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CDC Plays Key Role in Health and Human Rights Conference

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Former President Jimmy Carter, Nobel Laureate and world-acclaimed human rights champion, gave welcoming remarks at the *Lessons Learned from Rights Based Approaches to Health* Conference held this month in Atlanta, across the street from CDC. *Photo by Kathy Nellis*



Dixie Snider, Jr., MD, MPH, Chief Science Officer for CDC/ATSDR, also provided welcoming remarks. "Health should be considered a basic human right, not a privilege of those who can afford it. If we don't look at health as a basic human right, we are really off the mark morally and in terms of what makes good policy and even economic sense." *Photo by Kathy Nellis*

He survived the Killing Fields of Cambodia as a young boy. But the torture and terror of the brutal civil war and its bloody aftermath inspired CDC staffer Aun Lor to work for a better world. This month, along with former President Jimmy Carter, Lor was at the forefront of a three-day conference promoting human rights and health.

Ten other dedicated health professionals from CDC joined Lor on this mission, to help plan and organize [Lessons Learned from Rights Based Approaches to Health](#). The event was presented by The Institute of Human Rights at Emory University, in

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collaboration with CDC, CARE USA, the human rights office of the Carter Center, Doctors for Global Health, and the World Health Organization (WHO). The conference brought together colleagues from over 40 countries around the world to discuss and debate critical issues regarding health and human rights.

Aun Lor: Man with a Mission

Lor knows firsthand what it is like to be deprived of human rights, a tale he shares with his colleagues at CDC.

“As a child of war, I lived through four years under the murderous Khmer Rouge regime in Cambodia,” says Lor. “I was unfortunate to have seen and experienced the cruelty that humanity is capable of inflicting upon itself. I escaped with my life but at the price of losing five members of my family. I have experienced the hardship and uncertainty of living in an overcrowded refugee camp. I have seen the terror caused by the million of landmines that scattered throughout Cambodia. I have experienced the social injustice that is tearing apart the fabric of humanity. I share these experiences with you because despite the injustice that I have endured I believe that there is hope and that hope is reflected by each one of you. Whatever roads we have taken to this point, they have given us a common vision.

“I would like to share with you an incident in the early part of my life (age 7), during the Khmer Rouge era, that has become a personal testament of hope. One day when I returned from working in the fields to the village where the Khmer Rouge had forced us to live, I was stopped by two teenage soldiers. Unfortunately that day, I had with me some potatoes that I had dug up in the forest. The soldiers accused me of stealing those potatoes. They knew that those were wild potatoes I had found in the woods, but they wanted to kill me because they had found an excuse to do so. Fortunately, I had arrived near the village and my mother heard my crying and screaming. She pleaded with the two soldiers to let me go. They dragged me by my arms, but my mother grabbed hold of one of my legs and never let go. My mother pleaded and begged for my life. She held on tight to me because she knew they had no reason to kill her. How was my mother able to convince them to let me go? They had been dehumanized by the Khmer Rouge leaders. She appealed to their sense of humanity, or whatever ounce of humanity they had left in them. My mother told them that three of her sons and her only daughter had already died, and that I was all she had left. She told them about how devastated their own mothers would be if they were themselves killed. You can say that my mother had re-humanized them. She had put back the humanity that had long been lost from them. And so they let me go. As I look back at this incident over the years, I am reminded that within every human being there is a sense of humanity, that no matter how hopeless a situation may seem, there is hope. As public health people we must hold onto that hope.”

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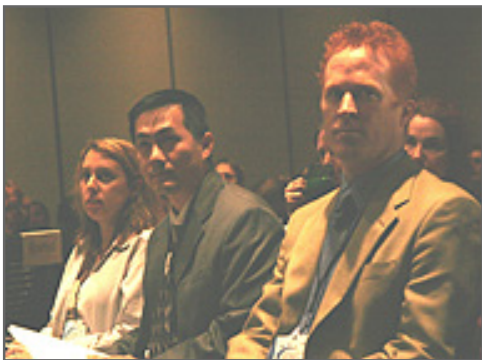
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President Carter and Snider enjoy a moment of camaraderie as they share their passion for human rights and public health. *Photo by Kathy Nellis*



President Carter shares stories from his boyhood, as well as his experiences as the leader of the U.S. In the front row, three CDC representatives listen. Six people formed the Core Committee planning the conference. Half of those were from CDC. *Photo by Kathy Nellis*



CDC's representatives to the Core Committee include (left to right) Audrey Lenhart, Aun Lor, and Timothy Holtz, MD, MPH. Holtz and Lenhart were also representing Doctors for Global Health. *Photo by Kathy Nellis*



The Institute of Human Rights at Emory University sponsored the event, in collaboration with CDC, CARE USA, the human rights office of the Carter Center, Doctors for Global Health, and the World Health Organization. Dabney Evans (center) is Executive Director of the Emory University Institute of Human Rights and Conference Planning Chair for the event.

