Human Rights In Emergency Situations

Workshop Human rights in Disasters
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Human Rights In Emergency Situations

• Context

• Words... and reality

• Health Inequalities

• Health Professionals, Medicine and Human Rights

• Disaster Health and Human Rights
Human Rights concept

Human rights

NOT absolute, finished, definite, universal, ‘acquis’
BUT incomplete, process, evolution

perspective:

historical
anthropological (culture)
social (socioeconomic infrastructure & superstructure)
historical context Human Rights

source (justification):

authority (god, “natural” law, a priori, intrinsic logic ‘Raison’) versus

sociogenic (society, state, conflict & struggle) & psychogenic (individual, emancipation)

major drivers

• bourgeois-democratic revolutions
• WW2
• Post WW2 political movements
1. bourgeois-democratic revolutions
   - 19th century ideology in struggle against ‘ancien régime’ (nobility, clergy, monarchy) initially very radical & progressive
   - 1789 French revolution; liberté, égalité, fraternité

2. WW2
   - holocaust
   - Hiroshima-Nagasaki & fire/terror bombings of German & Japanese cities
   - not only inter-imperialist conflict, but also combined with “Second” (USSR) and “Third World” struggle

3. Post WW2: political movements (de-colonization, civil right’s, women’s liberation, GLBT, mai ’68,...)
human rights in the NY Times
Human Rights & reality

1. implementation of official treaties, conventions, declarations
   in reality: enormous inequalities in all domains /fields

2. indifference
   • ignorance? (mass media, almost real-time, des-information?)
   • identity and “distance”
   • compassion fatigue?

3. selective use and instrumentalization for private/national interests, maintaining existing unjust order & inequalities
   e.g. humanitarian interventions
indifference & distance

social generation of identification & empathy

David Hume: “Men are principally concern’d about those objects, which are not much remov’d either in space or time … leaving what is afar off to the care of chance and fortune. … The breaking of a mirror gives us more concern when at home, than the burning of a house, when abroad, and some hundred leagues distant.”

Adam Smith: “Let us suppose that the great empire of China, with all its myriads of inhabitants, was suddenly swallowed up by an earthquake, and let us consider how a man of humanity in Europe, who had no sort of connexion with that part of the world, would be affected upon receiving intelligence of this dreadful calamity. … If he was to lose his little finger to-morrow, he would not sleep to-night; but, provided he never saw them, he will snore with the most profound security over the ruin of a hundred millions of his brethren, and the destruction of that immense multitude seems plainly an object less interesting to him, than this paltry misfortune of his own.”
4. Requests the United Nations International Children’s Emergency Fund, as the United Nations agency entrusted with special responsibility for meeting emergency needs of children in many parts of the world:

(a) To assist in the conduct of national campaigns for the benefit of the International Children’s Emergency Fund, with a view to providing international co-ordination of voluntary governmental and non-governmental appeals for the benefit of children;

(b) To report concerning the appeals to the Ninth session of the Economic and Social Council and to the fourth regular session of the General Assembly.

Hundred and seventy-seventh plenary meeting, 8 December 1948.

216 (III). Advisory Social Welfare Services

The General Assembly,

Having considered resolution 155 (VII) of the Economic and Social Council of 13 August 1948 on advisory social welfare services,

Approves the provisions of that resolution.

Hundred and seventy-seventh plenary meeting, 8 December 1948.

217 (III). International Bill of Human Rights

A

UNIVERSAL DECLARATION
OF HUMAN RIGHTS

PREAMBLE

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,


(a) A contribuer à l’organisation de campagnes nationales en faveur du Fonds international de secours à l’enfance, afin d’assurer la coordination internationale des appels gouvernementaux et non gouvernementaux hêlènées en faveur de l’enfance;

(b) A faire rapport sur les résultats des appels à la neuvième session du Conseil économique et social ainsi qu’à la quatrième session ordinaire de l’Assemblée générale.

Cent-soixante-dix-neuvième séance plénière, le 8 décembre 1948.

216 (III). Fonctions consultatives en matière de service social

L’Assemblée générale,

Ayant examiné la résolution 155 (VII) du Conseil économique et social, en date du 13 août 1948, relative aux fonctions consultatives en matière de service social,

Approuve les dispositions de ladite résolution.

Cent-soixante-dix-neuvième séance plénière, le 8 décembre 1948.

217 (III). Charte internationale des droits de l’homme

A

DÉCLARATION UNIVERSELLE DES DROITS DE L’HOMME

Préambule

Considérant que la reconnaissance de la dignité inhérente à tous les membres de la famille humaine et de leurs droits égaux et inaliénables constitue le fondement de la liberté, de la justice et de la paix dans le monde,

Considérant que la méconnaissance et le mépris des droits de l’homme ont conduit à des actes de barbarie qui révoltent la conscience de l’humanité et que l’avènement d’un monde où les êtres humains seront libres de peur et de servitude, libérés de la terreur et de la misère, a été proclamé comme la plus haute aspiration de l’homme,

Considérant qu’il est essentiel que les droits de l’homme soient protégés par un régime de droit pour que l’homme ne soit pas confronté, en suprême recours, à la révolte contre la tyrannie et l’oppression,

Considérant qu’il est essentiel d’encourager le développement de relations amicales entre nations,
Distribution of World Income

Distribution of world GDP, 1989
(percent of total, with quintiles of population ranked by income)

- Richest 20%: 82.7%
- Second 20%: 11.7%
- Third 20%: 2.3%
- Fourth 20%: 1.9%
- Poorest 20%: 1.4%

Each horizontal band represents an equal fifth of the world’s people.


