One of those moments of history: an interview with Jonathan Mann

Interviewer: Anne Brunner, MD MPH

About Jonathan Mann

Jonathan Mann, MD MPH, was a world-renowned researcher in international health and champion of human rights. Before assuming the first deanship of the Allegheny University of Health Sciences in Philadelphia in 1998, Mann was appointed *professor of epidemiology and international health at Harvard School of Public Health* in 1990. Subsequently in 1993, he was appointed the first Francois-Xavier Bagnoud Professor of health and human rights and founding director of the first academic centre devoted to health and human rights, the *Francois-Xavier Bagnoud Center for Health and Human Rights* at Harvard School of Public Health. He organised two international conferences on health and human rights, and founded and edited the journal *Health and Human Rights*.

Mann received his undergraduate education at Harvard College, graduating 1969 (B.A. in history). Subsequently, he studied medicine at Washington University where he earned his MD in 1974. In addition, Mann earned his Master of Public Health at the Harvard School of Public Health in 1980, when he began to apply his intellect and skills to forming international strategies for reducing and preventing the spread of AIDS.

From 1975 to 1977, he was an epidemic intelligence service officer with the Centers of Disease Control and Prevention, before working as a state epidemiologist and assistant director of the health department in New Mexico.

From 1984 to 1986, Mann founded and directed the Project SIDA, a collaborative AIDS research project based in Kinshasa, Congo (formerly Zaire), incorporating epidemiological, clinical, and laboratory components. The project involved the US Centers for Disease Control and National Institutes of Health, the Institute of Tropical Medicine in Antwerp, Belgium, and the Ministry of Health, Republic of Zaire.

In 1986, the World Health Organization's Secretary General, Halfdan Mahler, recruited Mann to Geneva (Switzerland), where Mann founded and headed the WHO's Global Program on AIDS until 1990. Mann helped organise the first World Aids Day and was seen as a "hero for pushing AIDS into the spotlight as a global epidemic that had to be addressed in a human rights context."

Mann edited two of the signal reports on the status of AIDS, *AIDS in the World* (Harvard University Press 1992) and *AIDS in the World II* (Oxford University Press, 1996). He served on the editorial board for the 14th edition of the Control of Communicable Disease Manual and was chair of the APHA International Human Rights Committee. His international experiences with AIDS policy brought to his attention the link between human rights and health. He was

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particularly interested in the effects of health policies on human rights, the health effects of human rights violation, and the connection between promoting and protecting health and rights. Mann's vision was a new public health philosophy that would combine the field's traditional concerns for disease control and prevention with the paradigm of human rights.

Jonathan Mann lost his life in September 2, 1998 at the age of 51 in an airplane bound from New York to Geneva, which crashed off the Canadian coast at Nova Scotia. At the memorial service in September 1998, Mahler credited Mann with *"opening his eyes to the human rights dimensions of health"* and *"living proof of the old saying that the visionaries are the true realists in human history."* A special section of the journal *Social Science and Medicine*, dedicated to Jonathan Mann, summarised that his death *"deprived the world of one of its greatest thinkers and most forceful and eloquent proponents of public heath and human rights"* (1999, 48: 573).

History of the interview

The interview originated in February 27, 1995 at Harvard School of Public Health in Boston, when Jonathan Mann was Francois-Xavier Bagnoud Professor of health and human rights and director of the *Francois-Xavier Bagnoud Center for Health and Human Rights.*

Information on the interviewer

Anne Brunner, MD MPH, studied medicine and specialised in psychotherapy, before her postgraduate study in public health at Harvard School of Public Health in 1995. Currently she is teaching at the Catholic University of Eichstätt-Ingolstadt (near Munich, Germany), where she is professor of social medicine and public health at the Faculty of Applied Social Sciences.

"I can't nail it down to a formula" – reflexions about health

AB: Thank you, Jonathan Mann, for taking your precious time for this interview. Can you explain what the word "health" means to you?

