



Making the Right to Health Matter:

A CHALLENGE FOR SCHOOLS OF PUBLIC HEALTH

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The Frank A. Calderone Lecture and Prize in Public Health
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April 29, 2005



Columbia University
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OF PUBLIC HEALTH

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Ladies and Gentlemen,

It is an honor to receive the Frank A. Calderone Award and a personal pleasure to receive it from his daughter and granddaughter. I would like to pay my own tribute to the work of Frank Calderone and also that of his wife, Mary. It is truly humbling to join the ranks of the distinguished past recipients of this prize, such as the late Jonathan Mann, who did so much to highlight the connections between health and human rights, and my friend, Peter Piot, who has been and remains a steadfast leader and ally in the fight against HIV/AIDS.

In receiving an award for contributions to the field of public health, I can't help but think back on some of my earliest memories, as a child growing up in the West of Ireland. My introduction to the central importance of health came through accompanying my father, a local doctor, as he would travel to the homes of his patients. Many of the people he cared for were too poor to be able to pay for his services or to enter a hospital if they needed more extensive treatment. Yet there was never a doubt that he should be there, providing whatever care and support he could. Their human dignity was affirmed by having access to even the most basic forms of healthcare.

As much as I admired both of my parents for their work as doctors, my own life compass pointed to a career in the law and in public service rather than medicine. Yet my interest in the field of public health has remained with me. Last year, I was pleased to return to Dublin for the launch of the Irish Forum for Global Health, an innovative new project linking all of the schools of health, and wider university disciplines with other health-related organizations and professionals throughout the island of Ireland. It was heartening to see the bonds of friendship and the shared commitment of health professionals and academics from a wide range of disciplines in their determination to enhance Ireland's contribution to tackling public health issues in developing countries.

The Forum seeks to contribute to improvement in the health of individuals and populations globally by creating networks that will promote research and education and advocate for investment in global health.

Its activities include the development of high-quality collaborative research with partners in middle-and low-income countries to identify possible solutions to health problems in these settings. It also addresses global health issues by raising awareness and advocating for a global health perspective.

At the heart of its approach is the conviction that health is a basic human right and that achieving equity of access and quality in healthcare for all is an objective which should inform global health policy.

The links between health and human rights were very clear to me as I was privileged, both as President of Ireland and as United Nations (UN) High Commissioner for Human Rights, to travel to countries around the world. Again and again I witnessed how basic rights – to live free from violence and discrimination, to have access to clean water and basic sanitation and to adequate nutrition – all rights guaranteed by international law – were fundamental requirements for improving public health in rich and poor countries alike.

I strongly supported the creation of a new UN mandate of Special Rapporteur in 2002, admirably carried out by Paul Hunt, to focus on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. It was also important to encourage each of the UN agencies, including the World Health Organization (WHO), to adopt a clear rights-based approach in their work at country level.

And yet, there is a gap both in recognition and in action between health and human rights which shames us all. I saw the individual cases that we speak of in broader statistics: a child dying of hunger in the arms of her mother waiting in line at a feeding station in Somalia, one of the 30,000 or so preventable deaths of children under 5 occurring every day. A mother of five in a refugee camp in Goma who died giving birth because there was no one to help her, one of the over 500,000 cases of maternal mortality each year which could be prevented. There is no more eloquent voice on the ravaging impact of HIV/AIDS,

particularly on women, than that of Stephen Lewis. Let me quote from, and endorse, his passionate address at the University of Pennsylvania Summit on Global Issues in Women's Health earlier this week:

“...because I believe that, and because I see the evidence month after month, week after week, day after day, in the unremitting carnage of women and AIDS – God it tears the heart from the body...I just don't know how to convey it...these young, young women, who crave so desperately to live, who suddenly face a pox, a scourge which tears their life from them before they have a life...who can't even get treatment because the men are first in line, or the treatment rolls out at such a paralytic snail's pace...who are part of the 90% of pregnant women who have no access to the prevention of Mother-to-Child Transmission and so their infants are born positive...who carry the entire burden of care even while they're sick, tending to the family, carrying the water, tilling the fields, looking after the orphans...the women who lose their property, and have no inheritance rights, and no legal or jurisprudential infrastructure which will guarantee those rights...no criminal code which will stop the violence...because I have observed all of that, and have observed it for four years, and am driven to distraction by the recognition that it will continue, I want a kind of revolution in the world's response, not another stab at institutional reform, but a virtual revolution.”

