

# Human Rights In Emergency Situations

*Workshop Human rights in Disasters*

*5th & 6th of November 2009*

*Hotel Electra Palace, Athens, Greece*

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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)

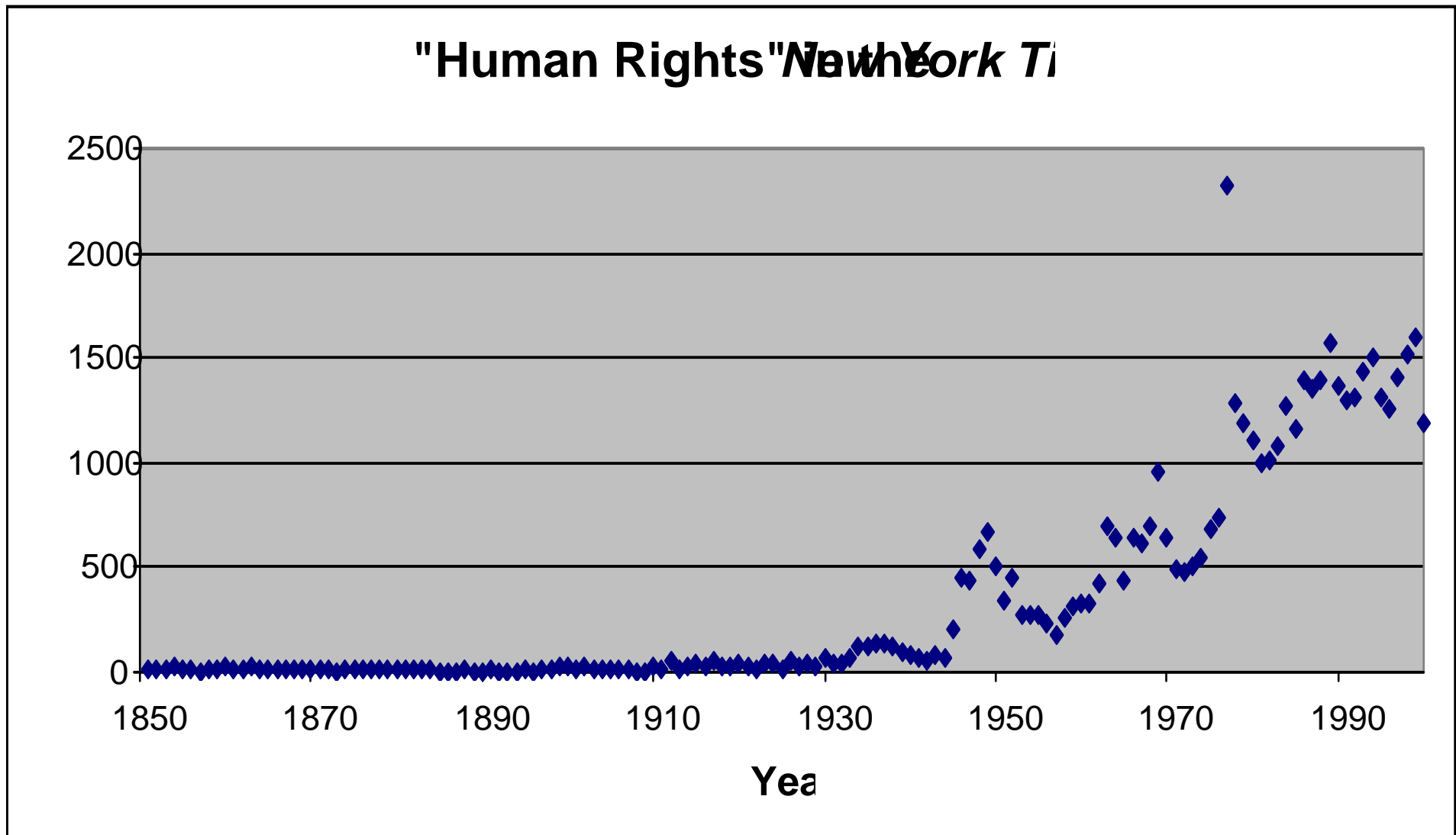
major drivers

- bourgeois-democratic revolutions
- WW2
- Post WW2 political movements

# historical context Human Rights

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.”



# 1948 Universal Declaration of Human Rights

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,

4. *Invite* le Fonds international de secours à l'enfance de l'Organisation des Nations Unies en sa qualité d'institution de l'Organisation des Nations Unies spécialement chargée de pourvoir aux pressants besoins des enfants dans de nombreuses parties du monde ;

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 bénévoles 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-septième 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-septième 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 parler et de croire, 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 contraint, en suprême recours, à la révolte contre la tyrannie et l'oppression,

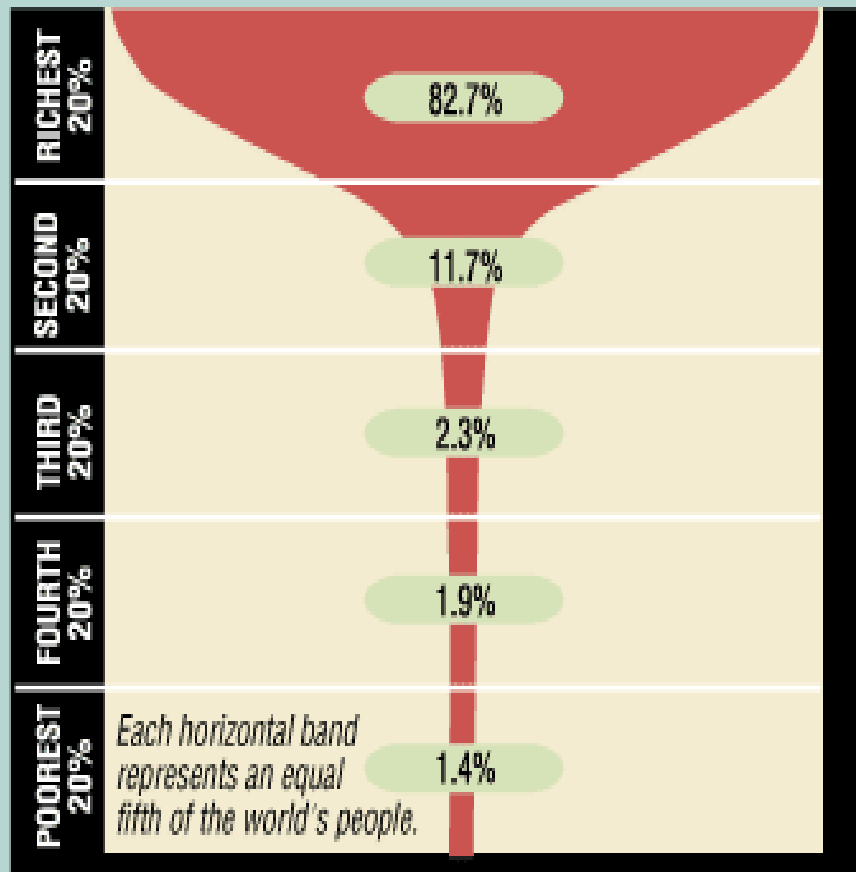
*Considérant* qu'il est essentiel d'encourager le développement de relations amicales entre nations,



# Distribution of World Income

## Distribution of world GDP, 1989

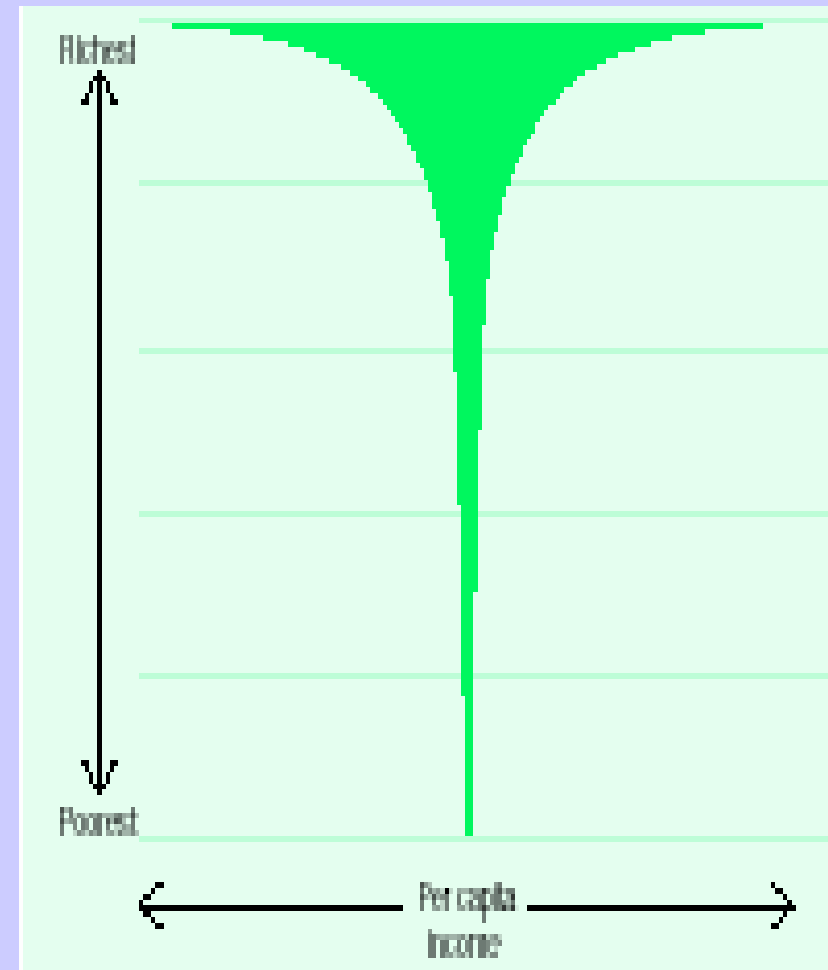
(percent of total, with quintiles of population ranked by income)



Source: United Nations Development Program, 1992, Human Development Report 1992 (New York: Oxford University Press for the United Nations Development Program).