JM: I am not really sure that I have a great definition. What I know, is that it has been a continuous process for me trying to understand. I went from being a physician, an intern in medicine to the State of New Mexico, to the Health Department. And when I did, I immediately ran into a lot of people who didn't think that what medicine did – that was what I was doing in medical school, when I was trained in the hospital – really mattered very much. And that disturbed me, upset me, because here I had spent a lot of time, studying to be a doctor. And now I was being sort of confronted by people who said: "Well, you know, immunisation, hygiene are much more important than what you do in a hospital." And I was very dedicated to the idea of trying to do whatever I could for my individual patients, and that was my ethic. And so I found that very disturbing. And so initially I rejected that idea. And then, a couple of years later … I remember we were discussing plans for the new building of the Health Department, and people were talking about wanting to build a running track around the Health Department building so that people could run and have a shower. And I said: "I think that's great, but", I said, "where is the reading room?" In other words my feeling was that physical health wasn't the only good. I have known of people and know enough people who have given their lives for causes and that doesn't make any sense if physical health is the ultimate good. And it struck me that some people might not want to go out at lunchtime and exercise, some of them might want to listen to music or read, and maybe that was as important to their health as running.

So I guess through that process I was prepared for WHO-definition of physical, mental and social well-being, which I thought is pretty good, even though it's clearly not what people act on, it's not something people have operationalised yet very well. And so my sense is a little bit, well I can't nail it down to a formula. What I know is that clearly good health at times requires devotion to culture and reflection, and thinking, at times it involves relationships with other people, at times it involves your body and its functioning, at times it involves what I guess people would call your mental health, although the image there is usually an image of physical health transposed to the mental realm, and at times it has to do with whether or not you have feelings of transcendence about the world and whether you have a sense of a spiritual quality in life and the meaning of life.

I guess if I had to narrow it down to one thing, it occurs to me, that maybe for me people who have a sense of meaning in their lives are healthy.

AB: How would you define "meaning"?

JM: … maybe there are at least a couple of dimensions that I can see meaning occuring. I can see meaning occuring when one expresses oneself truly. I can recall situations where I think that's what was happening for me. I can recall situations of meaning through the lives of other people, my children for example. I can recall deep and draw back on deep feelings of meaningfulness at seeing them discover something, do something, whatever. So I can see meaning, for myself, and I can see meaning in connectedness. And I

can see meaning in love, and I can also see meaning in terms of the transcendent. I think that the idea or the sense that there is something transcendent and that one is in touch with that – it can happen in million of ways – whatever it is that sparks our sense of the transcedent – I mean it can be in a sort of classicly poetic way, looking at the sea or sunset or sunrise, or a beautiful face or a flower, or whatever. But there is some sense of the transcendent that's very difficult to describe which I think is quite important to meaning as well.

AB: So connectedness not only to other people but also to the transcendent dimension.
JM: Yes, I think so, yes.

"A very profound vision of public health"

AB: What would be your definition and vision for public health?
JM: Well, I actually found myself very inspired by the US Institute of Medicine's definition of public health as what we as a society do collectively to ensure the conditions in which people can be healthy. That concept of ensuring conditions in which people can be healthy is very attractive to me. Because in medicine or even before I was always uneasy with the coercive side of medicine or government. I don't like the idea of forcing people to do things. And so the idea that you can help create conditions in which people can make choices for themselves based on their own value systems. But real choices, not choices that you can predict ahead of time. Because how could the person go to college, they'll never get the resources – or, how could they seek to have this kind of a job because they'll never get the education. Real choices. And then, what will be will be. I mean, we set up a medical care system, if we can have a society in which people really can have the opportunity to make real choices, that's as far as I think we need to go. So, for me it's a very profound vision of public health to look at the underlying conditions. I personally believe that the taxonomy that we use to discuss health and disease needs to be radically changed. It may well be that there are causes, for example violations of certain human rights, that may actually represent underlying deep causes of pathology. Of pathology that's not always expressed in a disease for which we have a name today. It may be expressed in the context of distancing people between themselves and their community, let's say. What does that do? Well, it could express itself in hundreds of ways, depending on the genetic endowment of the individual, depending on the environment, depending on what else is around, it could express itself as many things. So rather than looking at health in terms of cardiovascular disease, I think cardiovascular disease might be the final outcome of a series of processes way before that. The taxonomy of which and the definition of which is much more important for me than acting on cardiovascular disease once it's already occured. And I don't think we understand that broader process that results in or expresses itself in cardiovascular disease or cancer.

