



# HEALTH AND HUMAN RIGHTS

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## TABLE OF CONTENTS

|    |  |
|----|--|
| 04 | IMPACT   |
| 06 | EXAMPLES OF HUMAN RIGHTS WATCH’S WORK ON ISSUES OF HEALTH AND HUMAN RIGHTS |
| 06 | HIV AND TUBERCULOSIS   |
| 16 | HEALTH CARE ACCESS (NON HIV/TB RELATED)                                    |
| 24 | SEXUAL AND REPRODUCTIVE HEALTH   |
| 28 | ENVIRONMENTAL HEALTH   |
| 34 | DISASTERS AND DISPLACED POPULATIONS  |

# INTRODUCTION

Promoting and protecting health and respecting and fulfilling human rights are inextricably linked. Every country in the world is now party to at least one human rights treaty that addresses health-related rights and the conditions necessary for health. The United Nations Universal Declaration of Human Rights recognizes that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family.”

As part of Human Rights Watch’s long commitment to defending human rights, the organization has been reporting on issues related to health and human rights for many years. Human Rights Watch’s work has examined how such rights as freedom of speech, expression, assembly and information; freedom from discrimination and arbitrary detention; property rights; bodily autonomy, protection from violence, cruel, inhuman and degrading treatment and torture; and the right to health care intersect with the realization of the right to health. Our investigations and advocacy have particularly focused upon the health of vulnerable populations, including women, children, prisoners, displaced persons, lesbian, gay, bisexual, transgender (LGBT) persons, drug users, ethnic and racial minorities, and migrant workers.

The examples included in each category are not meant to represent an exhaustive list of Human Rights Watch’s publications, but highlight the issues around which Human Rights Watch’s work on health and human rights has been structured thus far.



# RECENT IMPACT

**Prison health in the UNITED STATES:** A joint Human Rights Watch and American Civil Liberties Union report about segregation of HIV-positive prisoners led the Mississippi Department of Corrections to integrate HIV-positive prisoners and the Department of Justice to order South Carolina to end segregation of its HIV-positive prisoners.

**Maternal health in post-earthquake HAITI:** Nearly two years later after the earthquake, Human Rights Watch found that pregnant women and girls continue to live in makeshift camps, with limited access to pre- and post-natal care, and give birth in potentially life-threatening conditions. We are using the findings to launch an advocacy campaign aimed at the government of Haiti, international donors, the Interim Haiti Reconstruction Commission, and international humanitarian organizations.

**Lead-contaminated Roma camps in KOSOVO shut down:** After more than a year of advocacy with governments and international organizations, the European Commission and the US Agency for International Development began closing down lead-contaminated camps for displaced persons in Kosovo in the fall of 2010. The project also involves regular health monitoring of the entire resettled population, health assistance, income generating schemes, fair access to public services, and the construction of alternative housing.

**Access to pain treatment in INDIA:** Following our 2009 report, which highlighted how the lack of training for healthcare workers in palliative care hinders access to pain treatment, the Medical Council of India designated palliative care as a medical specialization and established a residency training program.

**Environmental health in CHINA:** Following our report the Ministry of Environmental Protection ordered that all Chinese provinces disclose a list of all lead-acid battery facilities within their jurisdiction. A significant number of factories were shut, and international donors have begun to integrate information on lead into general health information campaigns.

**Drug detention in EAST AND SOUTHEAST ASIA:** Following Human Rights Watch’s extensive reporting on abusive drug detention centers in the region, major donors (such as the United States, the European Union, the United Kingdom, and Australia), UN agencies (such as the UN Development Programme, the UN Office on Drugs and Crime, the Joint UN Programme on HIV/AIDS, and the UN Children’s Fund), and international organizations (such as the World Medical Association and the Global Fund to Fight AIDS, Tuberculosis and Malaria) have called for the closure of such centers and the expansion of voluntary, community-based, drug dependency treatment.

UNITED STATES

HAITI

KOSOVO

CHINA

INDIA

UGANDA

KENYA

ZAMBIA

ARGENTINA

**Global access to pain treatment and palliative care:** After an international advocacy campaign, the United Nation’s Commission on Narcotic Drugs passed Resolution 53/4, the first ever resolution aimed at improving the availability of controlled licit drugs for medical purposes. The special rapporteurs on torture and health have also publicly spoken out on pain treatment and availability of controlled medications. Also, the Human Rights Council addressed palliative care and pain treatment in a resolution on the right to health.

**Reproductive health in ARGENTINA:** In response to Human Rights Watch’s report on the obstacles faced by girls and women in need of contraception or abortion services, members of the Argentinian parliament initiated a parliamentary debate on the need to legalize abortion.

**HIV/TB and Prison Conditions in ZAMBIA:** Human Rights Watch worked with local partners to prepare a report and conduct advocacy on health and human rights in Zambian prisons resulting in the expansion of HIV/TB programs, the cessation of brutal punishment cells, and expanded resources for legal services for prisoners.

**Discrimination against women with disabilities in Northern UGANDA:** Following our 2010 report and follow up advocacy, the Ugandan government and donor agencies committed to expanding HIV, health and welfare programs for women with disabilities.

**Access to cancer treatment for children in KENYA:** In a 2010 report, Human Rights Watch documented serious obstacles Kenyan children face in getting cancer care. Following the report release, Human Rights Watch continued conducting advocacy with the Kenyan government. On November 2, 2011, Parliament unanimously voted through a motion to make cancer treatment free of charge.

COUNTRIES WITH RECENT RESEARCH AND ADVOCACY



## HIV AND TUBERCULOSIS

Vulnerability to both HIV and TB infection is fueled by a wide range of human rights violations. People living with HIV/AIDS around the world continue to suffer abuse, stigmatization and discrimination, and often face restrictions on their rights to freedom of movement.

Migrant workers attend an event promoting HIV/AIDS knowledge among migrants in southwest China. © 2005 Getty Images



RIGHTS AT RISK: STATE RESPONSE TO HIV IN MISSISSIPPI

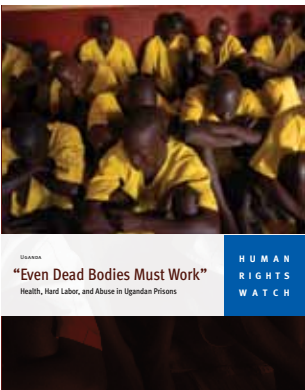
This 59-page report documents the harmful impact of Mississippi’s policies on state residents, including people living with HIV and those at high risk of contracting it. Mississippi refuses to provide complete, accurate information about HIV prevention to students and threatens criminal penalties for failing to disclose one’s HIV status to sexual partners. At the same time, Mississippi provides little or no funding for HIV prevention, housing, transportation, or prescription drug programs for people living with HIV, and the state fails to take full advantage of federal subsidies to bolster these programs. In Mississippi, half of people testing positive for the virus are not receiving treatment, a rate comparable to that in Botswana, Ethiopia, and Rwanda.



MARCH 2011

“EVEN DEAD BODIES MUST WORK”: HEALTH, HARD LABOR, AND ABUSE IN UGANDAN PRISONS

This 80-page report documents routine physical abuse and the failure of the criminal justice system to protect the rights of prisoners. Prisoners at rural prisons, including the elderly, individuals with disabilities, and pregnant women, are frequently caned, or are even stoned, handcuffed to a tree, or burned, when they refuse to perform hard labor. HIV and TB patients may be denied care and sent to farm prisons far from treatment programs.