## Distribution of world GDP, 2000

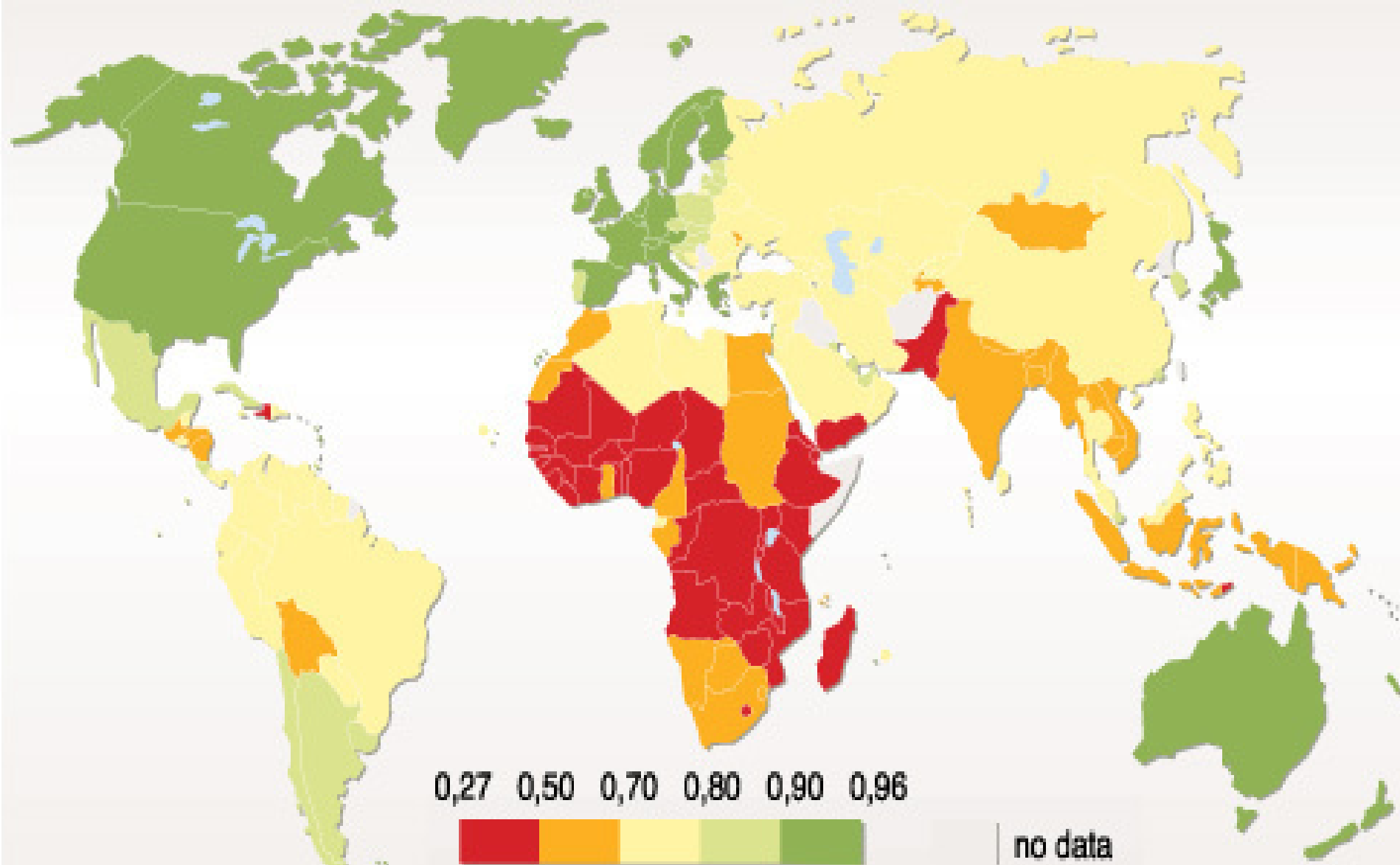
(by quintiles, richest 20% top, poorest 20% bottom)



Source: UNDP Development Report 2005

As a comparison...

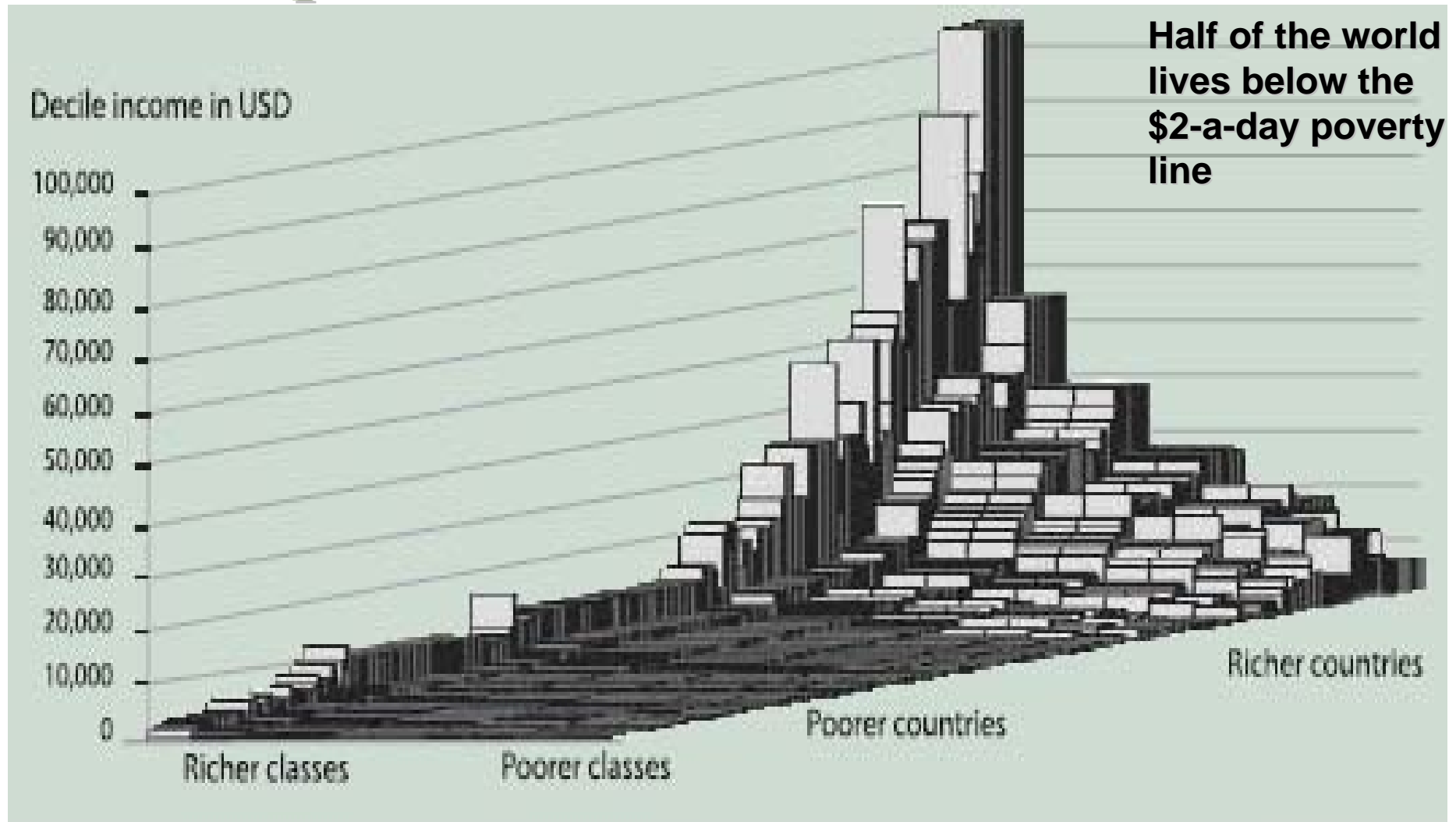
## Human Development Index (HDI) in 2002



UNEP/GRID-Arendal Maps  
and Graphics library  
<http://maps.grida.no>

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

# Apartheid at a Global Scale



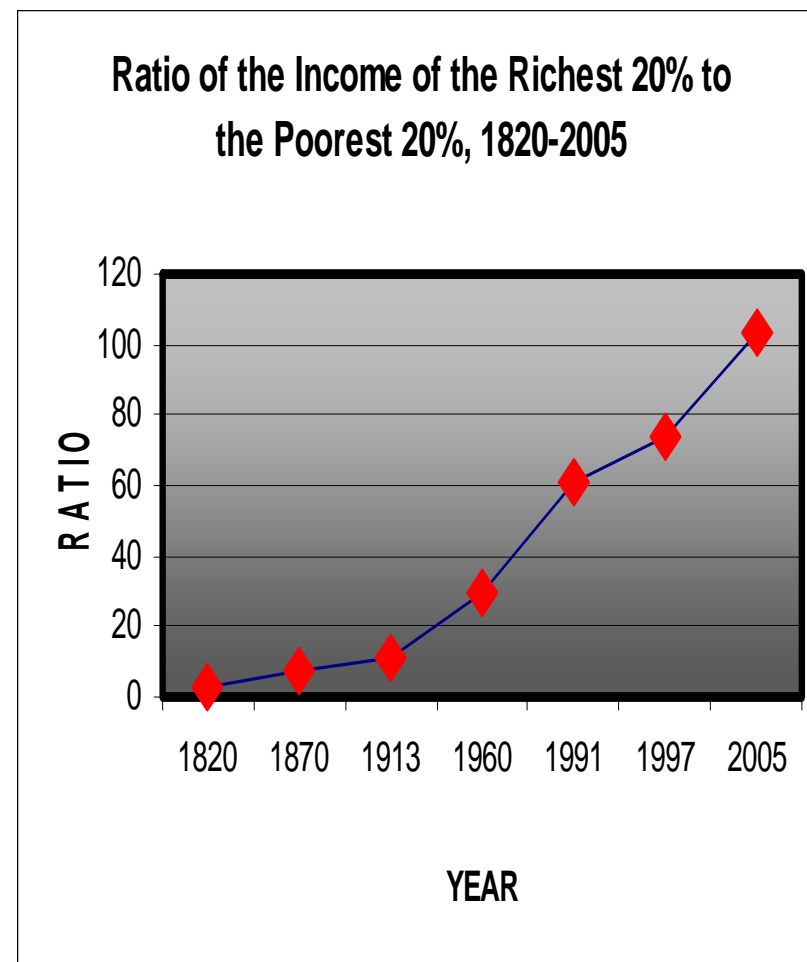
Data source: World Development Indicators, 2005. Online version. World Bank, Washington D. C.