AB: So in a way we are still blind.
JM: Partially. We are blind, particularly if you ask people … Ok, you say to people in public health: we know the social determinants are the major determinants of health status. What do we really mean by the social determinants? And then you run into trouble. And then we have people who have done wonderful work regarding poverty and various measures of socio-economic status. We have people who have done work on issues of connectedness among people, integration within groups. We have people who have looked at the gap between the richest and the poorest in the society, these kind of things. All these strike me as gropings. Useful gropings, I mean we grope, that's not a criticism, it's just a comment, it's a description. We're a sort of groping, to try to find things. And that's where for me, the groping that I have done has let me to the idea that the framework of human rights may provide a very useful, perhaps not permanently useful, but at least transitionaly useful framework for actually, constructively thinking about those conditions in which people can be healthy …

"We indeed have forgotten what we are measuring and why"

AB: So we are still at the beginning of the journey?
JM: … I would say we are well through a certain phase of a journey, and as with every journey, I suppose, it's not so much a linear path, as it is a kind of a circle or a spiral that builds on itself because the insights that we have about the society and health go back to Virchow and go back to others in the 19th century. I mean these are not new insights. And yet, somehow we're rediscovering them and maybe with tools and with understanding and experience that makes it different from one which Virchow discovered. So it never bothers me when somebody says "Hey, what you are saying has already been said before". Well I take that for granted. That seems obvious to me.

AB: But it hasn't been realised yet.
JM: Definitely not. And in fact it's been lost. I mean that can happen as well. I mean in the course of the evolution of a field… I think in public health, well, the Virchow tradition, if you want to call it that, has continued. The major tradition of

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modern public health has much more to do with measurement and statistics than it does with meaning. Although it tries to approach meaning in some ways it's as if we become so entranced with our capacity to measure and to apply all sorts of very powerful analytic techniques to what we measure that we indeed have forgotten what we are measuring and why.

AB: So in a way Public Health is like a mirror of Medicine.
JM: Very much.

AB: What physics and anatomy are to medicine, the measuring epidemiology and biostatistics are to public health.
JM: Yes, precisely. In fact, I think that the other mirror would be that to the extent that medicine is entranced with its ability to cure, public health is entranced with its ability to measure. And today in my lecture I was emphasising a little bit my own view that medicine isn't about curing although when it can cure that's wonderful. It's about accompanying, it's about the process of making, in a sense, an understanding, an agreement with a person. That even if you don't have a cure, even if you don't have an answer, you will accompany them and you will not abandon them. All the way through to the very end.
And the same thing is true in public health. I think we need an equivalent ethic, which basically says that, in terms of communities – just because we don't have any answer, just to make things better or to cure things – isn't a justification for abandoning our connection with that community. We have to stay there, we have to keep trying, we have to keep looking, we have to keep searching, and we have to not abandon. And accompanying in public health I think can be just as powerful a concept as accompanying in medicine. And I think it is the heart of what it is about.

"I am delighted that our Constitution talks about happiness"

AB: I would like to come back to the public health definition … when we were talking about the conditions in which people can be healthy. The question is: how do we really know, when people are healthy.
JM: Well, first of all I agree with you. I think things can proceed however simultaneously. In other words I think it would be unfortunate to wait until we have a definition of health so defined and so well developed that we can then look at the determinants, although clearly your point is very well taken. First of all I am delighted that our Constitution talks about happiness. It's the only Constitution in the world I think that speaks of happiness, is ours. The pursuit of happiness; life, liberty and the pursuit of happiness. I think it's wonderful. I love that, I love that about our Constitution ... In other words, one of our founding documents uses the word of happiness, and the pursuit of happiness.

