoning, cardiovascular disease, cancers, and infectious diseases. Once identified, health workers can join others in acting directly to impact the human rights substratum for disease, disability and death. Health professionals can participate in public debate, speaking truth about health to power, opposing the simplified moralisms which blame the victims (the ill, the disabled, the dead) for health problems whose societal root causes have been ignored. The International Physicians for the Prevention of Nuclear War (p.88) has demonstrated the potential power and influence of a transnational, even global movement of health professionals. Now the world needs global thinking, leadership and action on health and human rights.

Jonathan Mann, Editor

References

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2. A. Rahman and R. Pine, "An International Human Right to Reproductive Health Care: Toward Definition and Accountability," *Health and Human Rights* 1 (4) (1995):400-427.
3. J. Mann and A. Petitgirard, eds., *AIDS, Health and Human Rights: An Explanatory Manual* (Geneva: International Federation of Red Cross and Red Crescent Societies, and, Boston: François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health, 1995).
4. World Health Assembly, *Avoidance of discrimination against HIV-infected persons and persons with AIDS*, resolution WHA41.24 of 13 May 1988, preamble.