My challenge to you is whether universities – specifically, schools of public health in this country – are willing to be part of that “virtual revolution” by joining their efforts and speaking out with a collective voice about the importance of health as a human right and the implications for public health here at home and around world. It is encouraging to realize there are 36 schools of public health in the United States, and their voice – joined to that of some medical schools with particular interest in the right to health – could influence policy decisions and positions adopted by the US in international gatherings.

To begin, I wish to stress that many universities are already doing a great deal and are actively working in collaboration with governments, international organizations and civil society to address health challenges here in the US and abroad.

It has been a great pleasure for me to get to know and work with Allan Rosenfield and his colleagues at Columbia's Mailman School over the past few years. I have been repeatedly impressed by their commitment to practical action at the country level, such as through the School's lead role in the International Center for AIDS Care and Treatment Programs (ICAP), which to date has provided health services to more than 25,000 individuals from 11 countries around the world.

I have also welcomed the leadership that Allan and his colleagues have given in moving the public health agenda forward at the international policy level, most notably, through contributions to the work of the UN Millennium Project and its report – *Investing in Development* – which will be one of the key inputs to the September five-year review of progress towards the achievement of the UN Millennium Development Goals by 2015. In all of these efforts, the central importance of human rights and gender equity are at the forefront.

Being based in the US for the past two and a half years, I have been encouraged by the growing commitment of individual universities and schools of public health to embrace the international human rights agenda. In many ways, I believe some schools of public health are out in front of other academic fields – such as law – where you might expect the human rights framework to be more widely used and championed.

I should mention in this context the pioneering work of the François-Xavier Bagnoud Center for Health and Human Rights at Harvard, where Jonathan Mann served as its first director, as well as the work of Mike Merson and colleagues at Yale, the Boston University School of Public Health's Department of Health Law, Bioethics and Human Rights and new programs such as The Center for Public Health and Human Rights at Johns Hopkins University to name but a few East Coast examples.

Just over the past few weeks alone, I have been reminded again of the enormous resources and commitment of leading universities in this country to tackle global health challenges through human rights standards and tools. For example, earlier this month I was pleased to participate in a conference organized by Emory University's Institute of Human Rights in collaboration with the World Health Organization, CARE USA, the US Centers for Disease Control and Prevention (CDC), The Carter Center and Doctors for Global Health, which discussed lessons learned in rights-based approaches to health.

And this week I took part, with Stephen Lewis and others, in the University of Pennsylvania Summit on Global Issues in Women's Health which coincided with the launch of a new Penn Global Women's Health Initiative. One of the main messages that came out of that summit was that many of the barriers to improved health that women still face are cultural, behavioral, and based on unequal power relationships between men and women. The rights of women are a central cause that needs as much attention today as at the Beijing Conference 10 years ago.

A fundamental element in efforts to address these issues must, and should, rest upon a rights-based framework. Rights-based approaches bring practical tools to the table for mobilizing and improving women's health. The principles of equal treatment, non-discrimination, participation and empowerment, and attention to the most vulnerable are principles embodied in the Universal Declaration of Human Rights and subsequent covenants and conventions, in particular, the International Covenant on Economic Social and Cultural Rights, the Convention for the Elimination of Discrimination Against Women and the Convention on the Rights of the Child, which have been ratified by the vast majority of nations, although not by this country.

