

Medical anthropologist and physician **Paul Farmer** is a founding director of Partners In Health (PIH), an international non-profit organization that provides direct health care services and has undertaken research and advocacy activities on behalf of those who are sick and living in poverty. Dr. Farmer is the Kolokotronis University Professor and Chair of the Department of Global Health and Social Medicine at Harvard Medical School; Chief of the Division of Global Health Equity at Brigham and Women's Hospital; and the United Nations Deputy Special Envoy for Haiti, under Special Envoy Bill Clinton.

EDITOR'S NOTE

Paul E. Farmer

A year ago, our departing editorial team wrote that its hope for *Health and Human Rights: An International Journal* was that it would “increasingly provide a space that bridges the evident gaps that continue to exist between communities of scholars and activists from social medicine, social epidemiology, and human rights [law].” We have taken our colleagues’ wisdom to heart and spent much time this year working to realize this mission. As our former publisher, Dr. Jim Yong Kim,



stated when *HHR* became an open access publication, the journal aims to achieve “a structural change in how, where, and by whom knowledge about health action and human rights is produced and used.” For this reason, we remain committed to making sure our publication is available to as wide a readership as possible. At the beginning of 2012, we will introduce a rolling publication system to allow readers to view papers online as soon as they have been finalized following peer review. We hope this will enable academics and teachers and others to read, cite, and use research and commentary in their work more quickly than previously possible.

To engage scholars, practitioners, students, and activists in the health and human rights movement, we have also expanded the journal’s use of social media. We encourage readers to become writers by contributing to our blog (<http://www.hhropenforum.org>); we also invite you to follow the journal on Twitter (@healthhumrights).

The potential of rights-based approaches in global health work is of mounting interest within academic communities, as evidenced by the increasing number of universities offering courses in this area. Scientific and biomedical journals are also publishing articles on health and human rights with greater frequency. In their literature review published in this issue, Mpinga et al report a threefold increase in the number of papers addressing health and human rights in the decade ending in 2008. The most frequently explored topics include health systems in resource-poor settings, mental health, HIV/AIDS, and reproductive health.

This issue of *Health and Human Rights* reports on diverse rights violations and injustices among marginalized populations around the globe—from prisoner-patients to labor migrants to those without potable water. The health impacts of this broad range of indignities are not unimaginable, nor are they impervious to careful study. While it is imperative that we understand which of these indignities violate which laws and charters and agreements, the health and human rights movement must do more than denounce mistreatments. Oram et al show, in their paper on human trafficking in the UK, that legal instruments alone are not sufficient to safeguard rights: monitoring and advocacy remain essential components of a fully rights-based approach. The authors of these studies and reviews remind us, as often as not, that much can be done to improve the lot of labor migrants, those facing water insecurity, survivors of gun violence, and those with complex

and chronic illnesses, often more than one, such as those discussed in important studies from Soweto and Georgia.

Sönmez et al examine the rights of migrant workers in the United Arab Emirates who suffer high rates of physical, sexual, and psychological abuse, highlighting the rights obligations of employers, governments, and the global community in addressing these violations. Other vulnerable populations examined in this issue include prisoners with, or at risk of contracting, TB (Gegia et al), people with HIV and mental illness (Jonsson et al), and water-insecure rural populations in India (Samra et al). Amin et al explore the uses of EquiFrame—a theoretical tool that facilitates the integration of human rights concepts into policy-making. It offers a smart and pragmatic strategy for promoting global health equity by moving rights-based concepts forward in policy makers' toolkits.

The right to health should serve as a guiding principle for health care practitioners and policy makers and all those who seek to redress social inequities around the globe. It is not the only framework out there, true, but it serves as a bulwark against the mistreatment and abuse that remains, today, far too prevalent.

Paul Farmer is the editor-in-chief of Health and Human Rights: An International Journal.