

## Health Rights in Global Historical Perspective

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### **Conference at the London School of Hygiene & Tropical Medicine, 17-18 February 2011 Conference Report**

This two day conference brought together speakers from a number of different disciplines to discuss the issue of health rights. Sponsored by the Wellcome Trust, the conference aimed to place health rights in a global historical context. Papers in the seven sessions covered a diversity of places, including Europe, North America, East Asia, Africa and Australasia, but they also considered how health rights operate at a global level through transnational organisations such as the World Health Organisation (WHO). A range of different disciplinary approaches were brought to bear on the topic, with historians, sociologists, anthropologists, philosophers and analysts of public policy all contributing to the discussion.

The conference began with a session examining the interaction between health rights and social movements. Hannah Waterson (University of Manchester) presented an analysis of the use of the language of rights by NGOs in Japan around HIV/AIDS. The role of NGOs was also examined by Marion Hulverscheidt (University of Berlin), in her paper which considered how female genital mutilation became a human rights issue. The relationship between health and human rights was taken up in the second session by Benjamin Mason Meier (University of North Carolina at Chapel Hill), who charted the continuous evolution of the human right to health by examining the activities of the WHO at a global level. The global implications of rights in health were also interrogated by Kristen Gray (University of California, Berkley) in her paper on the development of immunisation programmes.

After lunch, attention shifted towards the ways in which health rights can be accessed and monitored. Minna Harjula (University of Tampere) presented the long view of health rights in Finland, and particularly the implications of regarding the right to health as a social right of citizenship. A completely different approach to health rights was revealed by Marieke van Eijk (University of Amsterdam), who examined problems around access to transgender care within the US insurance-based health system. Difficulties in accessing health rights may be exacerbated by not knowing what health rights actually are, a theme explored by Summer Wood (New York University) in her paper on the introduction of indicators for the right to health. David Reubi (LSHTM) also considered the evolution of indicators for the right to health, an approach he compared to the technique of *témoignage* (witnessing) adopted by *Médecins Sans Frontières*.

Difficulties in accessing and monitoring rights in health, as speakers in the fourth session of the day reminded us, have been exacerbated by the fact that restrictions have often been imposed on health rights. Nicole Baur (University of Exeter) examined the tensions between the maintenance of civil rights on the one hand, and protecting mentally ill patients (and society) from potential harm on the other. Other stigmatised groups may also experience restrictions to their health rights: Beatrix Hoffman (Northern Illinois University) demonstrated that even as new legislation in the USA expands health rights for some, health rights for illegal immigrants have been further constrained. The uneven imposition of restrictions to health rights was also analysed by Christos Lynteris (University of St Andrews), in his paper on the SARS epidemic in China. Limiting the movement of people was one

way in which the epidemic was contained, but as Nancy Tomes (Stony Brook University) indicated in her keynote address, it is not just people and diseases that have moved between places and across time. Health rights have also travelled, but it is not always clear that they mean the same thing in different contexts and in different periods. Rights talk, Tomes argued, circulates more freely than the practices that actually allow health rights to be realised, a problem in the past, just as it is today.

The second day of the conference opened with a session on the different ways in which health rights can be conceptualised. Noemi Tousignant (LSHTM) discussed rights in the context of responses to lead poisoning in Senegal, suggesting that the right to health became entangled with other kinds of rights: to property, to work, to family life and so on. Jarrett Zigon (University of Amsterdam) explored how rights can operate as a disciplinary regime of power in the context of drug treatment programmes, particularly through the development of responsibilities as a counter-weight to rights. The interaction of rights and responsibilities was further discussed by Adrian Viens (Queen Mary, University of London) in his paper on the inter-dependence of human rights and public health. A different approach to health rights was offered by Maureen Lux (Brock University) who considered the treaty rights given to aboriginal people in Canada as a 'gift' in return for their land.

Bestowing health rights on certain groups was a theme of the sixth session of the conference, which addressed the role of the state in connection with health rights. Glen O'Hara (Oxford Brookes University) presented an overview of the development of health rights in the post-war British health system in connection with ideas about participation. A very different story about the introduction of health rights emerged in Nato Pitskhelauri's paper on the implementation of health rights in Georgia after 1991. A third dimension to the relationship between health rights and the state was explored by Jane Seymour (UCL), as early twentieth century politicians in Britain attempted to balance health rights with responsibilities.

The final session of the conference rounded off the discussion with an exploration of health rights in a specific context - that of maternal and reproductive rights. Gayle Davis (University of Edinburgh) demonstrated that in Scotland during the 1950s artificial insemination was as much about 'wrongs' as it was about 'rights'. Women's rights as 'consumers' of maternity care, as Linda Bryder (University of Auckland) pointed out, have deep roots, but sometimes unintended consequences. Dominique Béhague examined the use of rights talk in international maternal health advocacy, and particularly highlighted the refashioning of rights based arguments into evidence based-advocacy in order to make the case for change.

Yet, as the diverse range of papers, in terms of geography, time period and discipline demonstrated, the language of rights in the context of health remains a powerful one. Much discussion during the conference revolved around the issue of what is meant by health rights, and the malleability of rights talk emerged very strongly from the papers presented. A conference such as this inevitably generates almost as many questions as it does answers, but through the dialogue between disciplines and approaches trialled at the conference a way forward can be found.

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