

## HUMAN RIGHTS FROM A U.S. STATE HEALTH DEPARTMENT PERSPECTIVE

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**T**he mission of the Massachusetts Department of Public Health (MDPH)—to advance public health in a rapidly shrinking world—first awakened us to the link between human rights and public health. As a result, over the past several years, the MDPH has launched an initiative to focus on specific dimensions of human rights within the realm of our daily work. The MDPH is one of the first state health departments in the United States to explicitly incorporate human rights considerations into its working responsibilities. These efforts are set forth here to serve as a catalyst for broader collaborations nationwide.

### The Awakening

The MDPH human rights initiative arose in response to a practical public health need. As part of its broad public health responsibilities, the MDPH has always wrestled with the specific concerns of populations that are dealing with violence and sexual assault. We have constantly searched

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for new ways to generate effective prevention messages. In general, many communities still view violence, particularly intimate-partner violence, as either a private matter or not a problem at all. This challenge became especially acute for the MDPH in the late 1990's during the rapid growth of the immigrant population in Massachusetts. Immigrant women caught in situations of domestic abuse were often considered outsiders and therefore "someone else's problem." At times, even the most concerned practitioners viewed this particular public health challenge with a sense of resignation, seeing the violence perpetrated on those women as unfortunate but perhaps inevitable results of their male-dominated cultures.<sup>1</sup>

As statewide providers of treatment and prevention services, we were struck not only by the numbers of women who sought our help but also by their use of human rights language to describe their plight. Some even referred to specific violations of international human rights conventions as a basis for their demands for health and justice. To explore this further, the MDPH joined with local providers to begin an examination of the human rights framework to see if it could clarify and even recast public health approaches to the prevention of violence and sexual assault.

This search for better language and tools first led to a recognition and reaffirmation that violence prevention is the quintessential issue linking health and human rights concerns. Furthermore, it became clear that broadening our understanding of the fundamental connections between health and human rights was essential for better serving the public health needs of people in Massachusetts. This insight led to the MDPH's collaboration and initial training with the Women's Rights Network of the Wellesley Centers for Women, an organization that recently produced *Battered Mothers Speak Out: A Human Rights Report on Domestic Violence and Child Custody in the Massachusetts Family Courts*.<sup>2</sup>

### **The MDPH Human Rights Task Force**

In 1999, the MDPH established a Human Rights Task Force, primarily comprised of staff from the MDPH's Bureau

of Family and Community Health who specialize in violence prevention, family planning, and women's health. Soon afterward, professionals from other areas of the MDPH also joined the group. Senior management throughout the MDPH, especially the Commissioner's Office, supported the Task Force, which helped give it legitimacy throughout the agency.

Initially we found no formal curriculum available to address our specific concerns as state health officials. Hence, the Task Force began to ground its efforts by studying and examining key sections of the Universal Declaration of Human Rights (UDHR), particularly Article 1, which states: "All humans are born free and equal in rights and dignity."<sup>3,4</sup> Task Force members soon discovered that many of the fundamental tenets found in the UDHR and other key human rights documents directly applied to the daily work of public health professionals. For example, the language of the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR) directly resonates with the 1997 MDPH Mission Statement, which serves as a daily guide for the work of the Department.<sup>5</sup> Specifically, the "right of everyone to the highest attainable standard of physical and mental health" represents a primary human rights goal that directly overlaps with the MDPH's mission to "help all people reach their full potential for health."<sup>6</sup>

### **Applying Human Rights to Public Health Practice**

With further study, the Task Force grew to embrace the fundamental linkages between human rights and public health—the common focus for preventing human suffering. The MDPH has now committed to using a human rights lens to reassess and revisit its public health goals, with the intention of making this linkage explicit in a variety of ways. For example, monitoring outcomes in areas such as infant mortality, insurance programs for uninsured pregnant mothers (Healthy Start), and immunization programs are explicitly called for within the guidelines for reporting concerns detailed in Article 12 of the ICESCR.<sup>7</sup> Such efforts

have traditionally represented core activities for the MDPH, the country's oldest continuously operating state health department. In fact, through the years, the MDPH has been nationally recognized for mission-driven accomplishments in many other areas that could be considered pertinent to health and human rights. Such work has fostered progress both in prevention (such as reducing statewide rates of childhood lead poisoning) as well as in treatment (such as operating four state public health hospitals that care for severely disabled children and adults).

In the context of this rich history, the explicit articulation of human rights language in the public health work of violence prevention has now helped the MDPH better care for refugee and immigrant populations, particularly in the aftermath of 9/11. With much current political attention focused on balancing security and civil liberties, the responsibilities of public health professionals to care for these populations while protecting their human rights have taken on new meaning.

Two MDPH initiatives described below, both of which predate the Task Force, also help to solidify and reinforce our commitment to building an explicit linkage between public health and human rights.