The good news is that there are *grassroots and national examples* of where rights-based approaches have made a difference. For example, the work of the Treatment Action Campaign in South Africa relied heavily on the principle of equal access to treatment as a right flowing from the country's constitution. I was impressed on a recent visit to Mozambique with Oxfam's work to help pass the country's new Family Law which protects the rights of women in customary marriages with regard to property and custody rights and equal decision making authority within the household.

The health impacts of such a law are many – women need not fear losing their property or their children if they find that they are HIV positive, and laws protecting equal decision-making in the household can promote healthier family practices. The use of a rights framework helps to mobilize civil society, local leaders and others to hold their governments accountable to principles of fairness and equal rights. In these cases and many more, poor women have been the leading beneficiaries and the leading voices for change.

But despite these examples of what can be done by bringing the standards and tools of human rights to the heart of efforts to improve public health, we all know that such efforts haven't been enough. Good practices at local and national levels are still not being scaled up sufficiently around the world. The combined voices and authority of health experts, working in collaboration with human rights experts and advocates, are still not being heard by elected officials and the wider public.

My challenge to you is to build a *collective* voice among schools of public health and the universities who are leading individually on public health issues.

How do we develop more linkages, more synergies and more bottom-up and top-down practical co-operation to realize the full potential of the multiple university initiatives that exist today? How do we link the academic research and expertise of schools of public health with networks of civil society actors worldwide who can change the power dynamics and focus on improved health services for all?

As a first step, there is an opportunity now, I believe, for the schools of public health and leading universities in the United States, to join forces behind a call for human rights to be central to efforts during 2005 and beyond to tackle poverty, foster development and improve health for all.

In 2000, the American Public Health Association issued a statement titled “Human Rights: The Foundation of Public Health Practice,” which I would recommend to schools of public health as an important model. The statement concludes, and I quote:

“As public health professionals, we can take on the following challenges:

- To adopt human rights as the foundation of public health practice, research, and policy in all countries
- To use the Universal Declaration of Human Rights and other human rights documents as the guiding principles for the protection and promotion of the public’s health
- To train health professionals to foster human development and health security
- To make policymakers accountable for decisions affecting human health and dignity
- To galvanize society’s involvement in the prevention of human suffering and the promotion of social justice

The goal is to improve not only health status but human development, which embraces equity, solidarity, social justice, human rights, and moral and ethical imperatives. The time has come to herald human rights as both the foundation of public health practice and the compass of public policy actions.”

The many important initiatives by schools of public health would have potentially greater impact on government policy and public opinion if they were coordinated, perhaps through a statement of this kind, in the lead up to the UN high level summit in September. Such a statement would have even more resonance if it made specific reference to the central importance of the right to the highest attainable standard of health, which is reflected in international law and increasingly, and thanks to the work of experts like Professor Paul Hunt, is gaining clarity and legitimacy around the world.

A supportive joint statement and commitment to action by the Deans of leading schools of public health, perhaps through the US Association of Schools of Public Health, would be a significant step which I would encourage and pledge my commitment to support.

But even more could be done to foster greater cooperation and joint action. For example, schools of public health could also combine their efforts by opening a similar joint dialogue on human rights with universities, health professionals and other leaders from the global South.

The project I now lead – Realizing Rights: The Ethical Globalization Initiative is making a small but hopefully significant contribution to this approach by partnering with Columbia's Mailman School of Public Health and the Council of Women World Leaders at an upcoming conference entitled *Innovations in Supporting Local Health Systems for Global Women's Health: A Leaders' Symposium*. This meeting will gather a select group of ministers of health, senior civil service leaders, civil society representatives and other experts from North and South to discuss creative efforts to manage, support and monitor the provision of care for women in maternal mortality, HIV/AIDS and reproductive rights in district and sub-district health facilities in the developing world.

The long-term goals of this initiative are to build a cadre of Ministers of Health and other senior leaders around the world who will, over time, explore, promote, and exchange learning in the area of the role of political leaders in the management and monitoring of healthcare systems for women. Having more schools of public health on board, from North and South, would make a big difference.

