

Utilitarianism or the principle of utility, in other words the “common good” has traditionally challenged the concept of human rights. This is a complex problem, also noted in Article 29 of the Universal Declaration, which states that human rights may be limited for the purpose of, among others, the “general welfare in a democratic society.”

Since the end of the Cold War, Western policy tends to view human rights, democracy and market economies as interdependent. Recent history has amply demonstrated that this assumption is false. Since the events of 11 September 2001, the USA has given an example of how to make human rights subordinate to the “fight against terrorism.”

Democratisation is not always accompanied by improvements in human rights and may be profoundly destabilising. Recent examples are the events in (former) Yugoslavia, the (former) USSR and Indonesia, all countries where the failure to achieve economic development along with liberalisation led to severe humanitarian crises and large scale violations of human rights. The transition from a state-controlled to a market economy can result in a worsening of the human rights record if there are no mechanisms in place to protect the “losers.”

When talking about human rights in humanitarian assistance, we tend to focus on civil rights. There are, however, other human rights that may be of importance, such as social, political and economic rights. Recent history has shown that economic progress often goes hand in hand with oppression. The question is whether this is a necessity or if there are other routes to economic success.

Source: Michael Freeman, Human rights, An Interdisciplinary Approach; Key Concepts, Polity Press 2002¹

The UN Commission on Human Rights is supposed to judge whether nations around the world are observing the UN declaration. It may come as a surprise to some of you that Libya was recently appointed as the new chairman. Ironically, Libya itself has refused to admit UN human rights investigators. But generous financial support from Libya to the new African Union secured support from its colleagues. This year it was the turn of the African region to nominate members and the chairman for the commission. Only three of the majority democratic members of the commission voted against Libya. All seven members of the European Union abstained. It is difficult to imagine such a group having the authority to discuss alleged human rights abuses in the world (source: Washington Post article quoted in The Guardian Weekly, February 5-11 2003).

II. Health and Human Rights

The "right to health" extends to all things that promote health and wellbeing and prevent illness and disease, not just access to medical care. This includes, among others, the right to education, food and shelter; to freedom from discrimination and persecution; to information; and to the benefits of science.

There are many examples of links between health and human rights. Health policies, in their design, may violate human rights by providing selective access or failing to respect the conditions necessary for individual decision-making. The most vulnerable groups in society such as

¹ Note: the concepts in this chapter are from Michael Freeman's Human Rights. Some of the examples are my own.

prisoners, undocumented immigrants, religious and ethnic minorities, often have least access to health care. More extreme examples are torture, violent conflict affecting civilian populations and indiscriminate harm from weapons. Physicians may become complicit in torture for example when they fail to report evidence on medical examination.

III. Health, Human Rights and Humanitarian Assistance

Large populations affected by emergencies are at increased risk of human rights violations. In addition to the perils mentioned above, a common “side-effect” of authoritarian governance is a tendency to consider public health as a state secret. As a result, access to surveillance figures and service indicators is strictly controlled and data are often unreliable. The effects of such limitations on health and human rights are difficult to measure, but quite real. Imagine for example an outbreak of measles following a breakdown in the cold chain. The district medical officer who receives the case reports is also responsible for the integrity of the cold chain. Alerting superiors to the outbreak may lead to his or her dismissal. Therefore cases of vaccine-preventable diseases are not reported. But outbreaks can be due to reasons unrelated to human error at the district level. If vaccine preventable diseases systematically go unreported, the risk to the most vulnerable population sections will increase. Under these conditions, the right to adequate medical care is no longer guaranteed.

In general, the incompleteness and unreliability of public health information available to humanitarian workers makes planning a hazardous exercise and programme monitoring next to impossible. At best, humanitarian workers depend on an educated guess of priority needs, the scale of which may be over- or underestimated. Imagine trying to design a programme for maternal health on the basis of the sole information that maternal mortality is probably high. First, what should be done to reduce “probably high” to “not so high,” second, how should the effects of such a programme be measured? The same problem occurs for all other initiatives. Usually there are two possible scenarios: either mortality is said to be unacceptably high and whatever inputs are made, the death rate does not change, or it is said to be the same as in a stable situation in developed countries and whatever one does, unlikely to decrease any further. An example of the first is the Food-for-Oil programme in Iraq, which according to official statistics did very little to reduce child mortality. As for the second scenario, the official infant- and child mortality rates in the DPR Korea are relatively low (somewhere between 30 and 50/1000, some reports say 55/1000). There are no reports of disease outbreaks. The last *reported* case of neonatal tetanus, measles or polio was at least 5 years ago. At the same time we are told that there is a severe shortage of basic medicine and a chronic food deficit. However, providing food and medicine to a population that officially is neither ill nor starving is difficult to justify. According to the 2002 nutrition survey in DPR Korea, only 6 percent of children were reported (by the mothers) to have low weight at birth (LBW). This is less than the incidence of LBW in many developed countries and unusual for an environment where women have a high workload and a deficient diet.