JULY 2011

UNJUST AND UNHEALTHY: HIV, TB, AND ABUSE IN ZAMBIAN PRISONS

This 135-page report documents the failure of the Zambian prison authority to provide basic nutrition, sanitation, and housing for prisoners, and of the criminal justice system to ensure speedy trials and appeals, and to make the fullest use of non-custodial alternatives. Poor conditions and minimal medical care for prisoners lead to the transmission of HIV and TB - including difficult-to-treat and potentially deadly drug-resistant strains - that threaten the lives of both inmates and the general public.



APRIL 2010

SENTENCED TO STIGMA: SEGREGATION OF HIV-POSITIVE PRISONERS IN ALABAMA AND SOUTH CAROLINA

This 45-page report on HIV-positive prisoners in Alabama and South Carolina found that prisoners are forced to wear armbands or other indicators of their HIV status, forced to eat and even worship separately from other prisoners, and often denied equal participation in prison jobs, education programs, and re-entry opportunities that facilitate their transition back into society.



APRIL 2010



ZAMBIA

People who break the law should be held accountable. The appropriate punishment may be imprisonment. But for detainees in Zambian prisons—a third of whom have never been convicted of any crime—being held behind bars can have life-threatening consequences. Overcrowding, malnutrition, rampant infectious disease, grossly inadequate medical care, and routine violence at the hands of prison officers and fellow inmates make Zambian prisons death traps. Suspected tuberculosis prevalence rates are high, with the Zambia Prisons Service reporting an incidence of 5,285 cases per 100,000 inmates per year. The 2009 prevalence of HIV in Zambian prisons was estimated at 27 percent—nearly double that of the general adult population of 15 percent.

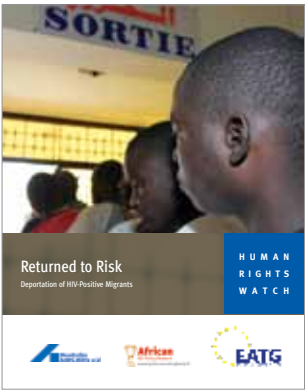
Nickson, a 36-year-old prisoner in Mukobeko Maximum Security Prison told Human Rights Watch, “I have seen people die in the night in the cell—there is nothing we can do. We shout for someone, but the guards will say, ‘he is just playing sick, he wants to escape. Let us wait two or three days, and see how he will be.’ And then he dies.”

The door of a cell at Lusaka Central Prison, Zambia. With only small holes for ventilation and light, tuberculosis spreads rapidly.  
© 2010 João Silva for Human Rights Watch



RETURNED TO RISK: DEPORTATION OF HIV-POSITIVE MIGRANTS

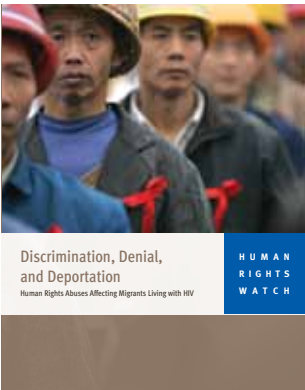
This 27-page briefing document was prepared by Human Rights Watch, Deutsche AIDS-Hilfe, the European AIDS Treatment Group, and the African HIV Policy Network. It describes the circumstances of HIV-positive migrants in South Korea, Saudi Arabia, the United Arab Emirates, South Africa, and the United States, and highlights the need to develop policies guaranteeing uninterrupted antiretroviral treatment for this population.



SEPTEMBER 2009

DISCRIMINATION, DENIAL, AND DEPORTATION: HUMAN RIGHTS ABUSES AFFECTING MIGRANTS LIVING WITH HIV

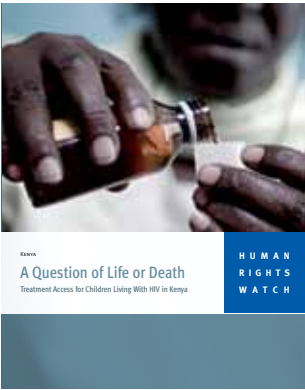
This 22-page report describes how discrimination and human rights abuses faced by migrant populations result in increased vulnerability to HIV infection and barriers to care and treatment.



JUNE 2009

A QUESTION OF LIFE OR DEATH: TREATMENT ACCESS FOR CHILDREN LIVING WITH HIV IN KENYA

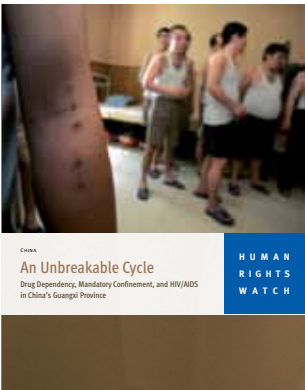
This report examined obstacles to HIV treatment for children in Kenya. Nearly 90 percent of HIV-positive children worldwide live in Africa. Yet, the vast majority of the massive efforts to roll out antiretroviral drugs have concentrated on adults, not children. At present, adults are about twice as likely to get antiretroviral treatment as children.



DECEMBER 2008

AN UNBREAKABLE CYCLE: DRUG DEPENDENCY, MANDATORY CONFINEMENT AND HIV/AIDS IN CHINA’S GUANGXI PROVINCE

This report examines access to HIV and drug dependency treatment for injection drug users in China. Every year, police send tens of thousands of drug users to mandatory drug detention centers for periods of up to 5 years. Drug users who are on antiretroviral treatment are forced to interrupt it, and those who need HIV treatment while in these centers cannot obtain it. Fear of police drives drug users underground, away from methadone clinics, needle exchange sites and other proven HIV prevention services.



DECEMBER 2008

A TESTING CHALLENGE: THE EXPERIENCE OF LESOTHO’S UNIVERSAL HIV COUNSELING AND TESTING CAMPAIGN

This report examined the risk of human rights abuse associated with Lesotho’s nationwide HIV testing campaign. Underfunded, and dependent upon lay counselors, the report highlighted the importance of training and supervision, as well as accountability mechanisms to guard against involuntary and coercive testing; breaches of confidentiality; lack of continuity of care; and possible adverse effects, like discrimination, abandonment or domestic violence for people who test positive.



NOVEMBER 2008

CHRONIC INDIFFERENCE: HIV/AIDS SERVICES FOR IMMIGRANTS DETAINED BY THE UNITED STATES

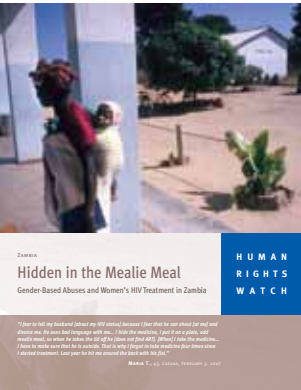
Medical care provided to immigrants living with HIV in detention in the United States is of such poor quality that it constitutes a risk to the health and lives of those it is intended to serve. The United States Department of Homeland Security, which is responsible for the care of immigrants who are detained, fails to collect basic information to monitor immigrant detainees with HIV, and inadequately supervises the medical care that is provided. The consequence of this indifference is poor care, untreated infections, increased risk of resistance to HIV medications, and even death.