### **The Massachusetts–South Africa Health Task Force**

The powerful relevance of human rights in the context of HIV/AIDS has had a direct impact on the work of the MDPH in circumstances unusual for a state health department. In 1997, William Weld, then-governor of Massachusetts, signed a sister state/province agreement between the Commonwealth of Massachusetts and the Eastern Cape Province of South Africa (home of former President Nelson Mandela). This agreement established a partnership to address areas of health, trade, and education that would be mutually beneficial to both regions. The MDPH subsequently established a Massachusetts–South Africa Health Task Force whose broad goal was to promote health collaborations relevant to addressing the HIV/AIDS epidemic. With the extraordinary guidance and support of South Africa Partners, the Massachusetts–South Africa

Health Task Force began an exchange among academic institutions, community-based organizations, and governmental agencies in both countries.<sup>8</sup> Many concrete partnerships have since been forged. For example, the formal signing of an agreement between the Masimanyane Women's Support Center of South Africa and the Codman Square Health Center in Boston, has allowed both groups to deal in a unified fashion with many health and human rights issues, including discrimination, immigration status, the rights of women, and improving access to health care. These partnerships have also strengthened opportunities for grant funding that should bring better planning and HIV-treatment services to communities in the Eastern Cape Province. Archbishop Desmond Tutu, a worldwide leader in human rights and chair of South Africa's historic Truth and Reconciliation Commission, recognized the work of the Massachusetts–South Africa Task Force in a visit to Boston in May 2002.<sup>9</sup>

### **The MDPH Diversity Council**

In the spirit of promoting the “highest attainable standard of health” and upholding dignity of its 3,000 employees, the MDPH created an internal Diversity Council in 2000. The express purpose was “creating a nurturing and inclusive environment for all MDPH employees.”<sup>10</sup> The Council, which is regularly chaired by the Commissioner of Public Health and/or the Director of Employee Programs, addresses diversity in all aspects of the organization's internal operations. Activities range from promoting diversity considerations in hiring policies to launching monthly employee forums that address health issues specific to people of different backgrounds, with special reference and attention to human rights. In follow-up surveys, MDPH employees have recognized the Diversity Council's vital role in improving employee morale and interpersonal relations, raising the level of dignity and respect for all staff, and contributing to the Department's growing commitment to human rights through emphasis in the workplace.

For future work, the MDPH Diversity Council has committed to an even more explicit promotion of a health

and human rights framework as a way of strengthening an inclusive work environment for all employees.

### **Participation at the National Level**

In January 2002, members of the MDPH Task Force participated in a two-day national workshop, held in Boston, to develop a curriculum on health and human rights for public health workers.<sup>11</sup> The workshop resulted from a joint initiative of the American Public Health Association (APHA) and the François-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health. During those two days, leaders from universities, health departments, health organizations, and professional groups engaged in a national strategic planning process. At the end of the workshop, participants agreed that to reach current and future public health workers, education in human rights should be included not only in schools of public health but also in a host of other workforce-development programs. In this spirit, the MDPH has begun a series of formal trainings for Task Force members and other interested staff. The MDPH has also offered to serve as a site to pilot new curricula in the future.

To continue the momentum begun in Boston, President Faye Wong hosted a special forum at APHA's November 2002 national meeting in Philadelphia that highlighted the results of the Boston workshop and included an overview of human rights activities at state health departments in Massachusetts and California. At this event and others, APHA distributed thousands of wallet-size cards describing its six "Principles on Public Health and Human Rights" and thereby provided practitioners with a handy and accessible reference tool.<sup>12</sup>

### **Future Challenges**

Integrating human rights in the work of a state health department can be exceedingly complex. While the MDPH has enjoyed some early successes, translating theory into action remains quite challenging. Many public health colleagues want to contribute to this area but find the concepts of human rights nebulous and perhaps overly idealistic, par-

ticularly in today's climate of fiscal downturns and budget cuts. Others, overwhelmed by the day-to-day operations of a state health department, are unwilling to go further without increased recognition or remuneration. Still others remain ambivalent about the field of health and human rights and do not see the relevance of these issues to their work.

In an effort to address these obstacles, the MDPH Task Force is conducting a formal needs-assessment survey to inform future training and priorities. To reach a representative cross section of its 3,000 employees, surveys are being conducted throughout all MDPH regional offices across the state. The survey will assess the level of interest in the links between human rights and health and identify areas of need. Data gathered from the survey's results will help formulate a plan for next steps. These and other efforts exemplify MDPH's commitment to broadening education throughout the Department and should culminate in a comprehensive strategy useful both to trainings and to the work of all MDPH staff.

A grounding in human rights has begun to make the MDPH a better public health agency. Yet the process of "mainstreaming human rights," a goal also of the United Nations, will require a basic paradigm shift and a sustained long-term commitment. In addition, U.S. public health practitioners need more concrete materials and tools to help them incorporate human rights approaches into their daily work in the trenches. For example, guidelines for including human rights principles into the design, implementation, and evaluation of public health programs could help health officials translate principles into action to improve the health and quality of life for all Americans.

The MDPH's efforts constitute only one small step. It is, however, hoped that our efforts will prompt similar initiatives in other states. With time and greater commitment, future public health practitioners in state health departments and elsewhere can begin to fulfill the promise first articulated in the UDHR more than half a century ago.<sup>13</sup>

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