

Mainstreaming Social Justice

Human Rights and Public Health

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ABSTRACT

Our interest in a human rights and health discourse emerges from our efforts as social scientists to bring a meaningful social justice perspective to the realm of public health. In Canada, as in many countries, “health” is still firmly within the domain of the biomedical and the clinical. While considerable effort has been made to include more social, economic, and cultural perspectives, efforts to frame these issues as political phenomena have tended to be polarized into either a rich body of theoretical literature or case studies of interventions which have in varying degrees incorporated a social justice approach. What is still missing is a framework of discourse that allows various concepts of social justice to inform policy, intervention strategies, evaluation and evidence-based measures of effectiveness. This commentary examines the human rights discourse as conceptual space from which to build this framework.

MeSH terms: Social justice; human rights; public health

RÉSUMÉ

L'intérêt que suscite le discours sur les droits humains et la santé chez les spécialistes des sciences sociales découle de nos efforts pour communiquer concrètement une perspective de justice sociale dans le domaine de la santé publique. Au Canada comme dans de nombreux pays, « la santé » est encore étroitement associée au domaine biomédical et clinique. Il y a eu des efforts considérables pour aborder la santé selon une perspective sociale, économique et culturelle, mais les tentatives pour voir dans la santé un phénomène politique ont tendance à se diviser en deux camps : d'une part, la somme considérable d'écrits théoriques, et de l'autre, les études de cas axées sur des mesures d'intervention incorporant à des degrés divers une approche de justice sociale. Il manque encore un cadre qui permettrait aux diverses notions du discours sur la justice sociale d'enrichir les politiques, les stratégies d'intervention, l'évaluation et les mesures de l'efficacité fondées sur les résultats. Dans la présente étude, nous examinons le discours sur les droits humains en tant qu'espace notionnel à partir duquel élaborer un tel cadre.

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As social scientists working in the field of community-based health promotion, we are perplexed by the lack of debate in Canada surrounding the human rights approach to health. Not only are we hard pressed to find a flicker of interest in the medical establishment, but many of our social justice and health champions are silent on the matter. Given Canada's international prominence in the field of health promotion, one would expect a healthy exchange of views on the validity of a human rights and health model. Is it, as Mann suggests, simply a case of most health professionals being unaware of the key concepts?¹ Or is it, as Hussain would have it, that the medical community is not ready to examine its own complicity in the suppression of human rights and freedoms?²

The human rights and health discourse is not a completely new perspective on health protection and promotion. Nor is it the only one to advocate a social justice approach to health and well-being. Many of the concepts have been central to other health “movements” which have sought to deal with the concept of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.³ In Canada, and elsewhere, these ideas were originally formulated in *Achieving Health for All: A Framework for Health Promotion*⁴ and finds their best expression in *The Ottawa Charter*.³ Based on the principles of empowerment and community participation, the health promotion movement was, at the time, described by some as “revolutionary”.⁵ Similarly, the human rights and health discourse is not the first to recognize the importance of the conditions in which people can be healthy. Many countries have incorporated a population, or determinants of health perspective in their public health discourse. These determinants include biomedical and lifestyle factors as well as socio-economic, political and cultural influences. For us, the value of a human rights and health perspective lies in its potential as a framework within which the social change orientation of health promotion can engage the more deterministic population health model. In so doing, it actively promotes a multidisciplinary conversation that explicitly brings the language of health and medicine face to face with the language of power and social inequality.

The idea of a “right to health” was first articulated in the *Universal Declaration of Human Rights* (1948), Article 25.⁶

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself (sic) and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

The 1978 *Declaration of Alma Ata* was even more forceful in its delineation of the right to health:

Health, which is a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the actions of many other social and economic sectors in addition to the health sector.⁷

The language of the right to health is perhaps most thoroughly articulated in the *Comments on the International Covenant on Economic, Social and Cultural Rights* (2000) and includes a recognition that:

The right to health is closely related to and dependent upon the realization of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement. These and other rights and freedoms address integral components of the right to health.⁸

