

Human Rights and Health

Introduction by Paul Hunt

U.N. Special Rapporteur on the Right to Health
and Professor of Law, University of Essex, UK

Over fifty years ago, the constitution of the World Health Organization recognized the enjoyment of the highest attainable standard of health is a fundamental human right. Since then, the right to the highest attainable standard of health (“*right to health*”) has been enshrined in a series of international and regional human rights treaties, as well as in over 100 constitutions worldwide.

The International Covenant on Economic, Social and Cultural Rights includes as a central provision the right to health in international human rights law: “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (article 12). International treaties also recognize a range of other human rights of central relevance to health, including the rights to adequate shelter, food, education, privacy, non-discrimination and the prohibition against torture.

- There are a variety of links between health and human rights:
- Violations of, or inattention to, human rights can have serious consequences for health;
- Health policies and programs can either promote or violate human rights in the way that they are designed or implemented;
- Vulnerability and the impact of ill-health can be reduced by taking steps to respect, protect and fulfill human rights.

Human rights are relevant to a great many health issues, including prevention and treatment of HIV/AIDS; sexual and reproductive health; access to clean water and adequate sanitation; medical confidentiality; access to education and information on health; access to drugs; and the health of marginalized and vulnerable groups such as women, ethnic and racial minorities, refugees and people with disabilities. Human rights are also relevant to promoting health in broader contexts, such as in armed conflict, poverty reduction strategies, and international trade.

I greatly welcome this initiative by *Human Rights & Human Welfare* to draw together literature on the relationship between health and human rights. This resource will serve as a very useful starting point for research on many issues that are central to the promotion and protection of human rights in the contemporary world.

Researchers

Alex Deraney
Monica Fish
Sarah Friedmann
David Gillespie
Hafsteinn Hafsteinsson
Natalie Huls
Gerald Montgomery
Norie Nogami
Leah Persky
Zaravshon Zukhurova

Instructors

Jack Donnelly
Chris Saeger

Editors

Sarah Bania-Dobyns
Eric Dibbern
Brian Loeb
Eric Munoz
Chris Saeger
Daniel Whelan

The Right to Health

by Sarah Friedmann

Introduction

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

- (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;*
- (b) The improvement of all aspects of environmental and industrial hygiene;*
- (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;*
- (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness*

(International Covenant on Economic, Social and Cultural Rights, Article 12).

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 conditions (World Health Organization Constitution—Preamble).

Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. The realization of the right to health may be pursued through numerous, complementary approaches, such as the formulation of health policies, or the implementation of health programmes developed by the World Health Organisation (WHO), or the adoption of specific legal instruments. Moreover, the right to health includes certain components which are legally enforceable (ICESCR General Comment 14, The Right to Highest Attainable Standard of Health (Article 12) General Comment No. 14 (11/08/00) (E/C.12/200/4) (paragraph 1).

In the human rights discourse and practice the right to health has been and continues to be a contentious arena. Primarily located within legal frameworks that focus on civil and political rights, the right to health is more frequently being used to challenge abuses of health by invoking social and economic rights, even though this places the right to health on slippery terrain that is not as internationally accepted as civil and political rights.

Likewise, access to healthcare is often incorrectly cast as synonymous with the right to health. However, while this remains true in some ways (particularly when it comes to social and economic inequities in healthcare access) the right to healthcare should not be viewed as categorically the same. In practice, the right to health is often favored, as the right to health care is seen as too narrow in focus. At the same time, the right to health is also seen as too demanding, because for some it

implies a right to be perpetually healthy, which is an impossible standard. In turn, the right to health care is too narrow to include important factors like safe environmental conditions or adequate sanitation. Thus, the right to health is an umbrella term that implies a variety of practical requirements.

Ethical Considerations

Austin, Sarah E. 2001. Medical Justice: A Guide to Fair Provision. New York: Peter Lang.

This book problematizes several theories of health care distribution. The author examines the implicit principles of health care distribution in the United States claiming that if these principles were strictly observed, the resulting distribution might be fairer. Throughout the author utilizes John Rawls' Theory of Justice, as well as Norman Daniels' extension of it.

Austin, W. 2001. "Using the Human Rights Paradigm in Health Ethics: The Problems and the Possibilities." *Nursing Ethics* 8 (3): 183-196.

Abstract: Human rights are arguably the most globalized political value of our times. At the same time, human rights has been criticized on the grounds that it is legal, individualistic and universal assumptions are particularistic. This discussion is relatively new to health discourses. Proponents claim it has a relative advantage by framing health as an entitlement rather than a commodity. The problems and the possibilities of a rights approach in addressing health ethics issues are explored in this article.

Evans, Tony. 2002. "A Human Right to Health?" *Third World Quarterly* 23 (2): 197-216.

A right to health is one of a range of socio-economic rights for which many states have accepted an obligation under international law. However, in practice socio-economic rights are rarely given the same status as civil and political rights. This article discusses the rationale for rejecting socio-economic rights and examines the basic rights challenge to such neoliberal arguments. The article concludes with an examination of the potential for promoting a right to health in a globalizing world.

Wikler, Daniel. 2002. "Personal and Social Responsibility for Health." *Ethics and International Affairs* 16 (2): 47-55.

Wikler argues that personal responsibility for securing health should play a peripheral role in health policy. The notion of personal responsibility for health involves philosophical concerns such as free will, voluntary action, and social responsibility. Wikler argues that demanding individuals to secure their own health impinges on human rights. It is concluded that while health policy should allow for individual choices in health outcomes, such a course must be pursued cautiously.

The Right to Health and Inequities

Here, the texts selected address different inequities that have led to an abortion of respect for human rights. Beside an introductory section, these problem areas include Gender, Race/Ethnic, Economic, Access to Health Care. We have also provided a section on how International Institutions have contributed to these problems.

General

Guimón, José. 2001. Inequity and Madness: Psychosocial and Human Rights Issues. New York: Kluwer Academic / Plenum Publishers.

Abstract: Inequity and Madness addresses the two most important notions concerning the rights of people with mental illness: first, that human rights and duties are complementary and that both must be considered in constructing a framework for mental health care. Second is that we must strive for equity in developing mental health programs.

Leary, V. 2000. "Concretizing the Right to Health: Tobacco Use as a Human Rights Issue," in F. Coomans, et al (eds.) Rendering Justice to the Vulnerable: Liber Amicorum in Honour of Theo van Boven. The Hague: Kluwer Law International.

Mann, Jonathan A.; Sofia Gruskin; Michael A. Grodin; and George J. Annas (eds.). 1999. Health and Human Rights: A Reader. New York: Routledge.

This comprehensive reader contains a wealth of information on varying topics within the "health and human rights" dialogue, divided into the following sections: "Human Rights and Public Health," "The Impact of Health Policies and Programs on Human Rights," "Health Impacts Resulting from Violations of Human Rights," "Exploring the Inextricable Linkage Between Health and Human Rights," "Medicine and Human Rights," and "How to Proceed from Concept to Action," as well as appendices of important documents.

Gender

Mertus, Julie; Mallika Dutt; and Nancy Flowers. 1999. Local Action, Global Change: Learning about the Human Rights of Women and Girls. New York: UNIFEM.

Published by UNIFEM and the Center for Women's Global Leadership, Local Action, Global Change looks at the many ways that human rights intersect with issues particular to women and girls, including reproduction and sexuality, non-discrimination and education. Of special interest is Chapter 4, which covers "Women's Human Right to Health." Includes a foreword by Charlotte Bunch.

Miller, A.; A.J. Rosga; and M. Satterthwaite. 1999. "Health, Human Rights, and Lesbian Existence," in Jonathan A. Mann, Sofia Gruskin, Michael A. Grodin, and George J. Annas (eds.), Health and Human Rights: A Reader. New York: Routledge: 265-280.

Abstract: Modern human rights, born in the aftermath of the second world war and crystallized in the Universal Declaration of Human Rights in 1948, reflect a broader, societal, approach to the complex problem of well-being. While health is mentioned only once in the document, human rights are about the societal preconditions for physical, mental and social well-being. Health care professionals are generally unaware of the key concepts, meaning and content of modern human rights. But they are learning that promoting and protecting human rights may be essential for promoting and protecting health. Health and Human Rights: A Reader, including contributions by doctors, lawyers and government representatives, is the first comprehensive anthology of essays in this new field to address the balance between public health and human rights awareness. The essays in this collection cover issues including ethnic cleansing, world population policies, women's reproductive choices, the Nuremburg Code and AIDS and HIV policies and treatments. It is an essential introduction to the developing field of health and human rights.

Misra, Geetanjali; Ajay Mahal; and Rima Shah. 2000. "Protecting the Rights of Sex Workers: The Indian Experience." *Health and Human Rights* 5(1): 89-115.

According to the authors, India fails to protect the human rights of female sex workers, particularly their ability to access health care and protect themselves against HIV infection.

Petchesky, Rosalind. P. 2003. Global Prescriptions: Gendering Health and Human Rights. London; New York: Clarendon.

Global Prescriptions is an analysis of women's efforts to affect health policy at both international and national levels. This book is a major contribution to contemporary debates on gender, health and human rights in a post-9/11 world dominated by militarism. Key topics include a discussion of the U.N. conferences on women, HIV/AIDS and human rights, transnational women's movements and globalization.

Spectar, J. M. 2001-2002. "The Hydra Hath but One Head: The Socio-Cultural Dimensions of the AIDS Epidemic and Women's Right to Health." *Boston College Third World Law Journal* 21: 1-34.

While the "right to health" in international law is often defined as "the right to the highest attainable standard of health," there are varying views on its content and states' minimal obligations. With NGOs, the international community should mobilize resources and develop prevention strategies to protect women from HIV/STDs through the development of safe and affordable contraceptives. The appropriate international institutions should collect data on the health of women, with the goal of compiling a study of the impact of HIV/AIDS on women. Efforts at the international level must encourage an awareness of effects of traditional practices affecting women's health, increasing vulnerability to HIV/STDs, and intensify efforts to eliminate such practices.

Race/Ethnic

Fiscella, Kevin; Peter Franks; Marthe R. Gold; and Carolyn M. Clancy. 2000. "Inequality in Quality: Addressing Socioeconomic, Racial and Ethnic Disparities in Health Care." *Journal of the American Medical Association* 283 (19): 2579-2584. (Crosslisted with **Poverty / Economic**.)

Mesri, Parastoo Anita. 2003. "The Violation of the Human Right to Health as a Factor in the Zapatista Revolution of Chiapas, Mexico." *Tulsa Journal of Comparative and International Law* 10 (473).

Abstract: This article will examine the revolution led by the Ejercito Zapatista de Liberacion Nacional (EZLN, Zapatista National Liberation Army) in Chiapas, Mexico.... Specifically, the lack of the human right to health was one of the objective conditions which existed in Chiapas that led to the armed uprising by the indigenas.... If one remembers the two parts which make up the right to health, this means that to achieve this goal, Mexico must not only provide sufficient health care services to the people of Chiapas, but also ensure that the underlying preconditions for health are met, including access to potable water, electricity, sanitation, housing, and education....

Salama, P.; B. Laurence; and M. Nolan. 1999. "Health and Human Rights in Contemporary Humanitarian Crises: Is Kosovo More Important Than Sierra Leone?" *British Medical Journal* 319 (7224): 1569-1572.

Turning their focus 'beyond Europe', the authors highlight the link between the systematic abuse of human rights and humanitarian crises while emphasizing the ensuing health effects of these dilemmas. Special attention is paid to sexual and reproductive health, the brutalization of children and mental health issues.

Smith, Martin. 1996. *Fatal Silence?: Freedom of Expression and the Right to Health in Burma*. London: Article 19.

While addressing the connections between the lack of freedom of expression and health in Burma, Smith addresses international legal mechanisms, treaties and the state of health rights in Burma in chapter 2. Other chapters of interest focus on conflict and humanitarian crisis, the health of prisoners/detainees, AIDS and narcotics and women's health, as well as an overview of the Burmese health system.

United Nations. 2001. "Migrants' Right to Health." UNAIDS Best Practice Collection. Geneva: Joint United Nations Programme on HIV/AIDS.

Abstract: This UNAIDS report argues for changes to improve migrants' health at global, national and local levels by outlining key existing laws, policies and best practices. Such changes include acknowledgment of the right to the highest attainable standard of physical and mental health; attention to and compliance with international treaties and customary law; application and compliance with the International Health Regulations; measures to ensure countries have joint health programmes for migrants; and prevention in health service policy; attention to gender disparities.

Economic

Farmer, Paul. 1999. Infections and Inequalities: The Modern Plagues. Berkeley: University of California.

Farmer utilizes a biosocial critique to examine inequalities in the distribution and outcome of infectious diseases, as well as exploring social responses to infectious diseases. He engages an in-

depth discussion of varying intersections between gender, HIV, tuberculosis, and the lack of (health) rights for the poor. Special attention is paid to Haiti throughout.

Farmer, Paul. 1999. "Pathologies of Power, Rethinking Health and Human Rights." *American Journal of Health and Human Rights* 89(10): 1486-97.

Abstract: The field of health and human rights has grown quickly, but its boundaries have yet to be traced. Fifty-one years after the Universal Declaration of Human Rights, consensus regarding the most promising directions for the future is lacking; however, outcome-oriented assessments lead us to question approaches that rely solely on recourse to formal legal and civil fights. Similarly unpromising are approaches that rely overmuch on appeals to governments: careful study reveals that state power has been responsible for most human rights violations and that most violations are embedded in "structural violence"--social and economic inequities that determine who will be at risk for assaults and who will be shielded. This article advances an agenda for research and action grounded in the struggle for social and economic fights, an agenda suited to public health and medicine, whose central contributions to future progress in human rights will be linked to the equitable distribution of the fruits of scientific advancement. Such an approach is in keeping with the Universal Declaration but runs counter to several of the reigning ideologies of public health, including those favoring efficacy over equity.

Farmer, Paul. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California.

Abstract: Written by a preeminent activist and scholar in the field of health and human rights, Farmer utilizes his experiences as a medical doctor and anthropologist to look at the connections between structural violence and gross violations of human rights, particularly those that affect the health of poor people. Farmer uses his work in Haiti, Cuba, Guatemala and Russia as examples in his critiques of market-based medicine, as well as looking at drug-resistant tuberculosis, AIDS and the need for a greater focus on social and economic rights. Includes a foreword by Amartya Sen.

Fiscella, Kevin; Peter Franks; Marthe R. Gold; and Carolyn M. Clancy. 2000. "Inequality in Quality: Addressing Socioeconomic, Racial and Ethnic Disparities in Health Care." *Journal of the American Medical Association* 283(19): 2579-2584.

Gibbons, Elizabeth; and Richard Garfield. 1999. "The Impact of Economic Sanctions on Health and Human Rights in Haiti, 1991 to 1994." *American Journal of Public Health* 89(10): 1499-1504.

This report examines the impact of the 1991-1994 economic embargo on health, wellbeing, and human rights in Haiti. The authors found that declining income, rising unemployment, poorer nutrition, declining infant mortality, rising mortality among 1- to 4-year-olds, decreased attention to children's well-being and education, and family breakdown were all results. Poor Haitians responded to the crisis by resorting to dietary habits, informal-sector economic activity, moving in with relatives, selling domestic goods, increased informal unions among couples, decreased school attendance, and indentured servitude among children. The authors conclude that the implementation of economic sanctions in Haiti resulted in extensive violations of rights with the greatest impact on the most disadvantaged Haitians.

Laurell, Asa C. 2001. "Health Reform in Mexico: The Promotion of Inequality." *International Journal of Health Services* 31(2): 291-321.

The Mexican health reform is best understood in the context of national neoliberal structural adjustment. The strategy to transform the predominantly public health care system into a market-driven system has been a complex process with a hidden agenda to avert political resistance. The compulsory social security system is the key sector for those interested in opening health care to private insurance companies, health maintenance organizations, and hospital enterprises mainly from abroad. Despite the government's commitment to universal coverage, equity, efficiency, and quality, the empirical data analyzed in this article do not confirm compliance with these objectives. Although an alternative health policy that gradually grants the constitutional right to health would be feasible, the new democratically elected government will continue the previous regressive health reform.

Right to Health and Access to Healthcare

American Medical Student Association. 2000. "Health Care Should Be Recognized as a Basic Human Right," in James D. Torr (ed.), *Health Care: Opposing Viewpoints*. San Diego: Greenhaven.

Abstract: ...The American Medical Student Association, an activist organization for physicians-in-training, argues that the United States is lagging behind other industrialized nations in recognizing health care as a right. The authors emphasize the number of Americans that lack health insurance, and point out that several other nations provide universal health coverage to their citizens ... The authors conclude that the United States should amend the Constitution to include universal health coverage as an innate human right.

Annas, George J. 2003. "The Right to Health and the Nevirapine Case in South Africa." *New England Journal of Medicine* 348(8): 755.

Abstract: The author ... makes observations about the right to health care in South Africa and the court victory of AIDS activists in the case of giving nevirapine to HIV-infected persons," including the "[p]erception that health is linked to human rights; the controversy over the South African government's restriction of the use of nevirapine to prevent the transmission of HIV from mothers to infants; [and the] [q]uestion of whether the Constitutional Court can be accused of taking on the role of the Health Department in deciding how money should be spent on health care.

Botbol-Baum, M. 2000. "The Shrinking of Human Rights: The Controversial Revision of the Helsinki Declaration." *HIV Medicine* 1(4): 238-46.

Abstract: The right of access to health care for HW patients in developing countries has been weakened by the 1999 revision of the Helsinki Declaration. There is a dichotomy between discussions of human rights and liberal international public health policy. Utilitarian ethics, devoid of a sound notion of universal justice, encourage discrimination against economically vulnerable patients in developing countries. Greater coherence is needed between ethical principles and practical issues, particularly with regard to scientific research.

Buchner, Florian; Manfred Wildner; and Anna Brunner. 2001. "Health Rights Dimensions are Part of a Valid Evaluation of Health Insurance Programmes in Rural Guatemala." *Critical Public Health* 11(4): 341-46.

Abstract: The interconnection between health and human rights is receiving increasing attention. Health rights aspects, especially regarding equitable access and participation, appear as important dimensions for the evaluation of health insurance programmes in developing countries. The study objective was to relate empirically derived dimensions of evaluation to human rights aspects. The evaluation of three health insurance programmes implemented in rural Guatemala was related to human rights aspects in the context of a cost-utility analysis. The empirically identified outcome dimensions solidarity, proportion insured and equitable access relate to the health right dimension equity/ non-discrimination. The outcome dimensions financial sustainability and independence relate to participation, and adequate medical care - both curative and preventive - relates to the preservation of human dignity and equity. Fundamental dimensions of health rights/ human rights are integral and important components of the evaluation of health insurance systems.

Daniels, Norman; Bruce P. Kennedy; and Ichiro Kawachi. 1999. "Why Justice is Good for Our Health: The Social Determinants of Health Inequalities." *Dædalus* 128(4): 215-251.