DECEMBER 2007

HIDDEN IN THE MEALIE-MEAL: GENDER-BASED ABUSES AND WOMEN’S HIV TREATMENT IN ZAMBIA

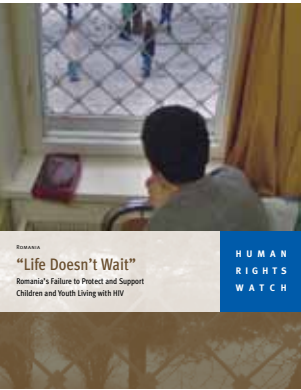
Violence and discrimination against women (including insecure property rights) are widely recognized as factors that fuel the HIV pandemic, yet their impact on treatment has been under-addressed. In Zambia, there is no specific law that criminalizes gender-based violence, and customary laws discriminate against women in terms of property allocation upon divorce or the death of a spouse. Existing laws regulating inheritance are often ill-enforced. These represent a barrier to access to medicine and adherence to treatment.



DECEMBER 2007

“LIFE DOESN’T WAIT”: ROMANIA’S FAILURE TO PROTECT AND SUPPORT CHILDREN AND YOUTH LIVING WITH HIV

Thousands of Romanian children and youth living with HIV face widespread discrimination that keeps many from attending school, obtaining necessary medical care, working, or even learning about their disease. The vast majority were infected between 1986 and 1991 as a direct result of government policies that exposed them to contaminated needles and “microtransfusions” of unscreened blood. Forty percent of these children are not attending any form of schooling. Those who do risk ostracism, abuse by teachers and other students, and expulsion if their HIV status becomes known.



AUGUST 2006





## UNITED STATES

Residence in the Southern states of the United States has been identified as a risk factor among people living with HIV for developing AIDS. Why? Social and economic disparities are the most severe in the South, and the region ranks lowest in the nation in “overall health.” Poverty, education and literacy, access to health care, unemployment, homelessness and food insecurity all contribute to poorer health outcomes, and the South has the greatest number of people estimated to be living with AIDS, the most AIDS deaths, and new AIDS diagnoses in the US.

Socio-economic conditions also combine with specific state laws and policies to undermine human rights and create barriers to prevention and treatment. This deadly combination is taking an especially devastating toll on minority communities, a crisis that federal and state governments are obligated under international law to address.

Couple living with HIV in Greenwood, Mississippi. In Mississippi, African-Americans are 37 percent of the population but 76 percent of new HIV cases.  
© 2011 Lisa Biagiotti

## NO BRIGHT FUTURE: GOVERNMENT FAILURES, HUMAN RIGHTS ABUSES AND SQUANDERED PROGRESS IN THE FIGHT AGAINST AIDS IN ZIMBABWE

This 72-page report documents how the abusive policies and practices of the Zimbabwean government are fueling the HIV/AIDS epidemic, increasing vulnerability to infection, and obstructing access to treatment. Unaffordable fees for CD4 testing represent an insurmountable barrier for many, as do regular stock-out of medicines, testing reagents, and transportation costs.



JULY 2006

## RHETORIC AND RISK: HUMAN RIGHTS ABUSES IMPEDING UKRAINE’S FIGHT AGAINST HIV/AIDS

This report documents how draconian drug laws and routine police abuse of injection drug users – the population hardest hit by HIV/AIDS in Ukraine – keep them from receiving lifesaving HIV information and services that the government has pledged to provide.



MARCH 2006

## POSITIVELY ABANDONED: STIGMA AND DISCRIMINATION AGAINST HIV-POSITIVE MOTHERS AND THEIR CHILDREN IN RUSSIA

As Russia’s HIV epidemic spreads, thousands of HIV-positive mothers and their children face pervasive discrimination and abuse. This 41-page report focuses on the discrimination that these women face, as do their children, many of whom are abandoned to the care of the state.



JULY 2005

## RESTRICTIONS ON AIDS ACTIVISTS IN CHINA

This 57-page report based on on-the-ground interviews with Chinese AIDS activists, gay rights activists, activists working with drug users, and website managers shows that while senior officials have said they want to encourage China’s emerging civil society, many AIDS activists face state harassment and bureaucratic restrictions. Activists conducting AIDS information workshops or working with those at high risk of HIV have been harassed or detained, and pornography laws are used to censor websites providing AIDS information to gay men and lesbians.



JUNE 2005

LETTING THEM FAIL: GOVERNMENT NEGLECT AND THE RIGHT TO EDUCATION FOR CHILDREN AFFECTED BY AIDS

This 55-page report is based on firsthand testimony from dozens of children in three countries hard-hit by HIV: South Africa, Kenya, and Uganda. It documents how governments fail children affected by AIDS when they leave school or attempt to return. Churches and community-based organizations provide critical support to these children, but these groups frequently operate with little government support or recognition.



OCTOBER 2005

HATED TO DEATH: HOMOPHOBIA, VIOLENCE, AND JAMAICA’S HIV/AIDS EPIDEMIC

Jamaica’s growing HIV epidemic is unfolding in the context of widespread violence and discrimination against people living with and at high risk of HIV infection, especially men who have sex with men. Myths about HIV persist. Many Jamaicans believe that HIV is a disease of homosexuals and sex workers whose “moral impurity” makes them vulnerable to it, or that HIV is transmitted by casual contact.



NOVEMBER 2004

NOT ENOUGH GRAVES: THE WAR ON DRUGS, HIV/AIDS, AND VIOLATIONS OF HUMAN RIGHTS

This 60-page report provides evidence of extrajudicial killings, arbitrary arrests and other human rights violations by Thai authorities. The report contains first-hand testimony from relatives of people killed during the drug war, as well as drug users who endured beatings, forced confessions and arbitrary arrests at the hands of Royal Thai Police. The government’s anti-drug campaign has resulted in as many as 3,000 killings and has driven drug users away from lifesaving HIV prevention services.



JULY 2004

DISCRIMINATION AGAINST WOMEN LIVING WITH HIV IN THE DOMINICAN REPUBLIC

Women in the Dominican Republic are routinely subjected to involuntary HIV testing, and those who test positive are fired and denied adequate healthcare. This 50-page report documents the human rights violations women living with HIV suffer in the public health system as well as in the workplace. Women receive grossly inadequate information about HIV preventing them from giving their informed consent to testing and treatment. Public health professionals routinely reveal HIV test results to women’s families without the tested individuals knowledge or consent, exposing them to violence and abuse. In addition, women living with HIV are frequently denied adequate and equal healthcare.



JULY 2004

UNPROTECTED: SEX, CONDOMS AND THE HUMAN RIGHT TO HEALTH

In this 70-page report, Human Rights Watch says that the Philippine government bans the use of national funds for condom supplies. Some local authorities, such as the mayor of Manila City, prohibit the distribution of condoms in government health facilities. School-based HIV/AIDS educators told Human Rights Watch that schools often prohibited them from discussing condoms with students.



MAY 2004

THE LESS THEY KNOW, THE BETTER: ABSTINENCE-ONLY HIV/AIDS PROGRAMS IN UGANDA  
MARCH 2005

This 80-page report documents the recent removal of critical HIV/AIDS information from primary school curricula, including information about condoms, safer sex and the risks of HIV in marriage. Draft secondary-school materials state falsely that latex condoms have microscopic pores that can be permeated by HIV, and that pre-marital sex is a form of “deviance.” HIV/AIDS rallies sponsored by the US government spread similar falsehoods.

