

REVIEWS

PUBLIC HEALTH AND SOCIAL JUSTICE

Martin Donohoe
Jossey-Bass (October 2012)
ISBN: 111808814X
656 pages
\$60.00

Reviewed by Daniel R. George, PhD, MSc, and Peter J. Whitehouse, MD, PhD

Comedian Stephen Colbert, who plays a faux archconservative on the popular show *The Colbert Report*, has famously joked, “Reality has a well-known liberal bias.” So too might this clever turn of phrase apply to the field of public health, which has for centuries held as self-evident that if human suffering is to be reduced there must necessarily be greater attention and resources aimed at addressing the social injustices that disproportionately affect poor citizens. And indeed, in the last 300 years, the biggest gains in human health have occurred because advocates have successfully fought for improved infrastructure, the provision and protection of human rights, and the creation of economic, educational, and electoral opportunities, particularly for the poor and disenfranchised.

The very title of *Public Health and Social Justice*, a volume edited by Martin T. Donohoe, embraces the “liberal bias” of public health and uses it as a lens for understanding our modern predicament. As Donohoe, a medical doctor and activist, writes in the introduction, the book is motivated by a deep concern about modern neoliberal policies and practices that have, since the second half of the 20th century, reduced the role of government, deregulated labor and financial markets, strengthened corporate influence, chipped away at social safety nets and public services under the guise of “austerity measures,” created gaping disparities in income, and thereby contributed to the failure of governments to guarantee basic human rights of economic security independence and health for modern citizens. While the wealthy have certainly prospered in this neoliberal environment, social injustices have proliferated in the form of: widespread poverty; social and economic inequalities; homelessness; environmental degradation; racism, classism, and sexism; war and other forms of violence; and increasing corporate control over basic resources.

Donohoe’s *Public Health and Social Justice* sparks an essential cultural conversation by pulling together an array of peer-reviewed articles, newspaper articles, and personal essays from multidisciplinary contributors who thoughtfully examine the complexity of modern health and social challenges, articulate the problems, and explore (and incite) potential solutions. Its 40 provocative chapters cover a diverse range of topics, from human rights, economics, poverty, and healthcare to modern epidemics of obesity, smoking, and suicide, to women’s health, to environmental health and food security issues, war and violence, to the influence of cor-

porations on public health. Together, the chapters function as a collective exposé of the injustices that are actively diminishing human health and welfare in the early 21st century, and an entrée into the lives of those who are disenfranchised and least resilient to social determinants of poor health. Refreshingly, the volume focuses its final section on education and activism strategies that can mobilize groups around shared interests. The book further augments its value by offering supplemental social justice materials on a sister website (www.publichealthandsocialjustice.org).

This volume is aimed at health professionals, social justice activists, educators, progressives, and anyone else concerned about our current political and public health landscape. However, from its introduction onwards, it seems to be dog-whistling at a medical education audience. There is a strong insinuation that the past century of Western medical training, by decoupling public health from medicine, has weakened medicine's natural role as an advocate for the disenfranchised, and led to an era in which disease etiology is often attributed to a purely biological source. Such reductionism means medicine has gradually come to regard the neoliberal policies and practices that exacerbate social injustices and drive disease patterns at the population level as beyond its purview. The book's vision is for the development of healthcare professionals possessed of the ability to engage in systems thinking about public health, mobilize across disciplines with other colleagues and patients, and work with NGOs and political representatives to enact meaningful change on behalf of the world's poor and disenfranchised. Nineteenth-century Prussian physician and activist Rudolf Virchow, a founder of social medicine—a field predicated on the understanding that disease is never purely biological but influenced by social, cultural, and environmental factors—is aptly celebrated as an archetype of what future healthcare professionals should aspire to. One of Virchow's most famous aphorisms is that “doctors are natural attorneys for the poor,” and it is fair to say that *Public Health and Social Justice* is carrying forward this same torch nearly 150 years after Virchow.