When conflicting data are the only official information available, agencies tend to make selective use of data and fill in the gaps with assumptions. One problem is that over time the guesses may become established as truth, especially when they are launched by credible organisations (e.g. UN agencies). Attempting to find the source of routinely collected data released by UN agencies is an interesting exercise. If they differ from official statistics, where and how could they have been produced? If they are the same as official statistics, why are they more credible? A more scientifically valid approach might be to confront the authorities with the inconsistencies in their reporting. If figures are made up or modified, there must be reasons for

doing so. To ignore those reasons may harm the cause of human rights more than the good we are trying to do with our programmes.

Since the conflict in (former) Biafra, which ended in 1970, and the subsequent formation of Médecins sans Frontières, the debate around the role of humanitarian assistance and its impact on human rights has never ended. At the time, some aid workers described the events in Biafra (Nigeria) as genocide (an investigation by a special UN team later denied this allegation). Having been unable to interfere in the course of events, a group of young doctors decided to set up their own NGO, to be known as MSF.

The Red Cross, especially the ICRC, takes a pragmatic stance with a claim to neutrality and impartiality. This has made it possible for Red Cross delegates to be present almost everywhere. Those who have some experience working within the Red Cross Movement will understand that there may be situations where neutrality clashes with other values. One of the best known examples might be the fact that Red Cross delegates were allowed into the Nazi extermination camps during the Second World War, hence aware of the prevailing conditions. Observing human rights abuses without being able to report them to the world outside can be a harrowing experience. Having signed an agreement of perpetual discretion with the ICRC some years ago, I will not pursue this argument with other examples.

We should be aware that the provision of aid, including support to health services, in a climate of internal conflict could protract a humanitarian crisis and might have a negative impact on its outcome. This turns around the “health and human rights” argument in a rather uncomfortable manner, bringing us back to the ethics of humanitarian assistance. Without attempting to suggest an answer, I would like to raise the question whether humanitarian assistance should always be unconditional. The idea of linking development assistance to some proof of good governance is now widely accepted. But when it comes to internal conflict, the best the world can offer are (smart) sanctions. Linking food aid to politics is considered immoral because it would mean that food aid is used as a political weapon. Today, many people in Zimbabwe, Iraq (and the DPR Korea, which is not subject to UN sanctions at the moment) are malnourished. At the same time and in spite of all the sanctions in the world, there are more and more expensive new cars on the streets in their respective capitals. This does not reduce the very real plight of the general population, but it is a strong reminder of the age-old truth that every conflict has its winners. By helping those in need, do we not implicitly let the culprits off the hook? Worse, could it be possible that humanitarian presence provides legitimacy to practices that should not be condoned? If the condition for providing humanitarian assistance is silence, how can we contribute to change for the better in the relationship between governments and their citizens?

A few years ago, the Department of EHA in WHO Geneva set up a project entitled “Health as a Bridge for Peace.” It comprised several case studies in conflict and post-conflict situations, looking at the effect of support to health services on the peace-building process. The results were rather discouraging. In some places, health workers from opposite communities were unwilling to sit at the same table long after the conflict had ended. In Haiti, support to the health services during the time of the UN sanctions (1991-1994), after the military coup against president Aristide, was successful in keeping the health system operational until the crisis ended. After that it collapsed, because the delicate balance of social duties, rights and responsibilities, which traditionally had kept the health service in place, had been eroded by the military, compounded by powerful humanitarian intervention.

If we remember that human rights cannot be encapsulated in a set of laws, but are to be seen as values rooted in human dignity and morality, it is our duty to ensure that our actions do not risk

harming individuals, either directly or indirectly. Large-scale interventions without consultation of communities may destabilise the social order, create dependency and reduce people's capacity to determine their own lives. Assistance is often given by an "invisible", hence potentially arbitrary power. It is therefore important to make the right choice of local channels for providing humanitarian assistance and to determine the type and level of assistance that a community can absorb at a given time. It is wrong to think that supplies of medicine and equipment guarantee a better health service. For example, if health service providers are not paid enough to make a living, improved conditions often turn into a lucrative trade. The end result may be a happier health worker, but at the cost of a less equitable and more costly health system. Moreover, if local health workers can use humanitarian aid as an alternative to a decent salary, governments can continue to allocate their funds for other purposes, some of which might contribute to perpetuate the humanitarian crisis.

