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Health for All in America

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One year ago, in writing about our inability to develop a national health care system, I mentioned "the efforts of the World Health Organization to promote public health, lessons that ought to guide us toward improvement."[1] And in my last President's Message (*Health Planning Today*, 4th Quarter, 2007), I wrote: "Now that the prospect of developing a national health care system that is universal in scope has become one of the defining issues for domestic politics, we should see it as the opportunity to create one more advanced than any other in embodying the best thinking on human rights."

In February, we produced an online essay entitled "The Vision of Public Health in the 21st Century."[2] It makes the case for the human right to public health, and for promotion of human rights as the ultimate goal of public health.[3] The basis for this is the Universal Declaration of Human Rights (UN General Assembly, 1948), and the World Health Organization was established in the same year as the specialized agency of the United Nations responsible for directing and coordinating authority for international health matters and public health. Its constitution asserts that the "enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being," and it recognizes that the promotion of health and the fulfillment of human rights are inextricably linked.[4]

In May, the WHO conducted its 61st World Health Assembly in Geneva attended by officials from 190 of the world's nations. WHO Director-General, Dr. Margaret Chan's address included the following remarks: [5]

> "Climate change is already adding an additional set of stresses in areas that are already fragile, with marginal livelihoods and thin margins of survival when shocks occur. The implications are clear. More droughts, floods, and tropical storms mean greater demands for humanitarian assistance. These added demands will come at a time when all countries are stressed, to a greater or lesser degree, by the effects of climate change.
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> "…this is a call for global solidarity based on the principles of equity and social justice. These principles echo the value system that captured world attention when the Declaration of Alma-Ata was signed 30 years ago.
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> "This year, the World Health Report is devoted to primary health care. It will be released in mid-October, to coincide with the 30th anniversary of the Declaration of Alma-Ata.
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> "Increasingly, we face problems that can be effectively addressed only through well-directed and coordinated global collaboration.

> “…A world that is out of balance in matters of health is neither stable nor secure.”

Delegates to the Health Assembly requested WHO and committed their own Ministries of Health to take action to protect health from climate change. They adopted a resolution that urges Member States to take decisive action to address health impacts from climate change, warning of its potential risks to human health. The resolution specifically calls on the health sector to boost political attention and action.

The mood at the World Assembly was somber following the tragedies in Myanmar and China. The Myanmar cyclone’s devastation, exacerbated by its government’s indifference to human suffering, now raises an unprecedentedly important question for the world to answer: Might saving human lives in some extreme circumstances override national sovereignty? “A responsibility to protect” was unanimously adopted by more than 150 states at the UN World Summit in 2005, but it was a concept designed to deal with crimes like genocide, ethnic cleansing, and war crimes and other crimes against humanity. Nevertheless, the world may soon be required to abridge national sovereignty in order to preserve itself from the dire effects of climate change.

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. 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. This is combined with a legal framework comprising international human rights treaties, instruments, norms and standards. Together it constitutes an approach considered to be ethical, values-based governance. The document bearing its name was first produced in 1980 and last updated in 2005.[6] Its 1998 iteration describes three core values reflecting moral values already current in its member states: “health as a fundamental human right; equity in health and solidarity in action; and participation and accountability.”

A reading of the document offers a contrast with us, revealing our moral shortcomings as a nation. The principal values guiding the document are described as follows:

> “…the core Health for All value is equity. In the Health for All context, equity means that everyone has a fair opportunity to attain his or her full health potential.
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> “A concern for equity has direct implications for how decision-makers choose their priorities in health policy – how they decide which public health issues and which population groups merit the most attention. Health policies built on concern for equity will ensure that health services are fairly distributed within the population. This means that priority is given to the poor and other vulnerable and socially marginalized groups. Health systems based on equity contribute to the empowerment and social inclusion of such disadvantaged groups.