Abstract: This article ... [f]ocuses on justice as a social determinant of health inequalities in the United States; [the] [r]elationship between social inequalities and health inequalities; [the] [v]iews of researchers Margaret Whitehead and Goran Dahlgren on health inequities; [t]heories on justice as fairness; [and] [s]ocial policies on reducing socioeconomic disparities in health.

Exter, Ander Den and Herbert Hermans (eds.). 1999. The Right to Health Care in Several European Countries. The Hague: Kluwer Law International.

Based on papers from the 1998 expert meeting at Erasmus University's Department of Health Policy and Management, this book broaches the topic of the right to health care on the European continent from differing perspectives. Areas covered include differing international and national views, the role of differing legal principles and the function of the courts, and organizational issues.

Hessler, K. and A. Buchanan. 2002. "Specifying the Content of the Human Right to Health Care," in Rhodes, Battin, and Silvers (eds.), Medicine and Social Justice: Essays on the Distribution of Health Care. Oxford: Oxford University.

The authors provide an interesting account of the "right to health" in connection with access to health care. Rather than attempting to define the exact content of the human right to health (care), they emphasize that "health is a complex good, promoted and protected by much more than services provided by medical professionals."

International Institutions and Organizations

de Wildt, Gilles; M. Rowson; Marjan Stofferes; and Meri Koivusalo. 2001. "Which Comes First: Health or Wealth?" *Lancet* 357(9262): 1123-24.

Abstract: This article [f]ocuses on the alleged lack of protection of basic human rights, particularly the right to health, by international organizations such as the World Bank, the International Monetary Fund (IMF), and the World Trade Organization (WTO). Topics include "[t]he effect of policies instituted by these organizations on health care in less-developed nations; [c]riticism voiced by branches of the United Nations; [and] [m]ention of

a meeting which will challenge the notion that international financial institutions are above international human rights.

Doebbler, Curtis F. 2001. "The Right to Health of Children and the World Bank." *Health and Human Rights* 5(2): 121-146.

Abstract: The right to health of children is recognized by every country in the world. Nevertheless, the resources necessary to achieve respect for this right are lacking in many countries. Realizing this, the international community has increasingly recognized the role of intergovernmental actors in promoting health. The World Bank is one of these intergovernmental actors. In recent years, the World Bank has become the largest investor in health in Africa. At the same time, the Bank remains constrained by its mandate & policies. These constraints are in part a result of the Bank's failure to adopt a human rights approach to child health. The Bank's policy emphasizes temporal needs & competing priorities that often undermine the right to health.

Hunt, Paul. 2002. "The Right to Health: From the Margins to the Mainstream." *Lancet* 360(9348): 1.

Written by the first U.N. Special Rapporteur on the right to health, the article focuses on how the right to health has been advanced in 2002, in light of Human Rights Day. Topics include developments in the South African litigation over access to HIV/AIDS drugs; the decision of the United Nations (UN) to establish a mechanism for the right to health; the special rapporteur's consultations with states and civil society organizations; and the use of the language of human rights by the World Health Organization.

Loff, Bebe and Sofia Gruskin. 2000. "Getting Serious about the Right to Health." *Lancet* 356 (9239): 1435.

This short article focuses on the United Nations Committee on Economic Social and Cultural Rights' General Comment on the Right to Health. The purpose of this document is to ensure government responsibility and accountability for health under the human-rights framework; to further detail the International Covenant on Economic Social and Cultural Rights; and why this publication is a milestone.

Mukherjee, Joia. 2004. "Basing Treatment on Rights Rather than the Ability to Pay: 3 by 5." *Lancet* 363(9414): 1071-3.

The author focuses on the WHO/UNAIDS "3 by 5" initiative, which has the goal of bringing antiretroviral treatment to three million people before the end of 2005. Topics covered include the cost of the initiative; the number of countries targeted for the program; consideration of the ability of a human rights approach to provide universal access to AIDS treatment; the need for financial assistance from international agencies and the donor community; and the rights-based goals of the 1978 Alma-Ata declaration.

Spectar, J. M. 2001-2002. "The Hydra Hath but One Head: The Socio-Cultural Dimensions of the AIDS Epidemic and Women's Right to Health." *Boston College Third World Law Journal* 21: 1-34.

While the "right to health" in international law is often defined as "the right to the highest attainable standard of health," there are varying views on its content and states' minimal obligations. The international community should mobilize resources and develop prevention

strategies to protect women from HIV/STDs through the development of safe and affordable contraceptives. The appropriate international institutions should collect data on the health of women, with the goal of compiling a study of the impact of HIV/AIDS on women. Efforts at the international level must encourage an awareness of effects of traditional practices affecting women's health, increasing vulnerability to HIV/STDs, and intensify efforts to eliminate such practices.

Wojahn, Patrick L. 2002. "A Conflict of Rights: Intellectual Property under TRIPS, the Right to Health and AIDS Drugs." *UCLA Journal of International Law and Foreign Affairs* 6: 463-497.

In 1979, the WHO's "Health for All" strategy articulated a "core content" of the right to health, including a set of elements which could be considered "most essential" from a human rights perspective. Included in this "core content" were the appropriate treatment of common diseases and injuries, and the provision of essential drugs. Often, though, a pharmaceutical manufacturer's "reasonable expectations" of return from sale in a developing country would not require full recovery of the research and development costs of a drug.

United Nations. 2001. "Migrants' Right to Health." UNAIDS Best Practice Collection. Geneva: Joint United Nations Programme on HIV/AIDS.

This UNAIDS report argues for changes to improve migrants' health at global, national and local levels by outlining key existing laws, policies and best practices. Such changes include acknowledgment of the right to the highest attainable standard of physical and mental health; attention to and compliance with international treaties and customary law; application and compliance with the International Health Regulations; measures to ensure countries have joint health programs for migrants; and prevention in health service policy; attention to gender disparities.

United Nations High Commissioner on Human Rights. 2002. *Economic, Social and Cultural Rights: Prevention of Discrimination, Specific Human Rights Issues*. Document no. E/CN.4/Sub.2/2004/45.

Written in conjunction with the World Health Organization, the report focuses on key human rights areas, including the right to health under economic, social and cultural rights. Other pertinent areas discussed include human rights and extreme poverty; human rights and globalization; the right to water; and bioethics.

Legal Frameworks

This portion of the bibliography examines how health has been understood within the conventional language of Civil and Political and Economic, Social, and Cultural Rights.

Legal Frameworks: Civil and Political Rights

Cullet, Philippe. 2003. "Patents and Medicines: The Relationship between TRIPS and the Human Right to Health." *International Affairs* 79(1): 139-60.

Abstract: The question of access to drugs in developing countries is at present largely influenced by the TRIPS Agreement. TRIPS compliance in the field of health requires substantial changes to existing patent laws in some countries. These changes must be analyzed in the context of the spread of epidemics like HIV/AIDS and in relation to other international obligations that states have, for instance, with regard to the human right to health. Intellectual property rights treaties today significantly impact the realization of some human rights like the right to health. This article examines the extent to which TRIPS encompasses flexibility for developing countries to be able to foster better access to medicines. It also examines these issues from the point of view of human rights and considers, in particular, the ways in which the relationship between human rights and intellectual property can be improved in international law.

Curry, Lynne. 2002. *The Human Body on Trial: A Handbook with Cases, Laws and Document*. Santa Barbara, CA: ABC-CLIO.

On Trial explores the critical health-related political, economic and social issues facing America today from a legal perspective. Each volume offers a host of ways for readers to get the full legal story: survey essays examining all sides of the controversy; specific case studies; future outlooks; key legal documents; topical entries on critical issues, events and individuals; timelines; glossaries of legal terms; and an extensive annotated bibliography.

Eze, Osita and Eze Onyekpere. 1998. *Study on the Right to Health in Nigeria*. Lagos: Shelter Rights Initiative (SRI).

Abstract: This study, which is a product of the Lawyers for Socio-Economic Rights Network Programme (LASER) of the Shelter Rights Initiative, is geared towards the empowerment of the legal profession in understanding the various perspectives of using law for the realization of the right to health ... [t]he study provides the framework for a proper appreciation of the layers of rights and duties involved in the enjoyment of the best attainable state of physical and mental health ... Recent health policies are discussed, while the most in-depth part is on the sources of the law on the right to health. Contents also include the right to health of women, occupational health rights, children and the right to health and a historical narrative of health policies in Nigeria.

Gostin, Lawrence. 2001. "The Human Right to Health: A Right to the 'Highest Attainable Standard of Health'." *Hastings Center Report* 31(2): 29-31.

This article details the human right to health's embodiment in human rights law. Principally, these legal frameworks hold Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) concerning the right to health as the main source of human rights law in this area.

Hendriks, A. 1998. "The Right to Health in National and International Jurisprudence." *European Journal of Health Law* 5(4): 389-409.

Hervey, Tamara K. 2003. "The 'Right to Health' in European Union Law," in Hervey and and Jeff Kenner (eds.), *Economic and Social Rights under the EU Charter of Fundamental Rights: A Legal Perspective*. Portland, OR: Hart.

Abstract: The notion of a "right" to health is contentious and its utility or appropriateness may be called into question. As a result, the author explores the differences that a rights-based approach to health might make

within elements of EU law and policy with respect to the protection of human health. The article looks at a “right to health” making a difference in terms of resolution of conflicts; resource allocation; spheres of competence; and in terms of relationships between relevant actors and NGOs.

Kisa, A. and D. Tengilimoglu. 2002. “Patients’ Rights in Turkey.” *Clinical Research and Regulatory Affairs* 19(1): 55-63.

Abstract: Today, the social, economic, cultural, ethical, and political climate has given rise to an international movement which is re-evaluating the importance of patients’ rights. In Turkey, as competition continues to increase between public and private hospitals, the emphasis on presenting health care services in the most advantageous way has become a focal point of debate. As a result, patients’ rights issues are being actively discussed in both the private and public health care sectors in the country. In this study, the development of patients’ rights issues in Turkey is reviewed and the results of some selected descriptive studies are summarized. Suggestions are made toward policies for effective and efficient health care provision in terms of both broad and specific issues which have arisen in the field of patients’ rights.

Leary, Virginia A. 1994. “The Right to Health in International Human Rights Law.” *Health and Human Rights* 1(24): 28-32.

Abstract: This paper discusses the concept of the right to health in international human rights law. The phrase “right to health” is not a familiar one, although the Constitution of the World Health Organization and a number of international human rights treaties recognize the right to the “highest attainable standard” of health. The use of “right to health” terminology is discussed, and the language of international declarations and treaties referring to a right to health is cited. The author contends that approaching health issues through a rights perspective adds an important dimension to consideration of health status. The shorthand, “right to health”, emphasizes the link of health status to issues of dignity, non-discrimination, justice, and participation. The paper delineates the efforts of United Nations organs as well as human rights scholars and activists to develop the scope and obligations of the right to health. The relation of economic resources to its implementation is discussed. A section is devoted to the issue of the right to health in relation to women.

Tomaševski, K. 1996. “Health Rights,” in A. Eide, Catarina Krause and Allan Rosas (eds.), *Economic, Social and Cultural Rights: A Textbook*. Dordrecht; Boston; London: Martinus Nijhoff / Kluwer.

The author looks at two sets of international norms that relate to health: the protection of public health as grounds for limiting other human rights, and how the right to health creates entitlements for individuals and corresponding obligations for governments. By looking at the normative framework, the definition of access to health care, the confluence of medical ethics and human rights, balancing public health and human rights, as well as recent accomplishments at the time of this publication, the author provides an early outline of the important connections and issues of the right to health and human rights discourse.

Torres, Mary Anne. 2002-2003. “The Human Right to Health, National Courts, and Access to HIV/AIDS Treatment: A Case Study from Venezuela.” *Chicago Journal of International Law* 3: 105.

Numerous treaties and other international instruments have combined to form the right to health in international law. In this article, the author analyzes a 1999 decision of the Venezuelan Supreme Court in which the Court held the government’s failure to provide PLWHAs with

access to ARV therapies violated their right to health. Its ruling in this case is important as a guide for both Venezuelan constitutional law and Venezuelan state practice under international law on the right to health, specifically under the ICESCR. This case is also important for international law because it reaffirms the important role the right to health plays in overall public health discourse, even though health as a human right still has not penetrated Venezuelan political and popular culture.

Economic, Social, and Cultural Rights

Austin, Wendy. 2001. "Using the Human Rights Paradigm in Health Ethics: The Problems and the Possibilities." *Nursing Ethics* 8(3): 183-196.

Abstract: Human rights may be the most globalized political value of our times. The rights paradigm has been criticized, however, for being theoretically unsound, legalistic, individualistic and based on the assumption that there is a given and universal humanness. Its use in the area of health is relatively new. Proponents point to its power to frame health as an entitlement rather than a commodity. The problems and the possibilities of a rights approach in addressing health ethics issues are explored in this article.

Ely Yamin, Alicia. 1996. "Defining Questions: Situating Issues of Power in the Formulation of a Right to Health under International Law." *Human Rights Quarterly* 18(2): 398-438.

Focusing on the strategic and theoretical power relationships between human rights and health, the author requires activists to discern societal relations, combinations and alignments of power that produce and distribute disease and define the social state of illness, as well as opposition and resistance to power structures implicated in the "right to health."

Ely Yamin, Alicia. 2000. "Protecting and Promoting the Right to Health in Latin America: Selected Experiences from the Field." *Health and Human Rights* 5(1): 116-148.

Through a description of the four major challenges faced by Latin American human rights groups, this article seeks to incorporate their perspective and response into the discussion of how to make health a universally recognized human right. The ill-defined normative content of the right to health, the lack of precedents and procedures for enforceability, and the absence of consciousness of health as a right have all presented major obstacles to the implementation of the right in the region. Latin American human rights groups must move beyond traditional legal approaches and work in an interdisciplinary fashion with health professionals and grassroots health groups.

Ely Yamin, Alicia. 2003. "Not Just a Tragedy: Access to Medications as a Right under International Law." *Boston University International Law Journal* 21: 325.

Abstract: ... Nowhere is this more starkly true than in Sub-Saharan Africa where an estimated 29.4 million adults and children are living with HIV/AIDS. ... Any remaining possibility for individuals stricken with drug-resistant tuberculosis or malaria, HIV/AIDS, or severe mental illness to have choices and agency in their lives - which is both the underlying premise and promise of human rights - evaporates when access to medications is denied. ... Again, the possibilities for children developing or becoming agents in their own lives are drastically

reduced not merely by the fact of the disease, but by the absence of treatment to mitigate the necessarily social effects of the disease, whether it is tuberculosis, HIV/AIDS or malaria. ... As the right to life is not subject to progressive realization under international law, it can be invoked to underscore the urgency of taking immediate measures with respect to providing access to medications in HIV/AIDS and other cases. ... In this vein, a 2002 resolution by the U.N. Commission on Human Rights stated: "Access to medication in the context of pandemics such as HIV/AIDS is one fundamental element for achieving progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Evans, Tony. 2002. "A Human Right to Health?" *Third World Quarterly* 23(2): 197-216.

Abstract: A right to health is one of a range of socio-economic rights for which states accept an obligation under international law. However, the politics of rights has meant that socio-economic rights are rarely given the same status as liberal freedoms associated with civil and political rights. This article discusses the liberal rationale for rejecting socio-economic claims as rights and examines the basic rights challenge to liberal arguments. Given the dominance of liberalism, the article concludes with an examination of the potential for promoting a right to health within the context of globalisation.

Littell, Amanda. 2002. "Can a Constitutional Right to Health Guarantee Universal Health Care Coverage or Improved Health Outcomes?: A Survey of Selected States." *Connecticut Law Review* 35(289): 289-318.

Abstract: 'Health' is an elusive notion, and a 'right' to health is an even more difficult concept to articulate or prescribe. Rather than an enforceable right to health promotion, this social right takes the form of a formal state obligation to set up health care facilities and thus allowing broad state discretion in the fulfillment of this right. Using case studies of Canada, and Britain, as well as other European nations, the author shows the variety and differences in how nations approach the right to health.

Redden, C. J. 2002. "Health Care as Citizenship Development: Examining Social Rights and Entitlement." *Canadian Journal of Political Science* 35(1): 103-26.

Abstract: ... This article examines the increasing popularity of rights claiming for health care, and argues that the "right to health care" has a non-possessive, normative nature that is at odds with legalistic individualistic rights claiming. This is a significant philosophical finding, one that informs the political debate over health care by revealing that legal rights claims are not sufficient to defend social entitlements. The conceptual project undertaken in this article illuminates directions of reform and suggests that differentiated citizenship provides a better model than legal rights to guide reform efforts.

Shah, Sheetal. B. 1999. "Illuminating the Possible in the Developing World: Guaranteeing the Human Right to Health in India." *Vanderbilt Journal of Transnational Law* 32: 435-467.

Abstract: This article ... argues that the recognition of the social right to health offers a step forward in empowering individuals to gain control over their social environments in the developing world. Part II discusses the potential of social human rights to alleviate suffering in the developing world; Part III explores the legal obligations of social rights and their current status in human rights jurisprudence; Part IV includes the social human right to health and its ability to empower individuals. Even though the right to health presents some of the most difficult conceptual and practical problems associated with social human rights, providing for the conditions necessary for good health is essential in allowing individuals to live with human dignity ... The final section addresses India's

experiment with litigating social rights, such as the right to health, and its potential use for the developing world

....

Toebes, Bridgit. 1999. "Towards an Improved Understanding of the International Human Right to Health." *Human Rights Quarterly* 21(3): 661-679.

Toebes seeks to clarify where the right to health is situated in the Convention on Economic, Social, and Cultural Rights in order to contribute to continued implementation of this specific right. She does so by looking at definitional problems, international codification and current implementation practice. The author also outlines the scope of the right to health, as well as ensuing state obligations.

Wojahn, Patrick L. 2002. "A Conflict of Rights: Intellectual Property under TRIPS, the Right to Health and AIDS Drugs." *UCLA Journal of International Law and Foreign Affairs* 6: 463-497.

In 1979, the WHO's "Health for All" strategy articulated a "core content" of the right to health, including a set of elements which could be considered "most essential" from a human rights perspective. Included in this "core content" were the appropriate treatment of common diseases and injuries and the provision of essential drugs. However, a pharmaceutical manufacturer's "reasonable expectations" of return from sale in a developing country would not require full recovery of the research and development costs of a drug.

Professions

American Medical Student Association. 2000. "Health Care Should Be Recognized as a Basic Human Right," In J. Torr (ed.), *Health Care: Opposing Viewpoints*. San Diego: Greenhaven.

Abstract: ... The American Medical Student Association, an activist organization for physicians-in-training, argues that the United States is lagging behind other industrialized nations in recognizing health care as a right. The authors emphasize the number of Americans that lack health insurance, and point out that several other nations provide universal health coverage to their citizens ... The authors conclude that the United States should amend the Constitution to include universal health coverage as an innate human right.

Austin, Sarah E. 2001. *Medical Justice: A Guide to Fair Provision*. New York: Peter Lang.

This book problematizes several theories of health care distribution. The author examines the implicit principles of health care distribution in the United States claiming that if these principles were strictly observed, the resulting distribution might be fairer. Throughout the author utilizes John Rawls' Theory of Justice, as well as Norman Daniels' extension of it.

