



HEALTH AND HUMAN RIGHTS

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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 highlight recent work on the issues around which Human Rights Watch’s program 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.

COUNTRIES WITH RECENT RESEARCH AND ADVOCACY

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.

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.

In major cities in the United States, police stop, search, and arrest sex workers, using condoms as evidence to support prostitution charges. For many sex workers, particularly transgender women, arrest means facing degradation and abuse at the hands of the police. While some women continue to carry condoms despite the harsh consequences, others are left to engage in unprotected sex due to the overwhelming fear of arrest.

“If I took a lot of condoms, they would arrest me. If I took a few or only one, I would run out and not be able to protect myself. How many times have I had unprotected sex because I was afraid of carrying condoms? Many times.”

— Anastasia L., a sex worker in New York City

REPORT:
Sex Workers at Risk:
Condoms as Evidence of
Prostitution in Four US Cities



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.

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.
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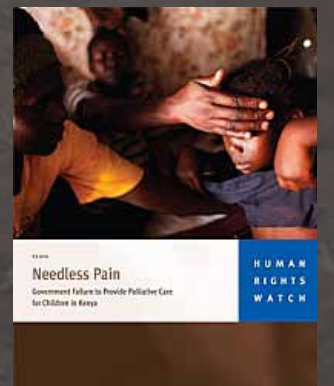
Hundreds of thousands of Kenyan children suffer from chronic illnesses, and they often suffer needlessly from severe, debilitating pain. Morphine, the mainstay medication for treating severe pain, is inexpensive and easy to administer, but restrictive government policies, lack of investment in palliative care services, and inadequately trained health workers mean that it is widely unavailable in Kenya.

“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 O., a 10-year-old boy from a rural Kenya with sickle cell anemia

REPORT:

Needless Pain: Government Failure to Provide Palliative Care for Children in Kenya



One Indian woman out of 70 will die because of pregnancy, childbirth, or an unsafe abortion: a rate 100 times that in the developed world. Barriers to emergency care, poor referral practices, gaps in continuity of care, and improper demands for payment as a condition for delivery of healthcare services cause women and girls in states like Uttar Pradesh to needlessly die or suffer serious harm during pregnancy, childbirth, and the postnatal period. Reducing maternal mortality will only be possible if government officials ensure that deaths are investigated and that policies address critical barriers to care.

“From Wednesday to Sunday—for five days—we took her from one hospital to another. No one wanted to admit her. In Lucknow they admitted her and started treatment. They treated her for about an hour and then she died.”

— Suraj S., Uttar Pradesh

REPORT:
No Tally of the Anguish:
Accountability in Maternal
Health Care in India



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.

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.

Amina Murtala, a resident of Bagega, told Human Rights Watch that three of her six children died from lead poisoning. Lead levels were measured at 23,000 parts per million in Amina's family compound. A safe level is under 400 parts per million.
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Since 2010, acute lead poisoning in Zamfara state in Nigeria has killed at least 400 children. Unusually high levels of lead in the earth and the use of rudimentary mining methods in artisanal gold mines have resulted in what is considered the worst epidemic of lead poisoning in modern history. More than 3,500 children require urgent, lifesaving treatment, but because of government inaction, less than half are receiving it.

"I had six children. Three have died. Each time one died, I was so distraught. In this compound where I was born, the problem is everywhere. Seven children have died so far in this compound. If you include mine, that would make it ten. We have lost so many children."

— Amina, a 20-year-old woman from Bagega, Zamfara State, Nigeria

REPORT:

A Heavy Price: Lead Poisoning and Gold Mining in Nigeria's Zamfara State



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.

Filda, a landmine survivor, has HIV and has to travel a far distance to get her anti-retroviral drugs. She contracted the virus from her brother-in-law, who had inherited her.

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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. Yet during this period of upheaval, government plans are failing to take into account the needs of women living with disabilities, including access to economic and social services, HIV prevention information and healthcare, and protection from gender-based violence.

“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.”

– Edna, a 29-year old woman who fled her rural village in Uganda in 2004

REPORT:
“As if We Weren’t Human”:
Discrimination and Violence
against Women with Disabilities
in Northern Uganda



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.