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## CRITICAL CONCEPTS: FROM THE EDITOR

This year, which marks the 60<sup>th</sup> anniversary of the Universal Declaration of Human Rights (UDHR), is a fitting time to take stock of how far the human rights movement has come and of the challenges that lie ahead. Human rights is now the dominant language for claims of human emancipation around the world; human rights theory and practice have permeated many domains beyond the law, including health. Still, the landscape of global health is marked by vast inequities and brutal deprivation, and it is not yet clear how bringing human rights concepts and strategies to bear will change the lives of the millions of people who are suffering.

We hope that this journal can begin to answer some of these questions. We, the editors, believe that human rights provides not the only, but one, critical framework and set of tools through which to advance social justice in health. In this Critical Concepts section, as well as throughout the journal, we hope to explore with you, our readers, the implications of adopting human rights frameworks relating to health — for planners, programmers and service providers; for activists and advocates; for researchers and professors; and for the diverse people whose lives are intimately affected. Further, *critical concepts* imply critical thinking, not just about the fields of medicine and public health, but also about human rights — about the limitations as well as the strengths of using human rights frameworks to improve national and global health.

This journal's focus on praxis does not mean we are not serious about scholarship. We see reflective activism and engaged scholarship as inextricably linked. The way we think about what rights frameworks require will determine what we do with them in practice. How we come to understand rights approaches will likely determine if and how they are relevant, not just to laws and policies, but also to both the nitty-gritty questions of programming and service delivery, and the impetus underlying social mobilization. At the same time, our concepts must be fed by grounded experience with how the world really works.

Our collective diversity — readers and contributors who come from multiple fields and bridge academia and activism — greatly enhances the potential for us to promote meaningful changes on the ground. Yet it also poses challenges. At times we adopt the use of terms relating to human rights without a shared understanding of what those terms mean. “Rights” have many faces. They are legal norms; they are moral tenets; they are programmatic principles; they are political claims of identity for certain groups, such as indigenous peoples and gay, lesbian, bisexual, and transgender people. Even on the editorial team, we are lawyers, doctors, social scientists, and activists, and we deploy rights language in myriad ways, which sometimes, but not always, coincide. As is often the case, such different voices can lead to a cacophony if the messages are not clarified. It is our hope that the ongoing dialogues presented in this journal will help to clarify terms so that all those interested in the ways that human rights intersect with health can ultimately have more effective discussions and, in turn, move a progressive agenda forward.

In creating an inclusive forum for those conversations, we will inevitably depart from certain conventions that generally apply to journals directed to more homogenous audiences; listening effectively to one another requires understanding that scholarship and activism differ among fields. Activism in the law, for example, can mean filing a brief; translation from theory to practice can mean moving discussion from policy to program; and normative truths can be derived from telling people's stories. In contrast, activism in public health generally takes place beyond the legal arena; translation from theory to practice shifts focus from program design to project implementation; and establishing truths requires empirical evidence.

In the Critical Concepts section we seek articles from authors of all backgrounds and disciplines that explore the conceptual and practical consequences of adopting rights approaches and frameworks in different settings — for example, research, advocacy, policy-making, programming, and service delivery. We welcome contributions from fields that are essential to thinking about promoting social change and collective action in public health and human rights, including history, political economy, communications theory, psychology, economics, social network theory, sociology, and anthropology. In addition to signaling important points of consensus about the

value and implications of rights, we are eager to include pieces that highlight the implications that differing understandings of critical concepts can have in practice.

As section editor, I welcome your feedback as to the content of the articles, as well as their relevance to your work as health practitioners, researchers, human rights activists, and scholars. Indeed, my hope is that you and your fellow readers will be co-participants in proposing, clarifying, and developing the critical concepts, by submitting articles to this section and contributing to the interactive features of the journal, as well as, of course, by incorporating these concepts into your own work.

I had the great privilege of studying with both Jonathan Mann and Sofia Gruskin — collectively the editors of this journal for the first nine volumes — when, as a human rights lawyer, I was beginning to think seriously about what applying rights in the health domain might mean, both in theory and in my own human rights activism in practice. It is an enormous honor for me now to be able to help carry forward many of the conversations that have already been started in these pages over the years.

Together, with all of you, we can make this journal a point of reference for people around the world concerned with bringing more social justice to health.

Alicia Ely Yamin