Sutcliffe, 2005. Department of Economic and Social Affairs. WP 2. UNDESA

# Historical Trend: Inequality Keeps Rising

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

<b>Year</b>	<b>Ratio</b>
<b>1820</b>	<b>3:1</b>
<b>1870</b>	<b>7:1</b>
<b>1913</b>	<b>11:1</b>
<b>1960</b>	<b>30:1</b>
<b>1991</b>	<b>61:1</b>
<b>1997</b>	<b>74:1</b>
<b>2005</b>	<b>103:1</b>



# 1948 Universal Declaration of Human Rights & Health

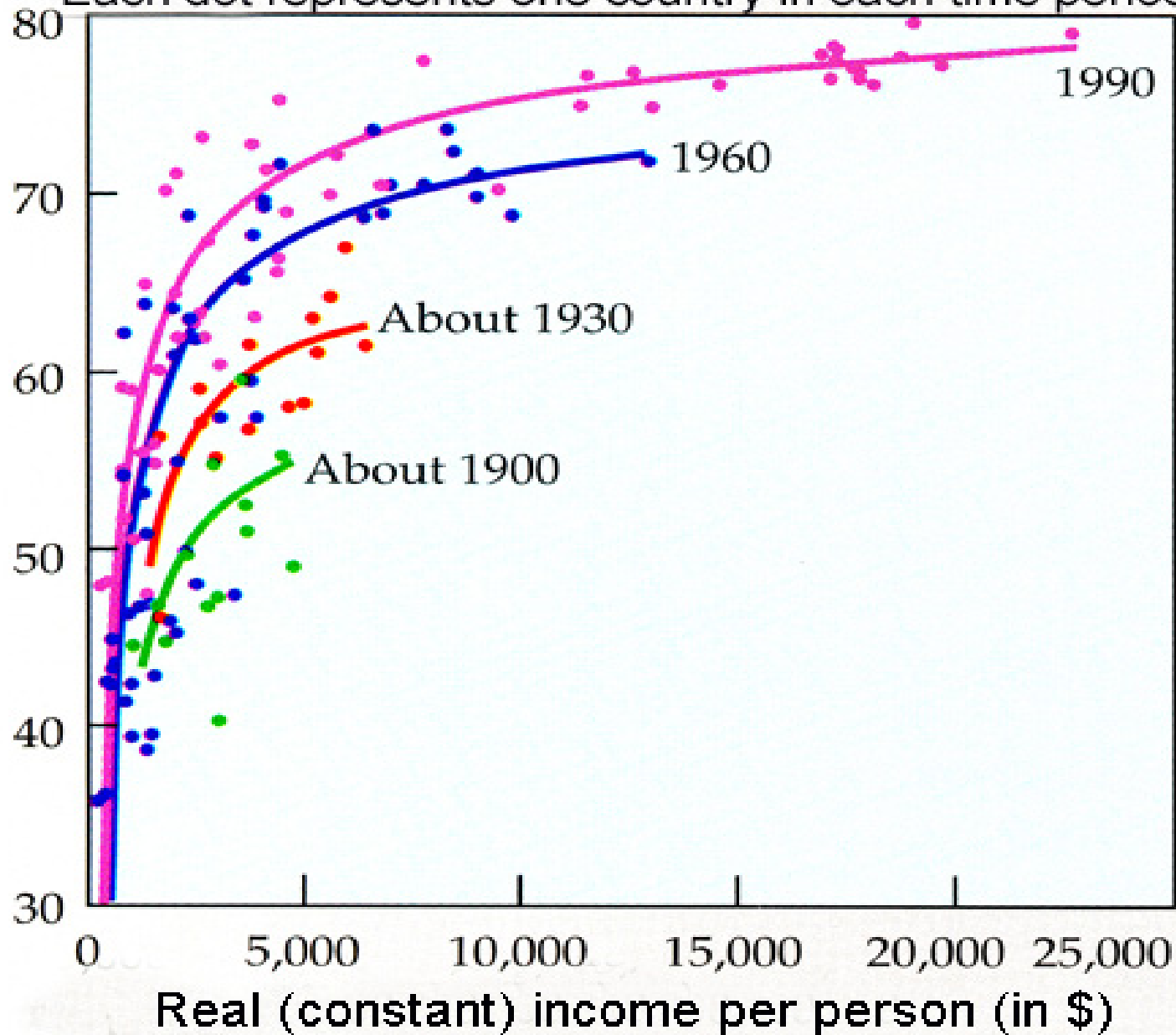
## ARTICLE 25

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.