Austin, W. 2001. "Using the Human Rights Paradigm in Health Ethics: The Problems and the Possibilities." *Nursing Ethics* 8(3): 183-196.

Abstract: Human rights are arguably the most globalized political value of our times. At the same time, human rights has been criticized on the grounds that it is legal, individualistic and universal assumptions are particularistic. This discussion is relatively new to health discourses. Proponents claim it has a relative advantage

by framing health as an entitlement rather than a commodity. The problems and the possibilities of a rights approach in addressing health ethics issues are explored in this article.

Buchner, Florian; Manfred Wildner; and Anne Brunner. 2001. "Health Rights Dimensions are Part of a Valid Evaluation of Health Insurance Programmes in Rural Guatemala." *Critical Public Health* 11(4): 341-46.

Abstract: The interconnection between health and human rights is receiving increasing attention. Health rights aspects, especially regarding equitable access and participation, appear as important dimensions for the evaluation of health insurance programmes in developing countries. The study objective was to relate empirically derived dimensions of evaluation to human rights aspects. The evaluation of three health insurance programmes implemented in rural Guatemala was related to human rights aspects in the context of a cost-utility analysis. The empirically identified outcome dimensions solidarity, proportion insured and equitable access relate to the health right dimension equity/non-discrimination. The outcome dimensions financial sustainability and independence relate to participation, and adequate medical care - both curative and preventive - relates to the preservation of human dignity and equity. Fundamental dimensions of health rights/human rights are integral and important components of the evaluation of health insurance systems.

Evans, Tony. 2002. "A Human Right to Health?" *Third World Quarterly* 23(2): 197-216.

A right to health is one of a range of socio-economic rights for which many states have accepted an obligation under international law. However, in practice socio-economic rights are rarely given the same status as civil and political rights. This article discusses the rationale for rejecting socio-economic rights and examines the basic rights challenge to such neoliberal arguments. The article concludes with an examination of the potential for promoting a right to health in a globalizing world.

Gostin, Lawrence. 2001. "The Human Right to Health: A Right to the 'Highest Attainable Standard of Health'." *Hastings Center Report* 31(2): 29-31.

This article details the human right to health and its enforcement in human rights law. Legal frameworks covered include treaty-based schemes as the main sources of human rights law within the United Nations system; provision of Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) concerning the right to health; and the terms by which the ICESCR explicates the right to health.

Hall, Paul. 2002. "Doctors Urgently Need Education in Human Rights." *Lancet* 360(9348): 1.

The author examines the global campaign to integrate health and human rights in undergraduate and postgraduate medical training that was launched by Physicians for Human Rights-UK. The aims of the article are to anchor the physician-patient relationship to human rights principles; address disparities in health care access among racial and ethnic minorities in the U.S.; and to instill a new global ethical code that includes a right to health. It also covers reports from UNAIDS on discrimination in HIV/AIDS treatment in India.

McLeod, Eileen; and Paul Bywaters. 2000. *Social Work, Health and Equality*. New York: Routledge.

While written primarily for social workers, this book is an excellent resource for people outside the field due to its broad emphasis on inequalities in health access and rights. Chapters includes “Inequalities in Health: a Social Work Issues”, “Inequalities in Health: Oppression in Bodily Form” and “Developing a Political Presence”.

Wikler, Daniel. 2002. “Personal and Social Responsibility for Health.” *Ethics and International Affairs* 16(2): 47-55.

Wikler argues that personal responsibility for securing health should play a peripheral role in health policy. The notion of personal responsibility for health involves philosophical concerns such as free will, voluntary action, and social responsibility. Wikler argues that demanding individuals to secure their own health impinges on human rights. It is concluded that while health policy should allow for individual choices in health outcomes, such a course must be pursued cautiously.

Access to Health

by Natalie Huls

Introduction

The Right to the Highest Attainable Standard of Health International Covenant on Economic, Social, and Cultural Rights:

12. (b) Accessibility. Health facilities, goods and services have to be accessible to everyone without discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions:

Non-discrimination: health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds.

Physical accessibility: health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups, such as ethnic minorities and indigenous populations, women, children, adolescents, older persons, persons with disabilities and persons with HIV/AIDS. Accessibility also implies that medical services and underlying determinants of health, such as safe and potable water and adequate sanitation facilities, are within safe physical reach, including in rural areas. Accessibility further includes adequate access to buildings for persons with disabilities.

Economic accessibility (affordability): health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups. Equity demands that poorer households should not be disproportionately burdened with health expenses as compared to richer households.

Information accessibility: accessibility includes the right to seek, receive and impart information and ideas concerning health issues. However, accessibility of information should not impair the right to have personal health data treated with confidentiality ((1996) General Comment No. 14, 2000).

Access to health is an often-overlooked aspect of the right to health. Without practical access, the right to health becomes an empty promise. International human rights conventions and declarations do not directly mention access to health, but the above comment on the International Covenant on Economic, Social, and Cultural Rights does address the issue.

Yet besides this Comment, most international human rights law tends to overlook access to health because the right to health indirectly addresses how that right is to be fulfilled. The right to health states that everyone should have access to health, but does not address the specific issues of access, guarantees to access, and does not explain what access entails.

Access to health means that all people, regardless of differences in race, sex, language, religion, or social origin should have physical access to health facilities, goods, and services. However, in practice access to health is not universally applied: all of the above are frequent barriers to securing adequate redress of health problems. An examination of the barriers is useful to understand the issue of access and to determine how to improve access. The works below give a variety of perspectives on these obstacles manifest, and make recommendations for improving access.

Age-based Barriers

Auchincloss, Amy H.; Joan F. Van Nostrand; and Donna Ronsaville. 2001. "Access to Health Care for Older Persons in the United States: Personal, Structural, and Neighborhood Characteristics." *Journal of Aging and Health* 13(3): 329-355.

Abstract: Objective: To determine the contributions of personal, structural, and neighborhood characteristics to differential access to health care for older persons in the United States... Results: The likelihood of access problems increased sharply with decreasing gradients of family income and for those lacking private health care insurance. Rural areas and poor areas were at a disadvantage in accessing care, whereas residents of neighborhoods that were homogeneous in ancestral heritage appeared better able to access care. Discussion: Considering the high association between neighborhood and personal characteristics, it is notable that any neighborhood effects remained after combining them with personal effects.

Deutchman, Mark; Robert Brayden; Carol D. Siegel; Brenda Beaty; and Lori Crane. 2000. "Childhood Immunization in Rural Family and General Practices: Current Practices, Perceived Barriers and Strategies for Improvement." *Ambulatory Child Health* 6(3): 181-190.

Abstract: The article presents a study to assess current immunization practices, perceived barriers to childhood immunization, and identify strategies that might improve immunization rates. It concludes that family physicians and general practitioners are well positioned to have a positive impact on childhood immunization rates, as they provide the majority of care to rural children, and that adherence to standards for immunization practice should help improve immunization rates.

Dyer, Janyce G. 2003. "The Black Cloud Over the Sunshine State: Health Disparities in South Florida." *Journal of Cultural Diversity* 10(2): 50-56.

Abstract: Florida, the "Sunshine State", is paradise for international tourists and has been adopted as seasonal or permanent home by many wealthy individuals and celebrities. However, Florida is not paradise for the growing number of residents who suffer from poverty, health problems, and a lack of access to health care and social services. The purpose of this paper is to present data on health care problems and disparities throughout the state, of Florida and in select south Florida counties.

Edmunds, Margaret and Molly Joel Coye (eds.). 1998. America's Children: Health Insurance and Access to Care. Washington: National Academy Press.

Working from a unified set of beliefs about health insurance, the committee examined the relationship between health insurance coverage and children's access to health care. They determined that insurance coverage is the major determinant of whether children have access to health care. Key chapters focus on the importance of access, on particular barriers to access, and on various public and private insurance initiatives.

Gleeson, Catherine R.; Michael B. Robinson; and Richard D. Neal. 2002. "A Review of Teenagers' Perceived Needs and Access to Primary Health Care: Implications for Health Services." *Primary Health Care Research and Development* 3(3): 184-194.

Abstract: The government has stated its commitment to provide equality of access to health care for all and has emphasized the need to take account of users' views. The aim of this review was to search for evidence of adolescents' perceived needs for and access to primary health care services and to evaluate and report on the evidence found. The main finding was that a substantial minority of teenagers has health-related problems which are not met by current services. The main barriers to accessing primary health care were a perceived lack of confidentiality, embarrassment and unsympathetic staff.

Howe, E.G. and C.J. Lettieri. 1999. "Health Care Rationing in the Aged: Ethical and Clinical Perspectives." *Drugs and Aging* 15(1): 37-48.

Abstract: This article provides an ethical analysis of the question of whether aged patients' access to health care should be less than, the same or greater than, the access younger patients enjoy, when economic resources are limited. This topic is being urgently considered in the U.S. because managed care is becoming more common and brings with it new challenges to traditional medical ethics, and because the prevalence of the aged is increasing as is the number of patients with Alzheimer's disease (AD).

Newachek, P. W.; M. Hochstein; K.S. Marchi; and N. Halfon. 2002. "Access to Health Care for Young Children in the United States," in N. Halfon, K. T. McLearn and M. A. Schuster (eds.), Child Rearing in America: Challenges Facing Parents of Young Children. New York: Cambridge University Press.

Abstract: This commentary addresses the question of how we might improve access to care for children and pregnant women. Although a number of factors influence access to health services for women and children, the focus of this commentary is on financial barriers to care.

Randolph, Greg D.; Mark Murray; Jilla A. Swanson; and Peter A. Margolis. 2004. "Behind Schedule: Improving Access to Care for Children One Practice at a Time." *Pediatrics* 113(3): 230-238.

Abstract: Access to health care, the timely use of personal health services to achieve the best possible health outcomes, remains a fundamental problem for children in the United States. To date, research and interventions addressing children's access to care have largely focused on policy-level features of the health care system (such as health insurance and geographic availability of providers) with some, although limited, success. Ultimately, access to health care implies entry into the health care system. Practice scheduling systems are the point of entry to primary care health services for children and thus directly determine access to care in pediatric and family medicine practices. Here we explore the rationale for improving access to care for children from an additional angle: through improving practice scheduling systems. It is our hypothesis that some of the most promising contemporary interventions to improve children's access involve improving primary care scheduling systems. These approaches should complement successful policy-level interventions to improve access to care for children.

Sin, Don D.; Larry W. Svenson; Robert L. Cowie; and S.F. Paul Man. 2003. "Can Universal Access to Health Care Eliminate Health Inequalities Between Children of Poor and Nonpoor Families?" *CHEST* 124(1): 51-57.

Abstract: Study objectives: Children from poor families are much more likely to have emergency visits for asthma than those from nonpoor families, which may be related to financial access barriers to good preventive care for the poor. We sought to determine whether in a health-care system that provides free access to outpatient and hospital services, the disparities in the rates of emergency visits for asthma would be less apparent across the income gradient. ...Conclusions: In a setting of universal access to health care, children of poor and nonpoor families had

similar rates of asthma emergency visits; the very poor children, however, continued to experience an excess risk. These findings suggest that a universal health-care system can reduce, but not fully eliminate, the disparities in emergency utilization of asthma across income categories.

Sochalski, Julie and Antonia M. Villaruel. 1999. "Improving Access to Health." *Journal of the Society of Pediatric Nurses* 4(4): 147-154.

Abstract: Issues and Purpose: The number of uninsured children has been growing at an alarming rate. The most vulnerable children are those in lower-income families who are falling through the cracks between evolving government-sponsored health insurance programs. Recent policy initiatives may not be adequate to extend coverage to more children. Conclusions: Many low-income children actually are eligible for Medicaid but are not enrolled for a variety of reasons. The numbers of these children have risen due to welfare reform. Better outreach efforts are needed to ensure that new child health insurance programs and Medicaid expansions achieve their goals. Implications for Practice: A comprehensive assessment of insurance status and referral to community agencies should be an integral part of patient care for all healthcare providers.

Weathers, Andrea; Cynthia Minkovitz; Patricia O'Campo; and Marie Diener-West. 2003. "Health Services Use by Children of Migratory Agricultural Workers: Exploring the Role of Need for Care." *Pediatrics* 111(5): 956-964.

Abstract: Objective: For migrant children: 1) to assess the determinants of health services use among users and nonusers of health services; 2) to evaluate the association between health status and health services use, while controlling for potential confounders ... Conclusions: Migrant children using health services are distinct from nonusers with regards to sociodemographic factors, enabling resources, and need for care. Health services use is associated with less than very good perceived health, despite resource barriers and sociodemographic disadvantages. More efforts are needed to improve access to health care for migrant children.

White, Patience H. 2002. "Access to Health Care: Health Insurance Considerations for Young Adults with Special Health Care Needs/Disabilities." *Pediatrics* 110(6): 1328-1336.

Abstract: Youth with special health care needs/disabilities want what all youth in America want: independence, health, friends, and jobs. Yet, between 19 and 23 years of age (depending on the state), youth with special health care needs/disabilities often find little availability of health insurance or health providers that were an essential part of why they survived and now are looking to participate in adult society. This article reviews the complex system of health insurance options that young adults with special health care needs/disabilities face as they move from pediatric to adult health insurance systems. Yet because of a maze of different eligibility criteria, many of these options are not available to young adults with special health care needs, and they are left with out health insurance. Similarly, the issues surrounding health provider reimbursement often leave the young adult with special health care needs without health care professionals who can manage their complex health conditions as they transition into adulthood. In conclusion, this article outlines what steps could be taken by associations and the health policy, advocacy, and governmental communities to improve the situation.

Economic Barriers

Ayé, Marcellin; Francois Champagne; and André-Pierre Contandriopoulos. 2002. "Economic Role of Solidarity and Social Capital in Accessing Modern Health Care Services in the Ivory Coast." *Social Science and Medicine* 55(11): 1929-1947.

Abstract: In the Ivory Coast, the imposition of user fees for public services was adopted in 1994. Such fees require each person to have adequate financial resources in order to access modern health care services. Many poor people—despite their poverty—are able to access modern health care services that have become quite expensive. The factor that allows this access lies within the solidarity of parents, friends or members of a social network. The treatment of a sick person is an act, which is tied to the systems of life, which are produced and maintained collectively. It is the entire family or group that participates in the finances which bring about treatment. In this study, we show the role of social capital in the processes of financial solidarity for access to modern health care services that now require payment. Our investigation provides valuable insights on the role of social capital with respect to social strategies and community financing mechanisms for the acquisition of modern health care in Africa.

Despard, Caroline. 1998. "The Poor are Different From You and Me." *CMAJ: Canadian Medical Association Journal* 159(4): 392-395.

The article presents the author's experience providing medical care to the working poor, refugees, and immigrants in Ontario. It details the ways access to appropriate care can be thwarted. Key examples include patients unable to follow prescribed treatment, language and illiteracy challenges, the importance of teaching preventive care, and patients without health insurance cards facing the possibility that care will be denied.

Dubay, Lisa and Genevieve M. Kenney. 2001. "Health Care Access and Use Among Low-Income Children: Who Fares Best?" *Health Affairs* 20(1): 112-122.

"Fact Sheet Examines Effects of Being Uninsured on Access to Health Care." 2004. *American Family Physician* 69(5):1032.

Describes a study that found that being uninsured has a strong impact on not having access to health care.

Luo, Ye; and Ming Wen. 2002. "Can We Afford Better Health? A Study of the Health Differentials in China." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 6(4): 471-501.

Abstract: Using survey data collected in eight provinces of China, this study examines the relationship between income disparities and adult physical health outcomes. It also explores the mechanisms underlying these income differentials in health. Our results show that the association between income and health can be explained largely by income differences in other areas. In the Chinese social context, we find that living conditions, access to health care services and community development are important mediating factors. These findings generally agree with earlier explanations on socioeconomic differentials in health. We also find that the factors that are most important in explaining income differentials in health vary by rural/urban residence. However, the results show that these factors are unable to fully explain income differentials in reported illness and disability. Moreover, we do not find consistent effects of lifestyle and health-related behaviors, such as drinking and smoking, on the link between income and health.

Stiehm, Walter L. 2001. "Poverty Law: Access to Healthcare and Barriers to the Poor." *Quinnipiac Health Law Journal* 4: 279-310.

This article provides a short history of American access to healthcare, followed by a brief overview identifying and describing the uninsured. Also discussed is the adequacy of coverage and the impact of being inadequately insured or uninsured has on the poor, as well as on the healthcare delivery system itself. This discussion includes a basic description of the economic and non-economic barriers faced by the poor in obtaining healthcare services.

Ethnic Barriers

Adamson, Joy; Yoav Ben-Schlomo; Nish Charturvedi; and Jenny Donovan. 2003. "Ethnicity, Socio-economic Position and Gender—Do They Affect Reported Health-Care Seeking Behaviour?" *Social Science and Medicine* 57(5): 895-905.

Abstract: While the pursuit of equity of access to health care is a central objective of many health care systems, there is evidence that patients of ethnic minority descent, in lower socio-economic position (SEP) or of female gender are less likely than Whites, more affluent groups or men, respectively, to access secondary and tertiary medical care. This study examined the influence of ethnicity, socio-economic position and gender on an individual's perception of the need and urgency for seeking health care. The study suggests inequalities in access to health care by ethnicity, socio-economic position and gender are not related to patients in these groups failing to self-refer to primary or accident and emergency care, barriers must therefore occur at the level of health care provision.

Allotey, Pascale. 2003. "Guest Editorial: Is Health a Fundamental Right for Migrants?" *Development* 46(3): 6-10.

Allotey discusses the right of migrants to health care. Access to health care is a particularly difficult issue because many governments view access as a privilege rather than a right, thus denying many migrants access to health care.

Andrulis, Dennis P. 2003. "Reducing Racial and Ethnic Disparities in Disease Management to Improve Health Outcomes." *Disease Management and Health Outcomes* 11(12): 789-801.

Abstract: The heightened awareness of substantial racial and ethnic disparities in health outcomes has major implications for how healthcare providers effectively manage health conditions among diverse populations. This report identifies five dimensions that address the major causes of disparities that can exert significant influence over the success and quality of the patient-physician relationship, treatment plans, and health outcomes. These five dimensions are (i) biological and genetic influences; (ii) differential access to care; (iii) quality of care disparities; (iv) clinical-patient perceptions and realities; and (v) language and communication barriers.

Bruce Newbold, K.; and Jeff Danforth. 2003. "Health Status and Canada's Immigrant Population." *Social Science and Medicine* 57(10): 1981-1996.

Abstract: ...Assuming equality of health status between immigrants and non-immigrants, or between immigrant groups is likely an unrealistic and simplistic assumption, given unseen barriers affecting accessibility, the restructuring of the Canadian health care system, and problems with the provision of health care resources to the immigrant population. Using the National Population Health Survey, this paper focuses upon the health status of the immigrant population relative to that of non-immigrants within Canada, with reference to diagnosed

conditions, self-assessed health, and the Health Utilities Index Mark 3. Findings indicate that, with the exception of the most recent arrivals, immigrants experience worse health status across most dimensions relative to non-immigrants. Multivariate analysis reveals that age, income adequacy, gender, and home ownership are dimensions upon which health status differs between the two groups.

