Editorial

Human Rights and the New Public Health

The exciting and rapidly advancing dialogue between health and human rights is helping to define more clearly the challenges and perspectives of a new approach to public health.

Public health has a complex intellectual and operational history, within which there is a long and respected tradition of understanding health as linked with various social realities, expressed or analyzed through occupation, socioeconomic or class structure, or political economy. Yet in recent times, public health (herein labelled for simplicity as "traditional") has overemphasized the biomedical aspect of its heritage. Indeed, to a surprising extent, many people, including public health professionals, still confuse medical care with health. In fact, when analyzing health, the evidence is abundant and clear: "societal factors" are the major determinants of health status. Nevertheless, the combined influence of biomedicine, interest in technology and uncertainty about how to identify or respond to "societal factors" has led traditional public health to function within a paradigm that considers disease to be a dynamic event occurring within a basically static or fixed society. This view of disease as external, invading societies which would presumably otherwise enjoy good health, frames a problem such as cancer in the following terms: "We have a cancer problem; now what can we do about it, within the given— the existing social system?" Inevitably, this framing and definition of the problem leads to a focus on individual behavior. Individual behavior is implicitly assumed to be largely a matter of choice. In turn, the major public health effort is then directed toward creating programs to help change individual behavior, without addressing, or even knowing how to address, the societal issues which frame and create environments of risk for cancer. By providing information and a range of health services

directed towards individuals (clinics, educational programs) traditional public health tries heroically to compensate for the enormous health impact of society. Therefore, in a predictable manner, whether addressing sexually transmitted infections, injuries, heart disease or cancer, these public health efforts will have major benefits for a few, some benefit for some, and yet provide little help to many, or perhaps most, people. For example, in the United States, who derives the most benefit from public campaigns to reduce cardiovascular disease risk by changing diet, increasing recreational exercise, and stopping cigarette smoking?

Finally, the framing of public health problems as "dynamic diseases within a status quo society" leads public health professionals away from societal analysis, let alone confrontation. Thus, to explain weak political commitment to public health in general, or towards a specific health issue (breast cancer, AIDS, domestic violence), public health officials comfort themselves with the illusion that if only the decision-makers knew more about the problem, they would immediately re-prioritize and give much greater attention and support for public health efforts.

In contrast, the new public health sees both society and disease as dynamic and inextricably linked. Thus, to respond effectively to disease requires societal action. The new public health recognizes that the positive impact of traditional public health work will be inherently limited and inadequate without a commitment to changing societal conditions which constrain health and create vulnerability to preventable disease, disability and premature death.

This is the precise point where the human rights framework becomes critical. The mandate of public health is to "assure the conditions in which people can be healthy."[1] That these essential, underlying conditions are societal is clear, but how can they best be systematically identified and analyzed?

We have proposed that the human rights framework describes the essential preconditions for health better than any conceptual model or analysis thus far proposed from within biomedicine or public health.[2] We suggest that a society in which human rights are promoted and protected, and in which human dignity is respected is a healthy society; that is, a society in which people can best achieve physical, mental and social well-being. Obviously, people living in a society respectful of human rights will still suffer illness, disability and premature death; epidem-

ics will still occur, and while human suffering can be reduced, it will not be eliminated. Nevertheless, within its material and resource capabilities, the people living in such a society will enjoy the "highest attainable standard of health."[3]

Therefore, the human rights framework is indispensable both for analyzing the central societal issues which must be confronted and for guiding the direction of the societal transformation needed to promote and protect health.

In practical terms, a human rights analysis can disaggregate a seemingly overwhelming problem into many component parts capable of being acted upon. For example, it is clear that the unequal role and status of women increases their vulnerability to disease, disability and premature death. How can this be addressed concretely? The first step is to identify any specific human rights which are being systematically violated, such as the rights of women to education and to nondiscrimination in education. Increasing women's access to education is one well-recognized pathway to improving women's status in society. Yet in addition, increased educational attainment of women will have an enormously positive impact on the health of women and entire communities (even the World Bank has acknowledged this connection!). The next logical step is community action: to make more schooling more accessible to girls. Every community knows how to make this happen once it has decided to do so. Framing the issue in human rights terms is important. There is a vital, societal, legal and personal difference between saying, "I would certainly appreciate a chance to be educated" or "if you think it is all right, it would be nice if I could go to school" compared with "I am human - I have a right to education!"