# Life expectancy (years)

Each dot represents one country in each time period

Preston curve

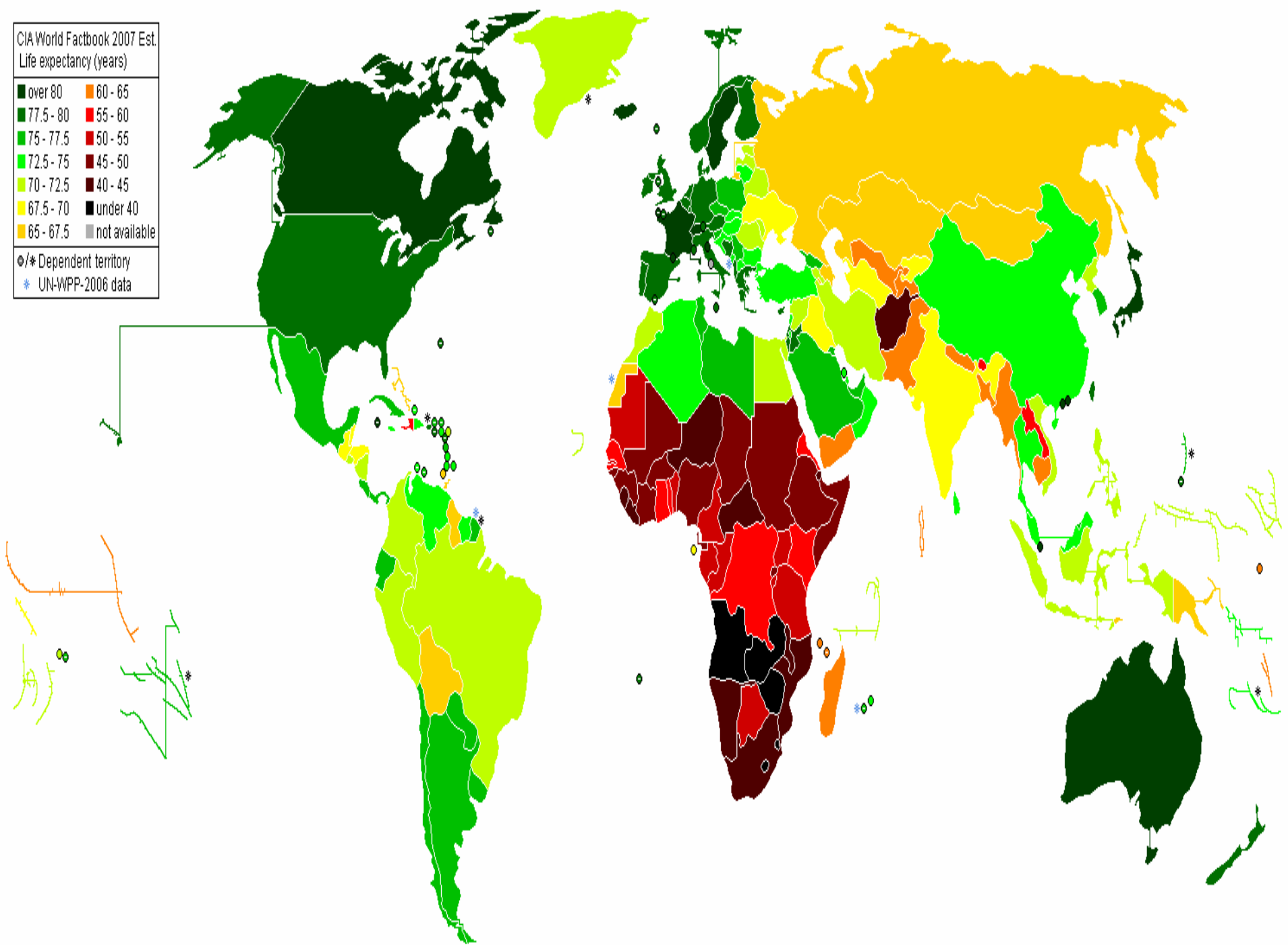




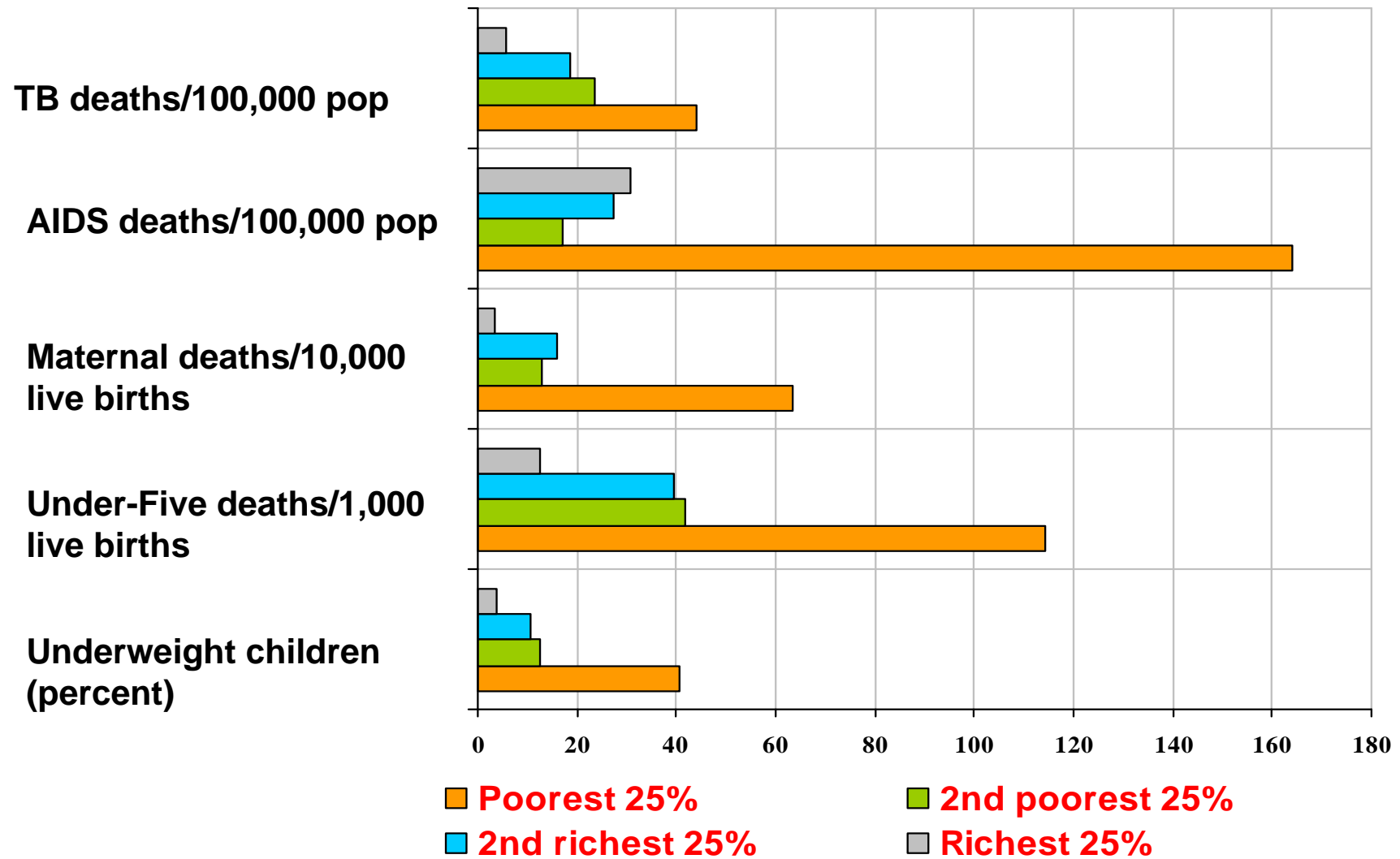
CIA World Factbook 2007 Est.  
Life expectancy (years)

over 80	60 - 65
77.5 - 80	55 - 60
75 - 77.5	50 - 55
72.5 - 75	45 - 50
70 - 72.5	40 - 45
67.5 - 70	under 40
65 - 67.5	not available

○/\* Dependent territory  
\* UN-WPP-2006 data

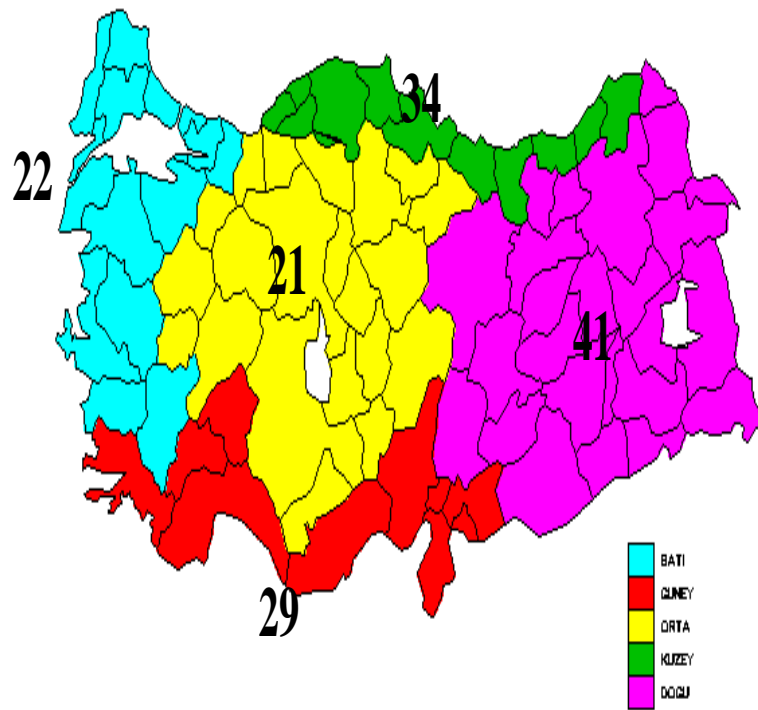


# Health Inequalities



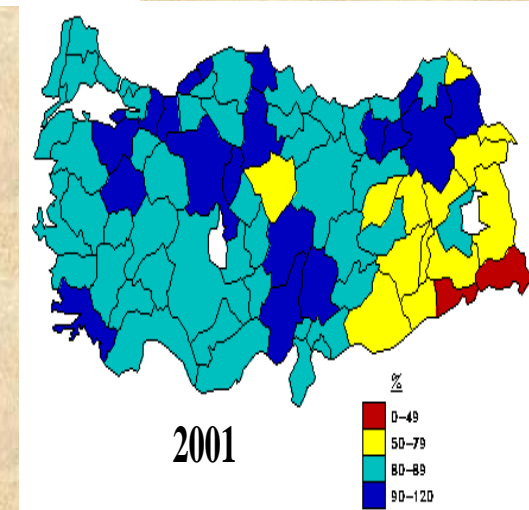
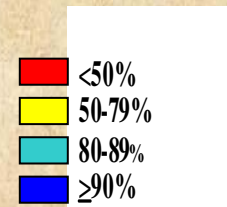
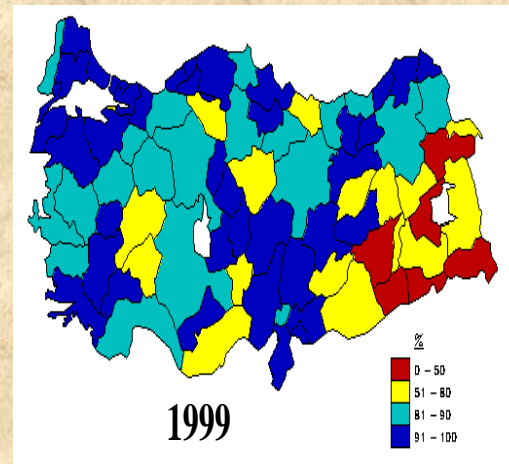
# Health Inequalities

Infant mortality rate by regions  
Turkey, % 29



TDHS-2003

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



# The poor die young...

## Male life expectancy

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

# 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**



Biomedical research

Health policy and systems  
research

Social sciences and  
behavioural research

Operational  
research

# 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

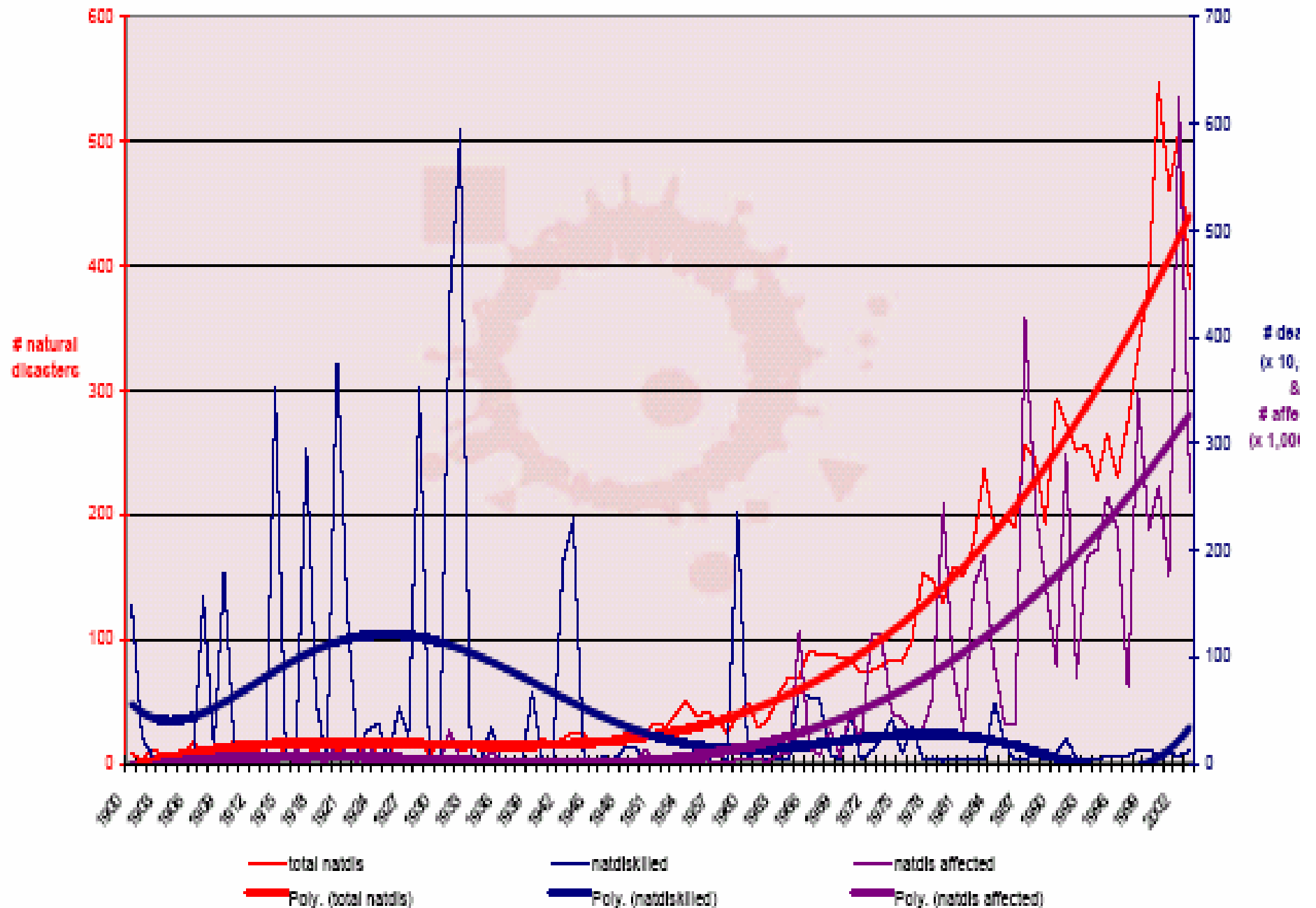
*“disasters”, major incidents, crises exacerbate existing inequalities & contradictions*

