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## Human Rights and Social Justice in the Vision of Public Health

John Steen

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The challenge to the whole world is to view public health as a function of justice in political society. As a government function, it represents stewardship of a nation's population, the principal responsibility of government. Where government fails to ensure equity through its stewardship, it abridges the human right of its population to live in the conditions in which it can be healthy. When it fails to recognize the right to health<sup>1</sup>, the resulting inequities fall to public health to be redressed.

Such a monumental task for public health requires it to seek out the root causes of poor health in the social and political determinants upstream from it<sup>2</sup> because they are upstream from it. Where there is evidence that the underlying causes of the morbidity and premature mortality of populations lie outside of the traditional field of public health, it is justified in pursuing those causes to a satisfactory conclusion as an intersectoral advocate. Its mission then becomes one of promoting social justice by nurturing a shared sense of the intrinsic value we all have as members of one world community.<sup>3</sup> The task is to succeed in achieving an equitable distribution of both the benefits and the burdens of the society. Paul E. Farmer writes that, "without a social justice component, medical ethics risks becoming yet another strategy for managing inequality," and "equity is the central challenge for the future of medicine and public health."<sup>4</sup>

Human rights reflect ethical principles respecting

the dignity, integrity, autonomy, and freedom of persons. The now universally recognized standards for human rights were adopted in 1948 by the United Nations as the Universal Declaration of Human Rights,<sup>5</sup> in which the goal is to improve not only health status but human development, which embraces social justice as well as human rights. The right to health was recognized more specifically in the UN's International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted in 1966 and never ratified by the U.S., that requires governments to recognize "the right of everyone to the highest attainable standard of physical and mental health." (Article 12)<sup>6</sup> In 1978, the Declaration of Alma-Ata proclaimed the right to health to be a "most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector."

Jonathan Mann's insight that the promotion of health and the fulfillment of human rights are "inextricably linked" is being operationalized by the WHO.<sup>7</sup> Since 1977, WHO-Europe has promoted a strategy for health policy based on ethical values and human rights, a movement known as Health for All. The document bearing its name was first produced in 1980 and last updated in 2005.<sup>8</sup> It is a call for equity, solidarity, and participation, with a broad intersectoral vision of health designed as a blueprint to guide its 52 member states in developing their national health policies. "From a Health for All

perspective, action on poverty and other health determinants is considered properly intersectoral, with the health sector playing a leading role.”<sup>9</sup> It states further that, “Social parameters such as income, housing or education have a great effect on health status, and health equity depends substantially on the implementation of appropriate policies in all public sectors. As a consequence, health sector policies and programmes that seek to improve the health of all citizens should consider collaborating with any relevant actor, whether inside or outside the government, and whether concerned primarily with social, educational, environmental or legislative issues.”<sup>10</sup>

The public health ethic is strongest where there is the strongest sense of community and solidarity, one founded on the knowledge of what we all have in common. Emphasizing our interconnectedness, it fosters a sense of collective responsibility. At the core of that ethic is a concern for equity in a health system that seeks the empowerment and social inclusion of disadvantaged groups. Social justice sees all lives as having equal value. Its guiding principle is that each person should have an equal right to the most extensive system of equal basic liberties that can be provided in a sustainable manner to all. The state should protect the interests of those who are unable to protect themselves by providing health care that treats people simply on the basis

of their needs.<sup>11</sup>

Our nation’s perception of its “exceptionalism” has come to eclipse this Rawlsian view, blinding us to our obligations to the world community at a time when public health most needs to be visionary.<sup>12</sup> “Our interconnectedness on the planet is the dominating truth of the 21st century. One stark result is that the world’s poor live, and especially die, with the awareness that the United States is doing little to mobilise the weapons of mass salvation that could offer them survival, dignity and eventually the escape from poverty.”<sup>13</sup>

The United Nations began to address the human impacts of climate change and its implications for the development of the world’s nations with the signing of the United Nations Framework Convention on Climate Change (UNFCCC) in May 1992. And as climate change is increasingly being acknowledged to offer the greatest challenges to public health, it is especially important that it be seen as an indiscriminate threat to all the world’s peoples, a view best promoted from a strong human rights perspective. “The human rights framework reminds us that climate change is about suffering – about the human misery that results directly from the damage we are doing to nature.”<sup>14</sup>

Has there ever been a louder cry for an expanded mission for public health?