Burris, Scott. 2003. "Foreword: Envisioning Health Disparities." *American Journal of Law and Medicine* 29(2/3): 151-158.

The article examines the relationship between disparities in healthcare and racism. It argues that the best way to tackle health disparities is to consider how law can be a cause of disparities, but also how it can be used to reduce disparities.

Caesar, Lena G.; and David R. Williams. 2002. "Socioculture and the Delivery of Health Care." *ASHA Leader* 7(6): 6-9.

Caesar and Williams discuss the delivery of health care in the multicultural population in the U.S. It describes the effect of racial and ethnic differences on access to health care, and states the result of analysis of race-related differences in health status.

Dancy Jr., Joseph; and Penny A. Ralston. 2002. "Health Promotion and Black Elders: Subgroups of Greatest Need." *Research on Aging* 24(2): 218-243.

Abstract: This article profiles three subgroups of African American elders that are at risk in terms of health. Major barriers to optimum health for older rural Blacks are a lack of confidence in the formal health care system, greater rates of poverty than urban elders, geographic isolation, and lack of access to health care and to social supports; for older Black women, barriers include attitudes that reflect an overestimation of health, health pessimism, a lack of confidence in the health care system, lower economic resources, and major family responsibilities that affect the availability of money for, and time to seek, health care; and for older-aged Blacks, barriers are lack of confidence in the formal health care system, dependence on informal supports for health care and an under utilization of formal supports, and lower socioeconomic levels due to this cohort's education and occupational status. Implications for theory, policy, and practice are discussed.

Finke, Bruce; Theresa Bowannie; and Judith Kitzes. 2004. "Palliative Care in the Pueblo of Zuni." *Journal of Palliative Medicine* 7(1): 135-144.

Abstract: ...There are limited formal palliative care services available to rural and reservation dwelling American Indians and Alaska Natives. This collaboration between a tribally operated home health care agency and a federally operated Indian Health Service hospital, with the support of a palliative care center within an academic medical center, has established a palliative care program in the Pueblo of Zuni. ...Barriers to development included the rural setting with limited professional workforce, competing demands in a small agency, the need for coordination across distinct organizations, and the need to address the dying process in a culturally proficient manner. ...The experience of this collaboration suggests that a tribally based, culturally proficient palliative care program can be developed within an American Indian/Alaska Native community and that it can drive the local health system toward improved end-of-life care.

Freeman, H.P. and R. Payne. 2000. "Racial Injustice in Health Care." *New England Journal of Medicine* 342(14): 1045-1047.

Granados, Gilberto; Jyoti Puwula; Nancy Berman; and Patrick T. Dowling. 2001. "Health Care for Latino Children: Impact of Child and Parental Birthplace on Insurance Status and Access to Health Service." *American Journal of Public Health* 91(11): 1806-1808.

Abstract: This study sought to assess the impact of child and parental birthplace on insurance status and access to health care among Latino children in the United States. The study found that Latino children of immigrant parents are more likely to lack insurance and access to routine health care than are Latino children of US-born parents. Previous studies have shown that despite higher levels of potential eligibility, noncitizen families are less likely to have health insurance. In this study, we attempted to measure the impact of parental and child birthplace on insurance status and access to care among Latino children.

Hagan, Jacqueline; Nestor Rodriguez; Randy Capps; and Nika Kabiri. 2003. "The Effects of Recent Welfare and Immigration Reforms on Immigrants' Access to Health Care." *International Migration Review* 37(2): 444-464.

Abstract: This study investigates the impact of the Personal Responsibility and Work Opportunity Reconciliation Act and the Illegal Immigration Reform and Immigrant Responsibility Act, both passed in 1996, on the use of health-care services in immigrant communities in five Texas counties. The study presents findings of interviews with public agency officials, directors of community-based organizations, and members of 500 households during two research phases, 1997-1998 and 1998-1999. In the household sample, 20 percent of U.S. citizens and 30 percent of legal permanent residents who reported having received Medicaid during the five years before they were interviewed also reported losing the coverage during the past year. Some lost coverage because of welfare reform restrictions on noncitizen eligibility or because of changes in income or household size, but many eligible immigrants also withdrew from Medicaid "voluntarily."

"It's Better if You're White." 1999. *Economist* 350(8108): 28-30.

This article focuses on the economic and racial inequalities of health care in the United States, concluding that both poverty and minority status leads to decreased access to health care. Doctor bias, language barriers, and differences in cultural practices also are found to have adverse effects on access.

Ku, Leighton and Sheetal Matani. 2001. "Left Out: Immigrants' Access to Health Care and Insurance." *Health Affairs* 20(1): 247-257.

Leighton and Matani contemplate the limitation of access to health care and insurance for immigrant adults and children in the United States. Claiming that Latinos are the highest uninsured racial group, the paper assesses health care barriers for immigrants, and evaluates immigrant access to ambulatory medical and emergency room care.

Kung, Winnie W. 2004. "Cultural and Practical Barriers to Seeking Mental Health Treatment for Chinese Americans." *Journal of Community Psychology* 32(1): 27-44.

Abstract: Based on a sample of 1747 from the Chinese American Psychiatric Epidemiological Study, this report examined perceived barriers to mental health treatment. Two factors emerged, namely practical barriers, which included cost of treatment, time, knowledge of access, and language, and cultural barriers consisting of credibility of treatment, recognition of need, and fear of loss of face. Average ratings of all practical barrier items were higher than cultural barrier items, demonstrating the importance of pragmatic considerations for this population. In a novel attempt, this study examined the empirical link between these perceived barriers and actual mental health

service use. The practical barrier factor showed significance in predicting service use for both the whole sample and a subsample of individuals with at least one lifetime mental disorder. Cultural barriers, however, did not attain significance. Practice and research implications of the findings are discussed.

Lado, Marianne Engelmann. 2001. "Unfinished Agenda: The Need for Civil Rights Litigation to Address Race Discrimination and Inequalities in Health Care Delivery." *Texas Journal on Civil Liberties and Civil Rights* 6(1): 1-46.

The article argues that civil rights litigation could play a vital role in battling continuing patterns of discrimination in the provision of health care and the lack of access to care experience by many low-income African Americans. Moreover, the current transformation of health care financing and delivery systems presents unique opportunities for intervention and legal challenge now, before historical practices replicate themselves and become entrenched in the new health care industry.

Majette, Gwendolyn Roberts. 2003. "Access to Health Care: What a Difference Shades of Color Make." *Loyola University Chicago Institute for Health Law Annals of Health Law* 12: 121.

This comparative analysis outlines some of the major issues that affect access to health care for various minority communities, focusing on barriers to access for four distinct racial/ethnic groups: African Americans, Asian Americans, Hispanic Americans, and Native Americans. It is claimed that race, ethnicity, and sex affect whether one receives health care, as well as the quality of health care received. The only difference among the various ethnic groups is how the adverse effects manifest themselves.

Manos, Michele M.; Wendy A. Leyden; Cynthia I. Resendez; Elizabeth G. Klein; Tom L. Wilson; and Heidi M. Bauer. 2001. "A Community-Based Collaboration to Assess and Improve Medical Insurance Status and Access to Health Care of Latino Children." *Public Health Report* 116(6): 575-585.

This study sought to understand and improve access to medical insurance for Latino children living in a California community of predominantly low-income immigrant families. The article also explores options offered in California for medically insuring children not covered through parents' employment; examines a collaborative partnership between the Kaiser Permanente Division of Research and the Canal Community Alliance in conducting the research; and looks at classification of families in terms of eligibility and enrollment.

Noah, Barbara A. 1998. "Racial Disparities in the Delivery of Health Care." *San Diego Law Review* 35: 135.

First by surveying several examples of disparities in access to health, and then by connecting these examples with the existing legal literature concerning the range of possible remedies for discrimination, this article attempts to frame the debate about racial justice in the delivery of health care services. It concludes that such approaches as education and regulatory responses for patterns of disparate care provide the most promising avenues for addressing the problem of racial disparities in health care.

"Overcoming Cultural Barriers." 2003. *H&HN: Hospitals and Health Networks* 77(7): 68.

Focusing on the efforts of the Glendale Adventist Medical Center to provide Armenian-Americans with information and access to the health care system in California, this article highlights the launch of a TV program by Hearts N' Health entitled Healthy Families that educates that population on how to improve their health and access to health.

“Racial and Ethnic Disparities in Immunizations Outlined.” 2003. *Biotech Week*: 138-140.

Abstract: Researchers have published recommendations for clinicians on the racial and ethnic disparities in immunizations in a recent issue of the journal “Family Medicine.” According to the research there continue to be significant racial and ethnic disparities in rates of childhood and adult immunizations in the United States. Causes are multifactorial, including inequities in education, income, and socioeconomic status, structural and systemic barriers in the health care delivery system and beliefs, preferences and practice patterns of the recipients and providers of care.

Reede, Joan Y. 2003. “A Recurring Theme: The Need for Minority Physicians.” *Health Affairs* 22(4): 91-94.

Abstract: There is compelling evidence for the need to increase diversity within the physician workforce to ensure high-quality medical education, access to health care for the underserved, advances in research, and improved business performance. To have enough physicians to meet the future needs of the general public, as well as of minority citizens, we must recruit from diverse populations. The need for physicians, particularly underrepresented minorities, will continue to grow. Addressing shortages requires inventive efforts to counter obstacles created by the anti-affirmative action movement, as well as strategies to encourage institutions to become more engaged in diversity efforts.

Reid, Gary; Nick Crofts; and Lorraine Beyer. 2001. “Drug Treatment Services for Ethnic Communities in Victoria, Australia: An Examination of Cultural and Institutional Barriers.” *Ethnicity and Health* 6 (1): 13-27.

Abstract: Under-representation of ethnic minorities at drug treatment services represents under-utilization rather than a lower need. ...Intense shame and loss of face linked to illicit drug use was common in ethnic communities and as a consequence seeking help for drug treatment was fraught with difficulties. Accessing drug treatment services often occurred following a crisis, but a sense of despair and confusion often prevailed owing to a lack of knowledge of available assistance. Even when treatment services were accessed most key informants and ethnic communities viewed them as culturally insensitive, inflexible and with language barriers that obstructed the flow of effective information. Understanding of the ethnic family ethos was of pivotal importance but frequently ignored by treatment services, contributing to the exclusion of ethnic communities from appropriate assistance. Ethnic communities need to be assisted to participate in drug issue discussions and community development strategies in order for their utilization of drug treatment services to be improved.

Rhodes, Penny; Andrew Nocon; and John Wright. 2003. “Access to Diabetes Services: The Experiences of Bangladeshi People in Bradford, UK.” *Ethnicity and Health* 8(3): 171-189.

Abstract: Recent years have seen a renewed emphasis in UK healthcare policy on access to services, yet there has been little research into possible inequalities in access for people from different ethnic backgrounds. This paper examines access from the point of view of a group of Bangladeshi people with diabetes, whose views were obtained as part of a wider evaluation of diabetes services. ...The wider evaluation provides a context within which to identify similarities with, as well as differences from, other groups in the community, and the findings show that the

experiences of this vulnerable group highlight more general weaknesses in service provision. The paper also shows that conventional analysis of access in terms of barriers to be overcome misses a crucial dimension: the ability to make full use of services. Gaining access does not mean that needs will be met appropriately, and patients vary in the extent to which they are able and enabled to play an active role in obtaining the services they need.

Rosenbaum, Sara; Anne Markus; and Julie Darnell. 2000. "U.S. Civil Rights Policy and Access to Health Care by Minority Americans: Implications for a Changing Health System." *Medical Care Research and Review* 57(3): 236-260.

Abstract: The history of health care discrimination as well as ongoing, extensive evidence of racial disparities argue for continued vigilance in the area of health care and civil rights. Under Title VI of the Civil Rights Act of 1964, individuals have challenged de facto discriminatory policies adopted by health entities receiving federal financial assistance. Title VI health litigation is difficult because of complex issues of proof as well as confounding problems of poverty and lack of health insurance that affect both claims and remedies. An analysis of cases brought under the law suggests that discrimination claims within a particular market fare better than those challenging decisions to relocate or alter the market served. This has important implications for claims involving discrimination by managed care organizations. Because the same potential for discrimination exists in the new health system of managed care, although in altered form, data collection and evaluation are warranted.

Ruiz, Pedro. 2002. "Commentary: Hispanic Access to Health/Mental Health Services." *Psychiatric Quarterly* 73(2): 85-93.

Abstract: Currently, the Hispanic population of the United States is growing very rapidly. Despite the significance of this growth and the fact that it is expected that Hispanics will be soon the largest ethnic minority group in this country, the access to health/mental health care for the Hispanic population is rather limited. Many factors are currently affecting the Hispanics' access to health/mental health care services. Among them, cultural and language barriers, insufficient numbers of Hispanic manpower in the health care professions, low educational and socioeconomic levels, the high number of uninsured Hispanics, and ethnic and racial prejudices and discrimination. In this commentary, I address the factors that interfere with the Hispanics' access to health/mental health care, and advance recommendations geared to alleviate and/or resolve this critical problem.

Satcher, David. 2003. "Overlooked and Underserved: Improving the Health Care of Men of Color." *American Journal of Public Health* 93(5): 707-710.

Men of color are among the most overlooked of the groups experiencing the poorest health outcomes, and face some of the biggest barriers to care. The author argues that we must ensure that all Americans have access to culturally competent, affordable and accessible health care services. Of primary importance is equal health insurance coverage. Also stressed is the importance of recognizing non-financial barriers to care such as issues of racism and sexism within the health system and among health providers.

United Nations. 2001. *Migrants' Right to Health*. Geneva: Joint United Nations Programme on HIV/AIDS.

This paper addresses some issues involved in relation to the rights of migrants' health. Section D specifically discusses the problem of access. In many developing countries, health facilities are poorly equipped, drugs are not always available, and STD/HIV prevention and care is poor. Furthermore, drug costs are high and the burden of health care falls heavily on the individual

consumer. Migrants are especially vulnerable to a lack of access due to the additional factors of language barriers, cultural barriers, and racism. If migrants are to achieve full access to their right to health, projects aimed at improving access must address the issues of access to prevention and care at the origin, transit places, and final destination of migrants.

Wallace, Steven P.; and Valentine Villa, M. 2003. "Equitable Health Systems: Cultural and Structural Issues for Latino Elders." *American Journal of Law and Medicine* 29(2/3).

Abstract: This article examines the extent to which the U.S. healthcare system is equitable for older Latinos, using the World Health Organization (WHO) and the related Organization for Economic Cooperation and Development (OECD) criteria on health outcomes, access/responsiveness and financing. We argue that improving health equity requires more than actions aimed at health behavior and culturally-based beliefs targeted at the individual. Improving equity also requires changes in broader social and political processes affecting entire populations and organizations of care, paying special attention to how these changes affect the Latino elderly.

Watson, Sidney D. 2000. "Race, Ethnicity, and Quality of Care: Inequities and Incentives." *American Journal of Law and Medicine* 27(2/3).

Abstract: The author presents a systemic approach to reducing race-based treatment disparities that utilizes reporting systems and financial incentives to produce structural change. He also describes research documenting the different care provided to racial and ethnic minorities; the role of slavery and segregation in creating today's health care systems and its race-based prejudices, misconceptions and fears; and racial and ethnic disparities as medical error.

Watson, Sidney D. 2003. "Reforming Civil Rights with Systems Reform: Health Care Disparities, Translation Services, and Safe Harbors." *Washington and Lee Race and Ethnic Ancestry Law Journal* 9:13.

Here Watson explores the adoption of a systems reform approach to reduce racial and ethnic disparities in health care. Systems reform can be either an internal management tool or a regulatory model. This approach shifts the focus from blame-laying, creates a format and justification for data reporting, and supplements agency enforcement with more internal and external accountability. Such an approach offers a way to strengthen civil rights enforcement, particularly with respect to health care.

Gender-based Barriers

Bobinski, Mary Anne; and Phyllis Griffin Epps. 2002. "Women, Poverty, Access to Health Care, and the Perils of Symbolic Reform." *The Journal of Gender, Race and Justice* 5: 233.

Abstract: This article looks at health care through gendered eyes. It reviews the conflicting evidence about gender-related differences in health care treatments and outcomes. This article has provided a gender-sensitive view of three related aspects of the health care system: evidence about gender-related consequences for health status or treatment; access to health care as measured by access to health insurance; and gender-sensitive issues in coverage under private and public health insurance policies.

Box, Tamara L.; Maren Olsen; Eugene Z. Oddone; and Sheri A. Keitz. 2003. "Healthcare Access and Utilization by Patients Infected with Human Immunodeficiency Virus: Does Gender Matter?" *Journal of Women's Health* 12(4): 391–398.

Abstract: Objective: To examine access to and utilization of primary healthcare services with respect to sex differences. Greater family and child-rearing responsibilities are possible barriers to healthcare access and utilization for women with HIV infection... Conclusions: Women had greater familial responsibilities than men, but this was not a barrier to access or utilization of healthcare services. Despite less advanced HIV disease, women received similar care and had similar utilization of health services.

"Gender-based Barriers in Pakistan Affect Female Patients and Their Providers." 2003. *Health Policy* (October 13):65-67.

Focusing on the effect of gender-based health system barriers on female patients and their providers in Pakistan, this study addresses the difficulty of maintaining female health and family planning workers; the lack of sensitivity to women's gender-based cultural constraints, and ways to ensure better functioning of government health services.

Hatton, Diane C.; Dorothy Kleffel; Susan Bennett; and Elizabeth A. Nancy Gaffrey. 2001. "Homeless Women and Children's Access to Health Care: A Paradox." *Journal of Community Health Nursing* 18(1): 25-35.

Abstract: Homeless women and children who reside in shelters experience many health-related problems. The aim of the qualitative study reported here was to (a) explore how shelter staffs manage health problems among their residents and assist them in accessing health services, and (b) identify clinical strategies for community health nurses working with this population. Findings demonstrate a paradox whereby homeless shelter staffs try to gain access to care for their residents through a system that is designed to keep them out. In addition, findings indicate a need for increased community health nursing services in homeless shelters. Strategies for resolving this paradox include providing assessment, policy development, and assurance of health care for homeless women and children.

Hazarika, Gautam. 2000. "Gender Difference in Children's Nutrition and Access to Health Care in Pakistan." *Journal of Development Studies* 37(1): 73-93.

Abstract: This article analyzes gender differences in children's nutrition and access to health care in Pakistan with a view to uncovering parents' motives for the favoring of sons in South Asia. It is found that, among 0 to 5-year-old children, boys are favored in the allocation of health care. However, girls appear as nourished as or better nourished than boys. This is taken to be evidence that intra-household gender discrimination has primary origins not in prenatal preference for boys but in differential returns to parents from investment in boys and girls.