> "Health for All also incorporates the closely linked value of solidarity, which is usually interpreted as a society's sense of collective responsibility. In Health for All contexts, solidarity means that everyone contributes to the health system according to his or her ability. Solidarity can be seen as a way to ensure equity. A health policy that promotes solidarity is better able to counterbalance the unequal impact of health determinants on access to services and health outcomes. In contrast, a health policy that does not value solidarity will typically privilege those who are already wealthy, more educated and more proactive in taking advantage of health care entitlements.
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> "Equity and solidarity are directly linked to a third value that has become increasingly important in the Health for All movement – participation. The active participation of health system stakeholders, including both individuals and organizations, improves the quality of public health decision-making." (pp.13-14)

Participation is defined as "the direct involvement of people, either individually or collectively, to influence health decision-making in the public sector. Providing information to the general public and consulting them about their views are the two most basic forms of public participation." (p.48) Furthermore, "public involvement and empowerment are the best way to design a health system that reflects the needs, values and preferences of the population, while encouraging it at the same time to embrace healthy behaviours." (p.59)

And seemingly with us in mind, it states:

> "Rather than regarding most curative and preventive health care services as ordinary market commodities, Europeans understand them to be a social good, believing that universal provision of such services will benefit society through a higher standard of living and greater social cohesion." (p.36)

The Health for All approach promotes a vision of health that extends far beyond patient care to include prevention activities, promotion of healthy lifestyles, and those health determinants found in the physical, social and economic environment that affect health, most notably poverty. "Since poverty is a major source of health inequity, a Health for All policy should address poverty reduction, ensuring that the health system is responsive to poor, marginal and vulnerable population groups. 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." (p.16) It advocates activism in public health:

> "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." (p.45)

About the interrelationship between health and human rights, it has this to say:

> "First, direct violations of human rights can have a clear and often severe impact on the health of the persons affected. Second, the way in which some public health policies and programmes are designed or implemented may result in indirect violations of human rights. Third, directly or indirectly, health is a prerequisite for most other human rights that have been recognized in international treaties. When health has been impaired, it can be difficult for individuals to exercise their right to act as full members of their communities." (p.40)

The international codification of human rights in 1948 in which the U.S. played a leading role through the person of Eleanor Roosevelt has grown into a consensus of nations' progressive thinking on health that ought now guide the development of our own health system. "The Health for All Policy Framework" should be seen as the fruit of 60 years of the promulgation of our and the world's thinking on health, and we should use it to guide our own deliberations. However, should we develop a national health care system, the right to health - as opposed to the right to health care - will still be far from achieved. The kind of thinking it represents is considered to be too progressive to take root here, but it takes innovative programs to establish the culture of acceptance in which such thinking can be nourished. Such programs are able to establish precedents that become institutionalized, as Medicare did, eventually changing our way of thinking including our politics.[7] Daniel Patrick Moynihan, the late senator from New York, explained it this way, "The central conservative truth is that it is culture, not politics that determines the success of a society. The central liberal truth is that politics can change a culture and save it from itself."[8]

There is a growing consensus among the electorate that we need to "reform health care," but no consensus has yet developed about how to do that. Let that not be seen as precluding a major advance like Medicare which was passed in 1965 without ever having achieved the support of a majority of the American people. What is required to do it is courageous, visionary political leadership, but it doesn't appear likely that any will surface even in this national election year. We must see that the individual freedoms we cherish need the protection of a collective approach on a societal level, that we all have a right to share in that protection, and that public health has a value for us far greater than the sum of its parts.

> "…If individuals are bearers of a human right to health, societies then become the only possible bearers of a collective right to public health, with the collective right necessary to fulfill the individual right. That is,

> the individual and public components of health rights are not mutually exclusive but rather are interdependent. In a globalized world, the collective enjoyment of public health is a precondition for an individual human right to health, with public health programs addressing the collective determinants of health outside of the control of the individual. The discourse of collective rights can be used to supplement individual rights in affirming the inherent equality and solidarity of all people.
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> "Without public health and the lives it protects and promotes, no other rights would be possible. Whether caused by an individual lack of curative care or a collective lack of public health, the resulting morbidity and mortality suffered represents a gross violation of human rights. Public health is a vital component of health rights, without which states could not assure the health of individuals."[9]

This sort of thinking about public health is largely attributable to a crisis, that of HIV/AIDS. Jonathan Mann the first to see it as a social disease, one that developed in conditions of poverty, oppression, urban migration, gender inequality, and violence. He advanced a new way of understanding AIDS and AIDS policies based on a human rights framework. He argued from the insights revealed by the attempts to control and prevent HIV/AIDS that "society is an essential part of the problem," and so "the new public health considers that both disease and society are so interconnected that both must be considered dynamic. An attempt to deal with one, the disease, without the other, the society, would be inherently inadequate."[10]