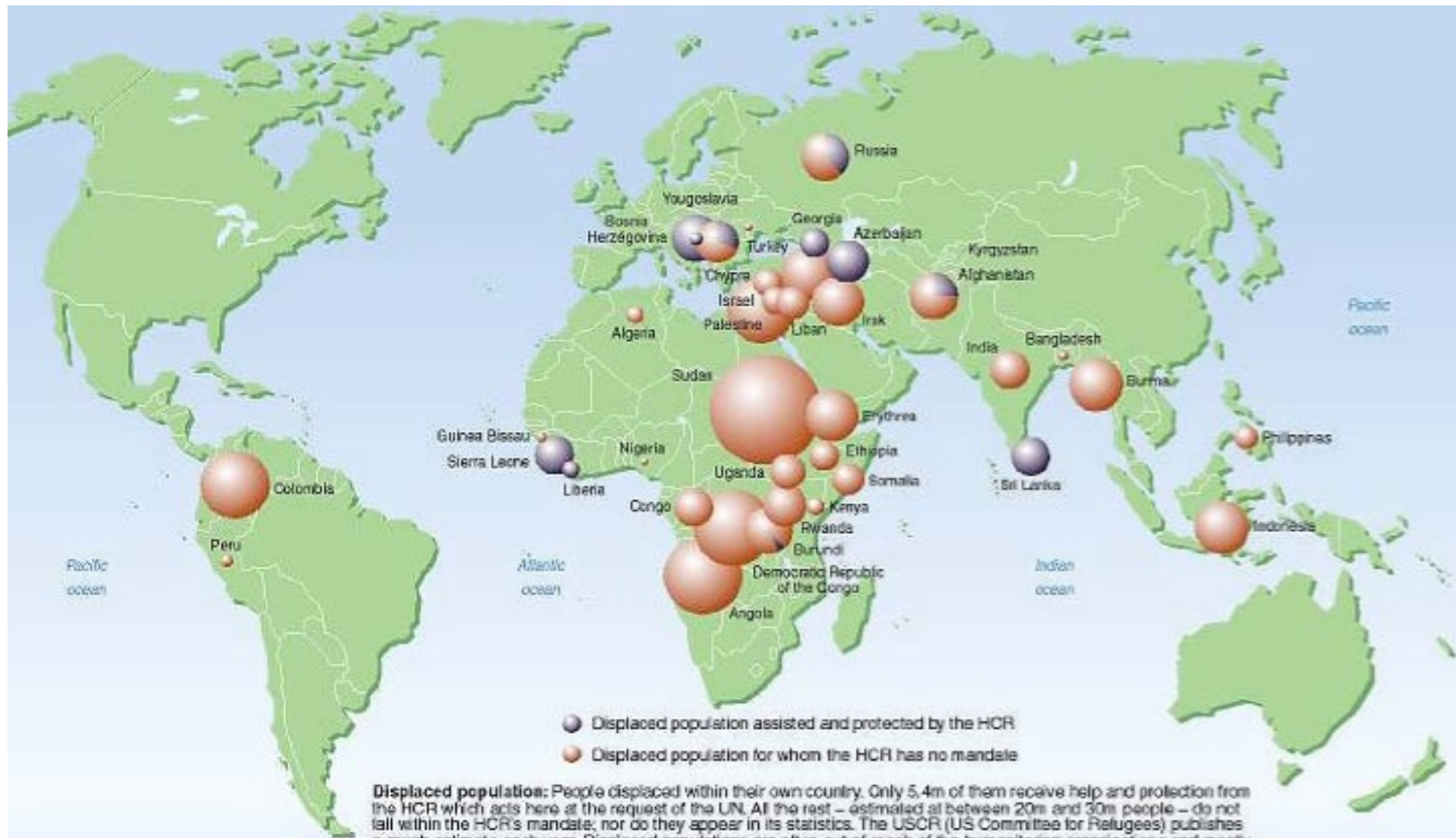
major incidents or disastrous events,  
and their health impact

are more and more determined  
by socio-economic factors  
and societal development(s)

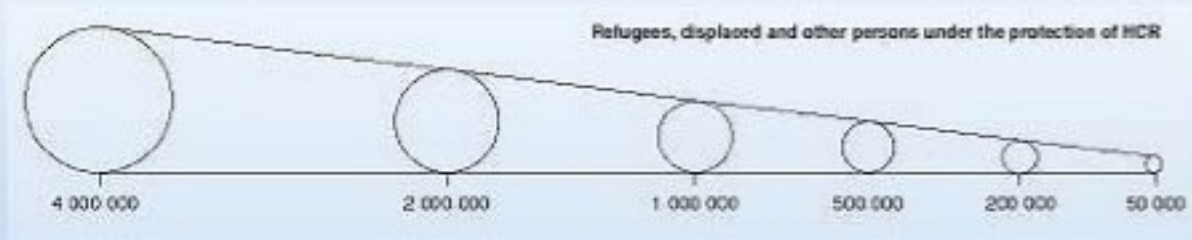


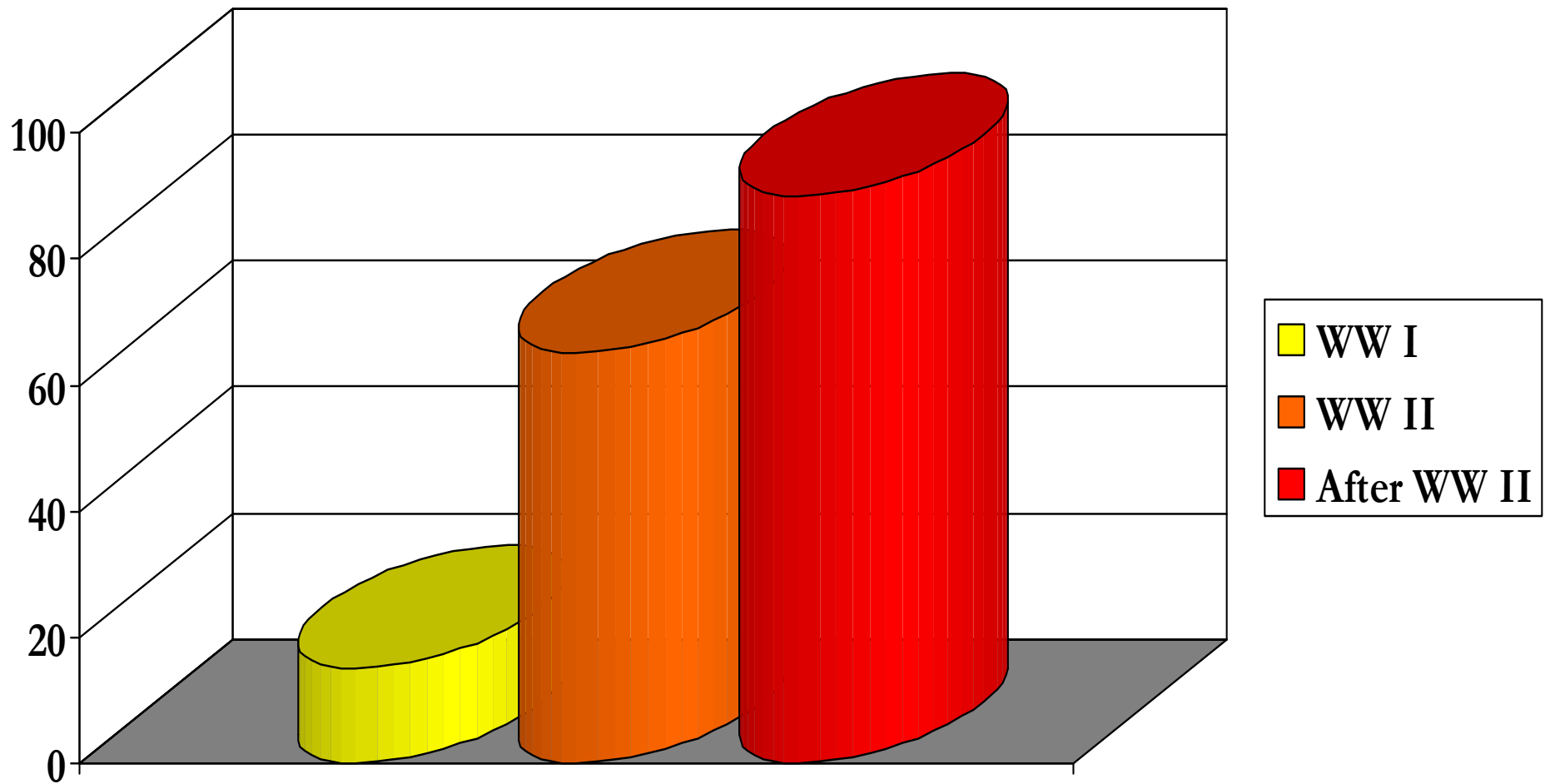
Natural disasters : Trends in events, deaths & people affected. World : 1900 - 2003