Jackson, Sharon; Delia Camacho; Karen M. Freund; Judyall Bigby; Jacqueline Walcott-McQuigg; Ebony Huges; Ana Nunez; Wanda Dillard; Carl Weiner; Tracy Withz; and Ann Zerr. 2001. "Women's Health Centers and Minority Women: Addressing Barriers to Care." The National Centers of Excellence in Women's Health. *Journal of Women's Health and Gender-Based Medicine* 10(6): 551-560.

Abstract: New models of care delivery have been developed to better coordinate and integrate healthcare for women. In the United States, one of the challenges is to incorporate the needs of racial and ethnic minority populations into these newer care paradigms. This paper begins with a brief historical review of the experience of

racial and ethnic minorities in the American healthcare system to provide a context for discussing barriers and limitations of more traditional models of women's healthcare. Specific approaches used by National Centers of Excellence in Women's Health are presented as examples of strategies that may be implemented by other communities to address these barriers.

Kyomuhendo, Grade Bantebya. 2003. "Low Use of Rural Maternity Service in Uganda: Impact of Women's Status, Traditional Beliefs and Limited Resources." *Reproductive Health Matters* 11(221): 16-27.

Abstract: In Uganda, lack of resources and skilled staff to improve quality and delivery of maternity services, despite good policies and concerted efforts, have not yielded an increase in utilization of those services by women or a reduction in the high ratio of maternal deaths. This paper reports a study conducted from November 2000 to October 2001 in Hoima, a rural district in western Uganda, whose aim was to enhance understanding of why, when faced with complications of pregnancy or delivery, women continue to choose high risk options leading to severe morbidity and even their own deaths. The findings demonstrate that adherence to traditional birthing practices and beliefs that pregnancy is a test of endurance and maternal death a sad but normal event, are important factors. The use of primary health units and the referral hospital, including when complications occur, was considered only as a last resort. Lack of skilled staff at primary health care level, complaints of abuse, neglect and poor treatment in hospital and poorly understood reasons for procedures, plus health workers' views that women were ignorant, also explain the unwillingness of women to deliver in health facilities and seek care for complications. Appropriate interventions are needed to address the barriers between rural mothers and the formal health care system, including community education on all aspects of essential obstetric care and sensitization of service providers to the situation of rural mothers.

Language Barriers

Bischoff, Alexander; Patrick A. Bovier; Rustemi Isah; Gariazzo Francoise; Eytan Ariel; and Loutan Louis. 2003. "Language Barriers Between Nurses and Asylum Seekers: Their Impact on Symptom Reporting and Referral." *Social Science and Medicine* 57(3): 503-513.

Abstract: The objective of this study was to determine whether language barriers during the screening interview affected the reporting of asylum seekers' health problems and their referral to further health care. Seven hundred and twenty-three standard screening questionnaires, administered by nurses to asylum-seekers at the time of entry into Geneva/Switzerland between June and December 1998, were reviewed, as well as information pertaining to language use during the interview. Adequate language concordance was significantly associated with higher reporting of past experience of traumatic events and of severe psychological symptoms, contrasting with much fewer referrals to psychological care when language concordance was inadequate. These results suggest the importance of addressing language barriers in primary care centers in order to adequately detect and refer traumatized refugees.

Ngo-Metzger, Quyen; Michael P. Massagli; Brian R. Clarridge; Michael Manocchia; Roger B. Davis; Lisa I. Iezzoni; and Russel S. Phillips. 2003. "Linguistic and Cultural Barriers to Care: Perspectives of Chinese and Vietnamese Immigrants." *JGIM: Journal of General Internal Medicine* 18(1): 44-53.

Abstract: The objective of the study was to examine factors contributing to quality of care from the perspective of Chinese- and Vietnamese-American patients with limited English language skills. The authors conclude that

cultural and linguistically appropriate health care services may lead to improved health care quality for Asian-American patients who have limited English language skills. Important aspects of quality include providers' respect for traditional health beliefs and practices, access to professional interpreters, and assistance in obtaining social services.

Plantiko, Barbara. 2002. "Not-So-Equal Protection: Securing Individuals of Limited English Proficiency with Meaningful Access to Medical Services." *Golden Gate University Law Review* 32: 239.

The article focuses on how language discrimination manifests in various health care settings and how it deprives individuals with limited or no English proficiency of access to a variety of essential medical services. Included are an overview of existing judicial and legislative actions and a statement of what the current problems are. To this end, the authors suggest that because medical care is a vital service, individuals of limited English proficiency could argue their case under the Equal Protection Clause in search of the same medical treatment enjoyed by English speakers.

Pöchhacker, Franz. 2000. "Language Barriers in Vienna Hospitals." *Ethnicity and Health* 5(2): 113-120.

Abstract: As part of a wider investigation of cross-cultural communication practices in health care and social service institutions of Vienna, a survey among hospital staff was conducted to establish the need for mediated communication between service providers and non-German-speaking patients. The responses of 508 doctors, nurses and therapists demonstrate a substantial need for interpreting services, which is currently met by family members (most often children) and bilingual hospital employees (most often cleaners). Most of the respondents were well aware of the shortcomings of ad hoc interpreting arrangements and voiced a clear preference and demand for a hospital interpreting service to improve communication with and health care provision to non-German-speaking patients.

Silver, Richard. 2000. "The Right to English Health and Social Services in Quebec: A Legal and Political Analysis." *McGill Law Journal* 45: 681.

Abstract: The right to English health and social services in Quebec raises important issues in the context of Quebec language policy, in that French is the official language of Quebec and intended to be the common language of all Quebecers. The author first gives an overview of language policy in the Quebec and federal contexts. He then traces the evolution of the right to English health and social services, enshrined in legislation in 1986, and its implementation. He next examines the application of the legislation during a period of transformation of the Quebec health and social services system and the degree of respect given the right under a new government. Finally, he analyzes whether the right to English services infringes the Charter of the French language, dealing particularly with the right to work in French and the issue of signs in the health and social services sector. The author concludes that the right to English services has become politicized in recent years and that lack of political will has prevented the government from fully respecting its obligations under health and social services legislation.

Workman, Elizabeth T.; Nancy T. Lombardo; and Jeanne Marie LeBet. 2003. "Overcoming Language Barriers When Providing Health Information: Why We Should Care and What We Can Do." *Journal of Consumer Health on the Internet* 7(2): 23-34.

Abstract: There is need for multilingual health information in different formats. New technologies offer solutions to providing consumer health information despite problematic issues. Libraries can play a key role in making multilingual materials available to their constituent populations and the world.

Location-based Barriers

Adam, Y. M. and H. M. Salihu. 2002. "Barriers to the Use of Antenatal and Obstetric Care Services in Rural Kano, Nigeria." *Journal of Obstetrics and Gynaecology* 22(8): 600-604.

Abstract: The objective of this study was to identify the socio-cultural and economic factors that act as barriers to women's use of antenatal care services and hospital delivery in a rural community in Kano State, Northern Nigeria. The study was based on an interview of 107 pregnant women conducted by a trained midwife in the native language of the area. Findings indicate that the majority of women (88%) (CI = 81.8–94.2%) in the study area did not attend for antenatal care, and 96.3% (CI = 93.0–99.8%) had delivered or plan to deliver at home without a skilled attendant. Major barriers identified were economic, cultural and those related to the women's perception of their condition. The study recommends that poverty reduction and economic empowerment of rural women are prerequisites for any tangible improvement in the utilization of antenatal care and obstetric delivery services.

Andrews, Bruce; Peter Simmons; Ian Long; and Ross Wilson. 2002. "Identifying and Overcoming the Barriers to Aboriginal Access to General Practitioner Services in Rural New South Wales." *Australian Journal of Rural Health* 10(4): 196-202.

Abstract: The Wiradjuri General Practitioners and Aboriginal Health Workers Project aimed to help improve Aboriginal health in central western New South Wales (NSW) by identifying and overcoming the barriers to the Aboriginal population's access to general practitioner services. The central strategy of the project was to convene three rounds of consultative meetings that brought together Aboriginal community members, general practitioners and Aboriginal health workers to express and define local issues and problems, and to propose solutions. The solutions included general practitioner outreach clinics, a focus on pre-winter immunization, bulk-billing of Aboriginal patients, Aboriginal cultural awareness training for all general practice personnel, employing Aboriginal staff in general practice, and closer professional interaction between general practitioners and Aboriginal health workers.

Andrulis, Dennis P. 2000. "Community, Service, and Public Strategies to Improve Health Care Access in the Changing Urban Environment." *American Journal of Public Health* 90(6): 858-863.

Discusses the issue of access to health care in relation to America's cities. Principally, individual and community characteristics such as transportation, levels of education, language, culture, proximity to providers, health literacy and health beliefs can exacerbate urban access problems. Progress through Medicaid and other actions helps reduce inequities in access for certain populations, but not for all populations.

Baxter, Judith; Lucinda L. Bryant; Sharon Scarbro; and Susan M. Shetterly. 2001. "Patterns of Rural Hispanic and Non-Hispanic White Health-Care Use." *Research on Aging* 23(1): 37-61.

Abstract: This cross-sectional study examines utilization of health care resources, including nursing homes, among 1,433 rural Hispanic and non-Hispanic White participants in the San Luis Valley Health and Aging Study. Results show substantially greater non-Hispanic White residence in nursing homes, greater Hispanic use of professional home nursing services, but little ethnic difference in outpatient care or hospitalization. Analyses based on the behavior model of utilization find health care use strongly associated with need factors.

Booyesen, Fikkie le R. 2003. "Urban-Rural Inequalities in Health Care Delivery in South Africa." *Development Southern Africa* 20(5): 659-674.

Abstract: Urban-rural inequalities in access to health care services continue to persist in South Africa, and in almost all cases discriminate against the poor. In certain cases disparities are even worse in urban areas, although levels of service delivery admittedly are consistently worse in rural areas. People in rural areas are generally more dependent on public and other health care services than on private services, compared with people living in urban areas. There is limited evidence of substantial intra-urban disparities, with inequality being worse in smaller urban settlements (i.e. towns) as opposed to larger ones (i.e. small cities and metropolitan areas). The article emphasizes the important role the envisaged future decentralization of selected health services to local government is likely to play in addressing these inequalities and the lack of service delivery at this level.

Glei, Dana A.; Noreen Goldman; and Germán Rodríguez. 2003. "Utilization of Care During Pregnancy in Rural Guatemala: Does Obstetrical Need Matter?" *Social Science and Medicine* 57(12): 2447-2464.

Abstract: This study examines factors associated with the use of biomedical care during pregnancy in Guatemala, focusing on the extent to which complications in an ongoing or previous pregnancy affect a woman's decisions to seek care. The findings, based on multilevel models, suggest that obstetrical need, as well as demographic, social, and cultural factors, are important predictors of pregnancy care. In contrast, measures of availability and access to health services have modest effects. The results also suggest the importance of unobserved variables—such as quality of care—in explaining women's decisions about pregnancy care. These results imply that improving proximity to biomedical services is unlikely to have a dramatic impact on utilization in the absence of additional changes that improve the quality of care or reduce barriers to access. Moreover, current efforts aimed at incorporating midwives into the formal health-care system may need to extend their focus beyond the modification of midwife practices to consider the provision of culturally appropriate, high-quality services by traditional and biomedical providers alike.

Hampshire, Kate. 2002. "Networks of Nomads: Negotiating Access to Health Resources Among Pastoralist Women in Chad." *Social Science and Medicine* 54(7): 1025-1038.

The author assesses the availability of access to health resources among pastoralist women in Chad by examining the importance of social support systems for access to health care, and the implications of the spatial mobility of nomads for health care access.

Hosain, G. M. Monawar and Nilesh Chatterjee. 1998. "Health-care Utilization by Disabled Persons: A Survey in Rural Bangladesh." *Disability and Rehabilitation* 20(9): 337-346.

Abstract: The purpose of the present study was to examine the utilization of health services by disabled person in rural Bangladesh and to identify associated factors to inform the development of appropriate health services. ...The conclusions of this study are that social and cultural barriers prevent certain groups, notably women and demographically dependent age groups, from accessing health care. ...A combination of educational and economic

initiatives such as a disability benefits allowance would strongly promote the health of disabled persons and create a general awareness of disability in Bangladesh...

Jütting, Johannes P. 2004. "Do Community-Based Health Insurance Schemes Improve Poor People's Access to Health Care? Evidence from Rural Senegal." *World Development* 32(2): 273-289.

Abstract: Community-based health insurance is an emerging and promising concept, which addresses health care challenges faced in particular by the rural poor. The aim of this paper is to analyze whether rural Senegal members of a health insurance scheme are actually better-off than nonmembers. The results show that in poor environments, insurance programs can work: Members of les mutuelles de sante (mutual health organizations) have a higher probability of using hospitalization services than nonmembers and pay substantially less when they need care. Furthermore, the analysis revealed that while the schemes achieved to attract poor people, the poorest of the poor remained excluded.

Levine, Phyllis; Denise Lishner; Mary Richardson; and Alice Porter. 2001. "Faces on the Data: Access to Health Care for People with Disabilities Living in Rural Communities," in R. M. Moore (ed.), The Hidden America: Social Problems in Rural America for the Twenty-First Century. Selinsgrove: Susquehanna University Press.

Access to health care is already limited for people in rural communities. For people with disabilities living in rural areas, the difficulties of access are even more pronounced. However, access can improve by building interagency communication and bringing agencies together; encouraging public health agencies to focus more on disability; improving provider education; insisting on fairly priced equipment and services; and creating gathering places and opportunities for people with disabilities and their families to meet, socialize, and network.

Lohlein, Daniela; Johannes Jutting; and Peter Wehrheim. 2003. "Rural Russia in Transition: What Determines Access to Health-Care Services?" *Post-Soviet Affairs* 19(1): 80-95.

Magilvy, Joan K. and JoAnn G. Congdon. 2000. "The Crisis Nature of Health Care Transitions for Rural Older Adults." *Public Health Nursing* 17(5): 336-346.

Abstract: The complex health, socioeconomic, and environmental problems experienced by many American elders often places them at high risk for disease and disability. Although availability of health services is improving in rural areas, barriers such as distance, geography, and poor distribution often limit access to health care.

Magilvy, Joan K.; JoAnn G. Congdon; Ruby J. Martinez; Renel Davis; and Jennifer Averill. 2000. "Caring for our Own: Health Care Experiences of Rural Hispanic Elders." *Journal of Aging Studies* 14 (2): 171-191.

Abstract: Many rural elders find access to health care a serious problem, and for ethnic minority rural populations such as Hispanics, language, cultural, and economic barriers further compound the problem. Based on one large longitudinal and three companion ethnographic studies of rural aging and health care in which a large percentage of the participants were Hispanic, this article describes results of analysis and interpretation of findings across the four studies related to Hispanic families' experiences with health care. Three themes were identified: (1) taking care of our own.' Hispanic families struggling to meet obligations; (2) spirituality as integral to life and health; and (3) acceptance or prejudice: understanding cultural differences. A description of observed patterns of

utilization of specific health care services by older Hispanics and their families is included, and implications for health care delivery and research are addressed.

Rodriguez, Emelyn. 2001. "Rural Health Care: Is There a Doctor in the House?" *California Journal* 32(4): 10-17.

Principally exploring focusing on the health care system of rural areas in California, the author examines why it is so difficult of deliver medical services to those areas.

Rosenthal, Thomas C.; Chester Fox; and Stephen J. Lurie. 2000. "Access to Health Care for the Rural Elderly." *JAMA: Journal of the American Medical Association* 284(16): 2034-2037.

The authors discuss the patterns of practice and the social, policy, and research issues influencing care for the rural elderly. They examine relevant demographics, funding for rural health services, the availability of geriatric clinicians in rural communities, and data on inpatient hospitalization and nursing home placement services.

Overview of Access to Health and Barriers to Access

"Access to Health Care 'Still Unequal'." 2003. *Community Care* (1479): 13.

Report on the speech of John Reid, the British Health Secretary during the 2003 National Health Service (NHS) conference in Edinburgh, England. He acknowledged that access to health services continued to vary according to wealth and class.

Apolone, Giovanni. 2003. "Health Coverage in Italy." *Journal of Ambulatory Care Management* 26(4): 378-383.

Abstract: The article focuses on the operations of the National Health Service in Italy, and discusses universal health care and coverage to Italians and other legal non-Italian residents who have full access to health care. The article also discusses the enhancement of the government's capability to control and monitor the health care system in terms of expenditures and costs.

Axworthy, Lloyd; and Jerry Spiegel. 2002. "Retaining Canada's Health Care System as a Global Public Good." *CMAJ: Canadian Medical Association Journal* 167(4): 365-367.

The article discusses the health care system in Canada, and the outlook for public health services there. The authors specifically examine the principles of universal access to health care and health care equity as the basis for Canada's health care system. They also examine the pressures and opportunities that globalization has presented to health care.

Benatar, S.R.; A.S. Daar; and P.A. Singer. 2003. "Global Health Ethics: The Rationale for Mutual Caring." *International Affairs* 79(1): 107-139.

Abstract: Despite spectacular twentieth century scientific and technological progress, the world is more inequitable than it was fifty years ago. This is evident both in terms of access to health care for individuals, and in relation to the health of whole populations. Disparities in wealth and

health within and between nations are widening inexorably and the rapidly expanding global economy has failed to reduce poverty among those with little if any access to health care. In this context the Universal Declaration of Human Rights remains an unrealized aspiration for the majority of the world's people. Given these realities, no single discipline, or body of knowledge is likely to make much difference. The authors believe that an interdisciplinary approach is required, and that bioethics, an interdisciplinary field, can make a contribution towards improving health globally.

Birbeck, Gretchen L.; and Theodore Munsat. 2002. "Neurologic Services in Sub-Saharan Africa: A Case Study Among Zambian Primary Healthcare Workers." *Journal of Neurological Sciences* 200 (1/2): 75-79.

Abstract: In many parts of the developing world, access to physician consultation and neurologic expertise is limited or nonexistent. We conducted a survey among non-physician, primary healthcare workers (PHCWs) to determine the neurological needs and services in rural Zambia. Over 40% of PHCWs surveyed work in primary care clinics without a physician available for consultation. Their patients must travel a median of 50 km to access a physician and geographic barriers are a frequent problem. In addition to difficulty physically accessing care, PHCWs reported that financial barriers to physician referral are substantial. Traditional beliefs, social stigma, and discriminatory healthcare policies associated with neurologic conditions were also noted to deter and defer care and care seeking.

Bobinski, Mary Anne. 2003. "Health Disparities and the Law: Wrong in Search of a Right." *American Journal of Law and Medicine* 29(363).

The article explores the promise and limits of law in addressing disparities in health. It also explores research on disparities in treatment, outcomes, and health status associated with gender, ethnicity/race and socioeconomics.

Bullas, Sheila. 2003. "Diversity, Equal Access and Information." *Informatics in Primary Care* 11(1): 33-37.

Abstract: The overall aim of diversity is to ensure that every individual, whatever their differences, has fair and equitable access to health care and to employment based on clinical need and merit. This has advantages for staff by allowing them to give of their best and for patients by better identifying and meeting their needs. Evidence shows that individuals from minority groups are often not treated fairly and positive action is required to redress the balance.

Cummins, Penelope. 2002. "Access to Health Care in the Western Cape." *Lancet* 360(9350): 49-51.