While the book is a stirring call to arms, there are aspects that could be stronger. Stylistically, the fact that its contributions are pulled from diverse sources contributes to a multifaceted volume, but also leads

to chapters of varying length, format, and substance, which creates some unevenness. And while there is a charge to medical educators to re-integrate public health, environmental ethics, and human rights issues into medical training, there are no examples of what this might look like, what best practices are, what institutional obstacles exist and how to work around them. Moreover, the volume does a commendable job addressing environmental ethics; however, one would have liked to see more mention made of issues like hydraulic fracturing, or “fracking,” a timely phenomenon riven with many social justice issues from the volume (i.e., environmental exposures, exploitation of poor communities, corporate profit-seeking, etc.). Finally, while the section on education/activism is a well-conceived denouement, it would have been useful to include a chapter on how social media could help build the collective, collaborative, democratizing intelligence prescribed by this volume to address complex challenges of human health and welfare in the 21st century. As witnessed during the Arab Spring, tools such as Facebook and Twitter have actively contributed to the mobilization of suppressed populations, and this digital infrastructure should also be able to connect health professionals, patients, NGOs, and elected officials, and coordinate collective action/resistance.

Ultimately, this volume is more significant for its contributions than its omissions, and adds a proud chapter to the long humanitarian history of public health and its tireless quest to focus attention and resources on reducing the social injustices that affect the welfare of our most vulnerable citizens.

COLLECTIVE RIGHTS AND THE CULTURAL IDENTITY OF THE ROMA: A CASE STUDY OF ITALY

Claudia Tavani

Martinus Nijhoff Publishers (October 2012)

ISBN: 9789004206610

380 pages

\$233.00

Reviewed by FXB Researcher Margareta Matache, PhD

Collective rights and the cultural identity of the Roma: A case study of Italy introduces a model for the inclusion of the Roma, a minority group enduring widespread discrimination in Europe.

According to official data, Italy is home to approximately 120,000 Roma and Sinti, but only 60% of this group has Italian citizenship. Despite recognizing other ethnic and linguistic minorities, Italian law denies the Roma the status of a national or linguistic minority. Claudia Tavani argues throughout the book that protection of the Roma cannot be realized if initiatives are targeted exclusively within the limits of an equality and non-discrimination framework. Instead, she analyzes the situation of Roma people in Italy both in the framework of international laws and instruments and Italian national legislation, concluding that there is a crucial need for the protection of the collective right to cultural identity, which is meant to complement the existing individual rights framework.

In neglecting the diversity of the Roma, Italian authorities define the Roma population as “nomads” (nomadi), regardless of whether they are citizens or foreigners. This label disregards the fact that the vast majority of Roma are settled; as Tavani explains, many Roma living in so-called “nomad camps” have been settled for decades. Their non-nomadic nature is obvious to the organizations that have worked with the same families for years, and to authorities who register the birth of children. It is obvious to those working in schools who see Roma children’s continued attendance. Despite all this, the settlement locations are still considered nomad camps.

Tavani shows that in maintaining this “nomad” label, authorities endorse the creation of nomad camps, both legal and illegal. Thus, they institutionalize unjust processes under the control of the local authorities

and legitimize the marginalization of Roma, reinforcing the belief that “Gypsies must be kept apart from the general population, and the general population would do best to keep their distance from them.”¹

The author brings the connection between individual and collective rights closer, showing that these two sets of rights do not conflict with but rather reinforce one another. Tavani persuasively explains how certain harmful practices, present at the level of some traditional communities and groups, are the main elements that impede the debate on cultural rights. She believes that there are ways to address those issues, and that there is also a strong need to enforce the other elements of cultural identity.

The book aptly concludes that “[u]nless something is done as a matter of urgency to end discrimination against the Roma and to protect their cultural identity, there exists the risk that Roma culture will disappear under the pressure for acceptance by the majority society.”

1. N. Solimano and T. Mori, “A Roma ghetto in Florence,” UNESCO Courier, June 2000, quoted by Claudia Tavani, p. 195.

**COMPENDIUM OF JUDGMENTS: JUDICIAL
DIALOGUE ON HIV, HUMAN RIGHTS AND THE
LAW IN ASIA AND THE PACIFIC**

Brian Citro, Tenu Avafia, Tania Martins Fidalgo
United Nations Development Programme,
Bureau for Development Policy, HIV, Health &
Development Group
(New York: UNDP, 2013)
124 pages
Freely available online.