Photo by Kathy Nellis

Today, Aun Lor is the Human Subjects Contact and Ethics Lead person for OWCD and also the founder and co-chair of the CDC Health and Human Rights Workgroup. He was instrumental in CDC's role in the *Lessons Learned from Rights Based Approaches to Health* conference at Emory. He led the CDC effort in organizing the conference as well as serving as a moderator and a presenter. He was responsible for seeking official sponsorship and CDC funding for the conference and led CDC staff—all volunteers—in planning the conference.

He says it was one of the toughest things in his public health career so far, but one of the most rewarding. "It took a lot of convincing on my part to get CDC buy-in and agreement to co-sponsor the conference." But the work was worth it, he says. "CDC is in a unique position to contribute the field of health and human rights not only because it is relevant to our work, but also because of our strength in public health science to provide the evidence needed that would link the health benefits of respecting, protecting, and fulfilling human rights. After all, these are our responsibilities as a government agency."

CDC's History in Health and Human Rights

CDC has long held a key role in the field, Lor explains. "The modern movement in health and human rights (HHR), in a sense, has its roots at the CDC. The late [Jonathan Mann, MD, MPH](#), who was foremost in promoting HHR in the 1980s and 1990s, was an EIS Officer at CDC from 1975-1977, assigned to the New Mexico Department of Health. He returned to CDC in 1984. This was a critical period in his life when his personal philosophy on public health began to take shape and human rights began to play a more prominent role in his thinking."

Mann left CDC to lead the (then) WHO Special Program on HIV/AIDS, which became UNAIDS. He was also the first Director and first Professorial Chair of the first academic center of health and human rights in the USA, the [Francois-Xavier Bagnoud Center for Health and Human Rights](#) at Harvard. His untimely death, in a plane crash, did not end those efforts. His memory and contributions have been honored throughout the world.

CDC's Health and Human Rights Workgroup

Various workgroups at CDC, including a 1997 NCHSTP group, the Behavioral and Social Science Working Group and the Social Determinants of Health Working Group, have tackled issues relating to health and human rights. Such efforts and Lor's commitment evolved into CDC's present-day [Health and Human Rights Workgroup](#) (HHRW).

Currently, there are over 130 HHRW members representing every CIO and Coordinating Center at CDC. HHRW members have diverse backgrounds, from secretarial staffs to directors. HHRW membership is open to all CDC/ATSDR employees, contractors, fellows, and trainees.

CDC Involvement in the Conference: Core Committee

Of the 23 people on the conference planning committee, 11 were from CDC. Three of those were Core Committee Members, including Lor; Timothy Holtz, MD, MPH, (CMDR, USPHS), Medical Officer, Division of TB Elimination; and Audrey Lenhart, Guest Researcher, Division of Parasitic Diseases.

Holtz says it was fun and exhilarating “to see the great amount of interest from outside. We had a small number of CDC staff involved in planning on a regular basis, but a considerable number attended the conference, so we were very, very pleased. The best part was to see the leaders in the field attend from across the country and the globe.”

Holtz says it was valuable for CDC to be part of the conference to show the public health community that CDC is not solely a technical agency focusing only on surveillance, epidemiology and statistics. “My feeling is that there are many people in CDC who work here because they are motivated by humanitarian concerns, and human rights reasons. They feel that the right to health is a fundamental right, and working in public health is the way to advocate and strive to fulfill that right to everyone in our country, regardless of sex, creed, race/ethnicity, religious affiliation or sexual orientation.”

Holtz continues, “CDC brings technical expertise and rigor in public health, something often lacking in some health and human rights organizations. I think working toward achieving better health for all, and fulfilling the WHO goal of achieving the highest attainable standard of physical and mental health is achieved through the work of lots of different agencies.”



The conference brought together colleagues from over 40 countries around the world to discuss and debate critical issues regarding health and human rights. Two CARE representatives from Nepal, Chahana Singh and Sabita Tuladhar, wear their colorful native dress to the sessions. *Photo by Kathy Nellis*

“Health for all cannot be achieved until all the fundamental freedoms and rights set forth in the Universal Declaration of Human Rights are respected,” adds Holtz. “A country can’t respect civil rights but neglect social rights, and expect its citizens to achieve the highest attainable standard of health. The human rights-based approach allows one to look at public health from a holistic perspective. Human rights and health principles, as laid out in multiple international declarations and covenants, are tools to be used to achieve health for all.”