This article examines access to health care in the Western Cape of South Africa. Color-coding of people in South Africa continues despite progress in racial tensions after Apartheid. The article also examines why geographical proximity is one of the biggest barriers to all varieties of health care in the Western Cape.

Cunnam, Prisilla; and Brij Maharaj. 2000. "Against the Odds: Health Care in and Informal Settlement in Durban." *Development Southern Africa* 17(5): 667-687.

In Durban, one of the fastest-growing cities in the world, the demands of accelerated urbanization, particularly with regard to health care, are compounded by the legacy of apartheid planning. This has resulted in health service provision being fragmented along racial, administrative financial and spatial lines. This article examines health conditions in Canaan, an informal settlement in Durban. All the diseases found to be prevalent, apart from STDs, are related to poor socio-economic conditions.

Engqvist, Lars. 2002. "How to Safeguard the Right of Common Access in the Health Service." *Scandinavian Journal of Primary Health Care* 20(2): 65-67.

All people should have a right to health care and social services on equal terms and care should be provided according to need. However, the supply of Swedish health care does not always match need, resulting in long waiting lists. The Swedish Riksdag adopted an action plan for the health service that is based on strengthening primary care, boosting the medical component of elder care, and expanding psychiatric care. Sweden also seeks to implement the 0790 rule, which means patients can contact their health care clinic the same day (0 waiting time), see the family doctor within 7 days, and receive treatment within in 90 days.

Feinstein, F. Ronald. 2001. "Access to Health Care: It's Not Rocket Science -- It's Tougher." *Journal of Legal Medicine* 22(2): 235-246.

Focusing on access to health care in the United States, Feinstein discusses the concept of a value equation which equates value in the marketplace with quality and cost, and the variation in care being delivered to the Medicare population depending on where they live. Evidence shows that prompt access to a specialist will result in more superior and efficient care.

George, Ajay; and Greg Rubin. 2003. "Non-Attendance in General Practice: A Systematic Review and its Implications for Access to Primary Health Care." *Family Practice* 20(2): 178-185.

Abstract: ...Non-attendance in general practice has received increasing attention over the past few years. Its relationship with access to health care has been recognized and is of particular relevance in light of the access targets set out in the NHS Plan. Methods. The literature was searched for articles relating to non-attendance. ...The epidemiology of non-attendance has been well described, but there is little work on the reasons for non-attendance. Evidence for effective interventions to improve attendance in primary care is lacking, and this may prove to be an area of research interest in the future. As well as specific interventions to reduce non-attendance, new approaches to health care access are required in order to tackle this issue.

Goddard, Maria; and Peter Smith. 2001. "Equity of Access to Health Care Services: Theory and Evidence from the UK." *Social Science and Medicine* 53(9): 1149-1163.

Hendriks, A. 1998. "The Right to Health in National and International Jurisprudence." *European Journal of Health Law* 5 (4): 389-409.

Abstract: The right to health is a fundamental human right, solidly embedded in international human rights law. As with other human rights, this right creates corresponding obligations for States which they are due to respect, protect and fulfill. The right to health embodies both positive and negative contents rights, ranging from the right to adequate protection of health to the right to equal access to health care. In addition, the right to health obliges States to create conditions favorable to the achievement and maintenance of the highest attainable level of

health. This article describes and analyses national and international case law with respect to these three components of the right to health in an effort to delineate the general contours of this right. It is argued that courts and other (quasi-)judicial bodies more or less explicitly acknowledge that States are required to ensure a minimum level of health protection, (equal access to) essential health care and satisfaction of basic human needs. From the existing body of case law touching on the right to health it remains, however, difficult to conclude how courts define the minimum core content of the right to health, let alone to gain further insights into the normative meaning of this right.

Herp, Michel Van; Veronique Parqué; Edward Rackley; and Nathan Ford. 2003. "Mortality, Violence and Lack of Access to Healthcare in the Democratic Republic of Congo." *Disasters* 27(2): 141-154.

Abstract: The people of the Democratic Republic of Congo for decades have been living in a situation of chronic crisis. Violence, population displacement and the destruction of infrastructure and health services have devastated the health of the population. In 2001, Médecins Sans Frontières conducted a survey in five areas of western and central DRC to assess mortality, access to health-care, vaccination coverage and exposure to violence. High mortality rates were found in front-line zones, mainly due to malnutrition and infectious diseases. In Basankusu approximately 10 per cent of the total population and 25 per cent of the under-five population had perished in the year before the survey. Humanitarian needs remain acute across the country, particularly near the front line. Infectious-disease control and treatment are a priority, as is increasing access to health-care. Humanitarian assistance must be increased considerably, especially in rural areas and zones that have been affected directly by conflict.

Johnson, Merrilyn O. 2001. "Meeting Health Care Needs of a Vulnerable Population: Perceived Barriers." *Journal of Community Health Nursing* 18(1): 35-53.

Abstract: This study utilized the qualitative methodology of focus groups to explore health care needs and perceived barriers to obtaining health care for urban and rural women and children in areas served by nurse practitioner (NP) and certified nurse midwife (CNM) clinics. The clinics operate in a southeastern county with a rural health professional shortage area designation, and an urban ZIP code area with high rates of infant mortality and serious pediatric conditions. The aim of the study was to delineate barriers to health care in order to develop appropriate services at the clinics and to improve access. Four focus groups with a total of 31 women from the communities were convened. Content analysis shows that access to the clinics is hampered by the community women's limited knowledge of CNMs and NPs and their specific roles in providing health care services. The women suggested that clinics counter their low profile by a more vigorous outreach promotion.

Kronenfeld, Jennie Jacobs (ed.). 2002. *Social Inequalities, Health and Health Care Delivery*. Boston: JAI.

Social factors play an important causal role in creating social distributions of health. The papers in this volume address this statement by examining issues of gender, age, race, and poverty as they relate to access to health care. Various sections deal with macro-system issues, patient characteristics, and providers. Some authors take a theoretical approach, while others test theories, but all serve to provide the reader with a multisided view of the barriers to access to health care.

Liu, Gordon G.; Zhongyun Zhao; Renhua Cai; Tetsuji Yamada; and Tadashi Yamada. 2002. "Equity in Health Access to: Assessing the Urban Health Insurance Reform in China." *Social Science and Medicine* 55(10): 1779-1795.

Abstract: This study evaluates changes in access to health care in response to the pilot experiment of urban health insurance reform in China. ...Specifically, this study examines the pre- and post-reform changes in the likelihood of obtaining various health care services across sub-population groups with different socioeconomic status and health conditions, in an attempt to shed light on the impact of reform on both vertical and horizontal equity measures in health care utilization. ...In conclusion, the reform model has demonstrated promising advantages over pre-reform insurance programs in many aspects, especially in the improvement of equity in access to basic care provided at outpatient settings.

Manderson, Lenore; and Pascale Allotey. 2003. "Cultural Politics and Clinical Competence in Australian Health Services." *Anthropology and Medicine* 10(1): 71-86.

Abstract: Medical competence is demonstrated in multiple ways in clinical settings, and includes technical competence, both in terms of diagnosis and management, and cultural competence, as demonstrated in communication between providers and clients. In cross-cultural contexts, such communication is complicated by interpersonal communication and the social and cultural context. To illustrate this, we present four case studies that illustrate the themes from interviews with immigrant women and refugees from Middle Eastern and Sabel African backgrounds, conducted as part of a study of their reproductive health. In our analysis, we highlight the limitations of conventional models of communication. We illustrate the need for health providers to appreciate the possible barriers of education, ethnicity, religion and gender that can impede communication, and the need to be mindful of broader structural, institutional and inter-cultural factors that affect the quality of the clinical encounter.

McKinney, Louise W. 2002. "Barriers to Access to Health Care." *Health Matrix: Journal of Law Medicine* 12(1): 1-7.

This article discusses how to avoid financial barriers and barriers for people with disabilities.

Mesri, Parastoo Anita. 2003. "The Violation of the Human Right to Health as a Factor in the Zapatista Revolution of Chiapas, Mexico." *Tulsa Journal of Comparative and International Law* 10: 473.

This article examines the violation of the right to health in Chiapas, Mexico as a factor in setting the stage for the armed Zapatista uprising. The author examines socio-economic factors in Chiapas, as well as international health law, and Mexican national health law.

Morrith Taub, Leslie-Faith. 2002. "A Policy Analysis of Access to Health Care Inclusive of Cost, Quality, and Scope of Services." *Policy, Politics, and Nursing Practice* 3(2): 167-177.

Abstract: A policy analysis of access to health care was undertaken using a review of current studies and proposals for health care reform in order to uncover the issues of cost, quality, and scope of services that would be required to realize health care coverage for the 38.7 million Americans who remain uncovered. This national issue was explored at the state level, and it was also explored at the individual level by a description of those affected by age, race, ethnicity, health status, and gender. Finally, the author looks at health care reform as one of many other issues affecting the American citizen as choices are made about how to utilize limited resources.

Ncayiyana, Daniel J. 2002. "Africa Can Solve its own Health Problems." *BMJ: British Medical Journal* 324(7339): 688-690.

An editorial opining that Africa has the resources to solve its health problems, but that it has wasted its political emancipation through political adventurism and civil wars. The author ultimately states the need to address inequalities in access to health care, and suggests that participating in the global economic movement will help solve Africa's poverty problem.

Neri, M.T.; and T. Kroll. 2003. "Understanding the Consequences of Access Barriers to Health Care: Experiences of Adults with Disabilities." *Disability and Rehabilitation* 25(2): 85-97.

Abstract: Purpose: The study explores: (1) the scope and nature of the consequences that adults with disabilities perceive as the result of inappropriate access to health care services; (2) the variability of these consequences by demographic attributes such as disability type, gender, and health insurance type, and (3) the inter-relatedness and multidimensionality of these consequences. ...Conclusions: Health insurers and providers need a better understanding of the multiple consequences of access barriers. Based on this knowledge, detrimental and costly effects of inappropriate service delivery could be more effectively prevented. Implications for health care services and policy are discussed.

Pirisi, Angela. 2000. "Low Health Literacy Prevents Equal Access to Care." *Lancet (Elsevier)* 356 (9244): 1828.

Abstract: The article focuses on low health literacy, which prevents many patients from making full use of treatments and clinical information, and may result in them being unable to make the best use of their health-care services. Further discusses the barriers to health literacy related to medical terminology and cultural, language, education and age-related issues; the effects of low literacy; and the responsibility of health care providers to communicate medical information effectively.

Politzer, Robert M.; Jean Yoon; Leiyu Shi; Ronda G. Huges; Jerrilynn Regan; and Marilyn H. Gaston. 2001. "Inequality in America: The Contribution of Health Care Centers in Reducing and Eliminating Disparities in Access to Care." *Medical Care Research and Review* 58(2): 234-249.

Abstract: Reducing and eliminating health status disparities by providing access to appropriate health care is a goal of the nation's health care delivery system. This article reviews the literature that demonstrates a relationship between access to appropriate health care and reductions in health status disparities. The authors present an evaluation of the ability of health centers to provide such access. Access to a regular and usual source of care alone can mitigate health status disparities. The safety net health center network has reduced racial/ethnic, income, and insurance status disparities in access to primary care and important preventive screening procedures. Evidence suggests that health centers are successful in reducing and eliminating health access disparities by establishing themselves as their patients' usual and regular source of care. This relationship portends well for reducing and eliminating health status disparities.

Powell, Martin; and Mark Exworthy. 2003. "Equal Access to Health Care and the British National Health Service." *Policy Studies* 24(1): 51-65.

Abstract: Equal access to health care is a central objective of many health care systems, and is often seen as the founding principle of the British National Health Service. However, this paper argues that it can be seen as a piece of grand or flamboyant rhetoric of symbolic politics, representing a misreading, or at least an

oversimplification, of history. It examines stated equity objectives in the NHS by placing them in the cells of an equity matrix. It is discovered that few NHS policies have aimed to achieve 'equal access to health care' in any meaningful sense. Moreover, this rhetorical emphasis has obscured wider issues, in that little attention has been paid to issues such as which variations are unacceptable, how much variation should be tolerated, and the potential trade-offs between concepts such as equity and efficiency.

Reese, Shelly. 1998. "Access to Health Care." *American Demographics* 20(8): 56.

The main barrier to access to health care in the United States, according to the Agency for Health Care Policy and Research's 1996 Medical Expenditure Panel Survey, was the inability to pay. However, barriers are not consistent across all groups. Hispanic families encountered barriers more frequently than non-Hispanic black and white families. Families in the Western United States also faced more barriers than families in other geographical regions, and rural dwellers faced more difficulties than urban dwellers.

Rice, Dorothy P. 1998. "The Cost of Instant Access to Health Care." *JAMA: Journal of the American Medical Association* 279(13): 1030.

Rice, Nigel; and Peter C. Smith. 2001. "Ethics and Geographical Equity in Health Care." *Journal of Medical Ethics* 27(4): 256-262.

Abstract: Important variations in access to health care and health outcomes are associated with geography, giving rise to profound ethical concerns. This paper discusses the consequences of such concerns for the allocation of health care finance to geographical regions. Specifically, it examines the ethical drivers underlying capitation systems, which have become the principal method of allocating health care finance to regions in most countries. Although most capitation systems are based on empirical models of health care expenditure, there is much debate about which needs factors to include in (or exclude from) such models. This concern with legitimate and illegitimate drivers of health care expenditure reflects the ethical concerns underlying the geographical distribution of health care finance.

Rocha, Cynthia J.; and Liz England Kabalka. 1999. "A Comparison Study of Access to Health Care Under a Medicaid Managed Care Program." *Health and Social Work* 24(3): 169-180.

Abstract: This article investigates the health care and insurance status of a low-income urban area in East Tennessee. The article reviews the background of TennCare, a compulsory Medicaid managed care program initiated in Tennessee in 1994. The study compared TennCare recipients with other insurance groups on key demographic and access variables. Possible explanations for how TennCare recipients rate their care also were examined. Qualitative analysis revealed accounts of long waiting periods, out-of-town specialist care, problems with obtaining pharmaceuticals, and general confusion about the new system. Implications of these findings for social work policy practitioners are discussed, and suggestions for alleviating the burden on patients are offered.

Rogers, Anne; and Julian Flowers. 1999. "Improving Access Needs a Whole Systems Approach." *BMJ: British Medical Journal* 319(7214): 866-888.

This editorial states that improving access to health care in Great Britain requires a whole systems approach and would be central to averting crises in the winter between 1999 and 2000. The authors also explore existing initiatives by the British government and its National Health

Service to improve access; list ways in which access could be improved; and explain the importance of access in health and social care arrangements.

Rosero-Bixby, Luis. 2004. "Spatial Access to Health Care in Costa Rica and its Equity: A GIS-based Study." *Social Science and Medicine* 58(7): 1271-1284.

Abstract: This study assembles a geographic information system (GIS) to relate the 2000 census population (demand) with an inventory of health facilities (supply). It assesses the equity in access to health care by Costa Ricans and the impact on it by the ongoing reform of the health sector. It uses traditional measurements of access based on the distance to the closest facility and proposes a more comprehensive index of accessibility that results from the aggregation of all facilities weighted by their size, proximity, and characteristics of both the population and the facility. The data show substantial improvements in access (and equity) to outpatient care between 1994 and 2000. These improvements are linked to the health sector reform implemented since 1995.

United Nations. 2001. *Improving Access to Care in Developing Countries: Lessons from Practice, Research, Resources and Partnerships*. Paris: French Ministry of Foreign Affairs, World Health Organization, UNAIDS.

This publication reflects the shared experience of 155 international experts in advocating accelerated access to care for HIV/AIDS patients in developing countries. It features papers on lessons learnt and on analyzing key issues in the implementation of the care agenda, as well as a Declaration for a Framework for Action, which was adopted at a meeting of these experts held in Paris in 2001 at the invitation of the French Ministry of Foreign Affairs.

Valios, Natalie. 2003. "Less Equal Than Others?" *Community Care* (1486): 24-27.

Offers a look at the quality of health care services provided to people with learning disabilities in Great Britain. The barriers to care include difficulties related to challenging behavior; the shortness of a typical appointment; wheelchair accessibility; communication problems; and dependence on caregivers accompanying patients. The article also discusses government initiatives to provide equal access to health care.

Van Der Mei, Anne Pieter. 2003. "Cross-Border Access to Health Care Within the European Union: Recent Developments in Law and Policy." *European Journal of Health Law* 10(4): 369-381.

The article provides an overview of European initiatives concerning the rights of patients to gain access to health care across borders. The author describes new cases before the European Court of Justice; the development of a policy on patient mobility that recognizes both the interest of patients and the need to protect the financing and infrastructure of health care and insurance systems; and the importance of policy that promotes collaboration between member states and those entities responsible for running health care systems.

Waters, Hugh R. 2000. "Measuring Equity in Access to Health Care." *Social Science and Medicine* 51(4): 599-613.

Zayas-Cabán, Teresa. 2003. "Modeling Access to Health Care Within a Community." *IMA Journal of Management Mathematics* 16(6): 273-279.

Abstract: Health disparities have been a growing concern in the USA. Differences in access to healthcare play a role in these health disparities. This article presents a model that illustrates access to healthcare in two rural Midwestern communities. The simulation model developed helps determine if people in these communities have equal access to health care and if physician's insurance coverage practices prevent certain people from accessing care. From the simulation, it can be determined which characteristics may lead to the disparities in access to health care. Using the results of such a simulation model, the community may then begin to take action in order to ensure equal access to health care for all people within the community and help reduce health disparities.

Armed Conflict, Health and Human Rights

by Alex Deraney and Hafsteinn Hafsteinsson

Most wars nowadays are civil wars, and in many of today's conflicts civilians have become the main targets of violence. Armies count their own losses, but there is no agency whose job it is to keep a tally of civilians killed. In many cases, the conflict eventually becomes so dangerous that the international community finds itself obliged to intervene. But, the most effective interventions are not military. Wherever possible intervention should consist in preventive diplomacy and correcting the causes of conflict such as ethnic tension and poverty (Kofi Annan).

This section highlights resources with information on health concerns that arise from armed conflict. It examines human rights violations as derived from health issues and the humanitarian efforts to alleviate them. The vast majority of available literature approaches conflict-related healthcare shortfalls in terms of intervention. Literature dealing with armed conflict and health as it applies to human rights is much harder to come by, which indicates the need for additional emphasis in this area.

Human rights violations have two common forms: a state is delinquent in protecting rights or directly abuses them. Employing this kind of dichotomous framework helps us understand human rights violations in the context of unethical military action. One possible explanation for the lack of work on this topic may be that a government on the run or in a state of critical defense has a contentious level of accountability for the welfare of its people. In these cases the literature focuses on humanitarian efforts to alleviate suffering, rather than state accountability.

All told, awareness of the horrors of war puts a moral and legal obligation on the international community to react in a corrective and compassionate fashion. To this end we have isolated several topical areas as particularly instructive. The majority of available literature does not deal with violation of people's rights, but rather, the relief of the conditions that cause suffering.