**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.



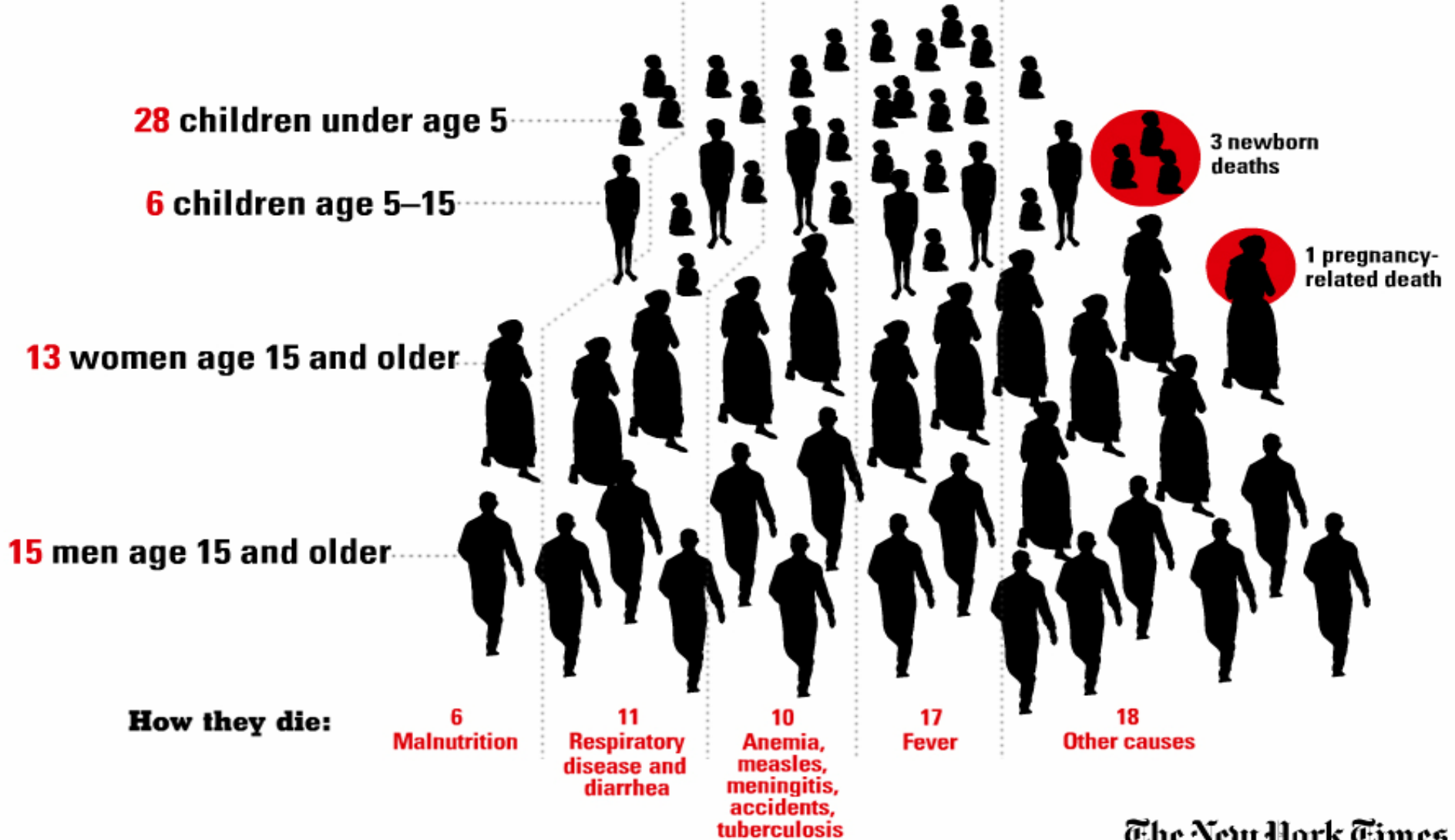


**today: ca. 90% of deaths in war are civilian**

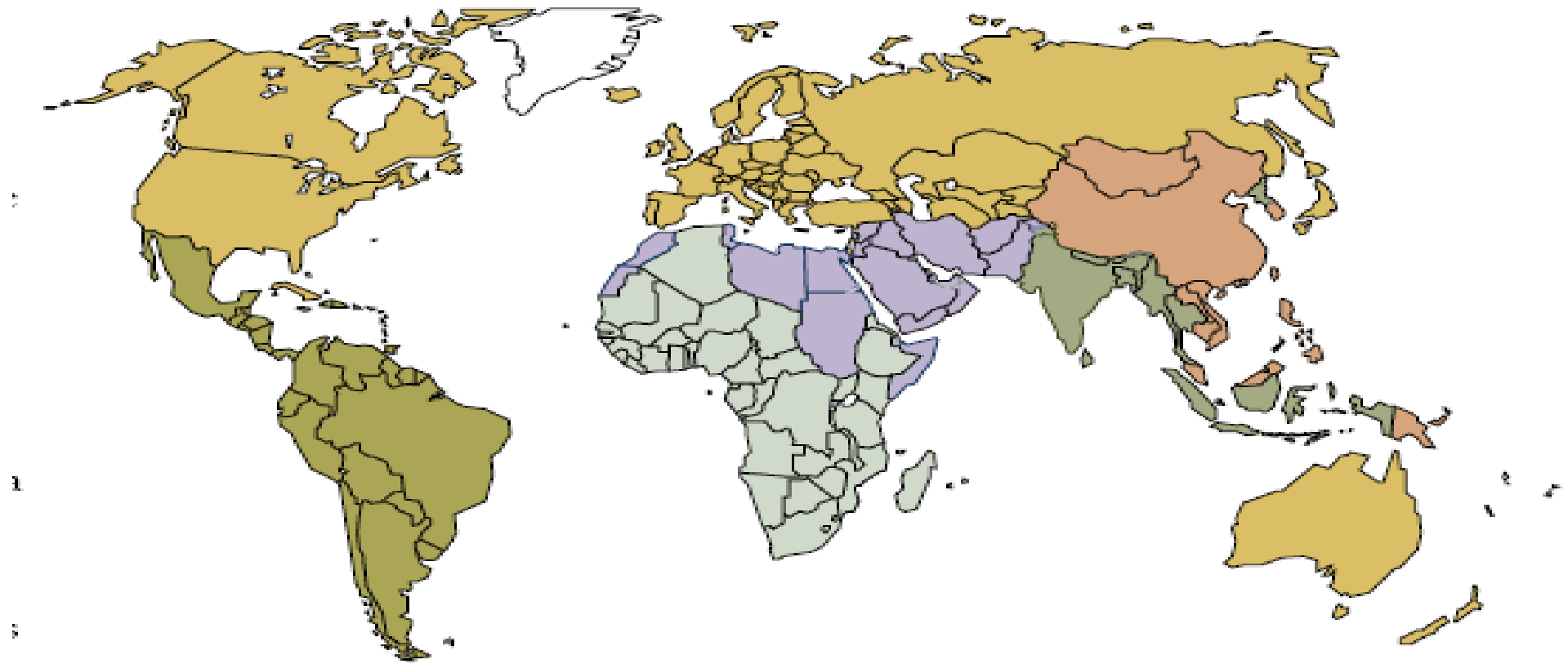
**For every violent death in Congo's war zone...**



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



# estimated deaths from climate change in 2000



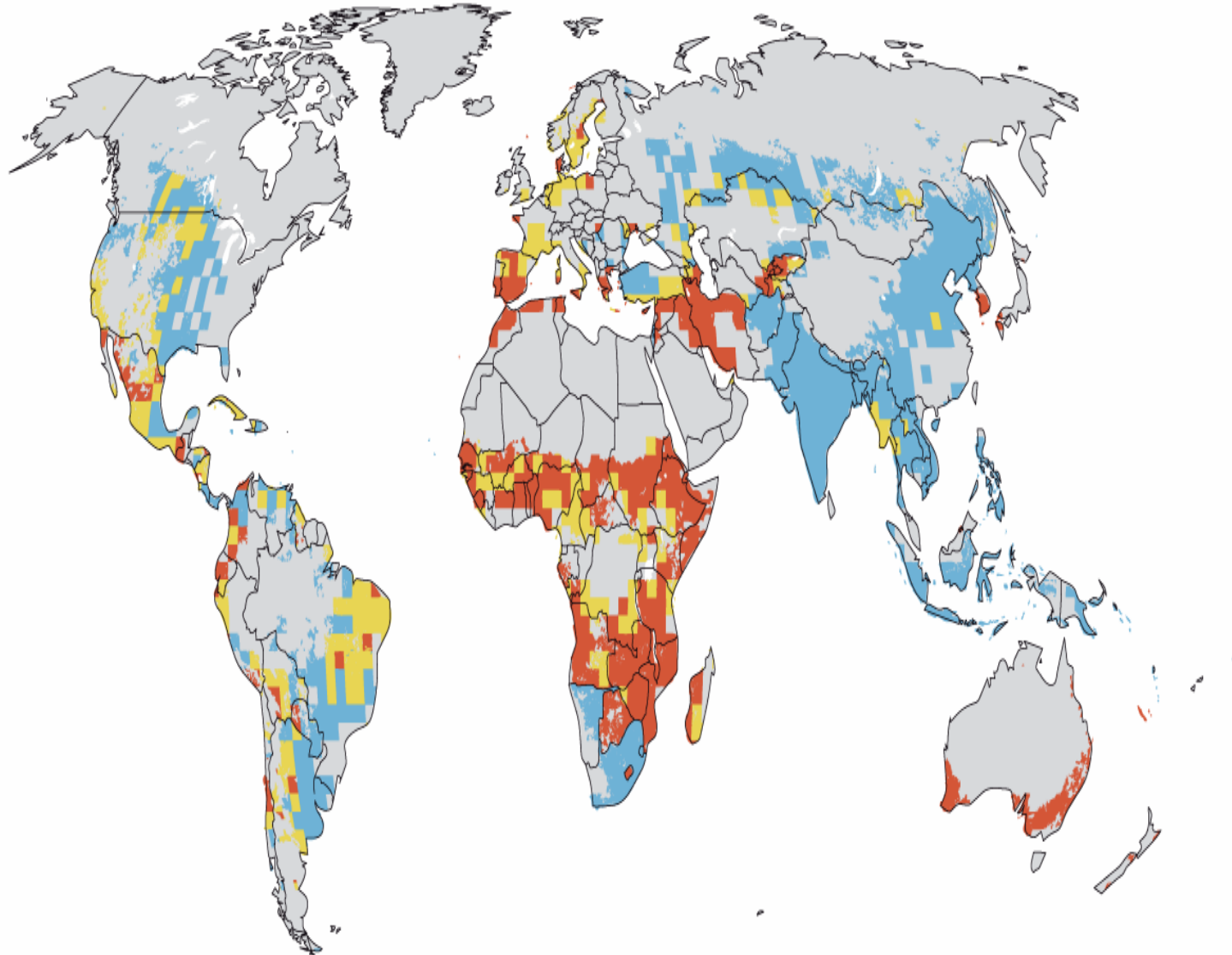
Region	Total DALYs (1000s)	DALYs / million population
Africa region	1894	3071.5
Eastern Mediterranean region	768	1586.5
Latin America and Caribbean region	92	188.5
South-East Asian region	2572	1703.5
Western Pacific region*	169	111.4
Developed countries**	8	8.9
<b>WORLD</b>	<b>5517</b>	<b>920.3</b>