The impetus behind the emerging health and human rights discourse came from the late Dr. Jonathan Mann, the first Chief of WHO's AIDS program, and subsequent François-Xavier Bagnoud Professor of Health and Human Rights and Professor of Epidemiology and International Health at the Harvard School of Public Health. Mann was passionate in his belief that a human rights/public health model could become a global movement to promote social justice and secure the conditions in

which people could be healthy. Mann's work is premised on the hypothesis that,

Given that the major determinants of health status are societal in nature, it seems evident that ... modern human rights, arising entirely outside the health domain, and seeking to articulate the societal level preconditions for human well-being, seems a more useful framework, vocabulary and template for public health efforts to analyze and respond directly to the societal determinants of health than any framework inherited from the past biomedical or public health tradition.⁹

Mann's tragic death cut short the further development of his framework. In his last article, he argues that public health has to move away from its focus on disease and individual behaviour, and reorient itself around the reality that the major determinants of health are societal in nature. Mann's work has been enthusiastically responded to by researchers around the world. Interestingly, and as evidenced by the range of articles in the journal *Health and Human Rights*, much of the development of the framework has been in women's health, particularly in the areas of reproductive health, violence, and HIV/AIDS.

Leary identifies seven key elements central to the human rights and health discourse:⁷

- Conceptualizing something as a right emphasizes its exceptional importance as a social or public goal;
- Rights concepts focus on the dignity of persons;
- Equality or non-discrimination is a fundamental principle of human rights;
- Participation of individuals and groups in issues affecting them is an essential aspect of human rights;
- Concept of rights implies entitlement;
- Rights are interdependent; and
- Rights are almost never absolute and may be limited, but such limitations should be subject to strict scrutiny.

While all of these elements are important, the inter-related principles pertaining to dignity, non-discrimination and participation exemplify the social justice foundations of the framework.

The imperative to safeguard the dignity of persons and groups is central to the discourse. In exploring the concept, Mann et

al. and Leary argue for the primacy of vulnerability – respecting the dignity of society's most vulnerable elements, the poor, racial and ethnic minorities, disabled persons, the mentally handicapped.^{10,11} Researchers from a variety of fields offer interesting directions for further elaboration. For example, the safeguarding of dignity necessitates a concern with language and how we talk about those we aim to serve.¹² Readily used terminology such as “poor people” or “target populations” speaks volumes as to where we locate “the problem” and where we look for solutions. A focus on dignity also requires serious confrontation with the power relationships that infuse our practices. As Hussain suggests, we need to replace our notions of “charity” and “help” with principles of solidarity and justice.² Feminists would argue that inherent in the concept of dignity is a respect for difference and diversity. In addition, they would demand that “dignity” requires that people are not treated as objects of research and practice, or as Brodkey and Fine argue, they should be “agents who speak the discourse rather than the objectified subjects of which it speaks”.¹³

Freedman agrees with the assertion that the core of human dignity lies in the ability to be an effective agent in guiding the course of one's own life.¹⁴ Citizen participation in decision-making is considered to be vital to the health of individuals, communities and the broader society.¹⁵⁻¹⁸ Thus, people must be given the appropriate opportunities and spaces to participate in civil society – that social/political sphere where we define and pursue our collective interests. Human rights is fundamentally about the struggle to make the voices of those who live the reality of deprivation and discrimination heard and heeded. “... the collaboration between health and human rights begins here, with the struggle to decide whose view of health will control the policies and programs that address it”.¹¹

The right to health also cannot be effectively protected without respect for the principle of non-discrimination. Societal discrimination and stigma directly affect the health status of the population, particularly vulnerable groups who already bear an undue proportion of health problems.¹⁹ However, non-discrimination does not just

refer to health status or access to health care. Allocating a disproportionate level of health research funds to the interests and needs of the privileged is a form of discrimination. Failure to disaggregate data and to assume a collective experience regardless of race, gender, class, sexual orientation, ablebodiness, etc. is also a form of discrimination.²⁰

Whether or not a health and human rights model can contribute to the development of Canadian health policy remains to be seen. For those of us who combine our scholarship with our politics, a rights-based approach to health presents exciting opportunities. However, without critical debate, its potential will remain untapped.

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