Distribution of world GDP, 2000
(by quintiles, richest 20% top, poorest 20% bottom)

Source: UNDP Development Report 2005
As a comparison...

Human Development Index (HDI) in 2002

The Human Development Index (HDI) is calculated using three variables: life expectancy, education level and income.

0.27 0.50 0.70 0.80 0.90 0.96
no data
Half of the world lives below the $2-a-day poverty line
### Historical Trend: Inequality Keeps Rising

**Ratio of the Income of the Richest 20% to the Poorest 20%**

<table>
<thead>
<tr>
<th>Year</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1820</td>
<td>3:1</td>
</tr>
<tr>
<td>1870</td>
<td>7:1</td>
</tr>
<tr>
<td>1913</td>
<td>11:1</td>
</tr>
<tr>
<td>1960</td>
<td>30:1</td>
</tr>
<tr>
<td>1991</td>
<td>61:1</td>
</tr>
<tr>
<td>1997</td>
<td>74:1</td>
</tr>
<tr>
<td>2005</td>
<td>103:1</td>
</tr>
</tbody>
</table>

1948 Universal Declaration of Human Rights & Health

**Article 25**

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
Preston curve

Life expectancy (years)
Each dot represents one country in each time period

Real (constant) income per person (in $)

1900
About 1900
About 1930
1960
1990
Heath Inequalities

- TB deaths/100,000 pop
- AIDS deaths/100,000 pop
- Maternal deaths/10,000 live births
- Under-Five deaths/1,000 live births
- Underweight children (percent)

WHO, 2004
Heath Inequalities

Infant mortality rate by regions
Turkey, %0 29

Rate of immunization by regions in infancy (measles)
Turkey, 1999, 2001

Hikmet PEKCAN Turkish Public Health Association, 2006
## Male life expectancy

<table>
<thead>
<tr>
<th>Place</th>
<th>Life expectancy at birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>77</td>
</tr>
<tr>
<td>Glasgow (Lenzie N.)</td>
<td>82</td>
</tr>
<tr>
<td>Glasgow (Calton)</td>
<td>54</td>
</tr>
<tr>
<td>United States</td>
<td>75</td>
</tr>
<tr>
<td>Montgomery County (white)</td>
<td>80</td>
</tr>
<tr>
<td>Washington DC (black)</td>
<td>63</td>
</tr>
</tbody>
</table>

The poor die young...

www.who.int/social_determinants/final_report/en/
UN Convention on the Rights of Persons with Disabilities

- Convention 9 states:

“Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies [...] both in urban and in rural areas.”
‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.’

WHO Constitution 1948
Health Inequalities: disproportion of attention & resources throughout the spectrum of health research

Biological, economic, environmental, political and social determinants of health

‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.’

WHO Constitution 1948
emergency / “disaster” situations

“disasters”, major incidents, crises exacerbate existing inequalities & contradictions

major incidents or disastrous events, and their health impact

are more and more determined by socio-economic factors and societal development(s)
Displaced population: People displaced within their own country. Only 5.4m of them receive help and protection from the HCR which acts here at the request of the UN. All the rest – estimated at between 20m and 30m people – do not fall within the HCR’s mandate, nor do they appear in its statistics. The USCR (US Committee for Refugees) publishes a rough estimate each year. Displaced populations are often out of reach of the humanitarian organisations and mostly receive no help or protection. The Palestinians living in camps in the West Bank and Gaza have refugee status.
today: ca. 90% of deaths in war are civilian
For every violent death in Congo’s war zone...

...there are 62 nonviolent deaths from the conflict:

- 28 children under age 5
- 6 children age 5–15
- 13 women age 15 and older
- 15 men age 15 and older

How they die:

- 6 Malnutrition
- 11 Respiratory disease and diarrhea
- 10 Anemia, measles, meningitis, accidents, tuberculosis
- 17 Fever
- 18 Other causes

Droughts - risk and vulnerability
(economic loss, as a proportion of GDP density)
growing burden of climate disasters (UNDP 2007)
floods, droughts, lightning strikes, intensity of tropical cyclones

People affected by hydrometeorological disaster (millions per year)
- Developing countries
- High-income OECD, Central and Eastern Europe, and the CIS

Source: HDRO calculations based on OFDA and CRED 2007.
activities & funding related to Major Incident Management (MIM) & Disaster Medicine (in Western industrialized countries)