AB: Did you ever hear it in the School of Public Health?
JM: Oh no, of course not, of course not.

AB: Why not?
JM: … I mean it's just my opinion, it's just your opinion. I mean, the response to the tyranny of value of other people's values sometimes becomes an escape from all values, and how can we talk about happiness? How can I talk about my happiness, because we don't have a language with which we can talk about. And, you know, we can't quantify it in a way that's going to allow us to be able to perform statistics on it that we would like to. … People are nervous about it, scared to discuss it. And partially, because it is so difficult to talk about. But partially because people are kind of convinced that public health advances through quantitative science. And I am not sure that we are ready for a quantitative science of happiness.

AB: Do you think it could be quantifiable?
JM: No, not particularly.

AB: That's maybe our problem, that our measurements are quantitative.
JM: Yes, that I think, actually. … When I was in college I did a fair amount of art history. And it always struck me the process of trying to speak about a painting or to write about a painting always struck me as a rather interesting phenomenon. And I am convinced that the language of music, and the language of painting, and the language of literature, in fact the language of narrative and the language of prose, of poetry rather, are qualitatively different things. So that, well, to me, to try to talk about a piece of music is a little bit like trying to describe happiness with quantitative techniques. They are different languages. They can approach each other, but they cannot adequately describe each other.

AB: If you nevertheless would try, as a first step, to give a definition of happiness, how would you describe it?
JM: Well, I think that it actually has something to do with authenticity. I think it has something to do with the discovery and the expression of the authentic in oneself, which turns out to be quite a struggle, quite a personal and sort of maybe societal struggle. But I guess somehow that struggle, and then something about connectedness with other people are the sources of, the deepest sources of happiness that I can identify. And I have to reflect back obviously to my own

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experience because I don't have a sort of a taxonomy or a framework to think about happiness for people. I know some things that it's not related to, but when you say that then in the extremes it could be. I know that for example for me it is not related to money, and the old expression "You can't buy happiness" is true, but some people say "But maybe you can rent it", you know some people have said. Clearly, if you have no money you are in a difficult situation, maybe that does interfere with happiness, maybe. But it isn't an essential ingredient, it seems to me. But people who are blocked from being able to express their true selves, let's just say, or people who are unable to connect with other people in any meaningful way strike me as being people who I have a hard time believing that they can be happy. So maybe that's a way of approaching the subject.

AB: Would you say that a definition of happiness is merely possible on an individual basis or is a global definition of happiness possible?
JM: Well, actually I wouldn't mind for starters proposing what I've just said as global definition and see how it worked. Because for people to realise themselves, that is, to express in their own way who they feel they are, combined with the need for connectedness. So it isn't just individual realisation. It is also individuals being able to connect. I'd be willing to give that a try as a draft beginnings of some global definition of happiness and let people see whether it fits, because that's the only way you'd find out. But at least it strikes me that that kind of definition has the advantage of having a kind of generality and potential universality to it. That if you try to define in terms of a gross national product per capita or in terms of the ability to get this particular thing or that particular thing, would clearly not be the case. And not everybody wants a VCR and not everybody wants to live in America. And not everybody wants to be married and not everybody wants to – you know whatever. So I think it has to have some capacity to be very broad like that.
Another concept that's related of course I think is the concept of dignity. But actually – in some way that's connected. I think a universal definition could be possible. It would clearly have to be translated like poetry is translated, that is, not word for word into each language but into an analogy in each language.

"There we are, blue and brown and green against the black, immensity"
AB: What is in your point of view the greatest achievement in medicine and in public health?
JM: Well …, I guess, in medicine, it is interesting that I am having so much trouble in finding something, in medicine it would probably be something like the X-ray, or the antibiotics, or developing antibiotics or developing immunisation …, or maybe it's psychiatry, maybe it's a psychiatric method or literally precise terms. In public health, I mean it's interesting because I know the usual answers, I know the answers I am supposed to give, you know, that are sort of the common answers: sanitary revolution, development of epidemiology, eradication of smallpox, things like that … And I guess what I find interesting is that none of those satisfies me now, I think I can't give you a good answer, and I find that interesting.