*Reviewed by HHR contributor Prem Misir, PhD,
MPH*

This new compendium from the United Nations Development Programme (UNDP) is an effort to support lawyers' and judges' understanding of how the law is applied to protect human rights. Compiling the proceedings from the Judicial Dialogue on HIV, Human Rights and the Law in Asia and the Pacific, which was held in Bangkok on June 2-4, 2013, the text builds on the UNDP's July 2012 publication, *Global Commission on HIV and the Law: Risk, Rights & Health*.

Expressing confidence in the growing effectiveness of the judiciary's response to HIV challenges, the author note that members of the judiciary play a key role in protecting the rights of people living with HIV. The compendium focuses on a range of HIV-related issues including: non-discrimination in employment, health care, and other settings; access to medicines; same-sex relations; transgender persons' rights; sex workers' rights; drug users' rights; prisoners and detainees' rights; laws against transmission, exposure, and non-disclosure; discrimination against sexual orientation; and issues of privacy and confidentiality, including unwilling participation in testing. Various case studies are presented. One example is summarized here:

In 2012, an auxiliary nurse complained to the High Court of Lagos State, Nigeria that she was terminated from a medical center on the basis of her HIV status. While the nurse was an employee at the medical center, she became pregnant and contracted a skin disorder. At her request, doctors administered tests but failed to disclose the nature of the testing or the results. She was placed on leave and sent to a hospital, which also administered tests without explanation. The nurse was subsequently advised that she had tested positive for HIV. She was not provided with

any pre- or post-test counseling services. The nurse was then terminated from her position at the medical center on the grounds of public safety. The High Court ruled that the termination was discriminatory and unlawful; the medical center and the doctor's failure to obtain informed consent before administering the HIV test amounted to battery; the nurse was legally required to receive pre- and post-test counseling services; and denial of care on the basis of her HIV-positive status was a violation of her right to health. The court ordered the medical center and the doctor to compensate the nurse 5 million naira for unlawful termination and 2 million naira for negligence and failure to obtain informed consent before administering the HIV test.

This compendium of judgments comes at a critical time, as stigma remains a major challenge to people living with HIV and to key populations seeking access to prevention, treatment, care, and support. While the case studies in the text show a favorable trajectory toward greater support for persons with HIV, there are limitations to the power that the judiciary wields in providing an enabling human rights environment and challenging stigma and discrimination on HIV-related issues. The judiciary is only one factor in the behavior change equation. While the court rulings in this compendium are critical in impacting behavior change toward people living with HIV and AIDS, they are not often disseminated beyond the courts to the HIV workers and communities that need them. Effective dissemination of court judgments would further strengthen the human rights environment for people living with HIV/AIDS.

RECENT HEALTH AND HUMAN RIGHTS LITERATURE

DISABILITY AND UNIVERSAL HUMAN RIGHTS: LEGAL, ETHICAL, AND CONCEPTUAL IMPLICATIONS OF THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Edited by Joel Anderson and Jos Philips
Utrecht University (October 2012)
ISBN: 9789039358634
194 pages
Freely available online.

Reviewed by HHR editorial assistant Krista Oehlke

As editors Joel Anderson and Jos Philips bring into focus in this new volume, the 2008 UN Convention on the Rights of Persons with Disabilities (CRPD) created a paradigm shift for human rights – clarifying State obligations for people with disabilities, reinforcing their positive rights, and broadening understandings of discrimination. In this three-part book, philosophers, lawyers, and social scientists address this shift through an interdisciplinary lens: a lively discussion that considers many aspects of the CRPD and its widespread implications for human rights.

The book begins with essays that set the background and context of the CRPD, tracing its historical development and spirit, while essays in the second section explore the Convention’s transformative aspects. An ethics-focused critique reframes disability as “a fundamental part of the human diversity,” while an additional view sets forth that the Convention “contains a richer concept of discrimination than had been used before.” The book concludes with scholarship that confronts issues of priority setting that may arise in relation to the CRPD.

Policymakers and practitioners in the disability and human rights movements will appreciate original research and analysis of the Convention, including detailed analysis of its guidance on the rights of people with disabilities in the context of voting and sports. Written by a multidisciplinary research group, *Disability and Universal Human Rights* will have practical appeal and value to a diverse audience.