\* without developed countries; \*\* and Cuba

# Droughts - risk and vulnerability (economic loss, as a proportion of GDP density)

Drought total economic loss  
risk deciles

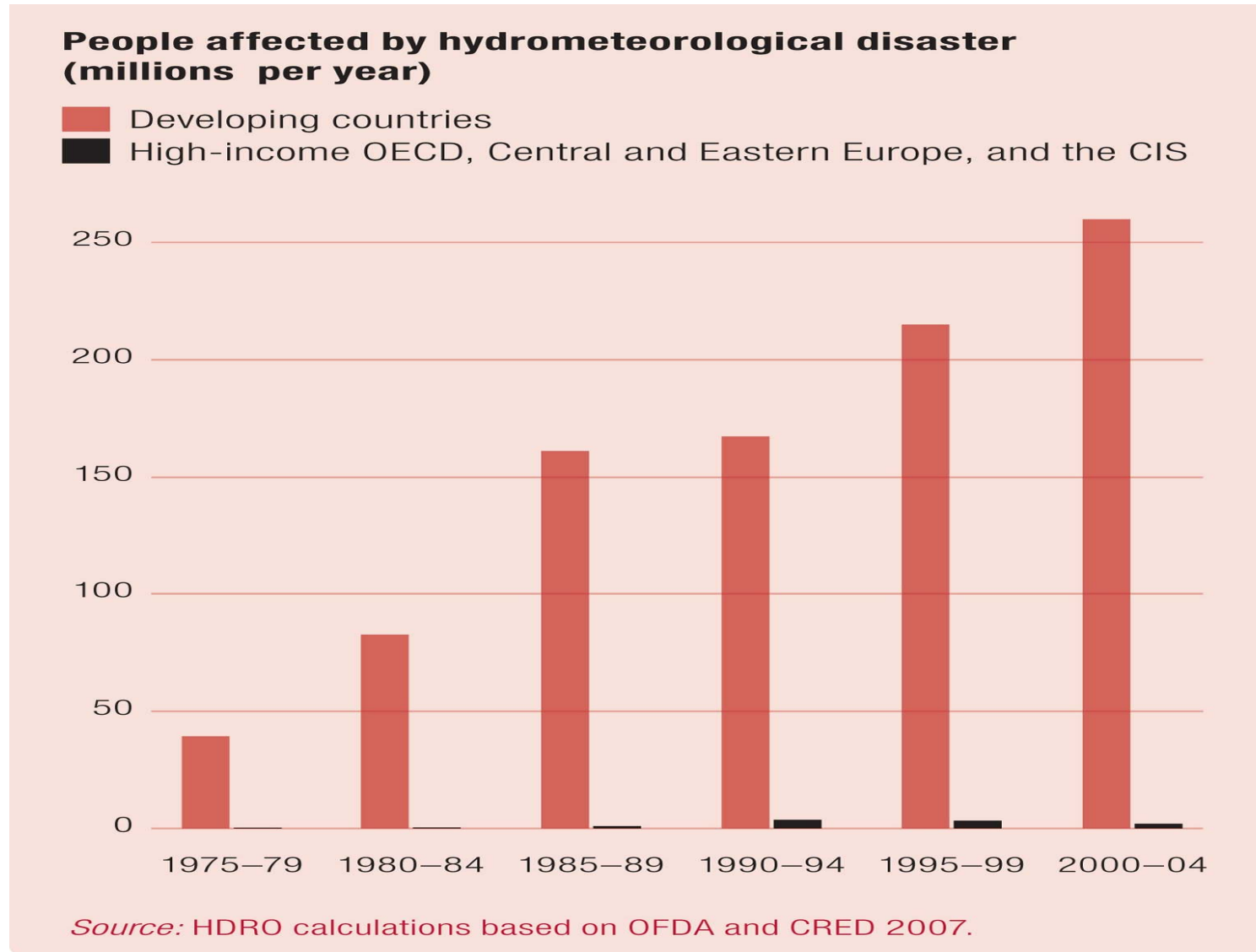
- 1<sup>st</sup> - 4<sup>th</sup>
- 5<sup>th</sup> - 7<sup>th</sup>
- 8<sup>th</sup> - 10<sup>th</sup>



**UNEP/GRID-Arendal**  
**Maps and Graphics**  
**library**  
<http://maps.grida.no>

# growing burden of climate disasters (UNDP 2007)

floods, droughts, lightning strikes, intensity of tropical cyclones



A. Haines 2008

# MIM policies & priorities

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

# Disaster Health

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 extraordinary approach, special arrangements