Finally, what about the human rights of the aid workers? While local staff members receive a much lower salary than their international counterparts, they often have to take the largest risk when it comes to travelling in hazard zones or performing dangerous duties. How many of the smaller aid agencies are willing and able to offer social security and sickness benefit to their local employees? What happens to them when the agency decides to leave? In the case of the international aid worker, with the possible exception of casual workers in the docks, few professions offer less job security and less potential for career development. Article 19, states that "Everyone has the right to freedom of opinion and expression: this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers." This brings us back to the rights of the international civil servant and/or aid worker in international organizations. In everyday life, an international aid worker who holds an opinion that differs from the majority view does best to keep that opinion to himself. In fact, he or she is asked to be "discrete," not only while carrying out the job but forever after. As a result, dissenting voices are seldom heard on the outside. Those who venture to disagree on the inside usually end up being isolated and ultimately start looking for another job. The result is an international civil service that gently floats on a sea of indifference.

Conclusion

Human Rights are concerned with the protection of individuals against arbitrary use of power. As such, they are not a "Western invention." Enforcement of human rights cannot be solely ensured by legal means. Defending human rights and (re-) creating an environment that will promote respect and long-term flourishing of human beings is a complex task. Interventions may be extremely costly and counter-productive, while not intervening seems to reduce the "Declaration" to gratuity. Democratization of the human rights movement (e.g. NGOs) and integration of the concept into the social sciences can help to reclaim human rights from the esoteric heights of philosophy and law to the lives of everyday people.

DISASTER MYTHS and REALITIES

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The international health response to the most recent earthquakes from Taiwan to El Salvador or Turkey highlights the need to revisit the myths and realities surrounding disasters to improve the response.

Natural disasters do not result in imported diseases that are not already present in the affected area, and they do not provoke secondary disasters through outbreaks of communicable diseases. Proper resumption of public health services, such as immunization and sanitation measures, control and disposal of waste, and special attention to water quality and food safety, will ensure the safety of the population and of relief workers.

The myth that dead bodies cause a major risk of disease, as reiterated in all large natural disasters seems to be ore persistent, especially in the western world is just that, a myth. The bodies of victims from earthquakes or other natural disasters do not present a public health risk of cholera, typhoid fever or other plagues mentioned by misinformed health personnel. In fact, the few occasional carriers of those communicable diseases who were unfortunate victims of the disaster are a far lesser threat to the public than they were while alive. Often overlooked are the unintended social consequences of the precipitous and unceremonious disposal of corpses. It is just one more severe blow to the affected population, depriving them of their human right to honor the dead with a proper identification and burial. The legal and financial consequences of the lack of a death certificate will add to the suffering of the survivors for years to come. Moreover, focusing on the summary disposal, superficial 'disinfection' with lime, mass burial, or cremation

of corpses require important human and material resources that should instead be allocated to those who survived and remain in critical condition.

Another myth is that the affected local population is helplessly waiting for the international community to provide medical care and first aid. In fact, only a handful of survivors owe their lives to foreign teams. Most survivors owe their lives to neighbors and local authorities. When foreign medical teams arrive, most of the physically accessible injured have already received medical attention from the local health services assisted by the many local medical volunteers. Those health workers from neighboring communities are often most appropriate to the local conditions.

Disaster-stricken countries do need and appreciate external assistance that can do a lot of good when directed to real problems. Unfortunately, too much of the assistance is directed to non-issues or myths. For example, a common myth is that any kind of international assistance is needed, and it is needed now, while experience shows that a hasty response that is not based on familiarity with local conditions and meant to complement the national efforts only contributes to the chaos. It is often better to wait until genuine needs have been assessed.

The myth, that the affected population is too shocked and helpless to take responsibility for their own survival is superseded by the reality that on the contrary, many find new strength during an emergency, as evidenced by the thousands of volunteers, many from the national Red Cross Societies, who spontaneously united to sift through the rubble in search of victims after any major disaster wherever it may occur in the world. This cross-cultural dedication to the common good of so many local volunteers from the Red Cross, other institutions or the general public keeps alive the faith in the future of humankind and society.