Basic Documents

This category provides additional sources of information on the human rights and humanitarian aspects of health concerns during armed conflict. The [Doctrine](#) subcategory includes two handbooks that outline basic information that provide a broad overview of humanitarian operations and agencies. The [Legal Text](#) subcategory contains two works that compile and provide a summary of relevant rules and principles of International Human Rights and International Humanitarian Law. The [Journals](#) subcategory provides links to some major publications that contribute to the topic of human rights and health as they apply to armed conflict. The [Case Studies](#) subcategory provides details of humanitarian health intervention during specific armed conflicts.

Doctrine

UNHCR Handbook for the Military on Humanitarian Operations. 1995. U.N. High Commissioner for Refugees.

Though designed for military personnel, this publication is beneficial to humanitarian agencies because it lists the military support tasks that U.N. and NGO health organizations can expect from the military in the field, especially when direct medical support by military personnel is not authorized (see also [Refugees, Health and Human Rights](#)).

WHO Handbook for Emergency Field Operations. 1999. World Health Organization.

This handbook provides insight on the leveraging of hard to come by information by interviewing agencies with greater cross-line movement freedom, such as the ICRC. It also has a comprehensive list of international partners geared to ensuring provision of acceptable healthcare standards in any circumstances and provides force protection guidelines for providers.

Legal Text

de Rover, Cees. 1998. To Serve and Protect. Geneva: ICRC.

This text identifies the International Court of Justice as a legitimate source of international human rights law and international humanitarian law. Its target audience is the legal community and law enforcement officials who need to interpret legal principles in regard to health rights. It examines healthcare during armed conflict from the perspective of the ICRC charters.

Doswald-Beck, L. 1999. "Implementation of international humanitarian law in future wars." *Naval War College Review* 52(1): 24-28.

Abstract: Considers the implementation of the major principles of international humanitarian law in wars and the basic purpose of international humanitarian law...It considers factors that historically aiding implementation and difficulties and prospects in the twentieth century.

O'Neil, William G. 1999. "'A Humanitarian Practitioners Guide to International Human Rights Law.'" Occasional Paper #34. Providence, RI: Watson Institute.

This article mainly provides a summary of how human rights law pertains to health care. It emphasizes women's and children's rights to healthcare, drawing heavily from the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights as they overlap with the laws of armed conflict (see also [Refugees, Health and Human Rights](#)).

Rottensteiner, Christa. 1999. The Denial of Humanitarian Assistance as a Crime Under International Law. ICRC.

Abstract: This article seeks to clarify under which circumstances the denial of humanitarian assistance can constitute a crime under international law. Examining whether the denial of humanitarian assistance fits into the

definition of existing crimes, three core crimes of international law are considered: war crimes, crimes against humanity and genocide. The study is set in the context of the regained relevance of these crimes with respect to the work of the ad hoc Tribunals for the Former Yugoslavia (ICTY), Rwanda (ICTR), and the recent adoption of the Statute for an International Criminal Court (ICC).

Journals

- American Medical Association. <http://www.ama-assn.org/>
- Army Medical Department. <http://www.armymedicine.army.mil/default2.htm>
- Human Rights Watch. <http://www.hrw.org/>
- International Committee of the Red Cross. <http://www.icrc.org/>
- Relief Web. <http://www.reliefweb.int/w/rwb.nsf>
- The Lancet. <http://www.thelancet.com/>
- United States Army. <http://www.army.mil/>

Case Studies

Hansen, Greg and Robert Seely. 1996. War and Humanitarian Action in Chechnya. Providence, RI: Watson Institute.

This book highlights an example of impediments to the implementation of healthcare relief in the case study of Chechnya. It identifies the primary challenges of implementation as funding theft, bias in distribution and government imposed access limitations. At the same time, it assesses capacities and vulnerabilities of local area conditions and recommends means of overcoming these obstacles.

Minear, Larry and Phillippe Guillot. 1996. Soldiers to the Rescue: Humanitarian Lessons from Rwanda. Paris: Organization for Economic Co-operation and Development.

The author uses the case study of Rwanda to describe how the militaries of several countries greatly augmented the humanitarian efforts that took place there. He also looks at this study as a model for future military/humanitarian organization cooperation. He takes a critical look at the military's lack of support in terms of direct action to prevent hostilities. The book furthermore details how US, French and other troops provided greatly needed medical and health-related relief to the indigenous people, well beyond the practical scope of the capabilities of the organizations supporting that effort.

Wali, S. 1999. "The Impact of Political Conflict on Women: The Case of Afghanistan." *American Journal of Public Health* 89(10): 1474-7.

In a short and introductory way, this paper addresses health issues, gender and human rights in conflict situations. It focuses especially on the political and institutional influence on women's

rights in Afghanistan and what has to be done to meet today's challenges. It additionally discusses the importance of knowing the causes of humanitarian disasters and political circumstances in the Afghanistan.

Humanitarian Intervention for Healthcare Relief in Armed Conflict

The humanitarian healthcare provider who intends to offer relief during armed conflict needs to understand the operating environment. This category is broken down into four subcategories to foster this basic understanding:

Analysis: Sources that identify key trends in humanitarian policy; examine the role and healthcare contributions of several NGOs; and outlines some obstacles to providing healthcare outside of impediments caused by war.

Management: This subcategory focuses on lessons learned by humanitarian providers who have operated in environments in conflict. These resources offer insight into the challenging physical and psychological conditions of the healthcare recipient, and the limitations in security and information access imposed by the combat environment. They address procedure modification and the leveraging of unconventional assets to facilitate support.

Coordination: Features two sources that highlight the necessity of proper coordination and how to coordinate for support in the conflict environment. It identifies humanitarian key players and models and mechanisms that facilitate the coordination process.

Civil-Military Cooperation: The humanitarian practitioner who provides support during armed conflict will encounter some form of military influence. This subcategory highlights the positive and negative aspects of working with the military when providing support from a civilian and military perspective.

Analysis of Health Support in Conflict

Humanitarian Action and the Global War on Terror: A Review of Trends and Issues . 2003. ODI - Humanitarian Policy Group.

This document focuses specifically on the U.S.-led "War on Terrorism," and expounds on how international humanitarian law impacts the armed conflicts associated with this war. Among the issues considered are how government agencies like USAID compete or cooperate with NGOs in the provision of healthcare, how health care is funded, and the war's effects on women's health.

Power, Livelihoods and Conflict: Case Studies in Political Economy Analysis for Humanitarian Action. 2003. ODI-Humanitarian Policy Group.

Abstract: This study aims to identify and test analytical and methodological tools that humanitarian agencies can use to understand the complex and difficult environments in which they work, as well as identify key themes arising from political economy analysis with direct or indirect implications for humanitarian aid interventions. The

research looked at four country case studies; the Democratic Republic of Congo, Senegal, Sierra Leone and Afghanistan. The paper is part of an effort exploring how improved political analysis might strengthen relief interventions by examining how political analysis can be used to inform emergency programming that aims to reduce mortality, morbidity and preserve dignity.

Gellert, G. A. 1995. "Humanitarian responses to mass violence perpetrated against vulnerable populations." *British medical Journal* 311: 995-1001.

This multidisciplinary review links three areas of legitimate inquiry for practitioners of medicine and public health. The first is occurrences of mass violence or genocide perpetrated against vulnerable populations, with a focus on the failure of national and international mechanisms to prevent or predict such violence. The second is evolving concepts of national sovereignty and an emerging framework in which the imperative to assist vulnerable populations supersedes a state's right to self-determination. The last is how medical, public health, and other systems of surveillance and rapid assessment of mass violence can accelerate public awareness and facilitate structured, consistent political decision making to prevent mass violence and to provide international humanitarian assistance.

Hussain, Anwar and Marion Herens. 1997. Child Nutrition and Food Security During Armed Conflict. Food and Agriculture Organization.

Though mainly dealing with nutritionally-related health, examines shortfalls in healthcare during armed conflict by looking at break-downs in the family support structure and war-related destruction. Looks at deficiencies in local health staff that occur due to competing obligations to support the conflict in that country (see also [Nutrition](#) and [Children](#)).

Lachman, P.; X. Poblete; P.O. Ebigbo; S. Nyandiya-Bundy; R.P. Bundy; B. Killian; and J. Doek. 2002. "Challenges facing child protection." *Child Abuse and Neglect* 26: 587-617.

This article could be a good source for those who want to learn more about the consequences of post-dramatic stress on children resulting from war. However, about two third of the article is dedicated to three specific constraints on child protection; poverty, HIV/AIDS infection and war. Major descriptors are: poverty, violence and war. Minor are: Africa epidemiology, child, child advocacy economics, commerce, developing countries, HIV, human, Nigeria, Public health, world health. Human rights are addressed indirectly.

Levy, B. S. and V.W. Sidel. 1997. War and Public Health. Oxford University Press.

War limits and often totally eliminates human rights. This book is a good source of the effects of war on human health and gives insight on how human rights are repeatedly broken in armed conflict.

Murray, Christopher J.; Gary King; Alan D. Leopez; Niels Tomijima; and Etienne Krug. 2002. "Armed Conflict as a Public Health Problem. *British Medical Journal* 324(9): 346-349.

This article examines humanitarian violations of non-combatants during armed conflict from a professional medical perspective; In particular, it identifies conflict-related sickness and death as a major contributor to the global burden of disease. Additionally, it highlights subsidiary health

risks of armed conflict, such as population displacement, information break-down, diminished health services and the heightened risk of the spread of disease.

Weiss, Thomas G. 1995. United Nations and Civil Wars. Boulder: Lynne Rienner.

The argumentative thrust of this text is that the military has made a difference in improving delivery of health supplies, thereby lowering death rates. It examines the possibility that less would be more in light of the ratio of military to humanitarian expenditures. Similarly, it shows how the damage of sanctions outweighs the humanitarian support provided.

Management of Health Support in Armed Conflict

[Collateral Damage: The Health and Environmental Costs of War on Iraq](#). 2002. Medact

In this study, Medact examines how armed conflict in Iraq has degraded the health of Iraqis. They find that limited access to clean water and sanitation, as well as poverty, malnutrition, and disruption of public services including health services have resulted in the continued negative impact on the health of the Iraqi people.

Working with the Media in Conflicts and Other Emergencies. 2000. Department of International Development.

This text explores the use of media to promote health during armed conflict. It looks at how broadcast media can inform the public of available health services and local health hazards, as well as the use of international media institutions to gather international support. Throughout, emphasis is placed on promoting responsible local reporting.

Barsalou, Judy. 2001. Training to Help Traumatized Populations. U.S. Institute of Peace.

This project mainly addresses Post-Traumatic Stress Disorder and other mental health problems and stemming from the effects of the experience of conflict. It examines different causes of PTSD, resulting effects, and required treatments. Finally, it expounds on required training and historical lessons learned.

Hanscom, K. L. 2001. "Treating survivors of war trauma and torture." *The American Psychologist* 56 (11): 1032-9.

Abstract: Psychologists are the principal source of assistance for individuals and groups that have survived torture and war trauma. This article proposes a model for the treatment of survivors of torture and war trauma. This model has been designed to be useful to mental health professionals and to lay people in communities on the front line in treatment. ...The model is presented through examples of its use in the training of mental health counselors in the United States and Guatemala...

Jensen, S. B. 1996. "Mental health under war conditions during the 1991-1995 war in the former Yugoslavia." *World Health Statistics Quarterly* 49: 213-217.

This article outlines international efforts to include psychosocial and mental health interventions as part of the emergency assistance program under war conditions. Special emphasis is placed on the development of the new WHO Regional Model on Mental Health.

MacFarlane, Neil S. 2000. "Humanitarian Action: The Conflict Connection." *Occasional Papers #43*. Providence, RI: Watson Institute.

Macrae, Joanna. 1995. "Dilemmas of Post-Conflict Transition: Lessons from the Health Sector." *ODI - Humanitarian Practice Network*.

This paper explains proximal causes for healthcare shortfalls during and after conflict. It highlights damage done to rebuilding efforts in healthcare, when deficiencies are addressed in the same approach as the repair of war-damaged infrastructure. The political, bureaucratic and operational dilemmas faced by health planners are also discussed.

Maynard, Kimberly A. 1999. *Healing Communities in Conflict: International Assistance in Complex Emergencies*. Washington DC: Columbia University Press.

Maynard places an emphasis on healing the damaged relationships between individuals and groups. One section is devoted to the implications of violent conflict and its psychological repercussions and the efforts and results of NGO response. Work examines the health fallouts of communal warfare and the challenges of healthcare rehabilitation and the rebuilding process.

Narayan, Greeta. 2002. *Children Affected by Armed Conflict: Programming Framework*. Canadian International Development Agency.

Abstract: This framework examines current thinking on the issue of children affected by armed conflict. Arguing that children need different interventions than adults, it provides a starting point for considering appropriate interventions in these situations. Providing guidance in program development for U.N. agencies, humanitarian agencies and field workers working with children affected by armed conflict, the document can also be used as a reference point or programming aid to plan, implement, monitor and evaluate programming for children affected by armed conflict.

This report examines health issues facing children involved in armed conflict, and proposes ways to approach their dilemma. It is intended to be a reference for the planning and implementation of efforts to ameliorate the effects of war on children's health (see also [Children](#)).

Spiegel, Paul B. 2004. *HIV/AIDS Among Conflict-Affected and Displaced Populations: Dispelling Myth and Taking Action*. U.N. High Commissioner for Refugees.

Spiegel addresses efforts to combat AIDS/HIV in small states engulfed in armed conflict. Recommendations include field testing of proposed guidelines and the inclusion of conflict-affected populations in national AIDS/HIV strategic plans (see also [Refugees](#)).

Waldman, R. and G. Martone 1999. "Public Health and Complex Emergencies: New Issues, New Conditions." *American Journal of Public Health* 89(10): 1483-6.

This paper gives insight into what lessons emerged from the recent history of humanitarian crisis and health interventions. It argues that humanitarian interventions have changed significantly

and that the performance of public health workers in armed conflict and complex emergencies will not be optimal until they adapt to new conditions. The article discusses how nongovernmental organizations must recognize that demographic shifts in morbidity are the consequence of widespread human rights abuses.

General Coordination for Health Support in Conflict

Calvi-Pariseti, Piero; and Donato Kiniger-Passigli. 2004. Coordination in Crisis Response and Reconstruction. International Labor Organization.

Abstract: This document provides a review of the coordination mechanisms and fora existing within the U.N. system and beyond in the face of emergencies and disasters. The report describes the importance of coordination in international response, what it is intended for, what exactly is coordination in this particular environment, as well as provides overviews of the actors who participate in the process and actual coordination mechanisms. Aiming to be of value to ILO staff in dealing some of the crisis response coordination challenges, the report highlights the critical reasons, modalities and other aspects of coordination relevant to the ILO and other agencies involved in tackling the adverse consequences of major crises on vulnerable groups.

Donini, Antonio. 1996. *The Policies of Mercy; U.N. Coordination in Afghanistan, Mozambique and Rwanda*. Watson Institute.

Abstract: This study analyses the strengths and weaknesses of the coordination effort of the international community in three major crises: Afghanistan, Mozambique and Rwanda. While focusing primarily on the approaches taken by the UN, including both the political-military and the humanitarian-development sides of the organization, the interactions between the U.N. and NGOs are also explored. The study is based on a review of recent literature on the countries and of U.N. documentation pertaining to the three coordination entities; interviews at headquarters and in the field with U.N. agency, donor, NGO, and government representatives; as well as field trips by the author to each of the countries.

Civil-Military Healthcare Cooperation in Armed Conflict

Enlisting the Armed Forces to Protect Reproductive Health and Rights: Lessons Learned from Nine Countries. 2003. U.N. Population Fund.

Focuses on U.N. urgings for international provision of healthcare and training within the armed services, as well as the care of servicemen and women and their families who have contracted HIV through the performance of their duties. It covers the international call to the protection of reproductive health in areas of armed conflict.

Iraq: Humanitarian - Military Relations. 2003. Oxfam.

Provides clear guidance on the Armed Services' Fourth Geneva Convention requirements to provide medical supplies and maintenance of hygiene and public health to occupied countries during armed conflict. This analysis is not geared towards any specific theater of operation.

Taking it to the Next Level: Civil-Military Cooperation in Complex Emergencies. 2000. U.S. Institute of Peace.

Specifically explores the role of military civil affairs units that act as a liaisons to and supporters of civilian healthcare providers. Though this paper does not focus on war or armed conflict, it facilitates inter-agency familiarization in order to ease coordination during times of conflict.

Collins, Cindy; and Thomas G. Weiss. 1997. "An Overview and Assessment of 1989-1996 Peace Operations." Occasional Papers # 28. Providence: Watson Institute.

This study surveys 2,200 items in the English-language literature about the growth industry of peacekeeping and peace-enforcement in the first part of the post-Cold War era. The major reviews cover root causes of conflicts, strategic decisions to intervene, and tactical and operational decisions regarding implementation. The literature surveyed covers U.N. and UN-approved operations as well as the main case studies. Lengthy endnotes contain references to key publications from the period. This Occasional Paper, financed separately by the Ford Foundation, is pertinent to H&W Project issues but not part of the Project's publications per se.

Hinson, David R. 1998. U.S. Military Interaction with Humanitarian Assistance Organizations During Small-Scale Contingencies. Maxwell AFB, AL: Air Command and Staff College.

Offers a military perspective on the working relationship between the military and civilian humanitarian agencies in low-intensity conflict. Points out areas of friction caused by erroneous expectations and misunderstandings about the role and goals of both parties.

Studer, Meinrad. 2001. The ICRC and Civil-Military Conflict Relations in Armed Conflict. Geneva: ICRC.

With armed forces and humanitarian organizations increasingly called upon to work together, this article puts analyses the main options available to the ICRC at strategic and operational levels. In addition, it offers an outline of the ICRC's position with respect to relations and cooperation between the ICRC and military missions. The article focuses on multinational military involvement in situations associated with armed conflict, and does not deal with the military's involvement in providing humanitarian aid in natural or technological disasters or the involvement of domestic armed forces for humanitarian purposes.

Weiss, Thomas G. 1999. Military-Civilian Interactions: Intervening in Humanitarian Crisis. Lanham, Maryland: Rowman and Littlefield.

This work examines the coming together of military forces and civilian agencies to overcome human suffering in Iraq, Somalia, Bosnia, Rwanda and Haiti. It takes a critical look at the many forms that "military-civilian humanitarianism" has taken in the past and present, indicating that the provision of military support may have done more harm than good. The author establishes a framework for analyzing the costs versus the benefits of engaging in these types of operations, and advocates taking the least-worst option after involving the victims in the decision process. Though health support is not the focus of this book, the text touches on military interaction with medical care-giving NGOs, such as the ICRC and Doctors without Borders.

Human Rights and Health in Armed Conflict

The distinction between humanitarian assistance and human rights is often blurred. Since it is International Humanitarian Law that governs the protection of people in wartime, only a relatively small separate body of work deals with the human rights implications of health in conflict. Victims of war are often referred to as victims of human rights violations when in actual fact the problem in question falls under the jurisdiction of international humanitarian law. When the literature examines the negative health impacts of war on people, the authors often address this in terms of human rights.