- 1) Mass Emergency Situations
- 2) Public Health Crises

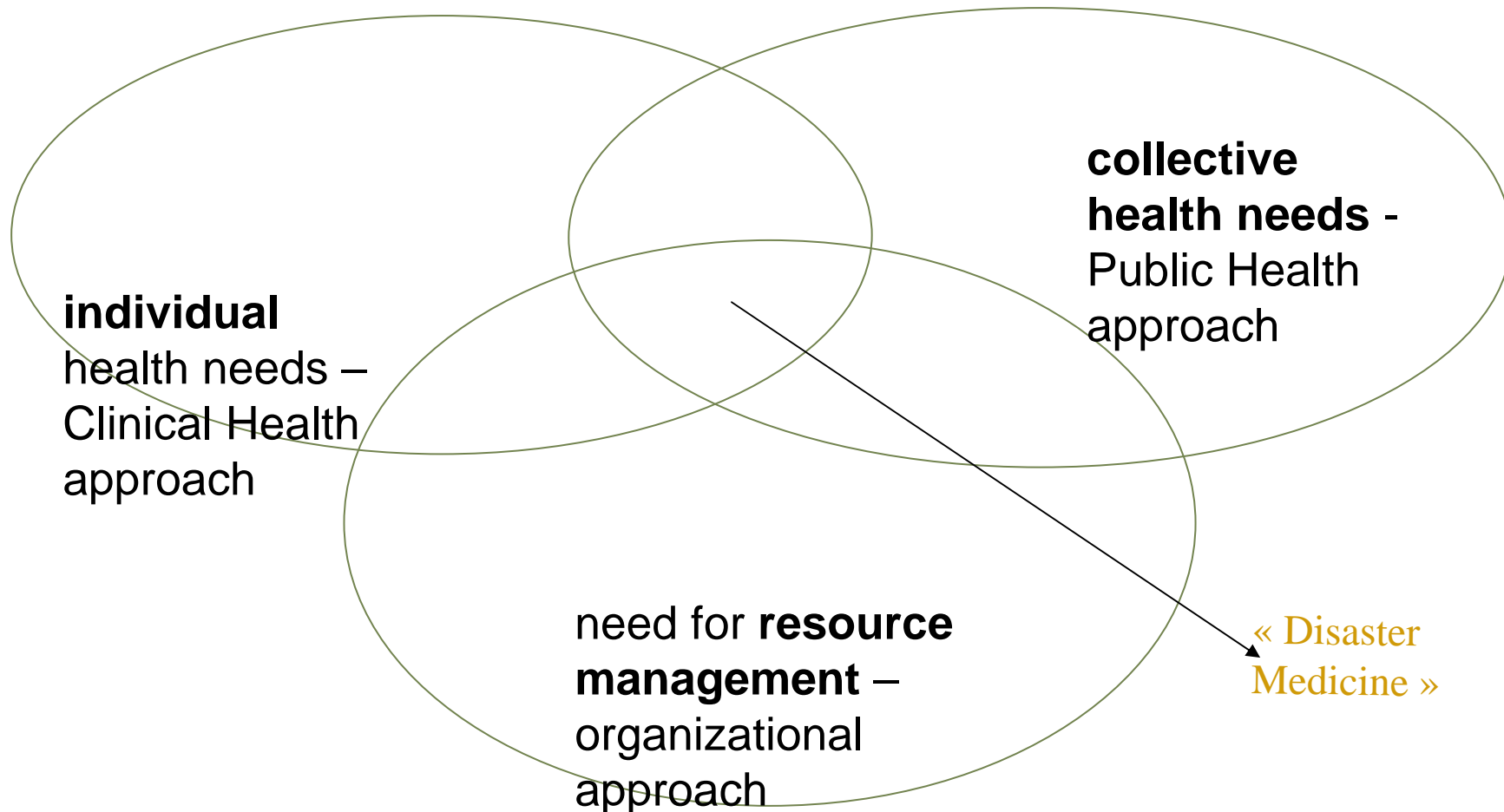
# Disaster Health doctrine

- 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

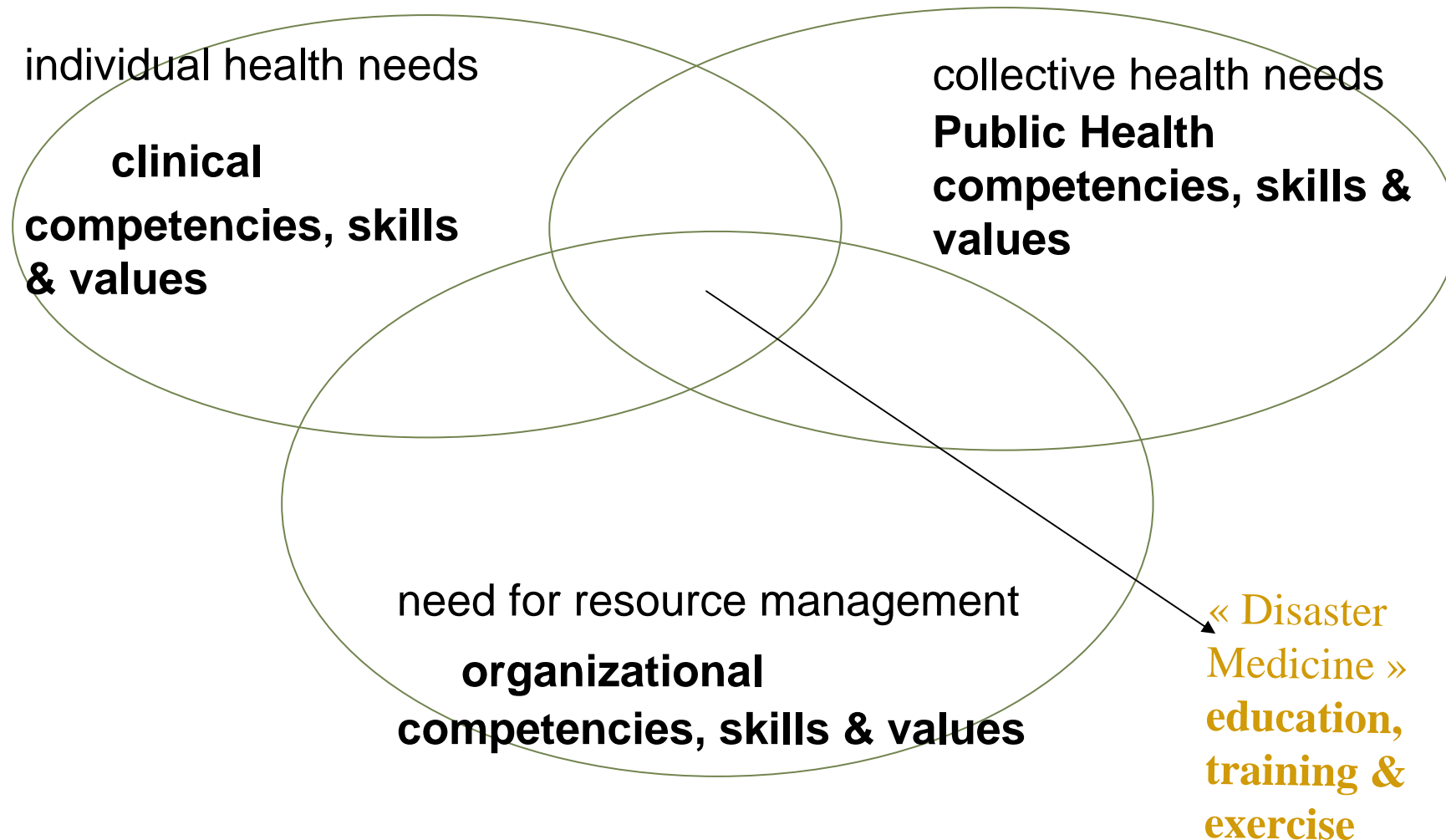
- 1) community response > health agencies
- 2) three major aspects:
  - individual/clinical
  - collective/public health
  - organizational/management
- 3) time frame:
  - pre-event,
  - during,
  - after/post-event

# Major Incidents: conceptual framework



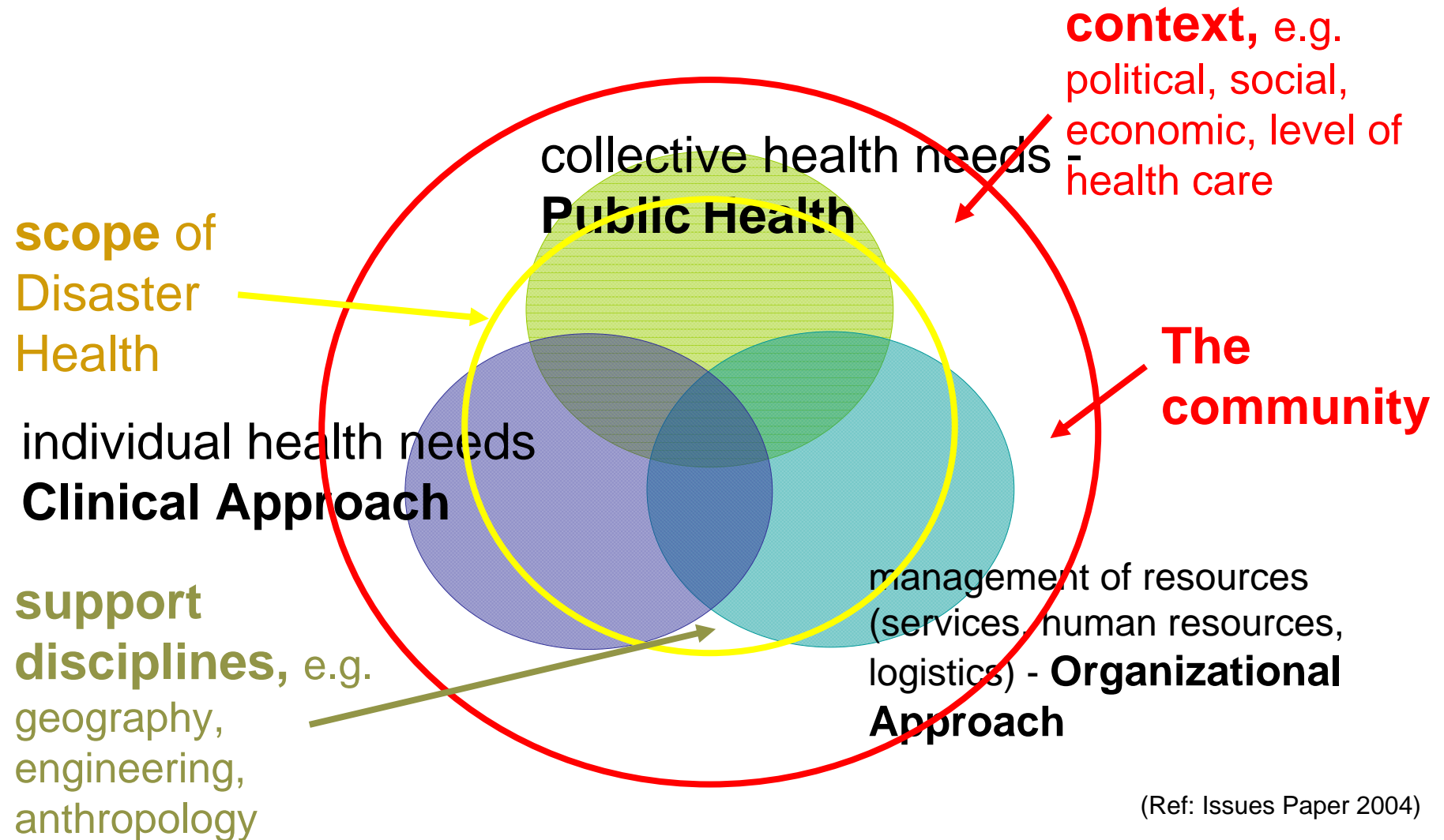
(Ref: Issues Paper 2004)

# conceptual framework for planning, E&T, response, evaluation, etc.



(Ref: Issues Paper 2004)

# conceptual framework for “Disaster Health”



(Ref: Issues Paper 2004)

# THE DISASTER RISK MANAGEMENT CYCLE



## 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.

### 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



# 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***

**WADEM  
An Issues  
Paper,  
Education  
Committee  
working  
Group,  
July 30, 2004**

**Volume 19, Number 2 April-June, 2004**

# PREHOSPITAL and DISASTER MEDICINE

Médecine Pré-Hospitalière et Médecine de Catastrophe  
Medicina Prehospitalaria y de Catástrofes

病院にかかると  
災害医療

Volume 16, Number 4

October - December 2001

Special Issue: Complex Emergencies  
Issue Editor: Frederick M. Burkle, Jr. MD, MPH

I. Complex Emergencies: Lessons Learned

WHO and Public Health in Unstable Situations

Expected and Unexpected Consequences

Military Assistance

Quality of Humanitarian Assistance

Issues and Future Needs

Integration of Reproductive Health

Infant Feeding Practices

International Humanitarian Law

Rehabilitating Public Health Infrastructure

II. Complex Emergencies: Research Initiatives

Communicating Across Cultures

Preparing International Relief Workers

Assessment of Prehospital Emergency Services

Emergency Medicine Leadership Development

Development and Rehabilitation of Emergency Services

Developing Public Health Indicators

Assessment of Food Security

Complex Emergencies in Indonesia

<http://pdm.medicine.wisc.edu>

<http://pdm.medicine.wisc.edu>

The Official Journal of the  
World Association for Disaster and Emergency Medicine  
and the  
Nordic Society of Disaster Medicine