THE HUMAN RIGHT TO WATER: SIGNIFICANCE, LEGAL STATUS AND IMPLICATIONS

Inga T. Winkler
Hart Publishing (June 2012)
ISBN: 9781849462839
376 pages
\$104.00

Reviewed HHR editorial assistant Krista Oehlke

Inga T. Winkler’s new text on the right to water explains the legal status and implications of the right to water and recommends actions that States must take toward operationalizing the right. Winkler’s comprehensive legal scholarship emphasizes that understanding water as a human right is crucially important to the public health sector and environmental sectors. The author posits that a rights-based perspective can play an essential role in safeguarding everyone’s access to clean, affordable water, without discrimination, as well as clarifying the accountability of State actors. She debunks the belief that lack of access to water is due to scarcity and instead frames the global water crisis as a political issue rooted in power, poverty, and inequality.

Winkler evaluates water availability and competing demands from different sectors before examining the legal foundations of the human right to water, including human rights treaties and customary international law. After an analysis of sectors that use water, Winkler employs a systematic framework with which to inform the basis of setting priorities for allocation. Winkler’s rights-based analysis considers various levels of realization of human rights, including “the survival level, the core level, and the level of full realization of human rights.”

As Winkler puts it, “the right to water has the potential to empower people.” Fundamentally, a human rights perspective pivotally transforms “basic needs” into “legitimate claims.” In the book’s foreword, Catarina de Albuquerque, Special Rapporteur on the human right to safe drinking water and sanitation, describes Winkler’s work as a “significant” contribution to the field to further operationalize economic, social, and cultural rights. The Special Rapporteur states that the book is timely as the right to water is “still in the process of finding its place in State’s constitutions and legal frameworks.”

THE STATE OF ECONOMIC AND SOCIAL HUMAN RIGHTS: A GLOBAL OVERVIEW

Lanse Minkler (ed.)
 Cambridge University Press (January 2013)
 ISBN 9781107609136
 408 pages
 \$36.99

Reviewed by HHR editorial assistant Kathy Wang

In *The State of Economic and Social Human Rights*, Minkler draws on the insight of scholars in economics, law, sociology, anthropology, and political science to explore core economic and social human rights. He identifies the “obstacles that prevent governments from fulfilling their obligations” by looking at the performance of countries throughout the world.

The chapters span a wide range of economic and social rights topics, identifying core rights, non-discrimination rights issues, and a new category of “meta” rights. The right to health is included as a core right. In this chapter, authors Audrey Chapman and Salil Benegal explain the effects of globalization and subsequent development on the realization of the right to health. They point to international documents such as the UDHR and CESCR that enumerate such a right, and analyze the health trends, impact on health systems, and social health determinants that are all impacted by globalization. The book’s conclusion interrogates social and economic rights and provides rebuttals.

The neoliberal basis of globalization and economic reform has contributed to a very different landscape for economic and social rights. The book’s authors emphasize the importance of considering the growing number of human rights actors and agents. Minkler concludes that human rights should not be considered different from “other fundamental moral and political values,” and that international human rights law and the international community must work to realize these rights.

HEALTH AND HUMAN RIGHTS IN EUROPE

Brigit Toebes, Mette Hartlev, Aart Hendriks, and Janne R. Herrmann (eds.)
 Intersentia (April 2012)
 ISBN: 9789800001510
 310 pages
 \$97.00

Reviewed by HHR editorial assistant Kathy Wang

The editors of *Health and Human Rights in Europe* provides legal arguments and frameworks for applying human rights law to various health issues, addressing the idea of “health and human rights” from international, European, and national public health and legal perspectives. This broad analysis of health and human rights focuses on European-specific examples, the meaning of health-related rights and bio-ethical implications, health inequalities in vulnerable European populations, and the scope of European considerations for the right to health.

By applying the right to health to specific health issues, such as reproductive health, physician-assisted suicide, children’s health, and the rights of people with disabilities, the editors demonstrate health and human rights issues and laws in practice. The legal grounding of health rights in international bodies, the European Union, and domestic law also demonstrates the universal nature of these rights. In linking the right to health to medical and health law, public health, and patients’ rights, contributors to this volume provide further evidence for the cross-cutting importance of these issues. The history of human rights and rights-based theoretical frameworks inform the case studies throughout the book.

Inclusion of legal detail about human rights, and extensive referencing, enhances this book’s usefulness for law and policy makers. Public health practitioners will also find it an interesting and informative read with a solid legal foundation.