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Presentation: Human Rights: Breaking the Silence of Powerlessness

The vast majority of humanity just has the right to see, to hear... and to remain silent. (Eduardo Galeano)

a) Why the Right to Health?

1. The HRBA is a UN mandate since 1998. The RTH is codified and has an explicit General Comment.
2. The HR discourse in health represents the resurrection-of or the return-to a greater focus and action on the basic causes of the conceptual framework of preventable ill-health, preventable malnutrition and preventable deaths. HR is about breaking the silence of powerlessness that keeps the needs and desires of those affected by poverty from becoming part of national political agendas.
3. Commitment to change coming from ethical imperatives does not fuel great social movements anymore. We need to consolidate our moral vision into moral outrage and that into political power to achieve the health rights of people....not only in poor countries!
4. Moral advocates influence perceptions; mobilization agents and health promoters influence action; political advocates raise political consciousness and provide leadership. Therefore, agreeing on the politics of the RTH --beyond ethics-- is the real challenge.
5. We have to acknowledge claim holder and duty bearer roles in our health work together with the respective corresponding capacity gaps.
6. Only a process of mobilization of claim holders around health issues will do. Such a mobilization has to lead to empowerment and to concrete actions.
7. As opposed to people having basic needs, having inalienable and universal human rights makes it possible for claim holders to legitimately claim them. Additionally, the HR framework imposes clear obligations on duty bearers that must be met.
8. So, any doubt in your minds the RTH politicizes the needed health sector reform process? We have been saying this collectively at the PHM for 12 yrs and now the RTH is a central thrust of our worldwide efforts. (Some of us individually have been fighting for this politicization for 40 yrs already). The time has now come for a quantum leap...
9. I am a socialist. Many socialists have been reticent and skeptic to accept the HRB framework as a process to be fully backed. I have elsewhere elaborated on why they are wrong. (see www.humaninfo.org/aviva under No. 69 and go to Human Rights Readers 10-18) They rightly argue that the concept of HR now is in everybody's lips; But that many talk left and walk right: A caveat here is to unmask these false prophets who ride the HR 'fashion'. But the introduction of the HRB framework is not a fashion; it is a seminal paradigm shift; not a smooth or progressive shift; we are talking here about a break).
10. So far, this break has only been conceptual, not yet operational. In its operationalization, it will have to become more political since HR is about combating surplus powerlessness of the have-nots. How to operationalize this in the health field is the challenge awaiting us and the focus of this symposium.

b-1) Conditions:

11. An open mind to a paradigm shift, i.e., an open political mind is paramount. (Granted: A lot of opening of minds will be needed...!)

12. An acceptance of the sociopolitical determinants of health and of the need to tackle these -- in serious-- not like WHO...

13. HR learning must be incorporated in the curricula of health professionals. (Will require student mobilization).

14. NGOs will need to revision and remission themselves and ask themselves: Are we part of the problem Or of the solution?

15. For donors: The time has come for countries to apply reverse conditionalities, i.e., countries have to impose on donors that they have to come-in to help implement the RTH and participate in a rights-based planning implementation and monitoring process. A key role here for civil society organizations both in donor and recipient countries to also push for the same!

16. We need to change (overturn?) the gatekeepers of the current paradigm, particularly the editors of learned journals on all aspects of health and of development. (Any comments on The Lancet?)

b-2) Overcoming barriers:

17. Number one: A massive human rights learning push is needed at multiple levels and institutions (but not just a two day workshop....). We are talking about setting up committed, multi-level action networks...short, medium and long term.

What else is needed?: Let's leave this for our debates the rest of the day.

But to close, allow me to reiterate a few things you already know, namely that:

18. States have the duty to improve health services and we have to hold them accountable to it. The values we will now be advocating-for are underpinned by International Human Rights Law. And that gives us added strength. The focus now has shifted to the politico-legal links between health and HR.

19. Most of us stand accused for our complacency towards violations of HR; we cannot escape taking part of the blame. We now have to contribute to clarify universal minima for HR in the health field, to establish explicit HR goals and measurable objectives in health.

20. We may not exert political leadership on these issues yet, but we cannot run away from showing intellectual leadership at least. The call is for us to move from a basic needs to a rights-based approach in which beneficiaries are empowered to become active claim holders.

21. The bottom line is that there will be no more business as usual. We simply have to overcome the culture of silence and apathy around human rights issues. Orthodoxy (the right doctrine) is not enough; orthopraxis (the right acting) is what is ultimately important: What you push is what you change. No more being 'rational and apolitical', no more espousing the "ideology of the extreme center". Dreaming is OK, but being naïf is not. What about becoming scholar-practitioner-activists? We are in for an exciting new era. We need all the courage we can muster. Wouldn't you rather become a protagonist than a bystander? Never be sorry to be too late.