On the Core Committee, Lenhart and Holtz also represented Doctors for Global

Health, a private, not-for-profit organization whose mission is “to improve health and foster other human rights with those most in need by accompanying communities, while educating and inspiring others to action.”

Holtz’s dual role at the conference was a natural one, since he was a founding member and previous board member of DGH. “We are a small NGO with community health and human rights projects in multiple countries of Central America and Africa. We believe strongly in the core human rights principles, and in social justice for the marginalized and underserved. For those interested in our work, there is more information on our [website](#).”

Along with Core Committee Members Lor, Lenhart and Holtz, eight other CDCers were Organizing Committee Members: Sarah Boos, Camara Jones, Tony Johnson, Suzanne Marks, Marilyn Metzler, Sarah Raskin, Jeremy Sobel, and Basia Tomczyk.

Jimmy Carter, Dixie Snider Open Conference

Nobel Laureate and former President Jimmy Carter, a world-acclaimed human rights champion, provided opening remarks. “It’s a basic human right to have a chance for good health care, decent health care. There is no reason for a child to die of diarrhea, of malaria, of measles.” Yet they do. Hundreds of thousands of lives are lost each year, because people lack the most basic health care. He urged policy makers around the world to make a sustained commitment to this cause. “All of us need to defend these rights, just as much as we would defend the right to freedom of speech. Health ought to be just as high a priority.”

Dixie Snider, Jr., MD, MPH, Chief Science Officer for CDC/ATSDR, also provided welcoming remarks. “The focus on health and human rights is really important in terms of what public health is all about,” he said. CDC is actively involved, its mission parallel to the international human rights focus on promoting and protecting health. “CDC is dedicated to preventing and controlling disease, injury and disability. You’ll see a greater focus on wellness, on the personal, family, community and societal levels. In order to be effective in achieving our mission we have to be attentive to human rights.” He said that while CDC is well-known for its work in epidemiology and statistics, it is becoming more and more involved in behavioral and social sciences too, in a multi-disciplinary approach.



Aun Lor conducts a debriefing session following the conference. Presenters and organizers called in to provide comments and feedback on the event. *Photo by Kathy Nellis*

Feedback from the Organizing Committee: Dreams and Drama

It was “empowering” to be involved in planning and participating in this event says Suzanne Marks, MPH, MA, Epidemiologist, Division of TB Elimination. She hopes this event can help inspire and motivate public health workers. “Former President Carter, in his keynote address, emphasized that there is a human right to health. His speech was particularly poignant in calling for the participation of all in helping to secure this right. There is a role for CDC employees to play in respecting and helping ensure the attainment of human rights of all our colleagues in the workplace and in society.”

“Promoting health through human rights promotion is integral to CDC’s mission,” she says. “The conference benefited middle- and senior-level program managers, as well as community-level practitioners, from the public, non-governmental and private sectors. The primary goal of the conference was to share evidence-based models of rights based approaches to health, with a special emphasis on case studies and field examples.” Conference topics included: Children’s Health, Conflict & War, Economic Development & Globalization, Education, HIV/AIDS, Humanitarian Aid, Infectious Disease, Mental Health, Nutrition, Poverty & Other Social Determinants of Health, Racism & Other Systems of Injustice, Refugee & Internally Displaced Populations, Reparations for Human Rights Abuses, Sexual & Gender Minorities, Sexual & Reproductive Health, Violence, Water & Sanitation.

For Sarah Raskin, ASPH Research Fellow on Special Topics in Youth Violence Prevention, Division of Violence Prevention, working on the event was exhausting and exhilarating. “I earned my MPH at Emory’s Rollins School of Public Health, where I worked as a student assistant for the Institute of Human Rights, so maintaining (and expanding) working relationships with Atlanta human rights colleagues has been one of the most gratifying things (personally) about working on this event. It’s been challenging. It’s deepened my understanding of rights-based approaches to health. It’s pointed out some of the flaws and gaps as well as some of the accomplishments of actualizing the concept.”

“I’m amazed—literally, I marvel—at the committee’s accomplishments in what we’ve been able to pull off on, essentially, volunteer participation,” Raskin continues. President Jimmy Carter, WHO Assistant Director-General Kerstin Leitner, UN Special Rapporteur Paul Hunt—the participation of these astute leaders in the field has been balanced by a whopping 350+ person registration that represented over 40 countries. The conference planners were able to secure about a quarter of a million dollars in Gates Foundation grant money even though human rights is not among Gates Foundation’s areas of funding. It all seems rather like a dream at this moment.”