Here the disease is American exceptionalism, the fantasy that we are above responsibility for the human condition, a conceit neither we nor the world can any longer afford. The public health ethic has too long been "an alien ethic in a strange land."[11] In 1976, in a now classic essay, Dan Beauchamp wrote that, "we are far from recognizing the principle that death and disability are collective problems and that all persons are entitled to health protection,"[12] but the unprecedented global crisis represented by climate change may finally force us to recognize it before it is too late.

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[1] "States and Health Care Reform," *Health Planning Today*, 2nd Quarter, 2007. http://www.ahpanet.org/files/States_and_Health_Care_Reform.pdf.

[2] Accessible at: http://www.ahpanet.org/files/The_Vision_of_Public_Health_in_the_21st_Century_2_.pdf. Since this essay was published, the American public health community has taken a first step toward acknowledging the priority to deal with climate change by producing *Are We Ready? Preparing for the Public Health Challenges of Climate Change*, J. Balbus et al, Environmental Defense Fund, April 2008; http://www.edf.org/documents/7846_AreWeReady_April2008.pdf. Unfortunately, it also documents the failure of half of all local health departments to see this as a priority for public health (Figure 5, p.10) despite that very acknowledgement by the American Public Health Association in a policy statement adopted last November. See "Policy Statement: Addressing the Urgent Threat of Global Climate Change to Public Health and the Environment." http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1351.

[3] Until now, the “human right to health” has not been operationally defined. See Lawrence Gostin & Jonathan Mann, “Toward the Development of a Human Rights Impact Assessment for the Formulation and Evaluation of Public Health Policies,” in J. M. Mann, S. Gruskin, M. A. Grodin, and G. J.Annas, eds., *Health and Human Rights: A Reader*, 1st ed. (Routledge, 1999): 54; and, Benjamin Mason Meier, “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 (Winter 2007) http://www.blackwell-synergy.com/doi/pdf/10.1111/j.1748-720x.2007.00179.x

[4] WHO and Office of the High Commissioner for Human Rights. *Linkages between Health and Human Rights*. Available at http://www.who.int/hhr/HHR%20linkages.pdf.

[5] Her address may be accessed at: http://www.who.int/dg/speeches/2008/20080519/en/index.html.

[6] It is available at: http://www.euro.who.int/document/e87861.pdf.

[7] Dan Beauchamp has made this clear. See, for example, his *Health Care Reform and the Battle for the Body Politic* (Temple University Press, 1996), pp.41, 47; and “Public Health, Privatization, and Market Populism: A Cautionary Note,” in Halverson, Kaluzny, and McLaughlin, *Managed Care and Public Health* (Aspen Publishers, 1998), pp. 339-349.

[8] The Godkin Lectures at Harvard, 1986.

[9] Benjamin Mason Meier & Larisa M. Mori, “The Highest Attainable Standard: Advancing a Collective Human Right to Public Health.” *Columbia Human Rights Law Review*, 37:101 (2005), pp. 137, 146.
http://www.columbia.edu/~bmm2102/Meier%20&%20Mori,%20The%20Highest%20Attainable%20Standard%20(2005).pdf.

[10] Jonathan M. Mann, “Human Rights and AIDS: The Future of the Pandemic,” in J. M. Mann, S. Gruskin, M. A. Grodin, and G. J.Annas, eds., *Health and Human Rights : A Reader, 1st ed.* (Routledge, 1999): 216.
In recognition of Dr. Mann’s leadership in public health and human rights, graduates of the Harvard School of Public Health are given copies of the Universal Declaration of Human Rights at commencement.

[11] Dan E. Beauchamp, “Public Health: Alien Ethic in a Strange Land?” *American Journal of Public Health* 65:12 (December, 1975), 1339. http://www.ajph.org/cgi/reprint/65/12/1338.

[12] Dan E. Beauchamp, “Public Health as Social Justice.” *Inquiry*: 13. 1976; reprinted in Beauchamp & Steinbock, eds., *New Ethics for the Public’s Health* (Oxford University Press, 1999), p.103.