In the end, we live in a global age, and universities have a key role to play, not just in training tomorrow's leaders but in addressing questions of global justice.

Human rights are the closest thing we have to a shared values system for the world. We should take every opportunity to see them not simply as shared goals, but as legal obligations and policy making tools which can assist those charged with making complex decisions – whether in the areas of trade, development, the environment, security or public health.

Thank you once again for honoring me with the Calderone Award. I accept it on behalf of all those who work to promote health and human rights around the world each day.

Thank you.

Mary Robinson

The first woman President of Ireland (1990-1997), and more recently United Nations High Commissioner for Human Rights (1997-2002), Mary Robinson, MA, LLB, has spent most of her life as a human rights advocate. The daughter of two physicians, she was educated at the University of Dublin (Trinity College), King's Inns Dublin, and Harvard Law School, to which she won a fellowship in 1967.

As an academic (Trinity College Law Faculty 1968-90), legislator (Senator 1969-89) and barrister (1967-90, Senior Counsel 1980, English Bar 1973), she has always sought to use law as an instrument for social change, arguing landmark cases before the European Court of Human Rights as well as in the Irish courts and the European Court in Luxembourg. A committed European, she also served on the International Commission of Jurists, the Advisory Committee of Interights, and on expert European Community and Irish parliamentary committees.

The recipient of numerous honors and awards throughout the world, Mary Robinson is a member of the Royal Irish Academy and the American Philosophical Society and, since 2002, has been Honorary President of Oxfam International. A founding member and Chair of the Council of Women World Leaders, she serves on many boards, including the Vaccine Fund, and chairs the Irish Chamber Orchestra.

Now based in New York, Mary Robinson is currently the Executive Director of Realizing Rights: The Ethical Globalization Initiative (EGI). Its mission is to make human rights the compass that charts a course for globalization that is fair, just, and benefits all.

Frank A. Calderone, MD

Dr. Frank A. Calderone was born in New York's Lower East Side in 1901. He received his undergraduate degree from Columbia University and his MD from New York University. He was an instructor in pharmacology at NYU until 1936 when he enrolled at Johns Hopkins University to pursue a master's degree in public health.

Two years later, he returned to New York and accepted the position of district health officer of the Lower East Side for the Department of Health, and began his career in public health. He then spent four years using his planning, operations management, and negotiating skills as secretary of the Department.

In 1946, as director of the headquarters office of the United Nations Interim Commission of the World Health Organization (WHO), Dr. Calderone was instrumental in helping to shape WHO's organization, policies, and structure, and in raising funds to support its continuing operations. When WHO became a permanent organization, he was appointed chief technical liaison officer and New York office director. Subsequently, he was appointed medical director of the United Nations Secretariat Health Service.

Dr. Calderone was a fellow of the American Public Health Association. In addition to his public health responsibilities, he managed a family business of eight theatres and extensive real estate holdings, and enjoyed music, sailing, and family life.

The Frank A. Calderone Medal and Prize

Salvatore Calderone, immigrant father of Dr. Frank A. Calderone, commissioned the renowned firm of Dieges and Clust to design and strike a "medal of merit" in solid gold. Only a few were made, and only one is still in existence. It was the model used by Tiffany & Co. for the creation of the Calderone Medal. Dr. Calderone arranged for the endowment of the \$10,000 Prize and Medal in his will. The recipient is invited to give a lecture on the public health topic of his or her choice. The Calderone Prize is awarded by Columbia's Mailman School of Public Health to recognize and honor individuals who have made significant contributions in public health and public health research. It is one of the most important honors in the field of public health. Previous recipients of the Calderone Prize are: Peter Piot, MD, PHD (2003), Nafis Sadik, MD (2001), D. A. Henderson, MD, MPH (1999), William Foege, MD, MPH (1996), Jonathan Mann, MD, MPH (1994) and C. Everett Koop, MD (1992).