

THE OPENING OF A DIALOGUE

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If the right to life is the most basic of all human rights, it follows that the right to health and health care are fundamental rights. To die because you are denied medicine, clean water or adequate nutrition is just as much a violation of your right to life as it is to die from a death squad bullet.

Yet the right to health and health care has not been a high priority for human rights activists. Despite the rhetoric of the indivisibility of all human rights, there has—understandably perhaps—been a distinct emphasis in the human rights movement on such violations as torture, extrajudicial executions, disappearances, and political imprisonment. Only recently, and under strong pressures from southern-based human rights advocates, have northern-based human rights organizations begun to acknowledge the importance of social and economic rights, such as the right to health. From the other side, the medical and health care professions have not been quick to recognize human rights discourse as central to their concerns.

This is why the inauguration of the François-Xavier Bagnoud Center for Health and Human Rights in January, 1993, the launching of this journal, *Health and Human Rights*, in September 1994,

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and the holding of the First International Conference on Health and Human Rights that same month, have been path-breaking efforts. Mutually reinforcing, these three initiatives have begun to remove the barriers that have separated human rights workers from health care professionals.

There was an energy and excitement at the conference, generated by the convergence of two communities, discovering that they shared common concerns, even if they approached them from different directions and used different language to describe them. Panels were wide-ranging, addressing such topics as rights violations and their health impact; the impact of health policies, programs, and practices on rights and dignity; discrimination, dignity, and health; health and human rights in time of conflict; and the fundamental interdependence between human rights and women's health.

Doctors and lawyers exchanged experiences, and sometimes locked horns on whether there was a right, even an imperative, of humanitarian intervention in such genocidal conflicts as Rwanda or the former Yugoslavia; human rights and health advocates grappled with the most effective strategies for combating HIV/AIDS while at the same time safeguarding the rights of those infected with the virus. And when Jonathan Mann categorically asserted that male-dominated society is harmful to public health, he generated thunderous applause from both health and human rights advocates.

The involvement of health professionals in human rights issues is not, of course, entirely new. In the darkest days of the Pinochet Junta, the Chilean Medical Association was courageous in speaking out against torture. We have had Pakistani doctors who have refused to carry out amputations imposed as sentences under Shaira law. The American Medical Association, in its 1992 Code of Medical Ethics, has unequivocally stated that physicians, dedicated to health and comfort of the sick, should not participate in capital punishment. Physicians for Human Rights has been mobilizing and educating physicians about human rights for nearly a decade. Médecins sans Frontières and Médecins du Monde, groups that have flown medical personnel into emergency situations, have also documented human rights violations. During the Cold War period, Eastern psychiatrists denounced the practice of incarcerating political dissidents in Soviet psychiatric institutions. And forensic scientists have developed stan-

dards for autopsies when people in police custody have died under suspicious circumstances, and used their skills to disinter mass graves in order to identify the “disappeared” in Argentina, the Philippines, and El Salvador.

These examples notwithstanding, there has been a strong conservatism in the health profession. After all, doctors—like lawyers—are part of the elites in their societies and many have no desire to challenge established authority. Equally significant, medical associations and medical practitioners have made naive assertions that health care or medicine should be kept out of politics.

Thus, the white South African Medical Association did little to expose or oppose the egregious health rights violations of the apartheid system. Thus, there was initially strong resistance with the World Psychiatric Association against the campaign to expel the Soviet Psychiatric Association for the abuse of psychiatry. As recently as October 1994, the Pan African Health Organization, in preparing a draft declaration of the PAHO Conference on Society, Violence and Health, initially omitted any reference to torture and the importance of providing rehabilitation services to survivors of torture. Only after sustained lobbying by human rights and health rights advocates was the text changed to incorporate these concerns.

The spread of HIV/AIDS, more than any other single issue, catapulted health into the human rights arena. Although it took time to convince the World Health Organization that the pandemic could not be fought simply with drugs, let alone with quarantines or compulsory testing, eventually the message sank in: that the fight against HIV/AIDS required education, and it required that the rights of those infected with the virus be respected and protected.

The First International Conference on Health and Human Rights advanced the discourse even farther. It demonstrated that when we talk about the intersection of health and human rights, we are not talking only about the dramatics of human rights and health such as torture or the AIDS pandemic. Such phenomena will, of course, remain center-stage. But we must also talk more mundanely about how health and human rights intersect.

Jonathan Mann has proposed three concrete relationships that require investigation: first, the potential impact of health policies and programs on human rights; second, the health im-

pact of human rights violations; and third, how the protection and promotion of health is inextricably linked to the protection and promotion of human rights. The conference, by bringing together the health and human rights communities, has opened the way for interdisciplinary discourse that will broaden our understanding and awareness of these linkages.

The objectives of the conference were to permit human rights and health advocates to begin the process of sharing experiences; to stimulate the creation of collaborative networks for research, education, communication and advocacy; and to strengthen international solidarity among people working in health and human rights.

If we believe what the 1993 Declaration of the Vienna World Conference on Human Rights affirmed—that human rights are indivisible and universal, that economic, social and cultural rights are as important as civil and political rights—then we can only applaud the efforts of the François-Xavier Bagnoud Center—and the First International Conference on Health and Human Rights—in helping advance that position. The work, of course, is only the beginning. But a dialogue has begun, networks are forming, and solidarity will be forged. It was an honor to be present at the launching of the process.