- E&T
- planning
- research
- allocation of resources

are NOT based on scientific assessments of the risk of adverse health impact of events

but are politically (media) driven [hypes]
(except in Belgium)
conceptual model Disaster Medicine

traditionally

“Disaster Medicine”

= Emergency Medicine on larger scale

= emergency physicians (MD) + triage

↓

Multi-disciplinary Health Response to Major Events that Threaten the Health Status of a Community
specific approach
(with respect to organization, functioning, resources, decision making, planning, education & training, reporting, etc.)
which is different from daily routine:

for situations (events) where there is a need for an extra-ordinary approach, special arrangements

1) Mass Emergency Situations
2) Public Health Crises
Disaster Health doctrine

1) An adequate Management of Major Incidents is not limited to interventions and services provided by agencies and organizations, but considers (re)actions and activities of people affected, civil society and communities.

2) The multi-disciplinary response to the health needs comprises three major aspects:
   1) individual-clinical
   2) collective-public health
   3) organizational-management

3) An adequate response needs to be
   • well prepared (in advance),
   • sustained from the immediate to the long term phase, and
   • evaluated (in order to allow feedback and improvements for future actions).
     (cfr. disaster management cycle)
Disaster Health doctrine

1) community response > health agencies

2) three major aspects:
   • individual/clinical
   • collective/public health
   • organizational/management

3) time frame:
   • pre-event,
   • during,
   • after/post-event
Major Incidents: conceptual framework

- Individual health needs – Clinical Health approach
- Need for resource management – organizational approach
- Collective health needs - Public Health approach

«Disaster Medicine»

(Ref: Issues Paper 2004)
conceptual framework for planning, E&T, response, evaluation, etc.

- individual health needs
  - clinical competencies, skills & values
- collective health needs
  - Public Health competencies, skills & values
- need for resource management
  - organizational competencies, skills & values

«Disaster Medicine» education, training & exercise

(Ref: Issues Paper 2004)
conceptual framework for “Disaster Health”

- collective health needs - Public Health
- individual health needs - Clinical Approach
- management of resources (services, human resources, logistics) - Organizational Approach

context, e.g. political, social, economic, level of health care

support disciplines, e.g. geography, engineering, anthropology

scope of Disaster Health

The community

(Ref: Issues Paper 2004)
THE DISASTER RISK MANAGEMENT CYCLE

3 stages of DRMC

PRE-DISASTER
- Risk Assessment
- Mitigation/Prevention
- Preparedness

DISASTER RESPONSE
- Warning/Evacuation
- Saving People
- Providing Immediate Assistance
- Assessing Damage

POST-DISASTER
- Ongoing Assistance
- Restoration of Infrastructural Services
- Reconstruction (Resettlement/Relocation)
- Economic & Social Recovery
- Ongoing Development Activities
- Risk Assessment Mitigation/Prevention

DISASTER RISK MANAGEMENT CYCLE (DRMC) DIAGRAM

Definitions:
Mitigation/Prevention:
Activities which eliminate or reduce the chance of occurrence or the effects of a disaster.

Preparedness:
Planning on how to respond to disasters should they occur. This includes the provision of legislation, trained personnel and resources.
Health, Medicine & Human Rights

long held view that “Medical Ethos”
was immutable
its values were stable despite individual and cultural variation
immune to social, political, and economic pressures

ethical codes: elaborated Hippocratic Oath
(Primum non nocere - first, do no harm)
Health, Medicine & Human Rights

1. general historical societal context
   • era, period, conjuncture
   • socioeconomic development, relationship of social forces, evolution of science & technology, culture, mentality

2. specific position of health practice and health professionals in society:
   – from art to industry
   – from non profit to commercial practice
   – position and (hyper)specialization of health professionals
   – body partitioning and de-humanization (→ compassion, relief of suffering, healing, holistic well-being)

3. particular medical (health) ideology, culture, mentality
Health, Medicine & Human Rights

1. general context
2. specific position of health practice and professionals

3. dynamics of biomedical ideology, views, notions and values
   - epistemology (what is knowledge), what is science (Popper, experimental & quantitative “evidence”)
   - environment & health (determinants): from the paradigms of adaption, sanitation, uni-causality (germ theory) to transition theories (epidemiological, demographic) and behavioral health promotion (individual lifestyle choices)
   - genetics (from natural selection of species to social darwinism)
   - dominance of clinical medicine (<Public Health), molecular biology (<life sciences)
**Health & Human Rights**

**Eugenics** (1883, Francis Galton): programs in USA, Britain, and Germany

**Racial Hygiene** (1894, Alfred Ploetz): “Untermensch”;

- sterilization laws USA (involuntary sterilization of 60,000 persons), upheld by Supreme Court in *Buck v. Bell*, 1924: “It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind” – Justice Oliver Wendell Holmes

- racial segregation
Scientific Validation & Disaster Health

1. internal “logic”, coherent, rational, systematic
   (conceptual framework, theory, doctrine, paradigms)

2. evidence-based: relation with reality
   (empirical data, confirmation by testing & feedback)

3. ethical

   ! Pas de science sans conscience