AB: Maybe we haven't made a major achievement in public health yet?
JM: Or, maybe we haven't seen it properly, you know. I really like Borges, you know, the Argentinian writer. He has written a wonderful story about the real meaning of history, where he describes how it isn't the treaties or the king or whatever. The real history is very, very secret in a way. And he gives some examples of what he thinks of those real historical moments. One real historical moment is in Greek theater, when it moved from a single speaker to a dialogue. Another moment he cites is in one of the Norse sagas, the sagas from the Scandinavian countries, there is a description of the enemy which extols the courage of the enemy, says the enemy was couragous in this battle. Which he thinks is the first time when the enemy was endowed with human features, and could therefore begin to be seen as us, not just them. I think the moment in our lifetime that is actually similar to that is captured in a photograph: It's the picture of the earth from space. I think that picture is one of the deep moments of real history. Because there we can see, and everybody can see, and everybody gets the message as soon as they see it: There we are, blue and brown and green against the black, you know, immensity. And there we are, and there it is. And you can only see it, you can imagine it, but there you are actually seeing it. And I think that's one of those moments of history. So maybe moments have happened that we haven't recognised yet. But I am much more interested in that deep history than I am in who discovered streptomycin.

"I am not interested in nation states, I am interested in global thinking"
AB: Is this picture of the earth also the basis of the difference between global and international which you are emphasising?
JM: Oh, yes, yes, absolutely. I mean … they all tend to see international health as something kind of unique and special; and you go to foreign places, and you eat foreign food and you speak a foreign language, and you try to understand the culture, and I am saying to myself: That's what we did in

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New Mexico, that's exactly what I did in New Mexico! Try to understand the culture, try to understand what's going on, try to figure it out, engage with populations. I mean I actually see domestic health and international health as much more similar than different. And when somebody says to me: Oh, but you know, in developing countries you don't have enough resources, you don't have enough trained people, I just say: Wait, have you ever worked in public health in the United States? Do you think we have all the resources we need? Do you think the trained people are just out there? Do you think it's easy? I mean, it's kind of like the old landrover idea, it's actually a very colonialist kind of a concept, anyway. It's based on the idea that we have something to teach them, and we are the teachers and they are the learners. And so, the first year I was here, I created a seminar called: *globalism and health*. And we tried to develop a definition of globalism, and think about programmes that can meet that definition, and what was different between international and global. Because international means: inter-national, between countries, between nation states. I am not interested in nation states, I am interested in, you know, in global thinking. And that crosses the borders.

"That isn't just a world of people"

AB: Does global thinking also cross the border of the human species, by including animal rights, the right of the water to be clean, the rights of plants to grow, independent of human needs? Would you go this far?

JM: It's interesting that you ask that, because last week I was giving a talk in Houston, at a chapel, called the Rothko Chapel, Marc Rothko is an abstract American painter. And he and the architect Philip Johnson colaborated on a very famous chapel which is basically, I think it's octagonal. And it has Rothko's paintings on each of the walls. And it's an ecumenical place of worship. And I accepted the invitation to go there precisely because I wanted to see the Chapel, that's why I went to Houston … And I gave a talk on health and human rights, and someone asked me about my thoughts about animals. And I gave an honest answer, I said: I haven't really thought about it enough yet. Clearly, it's an important question, I recognise it. But I would rather not do my first fumblings in thinking about it publicly, I rather think about it somewhat. I have to give you the same answer. But it's just interesting that I was asked that last week, and I can't remember the last time I was asked about that. I don't know, it's clearly important somehow. How it all fits together, I don't know. But let's go back to that image of that world from outer space. And there it is. And that isn't just a world of people. You don't just see cities and roads. You know, you see lakes, and continents, and forests, and deserts. So it's … I don't know. I have to think about it somewhat.