She sees CDC’s participation as important and valuable. “Human rights offer an opportunity for us to remember that there’s a person behind every story. It’s important to count things statistically, but it’s also important to find the human impact—as Jonathan Mann would say, the ‘value’ behind the p-value—that can be elucidated. Individuals are intuitively able to discuss the realization of their human rights (or the violation of human rights). Surely these stories count as much as do statistics and survey-based outcomes. Some of us, like me, think that they may ‘count’ even more.

“Also, I will say from a completely selfish perspective, that the Friday night event—a play called ‘Women and War’ that is currently in development among a group of Atlanta area artists—was a particularly gratifying anecdotal moment for me. Theatre

was my first career, so to have something like this bridge my two careers so nicely—and to have it so well received by leaders in the field of Health and Human Rights like Assistant Secretary-General Leitner, Steve Marks from the FXB Center for Health and Human Rights at Harvard, Lexi Bambas of Global Equity Gauge Alliance, Lanny Smith of the People’s Health Movement, Jennifer Kasper of Doctors for Global Health, as well as members of our own organization like Marilyn Metzler and Audrey Lenhart—well, that was spectacular.”

Basia Tomczyk, RN, MS, DrPH, International Emergency and Refugee Health Branch, helped organize the round-table on results from an emergency nutrition and mortality survey among Sudanese refugees in Chad. She enjoyed helping with the conference, even in the early stages. “It was an interesting process particularly early on in the planning stage since we didn’t know at that time who would all be involved but we had an idea of who we wanted.”

She echoes her colleagues in emphasizing the importance of CDC’s participation. “CDC played a major role both in the opening and closing sessions as well as helping to frame the public health issues related to HR. A health and human rights conference like this one can assist in raising awareness about and the inequalities related to HR in health that need to be addressed as the root causes of disparities, etc. Having its own conference really spotlighted the issues and brought a lot of folks together who might not have a chance to focus on this issue. I encourage that we as health practitioners always consider the issue as HR in our work since health is a basic human right and most risks associated with disease can be linked to human rights.”

The Call for Human Rights

The call for human rights is a human connection, explained Peter Bell, President of CARE. “It’s not that we are our brother’s keeper, it’s that we are our brother’s brother, our sister’s sister.”

There’s a simple principle behind the conference, added Dixie Snider. “Health should be considered a basic human right, not a privilege of those who can afford it. If we don’t look at health as a basic human right, we are really off the mark morally and in terms of what makes good policy and even economic sense. It’s an idea that should have appeal across every political spectrum, because unless people have their health, they will not be able to reach their full personal potential.”

Many people come to CDC with value systems in line with health and human rights, he says. “The conference is just another reminder of how that makes sense, whether you approach it from a humanitarian perspective or an economic or political one.”

The Health and Human Rights Workgroup helps keep such ideals in front of CDC, says Snider. “We want to remember as we go into other cities and communities, to provide equity and give people rights to the public health interventions we have to offer, and as we do our research, to respects the rights of people.”

The conference will be publishing a “next steps” agenda as part of the conference report. The evaluation and reunion of some key stakeholders will inform this effort. This conference is poised, via such outcomes, to identify critical needs and gaps, as

well as best practices and models, to propel the field forward, says Raskin. “We take very seriously the potential of this conference to impact the future of public health in a meta-sort of way.”

A Challenge from Aun Lor

“Let us not forget that health was never just the absence of infirmity, but that health encompasses the physical as well as the spiritual and mental well-being of an individual,” says Lor. “We recognize the intrinsic link between health and social justice, health and the environment, and health and human rights. We know that health is not just a privilege for those who can afford it, but should be regarded as a basic human right, that everyone should be entitled to better health. We know that raising the standard of living of a community will better improve the health of the people than giving them medication when they become ill. We know that making water safer can eliminate many diseases inflicting millions of people worldwide. We have the knowledge and ability to prevent the unnecessary suffering of millions of people, but still millions are suffering and dying from these preventable causes. There are many obstacles we have yet to overcome.

“Despite these obstacles, hope is not lost. We are guided by our common vision as we prepare our courage to face the challenges ahead. We seldom credit ourselves, but we are the people who make the world a better place. Let us remember our vision and take upon ourselves to become the ambassadors of hope, the educators, and leaders. Let us do our part in making the world a better place.”

This *Inside Story* by **CDC Connects** reporter Kathy Nellis.