JUST DIE QUIETLY: DOMESTIC VIOLENCE AND WOMEN’S VULNERABILITY TO HIV IN UGANDA  
AUGUST 2003

This 77-page report documents widespread rape and brutal attacks on women by their husbands in Uganda, where a specific domestic violence law has not been enacted and where spousal rape is not criminalized. Many women told Human Rights Watch that a fear of violent repercussions impeded their access to HIV/AIDS information, HIV testing, and HIV/AIDS treatment and counseling. HIV/AIDS programs focusing on fidelity, abstinence, and condom use do not account for the ways in which domestic violence inhibits women’s control over sexual matters in marriage.

EPIDEMIC OF ABUSE: POLICE HARASSMENT OF HIV/AIDS OUTREACH WORKERS IN INDIA  
JULY 2002

Women in prostitution in India are treated with disdain and commonly subjected to violations of their fundamental rights by the police, both at the time of their arrest and while in detention. Peer educators providing HIV/AIDS outreach to these women frequently suffer many of the same abuses. Police have beaten peer educators, claimed without basis that HIV/AIDS outreach work promotes prostitution, and brought trumped-up criminal charges against HIV/AIDS workers. Police also extort money and sex from these workers. The very possession of condoms—a key tool in the work of HIV/AIDS peer educators—often is enough to trigger police harassment.

IGNORANCE ONLY: HIV/AIDS, HUMAN RIGHTS AND FEDERALLY FUNDED ABSTINENCE-ONLY PROGRAMS IN THE UNITED STATES  
SEPTEMBER 2002

Programs teaching teenagers to “just say no” to sex before marriage are threatening adolescent health by censoring basic information about how to prevent HIV/AIDS. The 47 page report focuses on federally funded “abstinence-only-until-marriage” programs in Texas, where advertising campaigns convey the message that teenagers should not use condoms because they don’t work.



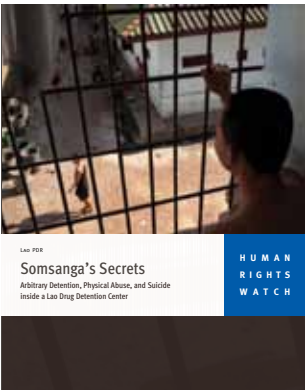
# HEALTH CARE ACCESS (NON-HIV/TB RELATED)

Lack of access to health care—whether to basic services or specific medicines—is commonplace worldwide. For instance, every year, tens of millions of people around the world with life-threatening illnesses suffer unnecessarily from severe pain and other debilitating symptoms because they lack access to adequate pain medicines and appropriate palliative care. Governments unreasonably deny individuals access to effective drug dependency treatment, maternal or mental health care. While governments have an obligation to progressively realize the right to access health care, they must also ensure that existing services are provided without discrimination, and that health care services respect a range of other rights, including the right to physical integrity, autonomy, confidentiality and informed consent.



SOMSANGA’S SECRETS: ARBITRARY DETENTION, PHYSICAL ABUSE, AND SUICIDE INSIDE A LAO DRUG DETENTION CENTER

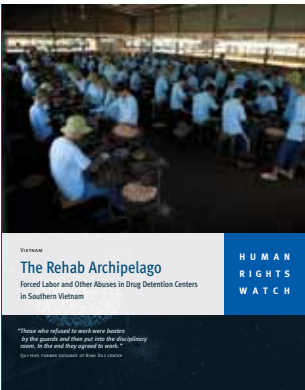
This report examines conditions in the Somsanga Treatment and Rehabilitation Center, which has received a decade of international support from the United States, the United Nations, and other donors. Detainees are held without due process, and many are locked in cells inside barbed wire compounds. Former detainees told Human Rights Watch that they had been held for periods of three months to more than a year. Police and guards are a constant presence, and those who try to escape may be brutally beaten.



OCTOBER 2011

THE REHAB ARCHIPELAGO: FORCED LABOR AND OTHER ABUSES IN DRUG DETENTION CENTERS IN SOUTHERN VIETNAM

The 121-page report documents the experiences of people confined to 14 detention centers under the authority of the Ho Chi Minh City government. Refusing to work, or violating center rules, results in punishment that in some cases amount to torture.



SEPTEMBER 2011

“STOP MAKING EXCUSES”: ACCOUNTABILITY FOR MATERNAL HEALTH CARE IN SOUTH AFRICA

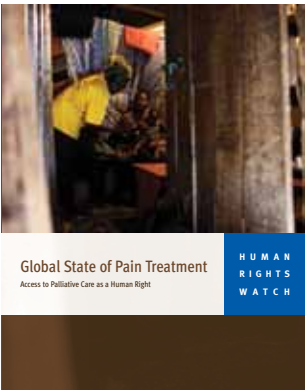
This report documents the abuse of maternity patients by health workers and substandard care in Eastern Cape Province, which has some of the worst health indicators in South Africa. Analyses by government and other public health experts show that other regions experience similar problems, including negative attitudes by health workers, poor quality care, administrative and financial management inefficiencies, and lack of accountability for health system failures.



AUGUST 2011

GLOBAL STATE OF PAIN TREATMENT: ACCESS TO MEDICINES AND PALLIATIVE CARE

This 128-page report details the failure of many governments to take even basic steps to ensure that people with severe pain due to cancer, HIV, and other serious illnesses have access to palliative care, a health service that seeks to improve quality of life. As a result, millions of patients live and die in unnecessary, preventable pain.



JUNE 2011



VIETNAM

Binh Phuoc is a remote border province in southern Vietnam known as Vietnam’s “cashew kingdom” for its many cashew farms. Just a few dozen kilometers from the provincial capital are a number of centers involved in cashew production. Formally classified as “Centers for Social Education and Labor” or “Centers for Post Rehabilitation Management,” they purportedly provide treatment for drug dependency to thousands of people. In fact, husking cashews is their “labor therapy.”

One recent resident of one such center is Que Phong. He was in his late 20s when his family encouraged him to go to one of the Binh Phuoc centers for drug dependency treatment. He agreed to get help for his heroin addiction and signed up for what he thought would be 12 months of treatment. Instead, he endured five years of forced labor, torture, and abuse, never receiving any effective or evidence-based therapy.

A detainee overseer with a vigilant eye watches the work of other detainees at Duc Hanh Center.  
© 2011 Arantxa Cedillo



UNCONTROLLED PAIN: UKRAINE’S OBLIGATION TO ENSURE EVIDENCE-BASED PALLIATIVE CARE

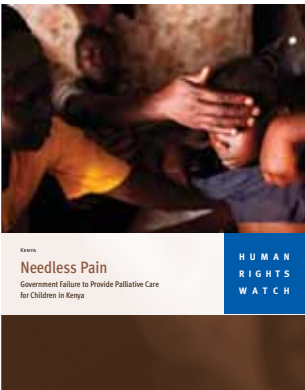
This 93-page report describes Ukrainian government policies that make it impossible for cancer patients living in rural areas to get essential pain medications. While most cancer patients in cities have access to some medications, the treatment they receive is inadequate and provides only limited relief.