## Footnotes

<sup>1</sup> The “human right to health” has yet to be operationally defined. See Gostin L. & Mann J. (1999). Toward the development of a human rights impact assessment for the formulation and evaluation of public health policies. In Mann, J. M., Gruskin S., Grodin M. A., & Annas G. J., (Eds.), *Health and human rights: a reader*, 1st ed. (New York: Routledge). Also, Meier B. M. (2007). Advancing health rights in a globalized world: responding to globalization through a collective human right to public health. *The Journal of Law, Medicine & Ethics*, 35(4), 545–555.

<sup>2</sup> A good source for the relevance of social determinants of health to areas of social policy is, Wilkinson, R. & Marmot M., (Eds.) (2003). *Social determinants of health: the solid facts*, 2nd ed. Geneva: World Health Organization.

<sup>3</sup> For an excellent article that explores how social justice sheds light on major ongoing controversies in the field of public health, see Gostin, L. O. & Powers, M. (2006). What does social justice require for the public's health? Public health ethics and policy imperatives. *Health Affairs*, 25(4), 1053-1060. See also, Powers, M. & Faden, R. (2006). *Social justice: the moral foundations of public health and health policy*. New York: Oxford University Press.

<sup>4</sup> Farmer, P. E. (2003). *Pathologies of power: health, human rights, and the new war on the poor*. With a foreword by Amartya Sen. Berkeley, CA: University of California Press.

<sup>5</sup> Adopted by the United Nations General Assembly on December 10, 1948. Article 25 states: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...." Retrieved July 22, 2008, from <http://www.un.org/Overview/rights.html>. The U.N. promotes broad human rights goals through its Millennium Development Goals, including the crucial targets of halving poverty and hunger by 2015.

<sup>6</sup> The U.S. has never ratified it, perhaps because in order to meet its standards we would not only have to provide universal access to health care, we would have to allocate our health care resources equitably. The United Nations Committee on Economic, Social, and Cultural Rights (CESCR), which monitors the implementation of the ICESCR, issued its most authoritative statement on the meaning of the right to health in General Comment No. 14, "The Right to the Highest Attainable Standard of Health," in 2000.

<sup>7</sup> For a matrix illustrating this, see WHO and Office of the High Commissioner for Human Rights. Linkages between health and human rights. Retrieved July 24, 2008, from <http://www.who.int/hhr/HHR%20linkages.pdf>.

<sup>8</sup> Retrieved July 24, 2008 from <http://www.euro.who.int/document/e87861.pdf>.

<sup>9</sup> Ibid., p.16.

<sup>10</sup> Ibid., p.45.

<sup>11</sup> Rawls J. (1971). *A theory of justice*. Cambridge, MA: Harvard University Press.

<sup>12</sup> I expand on this topic in an online essay published by the American Health Planning Association. Retrieved July 26, 2008, from [http://www.ahpanet.org/files/The\\_Vision\\_of\\_Public\\_Health\\_in\\_the\\_21st\\_Century\\_2.pdf](http://www.ahpanet.org/files/The_Vision_of_Public_Health_in_the_21st_Century_2.pdf).

<sup>13</sup> Sachs J. (2002). Weapons of mass salvation. *The Economist*, October 24.

<sup>14</sup> Robinson, M. (2008) Foreword to: Climate change and human rights: a rough guide. Versoix, Switzerland: International Council on Human Rights Policy. (p. iii). Retrieved July 24, 2008, from [http://www.ichrp.org/files/reports/36/136\\_report.pdf](http://www.ichrp.org/files/reports/36/136_report.pdf). One of this report's premises is that "...climate change is already undermining the realisation of a broad range of internationally protected human rights: rights to health and even life; rights to food, water, shelter and property; rights associated with livelihood and culture; with migration and resettlement; and with personal security in the event of conflict. (p. 1)

## **Author Information**

John Steen

Immediate Past President and Member of the Board of Directors, American Health Planning Association

[jwsteen@zoominternet.net](mailto:jwsteen@zoominternet.net)