However, if for some reason this particular target - of increased educational attainment for girls - is not the best approach today, another right can be selected for action: such as the right to information, or the right to equal status before the law, or to equal rights after divorce. For improvement of any aspect of women's human rights will make a solid, incremental, expanding contribution to improving women's status and therefore to women's health.

Public health faces difficult obstacles in responding to the insight that the status of respect for human rights and dignity defines and determines, to a remarkable extent, who shall be ill and who shall be well, who will live and who will die, at what

age, of what conditions, and under what circumstances.

First, while the strength (and weakness) of traditional public health is that it develops its programs, activities and services within the existing societal framework, those with power will likely resist the public health/human rights analysis and its implications. Societies may well wish to avoid confronting root causes requiring societal transformation, in favor of addressing only the surface expressions of these causes—specific diseases and conditions.

Resistance to the human rights analysis will also come from within public health. For the traditional public health approach offers many secondary benefits to public health professionals. For example, the traditional analysis positions health experts to define and "own" the problem, whether it be AIDS, domestic violence or cancer. In contrast, a human rights approach implies collective "ownership" with full and active involvement of many sectors, as well as those institutions and individuals working to promote respect for human rights and dignity. Thus, in traditional public health, one vision of an ideal intervention consists of a program in which people would be passively protected, such as fluoridation of drinking water to prevent dental caries or automatic seat-belts in automobiles. While respecting the potential efficacy of this approach for some problems, to confront the major health problems of the modern world, a new public health would require intense and ongoing public and personal participation, rather than an "engineered" solution.

In addition, the relationship between public health officials and the public and political process is complex. Public health professionals are trained and expected by society to perform certain tasks, using well-developed analytic methods and operational approaches. A dramatic reframing of the public health problem—from a specific disease or problem to the respect actually granted to rights and dignity of the most vulnerable in society—may appear to public health practitioners as a dilution of their "specificity" or a weakening of their position. Finally, and importantly, public health professionals are generally unfamiliar with the concepts, documents, institutions and practices of modern human rights.

To strengthen the new public health, in which both societal root causes and their surface manifestations are addressed, will not be easy. But it offers something that traditional public health

now so desperately lacks: a sense of coherence and common purpose. The linkage with human rights offers a promise of revitalization for a public health which has, in some ways, lost its bearings. For while expanding enormously its scientific capacity to measure, public health may have lost clarity about why it is measuring, and to what purpose? To put it in the jargon of the profession, we spend too much time on "p" values and not enough time on values. By joining health expertise and knowledge with modern human rights thinking and action, it will become possible to attack simultaneously the societal root causes and the pathological expressions of these causes in specific terms of ill-health, disability and premature death. This could provide a strategic coherence to public health work which is currently lacking, and help us find ways to link, at a higher level of common interest, diverse health issues such as breast cancer, child abuse, violence, heart disease, sexually transmitted diseases, drug use and injuries.

We in public health cannot do it alone. This Journal, along with the first and the upcoming second International Conference on Health and Human Rights (October 1996), the rapidly growing number of seminars and courses for public health professionals, newly available documents and materials and the increasingly voiced curiosity and interest in "health and human rights" are all part of this renaissance of public health. These are the early days of a new approach: despite enormous challenges, the partnership of human rights and health has an excellent and exciting start.

Jonathan Mann, Editor

References

1. Institute of Medicine, *Future of Public Health,* (Washington DC: National Academy Press, 1988).
2. J.M. Mann, L. Gostin, S. Gruskin, T. Brennan, Z. Lazzarini and H.V. Fineberg, "Health and Human Rights," *Health and Human Rights* 1, (1994).
3. This phrase appears in many important documents, including the preamble to the Constitution of the World Health Organization and the International Covenant on Economic, Social and Cultural Rights.