MAY 2011

NEEDLESS PAIN: GOVERNMENT FAILURE TO PROVIDE PALLIATIVE CARE FOR CHILDREN IN KENYA

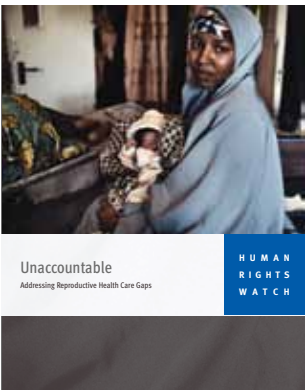
This 78-page report found that most Kenyan children with diseases such as cancer or HIV/AIDS are unable to get palliative care or pain medicines. Kenya’s few palliative care services provide counseling and support to families of chronically ill patients, as well as pain treatment, but lack programs for children. In addition, the majority of sick children are cared for at home, but there is little support for low-cost home-based palliative care. Health care workers lack training in pain treatment and palliative care, and even when strong pain medicines are available, they are often reluctant to give these medicines to children.



SEPTEMBER 2010

UNACCOUNTABLE: ADDRESSING REPRODUCTIVE HEALTH CARE GAPS

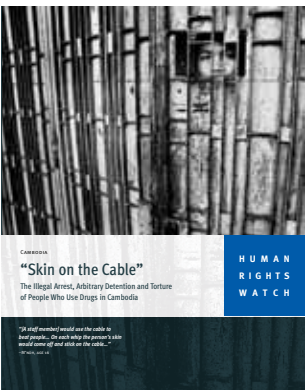
In interviews around the world, hundreds of women and girls have described to Human Rights Watch the pursuit of reproductive health care as an obstacle course. Logistical, cultural, and financial barriers to services and information, discrimination, and abusive health providers block the way. This report draws on those interviews to illustrate health system accountability failings in Asia, Latin America, Africa, the United States, and Europe.



MAY 2010

“SKIN ON THE CABLE”: THE ILLEGAL ARREST, ARBITRARY DETENTION AND TORTURE OF PEOPLE WHO USE DRUGS IN CAMBODIA

In this 93-page report Human Rights Watch documents detainees being beaten, raped, forced to donate blood, and subjected to painful physical punishments in the name of drug dependency treatment. Human Rights Watch also reported that a large number of detainees told of receiving rotten or insect-ridden food and symptoms of diseases consistent with nutritional deficiencies.



JANUARY 2010



KENYA

Patrick O., a 10-year-old boy from a rural area of Nyanza province in Kenya, had sickle cell anemia, a blood disorder that includes episodes of severe pain and can be life-threatening. He told Human Rights Watch, “The pain feels as if it comes from the bones... When it was really bad, I could not go to school or even walk.” Patrick’s mother said she sometimes buys paracetamol or ibuprofen for him, but they provide little relief.

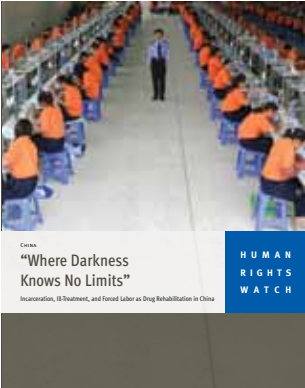
Hundreds of thousands of Kenyan children suffer from AIDS, cancer, sickle cell disease, and other chronic, often fatal, or otherwise life-limiting illnesses, and they often experience severe, debilitating pain. Almost all of this pain can be easily alleviated. Morphine, the mainstay medication for treating severe pain, is inexpensive and easy to administer—but widely unavailable in Kenya, especially for children. Palliative care—a field of medicine that seeks not to cure disease but to prevent suffering and improve quality of life—can be delivered at home, in a hospice, or a hospital.

Children play at Nyumbani, an orphanage for abandoned HIV+ children in Nairobi, Kenya. The orphanage provides pain relief and palliative care when children are dying.  
© 2009 Brent Foster for Human Rights Watch



“WHERE DARKNESS KNOWS NO LIMITS”: INCARCERATION, ILL-TREATMENT AND FORCED LABOR AS DRUG REHABILITATION IN CHINA

This 37-page report, based on research in Yunnan and Guangxi provinces, documents how China’s June 2008 Anti-Drug Law denies individuals who use drugs access to evidence-based treatment and increases their risk of HIV and TB infection, while subjecting them to incarceration for up to 5 years without due process protections.



JANUARY 2010

UNBEARABLE PAIN: INDIA’S OBLIGATION TO ENSURE PALLIATIVE CARE

This 102-page report found that many major cancer hospitals in India do not provide patients with morphine, despite the fact that more than 70 percent of their patients are incurable and likely to require pain treatment and palliative care. Health centers offering services to people living with HIV similarly do not have morphine or doctors trained to prescribe it.



OCTOBER 2009

BARRED FROM TREATMENT: PUNISHMENT OF DRUG USERS IN NEW YORK STATE PRISONS

In this 53-page report, Human Rights Watch found that New York prison officials sentenced inmates to a collective total of 2,516 years in disciplinary segregation from 2005 to 2007 for drug-related charges. At the same time, inmates seeking substance abuse treatment face major delays because treatment programs are filled to capacity. When sentenced to segregation, known as “the box,” inmates are not allowed to get or continue to receive treatment.



MARCH 2009

“PLEASE, DO NOT MAKE US SUFFER ANY MORE...”: ACCESS TO PAIN TREATMENT AS A HUMAN RIGHT

In this 47-page report Human Rights Watch found that countries could significantly improve access to pain medications by addressing the causes of their poor availability. These often include the failure to put in place functioning supply and distribution systems; absence of government policies to ensure their availability; insufficient instruction for healthcare workers; excessively strict drug-control regulations; and fear of legal sanctions among healthcare workers.



MARCH 2009

LOCKED UP ALONE: DETENTION CONDITIONS AND MENTAL HEALTH AT GUANTANAMO

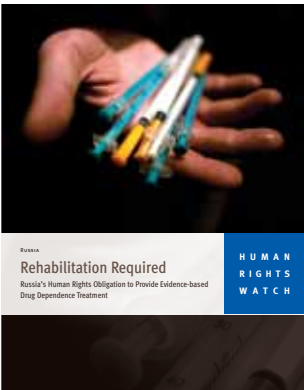
This report documents the inhumane conditions prevailing in many of the “camps” in which Guantanamo detainees are being held. It describes the severe and often prolonged isolation to which many detainees are subjected and the reported consequences to detainees’ mental health.



JUNE 2008

REHABILITATION REQUIRED: RUSSIA’S HUMAN RIGHTS OBLIGATION TO PROVIDE EVIDENCE-BASED DRUG DEPENDENCE TREATMENT

In this report, Human Rights Watch examines the plight of hundreds of thousands of people affected by opioid drug dependence in Russia, where rehabilitation treatment is not available in many parts of the country, and where the use of methadone maintenance therapy, the most effective form of drug dependence treatment available, is banned nationwide.



