

THE 2ND INTERNATIONAL CONFERENCE ON HEALTH AND HUMAN RIGHTS: Bridge to the Future

In this issue of *Health and Human Rights*, we are pleased to offer the plenary talks from the 2nd International Conference on Health and Human Rights. We believe the diversity of these plenary talks gives voice to many of the current challenges in the health and human rights movement. They are powerful and eloquent— and yet they only convey a part of the flavor and excitement of the Conference itself. We are not able to include the dynamic presentations and exchanges which took place during roundtable discussions, interest groups, skills-building sessions, and hallway discussions, nor the excitement of opportunities to talk directly with friends, to be inspired and moved, and to meet new colleagues.

The conceptual and practical distance traveled in the two short years since the First International Conference on Health and Human Rights has been tangible: while in 1994 many participants wondered aloud, “health and human rights—what is the connection?,” at the Second Conference, the many participants affirmed the central importance—and the concrete applicability—of the health and human rights connection.

And thus, the health and human rights movement has now been decisively launched, a reality reflected through the 2nd International Conference, in four substantive ways:

- there is increased understanding of the conceptual and analytic power of the linkage between health and human rights for both those working in the health field and the human rights field;
- within the health and human rights paradigm, common purpose, common vocabularies, and common strategies are progressively being implemented;

- the practical, grassroots appeal and usefulness of the health and human rights connection has enabled the movement to gain momentum, whether at the local, community, national, regional or international level; and
- networks of common interest are increasingly being catalyzed, exemplified by new organizations such as the student health and human rights groups forming at schools of public health.

What lies ahead for the nascent health and human rights movement? How can the 3rd International Conference on Health and Human Rights (tentatively scheduled for late 1998) help sustain and promote the growing health and human rights movement?

First, this movement requires neither central authority nor rigid adherence to dogma. Our movement will inevitably be diverse, complex and evolving. Leadership—intellectual and operational—will continue to emerge from many places; there is no monopoly on the wisdom of human rights and health.

Second, we must recognize that our own enthusiasm does not signal generalized acceptance. Many in both realms—health and human rights—remain uninformed, skeptical or even hostile to the central ideas of the movement. In our experience, this reluctance or hesitancy appears to be driven largely by two factors: ignorance of the other field and a legacy of conflict. Of the two, lack of knowledge about human rights among health professionals, and about public health among human rights professionals, is the dominant problem. Fortunately, courses and training on health and human rights (graduate, continuing education, field level and even undergraduate) are springing up, and several books on the subject should be appearing soon. Education and dialogue are essential pre-requisites for an expanded understanding of health and human rights.

Third, the movement requires continued ferment, exploration and debate about key concepts and the applications of these concepts to practice. Public health and human rights are both applied activities, whose ultimate value will be in

their ability to improve well-being. The interplay—based on mutual respect—between theory and practice is exciting and absolutely essential.

Finally, public health and human rights share common values, which provide a sound basis for solidarity. And solidarity will be needed: to address the societal conditions, the abuses of human rights and dignity, which simultaneously violate our sense of what is right and which also constitute the root causes of vulnerability to preventable disease, disability and premature death.

Thus, while the detailed agenda of the 3rd International Conference necessarily awaits discussion, its overarching goals and contribution to the health and human rights movement can be anticipated. The next Conference must inspire, challenge and motivate as well as provide a forum for the expression of diverse ideas and experiences. To succeed, it must also bring in more people from the fields of human rights and health who do not yet understand, or are just starting to grasp the power and relevance of the health and human rights connection. Theory and practice must confront and challenge each other, in a spirit of mutual respect and tolerance. And taking full advantage of the possibilities best offered by personal and individualized contact, the 3rd Conference (like the first two) must foster solidarity. This will require additional efforts to make the conference truly international and to help build the networks which will increasingly characterize—and help shape—the future.

Ultimately, the value of the recent Conference, and the 3rd Conference in 1998, will depend on whether it can help to catalyze thought and action for a future world—healthier for all, more human, and more just.

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