A CALL TO ACTION ON THE 50TH ANNIVERSARY OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS

Writing Group for the Consortium for Health and Human Rights

Fifty years ago the United Nations General Assembly adopted the Universal Declaration of Human Rights (UDHR) to guarantee all people security, dignity, and well-being in every country of the world.1 Although not binding in international law, the UDHR has set the foundation for dozens of international treaties and laws that protect human rights. Drafted as a response to the horrors of World War II, the UDHR was intended to be taught, much as the U.S. Constitution is taught in the United States, at every institution of learning and at every level of education throughout the world.2,3,4

The international treaties and national laws that the UDHR helped engender involve topics such as an individual’s rights to health, food, shelter, clothing, education, freedom of expression, participation in society, freedom to move within one’s country and across borders, and to seek a safe haven from persecution. The goals enunciated in the UDHR represent an ideal that cannot be achieved unless the fundamental rights set forth in the UDHR are recognized, respected, protected, and fulfilled by all governments. Respect means

The members of the Writing Group are Sofia Gruskin, JD, MIA, and Jonathan Mann, MD, MPH, from the Francois-Xavier Bagnoud Center for Health and Human Rights; George Annas, JD, MPH, and Michael A. Grodin, MD, from Global Lawyers and Physicians; Brian Rawson, Tilman Ruff, MD, and Victor W. Sidel, MD, from International Physicians for the Prevention of Nuclear War; and Barbara Ayotte, Vincent Iacopino, MD, PhD, Len Rubenstein, JD, and Susannah Sirkin, from Physicians for Human Rights.
that governments will not directly violate the rights protected. Protect means that governments will prevent others from violating rights. Fulfill means that governments will take judicial, administrative, and legislative actions to respect rights and redress their violation. Much still remains to be done.

Concerns for human rights and health share the common goals of alleviating suffering and promoting the well-being of all people. The celebration of the fiftieth anniversary of the UDHR, throughout 1998 and culminating on Human Rights Day, December 10, 1998, is an occasion for institutions that teach and train health professionals to explore and embrace the strong link between human rights and health.\textsuperscript{5,6,7} Health professionals can explore the connections between health and human rights by examining the UDHR and the declarations, conventions, and laws that it helped generate.

 Equality in Dignity and Rights

Articles 1 and 2 of the UDHR state that all people are born equal in dignity and rights and that these rights are guaranteed to everyone. Yet, in medicine and in public health, dignity and equal rights may be neglected or unevenly protected.\textsuperscript{8}

Denial of Dignity

Respect for human dignity is an essential element of the health and well-being of all people. In clinical settings, failure to respect dignity has stigmatized people with conditions such as HIV/AIDS and those with disabilities, and has resulted in denial of access to appropriate treatment or subject to inappropriate clinical interventions or unwarranted long-term institutionalization.\textsuperscript{9,10,11,12,13}

Discrimination

Discrimination against ethnic, religious and racial minorities as well as discrimination on the basis of sex, political opinion, immigration status or sexual orientation potentially threatens the health and well-being and, all too often, the lives of millions.\textsuperscript{14,15,16,17,18,19} Discriminatory practices threaten physical and mental health and deny people access
to health care, deny people appropriate therapies, or relegate them to inferior care. Extreme forms of discrimination (exemplified by apartheid, ethnic cleansing and genocide) and the resulting devaluation of human beings have had devastating, long-term consequences to public health.\textsuperscript{20}

\textbf{Oppression of Women}

In many countries, women are denied full participation in society and the protection of basic rights. Women work more than two-thirds of the world’s working hours, yet they earn less than ten percent of the world’s income and own less than one percent of the world’s property.\textsuperscript{21,22,23} Practices that are harmful to their health, such as genital mutilation, are carried out in some communities to further social policies or cultural traditions.\textsuperscript{24}

\textbf{Health Policies That Violate Rights}

Violations of human rights exist in the design and implementation of some national health policies.\textsuperscript{25} Population policies that fail to respect the conditions necessary for individual decision-making may be less effective than those that respect autonomy.\textsuperscript{26} In the past few decades, governments and international agencies have increasingly recognized that women must be able to make free and informed choices about reproduction.\textsuperscript{27} Yet these choices may be infringed in the design of health policies and their implementation.\textsuperscript{28} The promotion and protection of rights to education, information, privacy, and equal rights in marriage and divorce are necessary if population policies are to be successful.\textsuperscript{29,30,31}

\textbf{Compromise of Medical Independence}

People seeking health care are often denied the independent judgment of health professionals when the state demands that the professional show greater allegiance to the state than to the needs of the patient. Prisoners, detainees, undocumented immigrants, military personnel and others are especially vulnerable to the effects of these conflicts of interest.\textsuperscript{32,33,34,35}

\textbf{Unethical Research Practices}

Practices in biomedical and behavioral research have
been shown to violate human rights.\textsuperscript{36,37,38} Although there has been considerable progress in the regulation of human research, contemporary medical research studies may lack adequate informed consent procedures and the risks to study populations may still be disproportionate to the societal benefits.