NOVEMBER 2007

CHOP FINE: THE HUMAN RIGHTS IMPACT OF LOCAL GOVERNMENT CORRUPTION AND MISMANAGEMENT IN RIVERS STATE, NIGERIA

In this report, Human Rights Watch examined the impact of corruption on the realization of the right to health and access to health care in Rivers State, Nigeria. Since independence in 1960, Nigeria has lost an estimated \$400 billion to corruption and waste. The human rights impact of those losses has been profound, as funds that government could have spent on basic health care and primary education for Nigeria’s citizens have instead been squandered or embezzled.



JANUARY 2007

A HIGH PRICE TO PAY: DETENTION OF POOR PATIENTS IN BURUNDIAN HOSPITALS

This report examines the effects of user fees and the practice of routinely detaining poor patients who are unable to pay their hospital bills in one of the poorest countries in the world. Insolvent patients are kept in the wards under guard by security staff or held in a separate room, and often go hungry, sleep on the floor, and are refused further medical treatment.



SEPTEMBER 2006





## SEXUAL AND REPRODUCTIVE HEALTH

Sexual violence and lack of access to reproductive health care imperil women's health and prevent the full enjoyment of a wide range of other human rights, such as the right to education and employment. One-third of illness among women of reproductive age in developing countries is related to pregnancy, childbirth, abortion, reproductive tract infections, and HIV.

Bidyawati, sister-in-law of Kiran Yadav, holds Kiran's newborn son. Kiran died because she did not get the emergency care she needed. Gopalpur, Uttar Pradesh.  
© 2009 Susan Meiselas/Magnum



ILLUSIONS OF CARE: LACK OF ACCOUNTABILITY FOR REPRODUCTIVE RIGHTS IN ARGENTINA

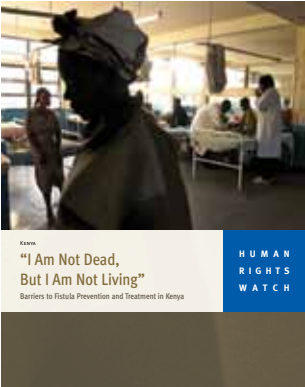
This 52-page report documents the many obstacles women and girls face in getting the reproductive health care services to which they are entitled, such as contraception, voluntary sterilization procedures, and abortion after rape. The most common barriers to care include long delays in providing services, unnecessary referrals to other clinics, demands for spousal permission contrary to law, financial barriers, and in some cases outright denial of care.



AUGUST 2010

“I AM NOT DEAD, BUT I AM NOT LIVING:” BARRIERS TO FISTULA PREVENTION AND TREATMENT IN KENYA

This 82-page report describes the devastating condition facing women with fistula in Kenya and the wide gap between government’s policies to address reproductive health and the reality of women’s daily lives. It documents health system failures in five areas: education and information on reproductive and maternal health; school-based sex education; access to emergency obstetric care, including referral and transport systems; affordable maternity care and fistula repair; and health system accountability.



JULY 2010

NO TALLY OF THE ANGUISH: ACCOUNTABILITY IN MATERNAL HEALTH CARE IN INDIA

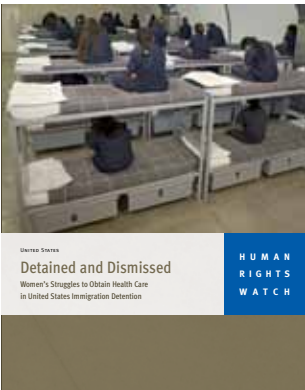
This 150-page report documents repeated failures both in providing health care to pregnant women in Uttar Pradesh state in northern India and in taking steps to identify and address gaps in care. Uttar Pradesh has one of the highest maternal mortality ratios in India, but government surveys show it is not alone in struggling with these problems, including a failure even to record how many women are dying.



OCTOBER 2009

DETAINED AND DISMISSED: WOMEN’S STRUGGLES TO OBTAIN HEALTH CARE IN UNITED STATES IMMIGRATION DETENTION

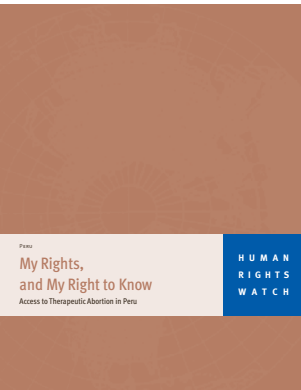
This 78-page Human Rights Watch report documents dozens of cases in which the immigration agency’s medical staff either failed to respond at all to health problems of women in detention or responded only after considerable delays.



MARCH 2009

MY RIGHTS, AND MY RIGHT TO KNOW: LACK OF ACCESS TO THERAPEUTIC ABORTION IN PERU

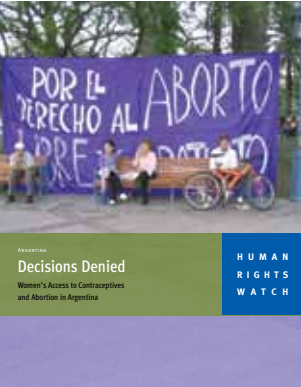
This report examines the fact that while abortion is legal in Peru in order to save the life of the woman or to avoid serious and permanent damage to her health, in practice, accessing lawful abortions is next to impossible. Obstacles result from ambiguities in Peru’s criminal law, the absence of a national protocol on therapeutic abortion, dysfunctional approval and referral procedures, fear of prosecution, cost, and widespread beliefs that such abortions are illegal.



JULY 2008

DECISIONS DENIED: WOMEN’S ACCESS TO CONTRACEPTIVES AND ABORTION IN ARGENTINA

This report examines the arbitrary and discriminatory restrictions Argentinian women face in making reproductive decisions and access to contraceptives and abortion. As a result, many of these women must choose between an unwanted or dangerous pregnancy and a potentially fatal abortion. For decades, unsafe abortions have constituted the leading cause of maternal mortality in the country.



JUNE 2005

SEEKING JUSTICE: THE PROSECUTION OF SEXUAL VIOLENCE IN THE CONGO WAR

In this report, Human Rights Watch documents the plight of tens of thousands of people—men, women, girls, and boys—including children as young as three years old who have suffered as victims of crimes of sexual violence during an extended period of conflict. The report details the fact that the perpetrators of sexual violence come from virtually all the armed forces and armed groups that operate in eastern Congo. There port also covers the enormous need for medical, psychological and social support that victims of sexual violence should have.



MARCH 2005

STRUGGLING TO SURVIVE: RAPE VICTIMS IN RWANDA

In 2004, ten years after the Rwandan genocide, many victims of sexual violence are still without justice, left to suffer with severe mental and physical ailments. Rwandan women are still at high risk for sexual violence as perpetrators of these crimes live on with virtual impunity. In an effort to hear the overwhelming number of cases being brought forth, the Rwandan government set up a two-tiered court system, the international court, and the local “Gacaca” courts. Victims called upon to present evidence in the Gacaca courts, however, fear that they will be targeted for their testimony, and therefore subject to further abuses.



SEPTEMBER 2004



A young boy is shown in profile, facing right. His skin is dark, and he is covered in thick, white, powdery residue that clumps on his face, neck, and shoulders. He is standing in a barren, rocky landscape. In the background, there are dark, forested hills under a bright blue sky with scattered white clouds.