"Somehow it's different from the world we live in today"

AB: *What is your hope, what is your vision, what would you wish for the next century?*

JM: Well, I hope that in the next century that public health contributes meaningfully to this vision of peace, and sustainability in the world. Public health right now, the connection between public health and peace, let's say, which is present in the Preamble to the Constitution of WHO, those visionaries who saw it back then, they saw a connection between health and peace – and peace for me means not a stable situation where everybody is just lying around and being happy or something, but it's the realisation of rights and the respect of dignity, and a situation in which conflicts occur but somehow it's different from the world we live in today. Nevertheless, the connection between public health and a vision of what the world could be, is today, well they are virtually unconnected to each other. If you ask people concerned about the future of the world "Well, what about public health?" they talk to you about viruses or something. If you ask people in public health about the future of the world they say: "It's basically not our responsibility, we are public health people." I'd like us through our expertise, through our particular understanding of what the world is about, what health is about and so forth, to make a real contribution to that vision of what the world could be. A world with more peace, a world with solidarity, a world with respect for rights … A healthier world!

AB: Thank you very much, Jonathan Mann, for this Interview.

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Commentary I
At heart of the matter: human rights

Prof. Fred Paccaud is director at the Institute for Social and Preventive Medicine in Lausanne

There is a longstanding and ongoing relationship between human rights and public health. One reason for this parallel development is that the history of modern public health is directly related to the upsurge of the modern state. Since the beginning of the 19th century, a set of techniques of observation (like demography and epidemiological surveillance) and of mass intervention (like education and public health) have been implemented to address the new scope of the state. And this modern state has had the complex task to address the needs of both individuals and communities, having to provide at the same time health and human rights. These needs are often convergent (e.g., providing sufficient and safe food), sometimes one sort of needs is thought to precede the other (e.g., prohibiting children at work is a prerequisite for healthy and educated adults), and rarely the needs are divergent (e.g., control on specific lifestyles). This divorce had eventually a dire illustration with the Nazi government in Germany and its strategy in public health (Proctor 1999): the State is the authorised depository of the nation's health, and is therefore entitled to require the citizens to do things to protect themselves and the community.

One of the important contributions of Jonathan Mann has been to invigorate this debate and to put it as a central piece of public health. As shown in this interview, Mann has contributed substantially to link the old tradition of social medicine (as developed by Rudolph Virchow 150 years ago) with the more recent strategies of health promotion. Insisting on the role of environment to promote health is relevant in both developing and developed countries. Several aspects of human rights need to be addressed to control devastating diseases or epidemics in developing countries. Mann insisted on the women's rights as a prerequisite to control most sexually transmitted diseases, including Aids. In developed countries, the positive trend in the health status of older people is partly attributable to the improvement of their economic and social conditions; this is indeed a future challenge for the developing world (Heslop & Gorman 2002). During the last decades, social medicine has become more psychosocial: Mann gives in this interview a very insightful definition, which includes the personal dimension of health ("people who have a sense of meaning in their lives are healthy").

Another area to which Mann contributes substantially is the meaning of public health, i.e., its core business. He insists (including in this paper) that the discipline should not be only about measurement or analysis, but rather on intervention. Evidence-based public health should not mean that producing the evidence is the beginning and the end of the job: implementing the evidence and applying the available knowledge is the central task in public health. Public health as a rhetoric discipline (however beautiful is the poem!) is not the kind of public health wanted by Mann. In that perspective, its filiations with Virchow are important. Both have been major thinkers of public health, and both have been keen to say that changing the world is a practical task of public health.

Jonathan Mann has left us with a couple of questions which are still to be resolved. Among other examples, the control of drug addiction will have to work upon concepts and intuitions developed by Mann (Heslop & Gorman 2002). Furthermore, community participation has still to be developed: How much democracy can we introduce in the "production" of public health? A recent conference explored the agenda of research in this area, which remains vast although not unexplored (Burris et al. 2001). One of the desired next step will be the implementation of more controlled experiments in this field.