Yet another myth is that things go back to normal within a few weeks or months is especially pernicious. The truth is that the effects of a disaster last a long time. Disaster-affected countries deplete many of their financial and material resources in the immediate

post-impact phase. The bulk of the need for external assistance is not at the time of the immediate response but later in the restoration of normal primary health care services, water systems, housing, and income producing work. Social and mental health problems will appear when the acute crisis has subsided and the victims feel (and often are) abandoned to their own means.

It is essential that the Humanitarian Organizations, the Red Cross System, donor countries be better aware of what constitutes good practice or counterproductive action in public health emergency management. WHO and PAHO experience in the aftermath of the many large natural disasters suggests that health authorities and the media can work together to inform the public on the real needs of the affected population and channel their generosity in a more productive manner.

Past sudden-impact natural disasters have shown the need for international contributions in cash and not in kind, which ensures the allocation of resources is field-driven by evidence of what is needed on-site. Unilateral contributions of unrequested goods are generally inappropriate, burdensome, and divert resources from what areas of greatest needs.

Perhaps, we need to educate donors just as we need to educate potential victims of disasters. A little preparedness can go a long way toward alleviating the “secondary” disaster often visited on countries. It is important to commit to strengthen the local capacity to respond to future disasters worldwide and to learn what is important and what is futile in helping sudden-disaster stricken countries.

The Value of Education

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Through mass media and other sources, more or less we have witnessed that the devastating civil wars during more than two decades, incurred lots of irretrievable losses upon the wandering Afghan citizens within the country or elsewhere. Having saved themselves from the indiscriminate attacks of missiles, rockets and atrocities, large influxes of Afghan refugees took refuge either in the neighboring countries or far and farther to Europe, United States of America, Canada, Australia or other countries.

As educators, we know that the main cause for such migrations was the deficiency in the system of education throughout the nation. That is, the young generation, who were in dire need of education, had been deprived from the blessing of it, which was and still is their legitimate right. The majority of Afghan children at school age, due to poor economy, couldn't attend or continue their education under refugee circumstances. To earn living for themselves or family members, they mostly involved in weaving carpets, rugs, needlework or some other crafts. The number of children who were attending the academic institutions barely afforded paying the monthly tuition.

Education, as we have experienced more or less, has played a significant role in the process of all walks of life, however, the regimes that came to the arena during the last couple of decades, especially during the Taliban, there was paid no attention to it. Frankly speaking, the authorities in power had assigned wrong professionals for the right positions or visa versa. We have to confess that an educated personality knows the value of education not a layman. During the war, the system of education throughout the nation had turned quite adverse and dilapidated. The late rulers, due to having limited or incomplete education in both religion and modern sciences, followed their own rules and principles in running the educational programs which finally led to corruption and then collapsed. If they knew the value of education and educators, they would never venture closing the doors of academic institutions for female education or punish the citizens in the public. Moreover, they would not change the standard curriculums ranging from primary school to university level.

It is also proved that those who do not know the value of education, they don't know the value of human beings and, of course, commit certain unexpected crimes. Those

hostile factions who were involved in the destruction of the country, for sure, lacked sound education, as a result of which committed terroristic or subversive intrigues. To delve deeper, it could be stated that the terrorists who maniacally attacked the WTC, Pentagon and other targets in the USA, all were recruited by those who themselves were not aware of the values of education, and the aftermath of such attacks was taking the life of thousands of innocent nationalities.

It was indeed, as a result of terroristic actions which speeded up brain drain in Afghanistan. Thousand of professors, officials and other professionals quit their native land one after the other. You may all agree that the United Nations and the nations under its umbrella missed a golden opportunity. That is, when the communist regime collapsed, and Mujahiddin took the power, it was the right juncture to have supported the central government, but as we noticed such negligence later on, has caused spending tremendous amount of fund for searching, sacking and other terroristic operations.

In brief, it is proposed to the educational authorities of the United Nations and other concerned nations to focus their close attention to the educational programs because it plays a key role in overwhelming peace and security not only in Afghanistan but also in other nations upon our vast common globe.

Mottos:

**Let Education Be Overwhelmed All Over the Nations,
Let Peace and Security Spread with Firm Determination,
Long Live Democracy under the Flag of the United Nations,
Long Live Afghanistan among All of the Other Nations,**

**Let the Torch of Education Keep Glowing All Over the Nations,
Let the Flag of the Peace and Security Be Hoisted with No Hesitation.**

研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の 編集者名	書 籍 名	出版社名	出版地	出版年	ページ
青山温子	アフガニスタンの女性支援の現状・他2編	アフガニスタンの女性支援に関する懇談会	アフガニスタンの女性支援策について	内閣府男女共同参画局	東京	2002	16—18 34—35 56—57 124—134
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