# ENVIRONMENTAL HEALTH

Access to clean air, water and sanitation, and protection from toxic environments at home, school, and work, are necessary for the enjoyment of a wide range of rights. These can include the right to life, health, food, education, property, and non-discrimination. In many parts of the world, access to information concerning environmental risks is restricted, meaning many living in contaminated areas or working with toxic substances do not know it. Even when risks are known, access to effective treatment and prevention, which may involve relocation of entire communities, is often limited. Incorporating human rights principles into environmental decision-making promotes equitable management of natural resources and supports the prevention of ill health from environmental causes.

After a day of illegally panning for gold in the mine's tailings, a young boy is covered with residue from the liquid mine waste.  
© 2010 Brent Stirton/Getty Images for Human Rights Watch



A HEAVY PRICE: LEAD POISONING AND GOLD MINING IN NIGERIA’S ZAMFARA STATE

This advocacy document highlights conditions in the Nigerian state of Zamfara where acute lead poisoning has killed at least 500 children since 2010 in what is considered the worst outbreak of lead poisoning in modern history. Children continue to engage in activities that expose them to lead, including participating in mining operations and simply living amidst contaminated households and land. The report calls on the Nigerian government and donors to take immediate steps to expand environmental remediation and health care for children in the region.

A POISONOUS MIX: CHILD LABOR, MERCURY, AND ARTISANAL GOLD MINING IN MALI

This 108-page report reveals that children as young as six dig mining shafts, work underground, pull up heavy weights of ore, and carry, crush, and pan ore. Many children also work with mercury, a toxic substance, to separate the gold from the ore. Mercury attacks the central nervous system and is particularly harmful to children.

“MY CHILDREN HAVE BEEN POISONED”: A PUBLIC HEALTH CRISIS IN FOUR CHINESE PROVINCES

This 75-page report draws on research in heavily lead-contaminated villages in Henan, Yunnan, Shaanxi, and Hunan provinces. The report documents how, despite increasing regulation and sporadic enforcement targeting polluting factories, local authorities are censoring journalists, denying health information and treatment to children, and ignoring the urgent and long-term health consequences of a generation of children continuously exposed to life-threatening levels of lead.

GOLD’S COSTLY DIVIDEND: HUMAN RIGHTS IMPACTS OF PAPUA NEW GUINEA’S PORGERA GOLD MINE

This report describes the lack of transparency and environmental health and security issues surrounding the Porgera gold mine. While revealing little environmental impact information, the mine dumps 16,000 tons of liquid waste into the nearby Porgera river every day. Private security personnel employed by the Porgera mine have allegedly engaged in brutal gang rapes of local women and local residents have little access to health care.



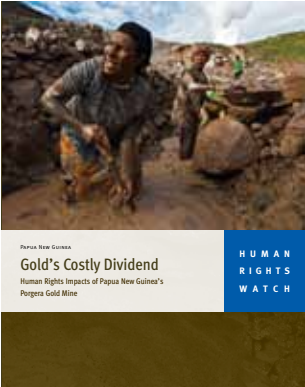
JANUARY 2012



NOVEMBER 2011



JUNE 2011



FEBRUARY 2011



MALI

It is estimated that between 20,000 and 40,000 children work in Mali’s artisanal gold mining sector. These children are subjected to some of the worst forms of child labor, leading to injury, exposure to toxic chemicals, and even death.

Mamadou S., who Human Rights Watch estimated was six years old, works in the mines. His father insisted that the work was good for his son’s education and training. Mamadou told Human Rights Watch, “I work with mercury. You mix it in a cup and put it on the fire. I do this at the site....” Gold brings wealth to the region, but contact with mercury can result in long-term disability and death.

Children and a woman pan for gold at an artisanal gold mine, Kéniéba circle, Mali.  
© 2010 International Labour Organization/IPEC



“HELLISH WORK”: EXPLOITATION OF MIGRANT TOBACCO WORKERS IN KAZAKHSTAN

This 115-page report documents labor and health conditions among migrant tobacco workers in Kazakhstan. Human Rights Watch documented frequent use of child labor and lack of occupation health protections for pesticide use and green tobacco sickness.



JULY 2010

FIELDS OF PERIL: CHILD LABOR IN US AGRICULTURE

In this 99-page report Human Rights Watch found that child farmworkers risked their safety, health, and education on commercial farms across the United States. For the report, Human Rights Watch interviewed 59 children under age 18 who had worked as farmworkers in 14 states in various regions of the United States.



MAY 2010

“WILD MONEY”: THE HUMAN RIGHTS CONSEQUENCES OF ILLEGAL LOGGING AND CORRUPTION IN INDONESIA’S FORESTRY SECTOR

This 75-page report found that more than half of all Indonesian timber from 2003 through 2006 was logged illegally, with no taxes paid. Unreported subsidies to the forestry industry, including government use of artificially low timber market prices and currency exchange rates, and tax evasion by exporters using a scam known as “transfer pricing,” exacerbated the losses. Using industry methods, including detailed comparisons between Indonesia’s timber consumption and legal wood supply, the report concluded that in 2006 the total loss to Indonesia’s national purse was \$2 billion.



DECEMBER 2009

POISONED BY LEAD: A HEALTH AND HUMAN RIGHTS CRISIS IN MITROVICA’S ROMA CAMPS

This 68-page report tells the story of a decade of failure by the UN and others to provide adequate housing and medical treatment for the Roma, and the devastating consequences for the health of those in the camps.



JUNE 2009



KOSOVO

In Kosovo, fear of violence drove Roma populations to makeshift camps heavily contaminated with lead from surrounding mines and illegal battery recycling. Little in the way of health education or treatment was provided for a decade while a generation of children suffered the long-term physical and intellectual consequences of lead poisoning.

Skender Gusani, the leader of the Roma camps, said that “a few times constantly changing groups of children have their blood tested for lead and then are given some kind of pills.” Efforts at resettlement to improved housing had stalled with lack of accountability and trust amidst an on-going health and environmental catastrophe.

Nada Petrovic (a Roma returnee from Serbia) with her two sons in the room that serves as their home. Nada is unemployed.  
© 2009 Andrew Testa for Human Rights Watch





# CONFLICTS, DISASTERS AND DISPLACED POPULATIONS

Refugees and persons displaced by a disaster, disease outbreak, or conflict can be subject to a wide range of abuses. Individuals fleeing abuses at home have the right to leave their country freely and to seek refuge and asylum elsewhere, yet governments frequently see refugees as a threat or a burden, often meaning that refugees face many difficulties accessing health care critical to their needs.

A man digs a grave at a cemetery in Harare, Zimbabwe's capital. Zimbabwe's health system has collapsed and a cholera outbreak has left over 39,000 people infected and over 2,000 dead.  
© 2008 Robin Hammond/ The New York Times/Redux



“NOBODY REMEMBERS US”: FAILURE TO PROTECT WOMEN’S AND GIRLS’ RIGHT TO HEALTH AND SECURITY IN POST-EARTHQUAKE HAITI

This report documents the lack of access to reproductive and maternal care in post-earthquake Haiti, even with unprecedented availability of free healthcare services. The report also describes how hunger has led women to trade sex for food and how poor camp conditions exacerbate the impact of sexual violence because of difficulties accessing post-rape care. It looks at how recovery efforts have failed to adequately address the needs and rights of women and girls, particularly their rights to health and security.