Fred Paccaud

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Commentary II
Defending the vision of public health

Dr. Paolo Toniolo is professor of obstetrics/gynecology and environmental medicine and associate director for population science at the New York University Cancer Institute

These thoughts of Jonathan Mann are striking. Bold and direct, as if he were talking to a circle of friends and colleagues, off the cuff, eager to take up issues that most other people would gladly avoid for their potential for controversy. Jonathan Mann must have been a man not easily deterred by controversy, or by the sheer enormity of some of the issues he regarded as important in public health, even when, as it is often the case during the interview, he had no answers to offer, only uncertainties. He could have easily stepped on safer ground, but, instead, his words are so closely packed with the appeal of uncertainties that often he seems to enjoy the situation and to be waiting for the discussion to flare up and disagreements to pour in.

I knew Jonathan Mann only as a colleague – I attended many conferences in which he was a speaker, but we worked in different fields. Reading his words, I realise how tough and courageous he must have been. Indeed, it takes a healthy dose of courage for a public person, as he was, to talk about issues such as those he lays open on the table. He does not hesitate, for example, to state bluntly that public health is at risk of losing contact with meaning. In our fascination with new tools and new measurements, the fundamental reasons justifying why we are using such tools and measurements are easily forgotten. We become more and more entranced with the technical aspects of our job, much in the same vein as the clinical medicine's experience, which was what led many of us to prefer the care of communities instead of that of individuals.

There is not an ounce of pessimism, or negativism, in Jonathan Mann's words. Rather, he cautions us against the dangers of spreading reductionism in Public Health. It is easy to forget that our mission is the public's health, not just the development of a novel genetic marker per se, or a clever way to analyse research data, or to compare two modalities of administering a vaccine. Given the pressure that most of us face in our professional lives, it is understandable, of course, that one prefers to forget the larger picture and concentrate on cultivating one's little plot. Unfortunately, by loosing contact with the meaning, by avoiding global thinking, what we miss is also the fun of it – the excitement, fulfillment, and, why not, beauty that one derives from working in public health.

For Jonathan Mann, health was the end result of a complexity of factors, which prominently include the protection of human dignity, the creation of conditions in which people can make choices for themselves, the protection and cultural viability of communities. His perspective was much broader than just sanitation, preventive interventions or screenings. Public health as the construction of the complex of conditions that contribute to making people healthy, but also the need to think in terms of community and the ethical obligation for those of us who are its operators never to abandon the linkage to our communities, even when, as it happens often, there is no answer to their desperation and no prospect to redress their social or structural ills. These are powerful concepts that should inform our work as guiding principles for action in public health.

When this interview took place, the protection of individual rights was still gaining momentum and was a winning proposition worldwide, sustained by a broad range of sweeping political changes. There was a tangible feeling at that time that improvements in human rights, in the sense that Jonathan Mann advocated, will have soon resulted in lasting benefits for the health of humanity. Seven years later that climate has by and large dissolved, in part as a consequence of the tragic events of September 2001. The priorities of most governments, at least those that play the most influential roles in the global scene, have moved elsewhere, to security and the fight against international terrorism. The movement for the protection of human rights is forced on the defensive

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while facing attacks on all fronts. Is there room to take up the health of Chechen families, the rapid spread of AIDS to rural China and India, the disgracefully short life of Uzbek and Sudanese farmers, the effects of the continuous violence in the Middle East or Colombia, or the scourge of drugs in inner city USA as major public health topics? Would governments, politicians, or the media pay any attention to the concepts that lie at the core of Jonathan Mann's vision for public health? It is hard to believe that they would, at least in the present circumstances. However, we, as public health operators, should look at the long perspective and hold firm on Jonathan Mann's principles and defend his vision. If we let go and sink deeper into the easy way of measurements and tools, we will have failed in the essential mission of our profession.

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