**Freedom From Torture**

Article 5 guarantees freedom from torture, yet torture has been documented in more than 100 countries around the world.\textsuperscript{39,40,41} Torture causes acute trauma and long-lasting physical or psychological suffering to survivors, their loved ones, and society.\textsuperscript{42,43,44,45} Physicians become complicit in torture when they certify individuals as able to withstand torture, falsify or fail to report evidence of torture in detention facilities.\textsuperscript{46,47,48} Physicians, psychologists, and forensic pathologists have been at the forefront of efforts to document and expose the use of torture in several countries and their work has led to the emergence of treatment and prevention programs throughout the world.\textsuperscript{49,50}

**Freedom of Expression**

Article 19 guarantees freedom of opinion and expression. Promoting and protecting the right to free expression is fundamental to promoting and protecting health. Nations that suppress the independence of the health professions and the voices of medical and public health officials compromise their ability to contain the spread of disease, sustain immunization programs, address humanitarian emergencies, raise alarms about environmental threats to health, and put into place effective health policies and programs that reach all members of affected populations.\textsuperscript{51,52,53}

**Right to Work Under Just and Favorable Conditions**

Article 23 guarantees the right to work and to just and favorable conditions of work. Inhumane labor practices compromise the health of people all over the world. In some countries, women, men, and children toil under brutalizing, unsanitary, and hazardous conditions or work for wages insufficient to support their families' basic needs.\textsuperscript{54,55}
Right to an Adequate Standard of Living and to Medical and Social Services

Article 25 guarantees the right to a standard of living adequate for the health and well-being of all people and their families, including food, clothing, housing, medical care and necessary social services. One-fifth of the world’s population live in absolute poverty. These people lack adequate food, clothing, housing, and social services, and the opportunity to work. In addition to absolute poverty, relative poverty within nations is associated with both diminished access to health care and to diminished health status.57,58

Throughout the world, in countries rich and poor, many people have no access to basic health care services, mental health care or immunizations. Some people have no access to health care because they lack the resources to purchase it and the state does not provide it; others lack access because services are not available in their communities; and others lack access because of discrimination or social stigma, such as their status as prisoners, detainees, refugees, undocumented or even documented immigrants, or members of a lower class or caste. As a result, survivors of trauma from displacement, torture, and war often receive insufficient help in coping with the physical and psychological effects of these traumas.59,60,61,62

Right to Education

Article 26 guarantees the right to education. Although education is one of the strongest predictors of health status and an intrinsic quality of well-being, more than 900 million adults are illiterate, two-thirds of whom are women.63,64 More than 300 million children are not attending primary or secondary school.65,66 Promoting adequate standards of education helps to advance the health status of all members of the human family.

Right to Environmental Protection and Peace

Article 28 guarantees a right “to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.”

Violent Conflict Affecting Civilian Populations

In 1997 there were an estimated 21 active armed con-
flicts and another 21 conflicts “in suspension that may re-
start.” The causes range from a desire for independence to
ethnic and religious differences. In these conflicts, the con-
nection between the disregard for human rights and health
and well-being of entire populations is stark. Since the
fall of the Berlin Wall, violent conflict has claimed the lives
of some four million people and the percentage of civilian
deaths in these conflicts is estimated at 90 percent. In 1997
alone, more than 35 million people were refugees or inter-
nally displaced as a result of violent conflict and forced to
live in conditions contributing to the spread of disease, mal-
nutrition, and early death. Moreover, these conflicts are of-
ten characterized by rampant and gross disrespect for the prin-
ciple of medical neutrality, which guarantees the provision
of health care without discrimination to all injured and sick
combatants and civilians during periods of conflict.

Indiscriminate Harm from Weapons

The right to life of every human being is threatened by
the existence and active deployment of nuclear weapons. Other weapons of mass destruction, such as biological and
chemical weapons, remain threats to lives and health. Life
and health are jeopardized daily by land mines, which kill
and maim indiscriminately, and continue to do so for decades
after the cessation of a conflict.

Exposure to Dangerous Environment

Prevention of environmental hazards and mitigation of
these hazards are critical factors in the promotion of health
and the prevention of illness. Selective pollution of areas in
which poor or minority people or others susceptible to dis-
crimination live, often termed environmental injustice, is an
egregious form of denial of human rights.

Honoring the Anniversary of the UDHR

In this anniversary year, we invite all physicians and
other health professionals and all schools of medicine, pub-
lic health, nursing, and allied health professions to join with
us to increase awareness of the connection between health
and human rights. During the past decade, this awareness
has led to new education and training about human rights for
Health professionals. Schools of medicine, public health, and nursing have inaugurated courses, seminars, and conferences to advance understanding and familiarity about health and human rights.

Activities in schools to honor the fiftieth anniversary of the UDHR can include distribution of copies of the UDHR to all students, development of student groups to study the relationship between health and human rights, initiation of a health and human rights course, and sponsorship of seminars linking human rights to health. Schools can also designate a day or month to celebrate the connection between human rights and health and celebration of a commemorative event on Human Rights Day, December 10, 1998, the date of the fiftieth anniversary of the UDHR.

Health professionals have a key role in affirming the universality of human rights and in promoting respect for them. By affirming and supporting human rights, practitioners in all fields of health enhance the ethics of their profession and advance their commitment to health.


This statement has been endorsed by the following individuals, health associations and organizations: Antonio Novello, MD, MPH (former Surgeon General); Dr. Julius Richmond, Professor of Health Policy, Emeritus (former Surgeon General); Mary Robinson, United Nations High Commissioner for Human Rights; American Academy of Pediatrics; American College of Physicians; American Public Health Association; American Society of Internal Medicine; Association of American Medical Colleges; Physicians for a National Health Plan; Center for Women’s Global Leadership; Doctors Without Borders/Médecins Sans Frontières; Indochinese Psychiatry Clinic; Medical Foundation for the Care of Victims of Torture; People’s Decade for Human Rights Education; and Survivors International.
References
28. Ibid.
29. L. Gostin, J.M. Mann, see note 26.
30. United Nations, see note 27.
39. V. Iacopino, M. Heisler, S. Pishever, et al., see note 32.
40. D. Silcove, see note 33.
Amnesty International, 1997).


57. Ibid.


65. World Bank, see note 56.
66. R.L. Sivard, see note 58.
68. Ibid.
73. Ibid.
74. See, generally, (eds.) B.S. Levy and V.W. Sidel, see note 70.