AUGUST 2011

TARGETS OF RETRIBUTION: ATTACKS AGAINST MEDICS, INJURED PROTESTERS, AND HEALTH FACILITIES

This report documents serious government abuses, starting in mid-February 2011. These include attacks on health care providers; denial of medical access to protesters injured by security forces; the siege of hospitals and health centers; and the detention, ill-treatment, torture, and prosecution of medics and patients with protest-related injuries. The government violations were part of the violent response by authorities to largely peaceful pro-democracy and anti-government demonstrations that began in February and continued months after military and security forces began a massive crackdown in mid-March, which led to the armed occupation of Bahrain’s main public hospital, the Salmaniya Medical Complex, on March 16.



JULY 2011

PRISONERS OF THE PAST: KUWAITI BIDUN AND THE BURDEN OF STATELESSNESS

This 63-page report describes how Kuwait, one of the world’s richest countries, forces the Bidun to live under the radar of normal society, vulnerable and without protection. Many live in poverty. Kuwait considers the Bidun “illegal residents.” The government has denied them essential documentation, including birth, marriage, and death certificates, as well as access to free government schools and legal employment opportunities.



JUNE 2011

“AS IF WE WEREN’T HUMAN”: DISCRIMINATION AND VIOLENCE AGAINST WOMEN WITH DISABILITIES IN NORTHERN UGANDA

This 73-page report describes frequent abuse and discrimination by strangers, neighbors, and even family members against displaced women and girls with disabilities in northern Uganda. Women interviewed for the report said they were not able to get basic provisions such as food, clothing, and shelter and had limited access to health care.



AUGUST 2010



UGANDA

After 20 years of displacement and war, the people of northern Uganda are leaving camps set up for internally displaced people and building new lives. The challenges are daunting for all displaced people. Yet during this period of upheaval, government plans are failing to take into account the needs of women who acquired their disabilities due to the war or who already had disabilities before the war and may have disproportionately suffered the impact of conflict.

Edna, a 29-year old woman who fled her rural village for Lira town in 2004, recounted to Human Rights Watch: “There were 12 people in the house on the day it was burned down [by the Lord’s Resistance Army].... My head got burned, and I lost my sight. I don’t hear well. I have lost my senses and sometimes don’t understand what people are saying.” Few HIV programs recognize the increased risk of infection and difficulties faced accessing treatment that HIV-positive women with disabilities such as Edna face.

A makeshift mobility device at a camp for internally displaced persons in Omee. The Office of the United Nations High Commissioner for Refugees reports that as of May 2010, there are 3,098 persons with disabilities remaining in camps – the majority of them female.  
© 2010 Martina Bacigalupo





## SOUTH AFRICA

Between 2005 and 2008 an estimated one to 1.5 million Zimbabweans fled across the border into South Africa, the region’s economic power. They have run from persecution and from economic destitution as the Zimbabwean economy collapses. In South Africa they faced a vulnerable and uncertain situation. Without documents, they have no right to work and have limited rights and access to social assistance such as health care and housing. A 33-year-old HIV infected woman from Zimbabwe told Human Rights Watch about the particular impact of the evictions and the economy in Zimbabwe on people living with AIDS:

“I was diagnosed in July 2004 at Bulawayo Central Hospital. After the tsunami if I tried to sell anything the police harassed me and I couldn’t support myself and five other relatives who all depended on me... I was told I needed ARVs but that the clinics and hospitals in Bulawayo had run out. I was told to go to a private doctor but I did not have enough money. One of my children told me that I could maybe find ART in South Africa.”

A refugee man looks out his tent made out of plastics after waking up at a refugee camp, north of Pretoria, South Africa.  
© 2009 Paballo Thekiso/AFP/Getty Images

## NO HEALING HERE: VIOLENCE, DISCRIMINATION AND BARRIERS TO HEALTH FOR MIGRANTS IN SOUTH AFRICA

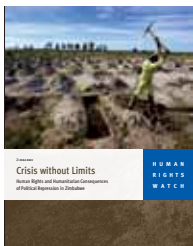
This 89-page report describes how harassment, lack of documentation, and the credible fear of deportation prevent many asylum seekers, refugees and migrants in South Africa from seeking medical treatment, even though South African law and policy state that they have a right to care. Those who do seek treatment are often mistreated and verbally abused by health care workers and denied care or charged unlawful fees.



DECEMBER 2009

## HUMAN RIGHTS AND HUMANITARIAN CONSEQUENCES OF POLITICAL REPRESSION IN ZIMBABWE

This 33-page report details the Zimbabwean government’s responsibility for the country’s humanitarian crisis. A cholera epidemic has left over 2,000 Zimbabweans dead and another 39,000 ill. Over 5 million Zimbabweans face severe food shortages and are dependent on international aid. Repeated political interference by the ruling Zimbabwe African National Union - Patriotic Front in the work of humanitarian agencies has severely hampered international efforts to tackle the country’s multiple crises.



JANUARY 2009

## BESIEGED, DISPLACED, AND DETAINED: THE PLIGHT OF CIVILIANS IN SRI LANKA’S VANNI REGION

This report documents the Sri Lankan government’s responsibility for the plight of the 230,000 to 300,000 displaced persons trapped in the Vanni conflict zone. They face severe shortages of food and poor access to health care because of government restrictions on humanitarian assistance. Individuals and families who have managed to flee areas controlled by the separatist Liberation Tigers of Tamil Eelam (LTTE) have been detained in poor conditions in army-controlled camps.



DECEMBER 2008

## NEIGHBORS IN NEED: ZIMBABWEANS SEEKING REFUGE IN SOUTH AFRICA

Upon arrival, the more than one million Zimbabweans – including 200,000 or more living with HIV – who have fled across the border to South Africa in the past three years have no right to work, limited access to social assistance such as health care and housing, and are liable to arrest and deportation at any time. This report documents the effects of ongoing, widespread human rights abuses in Zimbabwe and the experience of Zimbabwean migrants in South Africa.



JUNE 2008

## EVICTED AND FORSAKEN: INTERNALLY DISPLACED PERSONS IN THE AFTERMATH OF OPERATION MURAMBATSVINA

In May 2005, the Zimbabwean government’s program of forced evictions and demolitions, deprived 700,000 men, women and children of their homes, and led to a massive humanitarian crisis. This lack of shelter coupled with little or no access to food, water, or medical assistance has led to innumerable health problems. The report examines the response of the Zimbabwean government and international community to the humanitarian crisis and its human rights implications.



DECEMBER 2005



Promoting and protecting health and respecting, protecting and fulfilling human rights are inextricably linked, and every country in the world is now party to at least one human rights treaty that addresses health-related rights and the conditions necessary for health. As part of Human Rights Watch's long commitment to defending and protecting human rights, the organization has routinely reported on health and human rights issues, including access to health care, sexual and reproductive health, disability and mental health, disasters and displaced populations, and HIV/AIDS.

These reports have focused on those populations most marginalized in society and most likely to have their rights abused. This brochure outlines some of the recent work that Human Rights Watch has done and is doing to address issues of health and human rights in countries around the world, ranging from the impact of corruption on health care delivery and the difficulty of accessing health care (for populations such as children, migrants, refugees, soldiers, prisoners and LGBT individuals), to environmental contamination and lead poisoning and discrimination against individuals because of infection or illness.