

# HEALTH AND HUMAN RIGHTS: AN INTERNATIONAL CRUSADE

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The concepts of human rights and health are not alien to any nation that has endeavored to free itself of political oppression, sometimes at extremely high costs, while striving to provide medical services to its populace. Within free nations, however, the degree of individual freedom is extremely variable. At one extreme, there are countries in which individuals have very limited abilities to exercise their freedom; they may even be unaware of the basic human rights they have and from whom they can claim them. In states in which such situations prevail, structures to protect human rights are narrowly defined and inaccessible to most. At the other end of this continuum are nations whose citizens have knowledge and a high degree of enjoyment of their basic rights, with structures in place to intervene in, or at least monitor, cases where individual rights are violated. A majority of the world's developing countries fall at the lower end of this continuum and it will take international cooperation to improve this situation.

The intricate relationship between health and human rights embraces not only civil and political rights but—perhaps first and foremost—the right to health. This right is relentlessly threatened by economic, geopolitical and social inequities. It takes an educated nation, or at least a nation with an adequate communications infrastructure, to get the information individuals need to articulate, exercise and enjoy the right to health.

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In the majority of developing countries, adequate housing, clothing and food, clean water, good sanitation, a clean environment and adequate medical facilities are not available. In addition, international terms of trade, which favor advanced nations; national budgeting that is frequently dominated by military spending; and, to some extent, mismanagement of funds all conspire against the desired achievement of health and human rights.

We all appreciate that health and human rights are inextricably interrelated. This journal and, indeed, the first International Conference on Health and Human Rights are both invaluable steps towards making the two disciplines appreciate their complementarity while initiating a very important discourse on a subject vital to the health of our nations. These efforts should be heartily applauded. However, we need to heighten the level of awareness beyond circles in which it already exists. Those who make decisions nationally and internationally must receive the message.

Yet we also know that cultural relativism, religious differences and sovereignty of states—all important concepts in their own right—have been used to deny rights to the same people on which nations base such sovereignty. There is comfort in failing to challenge the status quo. By embroidering themselves in constitutional constraints, international organizations often render themselves ineffective at a time when they are needed. We need to combine our current efforts with advocacy. This advocacy should be anchored in respective nations and converge at the international level.

This journal may assist in creating a base that will inform us of—among other things—where each nation is on this continuum towards full achievement of human rights and health, and what the constraining factors are as articulated by people in situ. From these factual national positions will arise solutions which will gravitate towards universal solutions, and approaches which are sensitive to national differences.

The sight of a sick patient, dehydrated, without medical assistance, waiting for the outcome of an AIDS test which, once confirmed positive, will result in the patient's discharge; of teenagers denied contraceptives who sometimes die due to complications of illegal abortions, or sometimes go to jail; of nurses who ignore or abuse patients who want to "seem" knowledge-

able of their rights; of medical doctors who go unpunished despite having sewn up instruments inside patients with subsequent deaths, or having experimented with patients to the point of killing them; these scenarios are all too common in a number of our developing countries.

The economies of most developing countries cannot sustain adequate medical staffs to meet the demand for health services. The few medical staff who can be retained are so valuable that the system cannot conceive of disciplining them for substandard practices. In many cases, qualified, dedicated medical professionals are frustrated by long hours of work for meager salaries. Patients are too scared to make any noise, lest they cut themselves off from the opportunity for medical care in the future. To the extent that resources remain this limited in our developing countries, it will be extremely difficult to achieve health and human rights for all. But let us continue our dialogue; it has identified some extremely serious gaps and will take us steps further.