One grey area is the question of who is responsible when basic human rights are violated in a country that becomes occupied. The human rights community feels that the country of the occupying force is responsible for protecting the human rights of the occupied people; because that country's defeated governing body can no longer be held accountable. In non-international armed conflicts, internationally recognized human rights apply more clearly to the government in control. Regardless of who is in charge, human rights standards supplement humanitarian laws governing the treatment, conditions of detention and rights regarding a fair trial of persons affected by war. Therefore, the works presented below illustrate the broad spectrum of perspectives on health and armed conflict from a human rights perspective. This includes cases involving indigenous people, soldiers and health workers during armed conflict, conflict that stems from human rights violations; actual damage assessment in a current international conflict; and protection of human rights over simply providing humanitarian support; in addition to one specific example of the movement to ban weapons that create long-term health impacts.

Brentlinger, P. E. 1996. "Health sector response to security threats during the civil war in El Salvador." *British medical Journal* 313: 1470-4.

Abstract: ...Human right abuses that adversely affect health workers and health sector adaptations to a hostile wartime environment are not described in reports of human rights advocacy organizations...The Salvadorian experience may serve as a helpful case study for medical personnel working in wars elsewhere and give insight into tactics agencies engaged in health work use in order to continue to providing services during civil war...

Frohardt, Mark; Diane Paul; and Larry Minear. 1999. Protecting Human Rights: The Challenge to Humanitarian Organizations. Providence , RI : Watson Institute.

Frohardt, Paul, and Minear focus on the importance of protecting human rights during humanitarian operations, in addition to delivering emergency relief. In particular, they are also concerned with the status of the human right to health armed conflict and complex emergencies. The study gives examples of the requirement to protect the victims of human rights violations, prior to the administering of care (see also [Refugees, Health and Human Rights](#)).

Hubert, Don. 2000. "The Landmine Ban: A Case Study in Human Advocacy." Occasional Papers # 42. Providence: Watson Institute.

Discusses the restriction of weapons that cause long-lasting suffering, in terms of health and environmental effects. The author focuses on the procedures undertaken to ban these types of

weapons, with an emphasis on landmines. This work examines three dimensions of human advocacy essential to improving health in, and after, armed conflict through the ban on unfairly destructive weapons.

McIntyre, Angela; Emmanuel Kwesi Aning; and Prosper Nii Nortey. 2002. "Politics, War and Youth Culture In Sierra Leone ." *African Security Review* 11 (3): 7-15.

This article addresses how society fails to offer youth protection from the adult consequences of immediate involvement in economy and politics. It therefore, discusses to some extent child rights abuse and its consequences to their health. Furthermore, this article considers the social incentives for recruitment and the origins of the war in Sierra Leone (see also [Children](#)).

McIntyre, Angela. 2003. "Rights, Root Causes and Recruitment: The youth factor in Africa's armed conflict." *African Security Review* 12 (2): 91-99.

This essay gives some insight into the rights of children internationally and how without rights, guidance and political voice, they have become the target of political and military predation. It discusses recruitment process and how bad governance, neglect and exclusion of young people leads to forced recruitment as systematic destruction of social fabrics and infrastructure of facilities does. The essay therefore discusses implicitly how the inadequacy of health service motivates children to recruit (see also [Children](#)).

Neugebauer, R. 1999. "Research on Violence in Developing Countries: Benefits and Perils." *American Journal of Public Health* 89 (10): 1473-75.

Abstract: Editorial. Discusses some benefits and moral dilemmas associated with research on public mental health and on human rights among imperiled populations. Examples of low intensity warfare; Effects of human rights violations on the physical health and well-being of the afflicted population; possible benefits and dangers of investigating population-based studies of the mental health of traumatized people.

Sidel, V. W.; and B. S. Levy 2003. "War, Terrorism, and Public Health." *Journal of Law, Medicine & Ethics* 31: 516-523.

Abstract: War and terrorism have profound effects on health, on health services, on ethics, and on law. This paper explores elements of these impacts and suggests what health workers, policy-makers, and the people they serve can do to help prevent war and terrorism and, if they cannot be prevented, to minimize their health consequences. It further explores use of rape as a weapon in many wars and the destruction of infrastructure that supports social well-being and health during many wars.

Taipale, I. (ed.). 2002. War or Health. Dhaka: University Press Ltd.

Abstract: This book is an attempt to lend voice to people of the world who are in danger of human rights abuses. It provided an overview of many different consequences of wars and conflicts. It has a strong medical ethos but it is also written for anyone interested in complicated issues of war and peace. It is an encyclopedia of peaceful information about war-its history, its weaponry, its destructiveness, its consequences for civilians and the environment and current hopes for its eventual abolition.

Children's Health and Human Rights

by Norie Nogami

The child that is hungry must be fed, the child that is sick must be helped, the child that is backward must be helped, the delinquent child must be reclaimed, and the orphan and the waif must be sheltered and succored (Eglantyne Jebb/International Save the Children Union, Declaration on the Rights of the Child—Adopted by the League of Nations as the Declaration of Geneva, in 1924).

One of the first international attempts to improve the health of children was by Ms. Eglantyne Jebb, a founder of Save the Children, during the aftermath of the WWI. She drafted the Geneva Declaration of the Rights of the Child, the first international children's rights document adopted by the League of Nations in 1924. Today, in the Convention on the Rights of the Child (1989) we have a more comprehensive and near universal legal instrument for children's rights.

These developments have represented dramatic shifts in the attention of the international community on children's rights. In the Convention on the Rights of the Child states moved to protect the rights of refugee, detained, and otherwise exploited and forgotten children. More recent developments on the children's rights legal instruments are the optional protocols to the Convention on the Rights of the Child prohibiting the use of children in armed conflict, 2000 and the Worst Forms of Child Labor Convention, (International Labour Organization Convention 182) 1999 which targeted such practices as child slavery, sexual exploitation, debt bondage, and trafficking. Clearly, at each stage of development of international children's rights more different groups of children have been recognized to need special attention.

Empirical evidence and a growing literature also indicate that the fight for children's right to health is growing in importance. According to UNICEF, an estimated 12 million children under the age of five die every year, many of easily preventable accidents; approximately 160 million children are severely or moderately malnourished; and an estimated 250 million children are engaged in some form of labour.

Basic Resources

UN Entities

- **United Nations Children's Fund (UNICEF)**
United Nations Children's Fund (UNICEF) is a main International Organization focusing on realization of Child Rights. UNICEF are working on health issues of children such as: immunization against common childhood diseases, prevention against HIV/AIDS, and better nutrition. Its updated activity information and many publications such as "The State of the World's Children" are available at its web site.
- **Committee on the Rights of the Child**
<http://www.unhchr.ch/html/menu2/6/crc/>

Conferences

- **World Declaration on the Survival, Protection and Development of Children**
This declaration was Agreed to at the World Summit for Children on 30 September 1990 <http://www.unicef.org/wsc/declare.htm>
- **Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s**
<http://www.unicef.org/wsc/plan.htm>
- **Goals for Children and Development in the 1990s**
<http://www.unicef.org/wsc/goals.htm>
- **U.N. General Assembly's Special Session on Children in 2001. 5-10, May 2002**
<http://www.unicef.org/specialsession/>
This session was convened to review progress since the World Summit for Children in 1990 and re-energize global commitment to children's rights.

Legal Instruments

- **Geneva Declaration on the Rights of the Child 1924**
<http://www.crin.org/resources/infoDetail.asp?ID=1309&flag=legal>
- **Declaration on the Rights of the Child 1959**
<http://www.unhchr.ch/html/menu3/b/25.htm>
- **Convention on the Rights of the Child 1989**
<http://www.unhchr.ch/html/menu2/6/crc/treaties/crc.htm>
- **Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour 1999**
<http://www.ilo.org/public/english/standards/ipecc/ratification/convention/text.htm>
- **Optional protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict 2000**
<http://www.unhchr.ch/html/menu2/6/crc/treaties/opac.htm>
- **Optional protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography 2000**
<http://www.unhchr.ch/html/menu2/6/crc/treaties/opsc.htm>
- **Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally 1986**
<http://www.unhchr.ch/html/menu3/b/27.htm>
- **Children's rights legal instruments annotated by UNICEF**
<http://www.unicef.org/crc/crc.htm>

- **Human rights instruments by UNOHCHR**
<http://www.unhchr.ch/html/intlinst.htm>

NGOs

- **Save the Children, USA**
<http://www.savethechildren.org>
Save the Children, USA is one of a major “nonprofit child-assistance organization to make lasting positive change in the lives of children in need.” Its health program has held in over 30 countries, and, its priority program areas include newborn and child health and survival, reproductive health (including family planning, safe motherhood, and adolescent health), HIV/AIDS and school health and nutrition.
- **International Save the Children Alliance**
<http://www.savethechildren.net/alliance/index.html>
The International Save the Children Alliance, an association of 26 independent organizations that provide child-oriented emergency response, development assistance and advocacy of children’s rights in more than 100 countries.
- **Children’s Defense Fund**
<http://www.childrensdefense.org/>
- **The International Save the Children Alliance**
<http://www.savethechildren.net>
The International Save the Children Alliance, an association of 26 independent organizations that provide child-oriented emergency response, development assistance and advocacy of children’s rights in more than 100 countries.

Civil and Political Rights

The section below on sexual exploitation lists texts that provide a broad perspective on how personal security is violated various forums of sexual exploitation. The literatures on Sexual Exploitation, Female Genital Mutilation and Trafficking illustrate how that general approach is brought to bear in these key situations. Juvenile Justice and Corporal Punishment explains how children are treated differently in legal fora, for better or worse.

Sexual Exploitation

Bilyeu, Amy Small. 1999. “Trokosi – The Practice of Sexual Slavery in Ghana: Religious and Cultural Freedom vs. Human Rights.” *Indiana University Indiana International & Comparative Law Review* 9: 457.

Higgins-Thornton, Shawronda. 2003. "Innocence Snatched: A Call for a Multinational Response to Child Abduction that Facilitates Sexual Exploitation." *The Georgia Journal of International and Comparative Law* 31: 619-.

Loyd, Gregory S. 2001. "Child Sexual Exploitation in Costa Rica." *Indiana University Indiana International & Comparative Law Review* 12: 157-181.

Mahler, Karen. 1997. "Global Concern for Children's Rights: The World Congress Against Sexual Exploitation." *International Family Planning Perspectives* 23(2): 79-84.

Mikhail, Susanne Louis B. 2002. "Child marriage and child prostitution: two forms of sexual exploitation." *Gender and Development* 10(1): 43-49.

Abstract: This article highlights some of the similarities between child marriages and child prostitution. Both child marriage and prostitution involve economic transactions, lack of freedom, and the violation of a child's right to consent. This is often exacerbated by social and economic vulnerabilities of children linked to limited life options. In order to capture much of the ongoing discussion and debate taking place in North Africa and the Middle East, this article draws on anecdotal evidence, limited research samples, communication with local actors, and the author's own personal experiences in the region. It also discusses some initiatives undertaken by a range of institutions with the aim of preventing these practices.

Willis, Brian M. and Barry S. Levy. 2002. "Child prostitution: global health burden, research needs, and interventions." *The Lancet* 359(315): 1417-1422.

Abstract: ..In this article we estimate morbidity and mortality among prostituted children, and propose research strategies and interventions to mitigate such health consequences. Our estimates underscore the need for health professionals to collaborate with individuals and organizations that provide direct services to prostituted children...

Female Genital Mutilation

Althaus, Frances A. 1997. "Female Circumcision: Rite of Passage Or Violation of Rights?" *International Family Planning Perspectives* 23(3): 130-133.

Wood, Alexi Nicole. 2001. "A cultural rite of passage or a form of torture: Female genital mutilation from an international law perspective." *Hastings Women's Law Journal* 12: 347.

Abstract: This article adds to the growing literature on FGM by analyzing FGM as a violation of international law, especially the United Nations ban on torture. Section II explores the various types of FGM that are performed, their historical background, the reality of FGM and the various attempts that have been made to help reduce the numbers of procedures performed. Section III examines how international law, covenants and treaties can be used to help protect women from FGM, and also from experiencing the continued agony and repression that accompanies FGM. Finally, this Article concludes by providing proposals for change.

Centre for Human Rights. 1995. Harmful traditional practices affecting the health of women and children. Geneva, Switzerland; New York.

This fact sheet identifies and analyses the background causes of harmful traditional practices, and their consequences for the health of women and the girl child. It also reviews the action taken by United Nations organs and agencies, governments and NGOs to this end.

Cisse, Bernadette Passade. 1997. "International Law Sources Applicable to Female Genital Mutilation: A Guide to Adjudicators of Refugee Claims Based on a Fear of Female Genital Mutilation." *Columbia Journal of Transnational Law* 35: 429.

Abstract: This Comment identifies the factors that U.S. adjudicators should take into account when adjudicating asylum claims by individuals n1 that involve the traditional practice of female genital mutilation (FGM) or what has variously been called excision, female circumcision, or female genital surgery. This Comment discusses the practice of FGM, canvasses international human rights principles applicable to FGM and analyzes refugee status determination, including international protection principles associated with the cessation and exclusion clauses of the 1951 Convention relating to the Status of Refugees. A primary focus of this Comment is on the international protection guidelines issued by the Office of the UNHCR.

Cook, R.J.; B.M. Dickens; and M.F. Fathalla. 2002. "Female genital cutting (mutilation/circumcision): ethical and legal dimensions." *International Journal of Gynecology and Obstetrics* 79(3): 281-287.

Davar, Binaifer A. 1997. "Women: Female Genital Mutilation." *Texas Journal of Women & the Law* 6: 257.

Gruenbaum, Ellen. 2000. *The Female Circumcision Controversy: An Anthropological Perspective*, University of Pennsylvania Press.

Gunning, Isabelle R. 1999. "A Global Feminism at the Local Level: Criminal and Asylum Laws Regarding Female Genital Surgeries." *The Journal of Gender, Race & Justice* 3: 45.

Abstract: This essay is one example of a Critical Race Feminist/Critical Race Theorist exploration of the impact of the implementation of international "law" - or norms through domestic legislation - on women of color at the local level. In the U.S. inconsistencies and hypocrisies are two aspects of the array of reverberations that have been generated by the implementation of the global norm opposing female genital surgeries (FGS) in domestic laws. I will explore these tensions and contradictions in the context of two types of American domestic laws that involve female genital surgeries.

Hughes, Karen. 1995. "The Criminalization of Female Genital Mutilation in the United States." *Journal of Law and Policy* 4: 321.

Abstract: This Note proposes that Congress enact legislation to prohibit the practice of FGM in the United States. Part I describes the origins of and continuing justifications advanced for the practice of FGM, as well as the history of FGM in the US. Part II summarizes the criminalization and treatment of FGM in other Western and African countries. Part III analyzes constitutional and legal issues involved in passing federal legislation criminalizing FGM. Section A argues that Congress has the power to enact federal legislation to prohibit FGM via the Commerce Clause. Sections B and C argue that a federal law prohibiting FGM would not violate the Free Exercise of Religion Clause of the First Amendment or the fundamental right to privacy recognized by the Supreme Court. Section D reasons that if FGM is criminalized in the US, immigrants who practice FGM

should not be exempt from prosecution under a cultural defense or religious exemption. Lastly, Section E analyzes the Federal Prohibition of FGM Act of 1995, authored by Congresswoman Patricia Schroeder, which would make the practice of FGM a federal crime and suggests modification to the proposed bill.

Kelson, Gregory A. 1995. "Granting Political Asylum to Potential Victims of Female Circumcision." *Michigan Journal of Gender & Law* 3: 257.

Abstract: Part I of this article examines two cases. In one case, a U.S. immigration court allowed female circumcision as a defense to deportation. In another case, the Canadian Immigration and Refugee Board granted political asylum after recognizing female circumcision as a form of persecution. Part II assesses the extent of protections currently provided for potential victims of female circumcision under U.S. asylum law and analyzes the factors that a court should consider when making asylum determinations. Part III recommends that gender should be added to the enumerated grounds for persecution under U.S. asylum law. This section provides a hypothetical that demonstrates how claims of asylum based on female circumcision should be analyzed as gender-based persecution.

Maguigan, Holly. 1999. "Will prosecutions for "female genital mutilation" stop the practice in the U.S.?" *Temple Political & Civil Rights Law Review* 8: 391.

Abstract: This essay questions the utility of criminal prosecution, under either the new special statutes or under generally-applicable prohibitions of assault and child abuse, as a device to end the practice. Either choice, of course, exposes those convicted to a range of attendant punishments, significant among which, in this context, are the immigration consequences of convictions. The urge to resort to criminal sanctions, arguably without sufficient attention to the collateral penalties faced by convicted immigrant parents (primarily mothers), is the result of three phenomena: the developing awareness that the practice occurs in the U.S.; a determination to send the social policy message that FGM is not tolerated; and an apparent belief that criminal law will operate as a deterrent to the proscribed activities.

Messito, Carol M. 1997. "Regulating rites: legal responses to female genital mutilation in the West." *The Buffalo Journal of Public Interest Law* 16: 33.

This comment examines the legislative responses to FGM by Western legal systems, with a focus on the new U.S. federal law. Section I examines the substance of U.S. federal law and the factors that influenced its passage. Sections II and III examine regional approaches within the U.S. and the EU. An exploration of potential Constitutional problems with the new U.S. legislation follows in Section IV, focusing on whether the law is an unconstitutional burden on the free exercise of religion and whether it is beyond Congresses' power to regulate this practice. Section V presents the primary arguments against the criminalization of FGM on an international level and examines the potential relevance of these arguments to the domestic law.

Obiora, L. Amede. 1997. "Bridging Society, Culture, and Law: The Issue of Female Circumcision: Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign Against Female Circumcision." *Case Western Reserve Law Review* 47: 275.

White, Allen E. 2001. "Female Genital Mutilation in America: The Federal Dilemma." *Texas Journal of Women & the Law* 10: 129.

Abstract: This paper explores three possible bases of authority for the federal FGM statute. Part II of this paper examines the historical background of FGM practices and discusses medical and sociological aspects of this ancient custom. Part III provides an overview of the legal response to modern FGM issues in Europe and Africa and of efforts by the international community to address the issue, principally through the United Nations. Part IV begins an examination of the legal response in the United States by state governments and the federal government, focusing on the federal criminal statute proscribing FGM.

Trafficking

Farrior, Stephanie. 1997. "The International Law on Trafficking in Women and Children for Prostitution: Making it Live Up to its Potential." *Harvard Human Rights Journal* 10: 213.

Abstract: This Article provides a survey and analysis of the international tools available to combat trafficking for prostitution. It examines conventions on trafficking and slavery, two International Labor Organization conventions, the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the Convention on the Rights of the Child (CRC). The next section discusses the U.N. Charter-based mechanisms: such as the U.N. Commission on Human Rights, its Sub-Commission, and its Working Group on Contemporary Forms of Slavery. It also describes the "soft law" on trafficking, along with various Plans of Action adopted by U.N. bodies, such as the Program of Action for the Prevention of the Sale of Children, Child Prostitution and Child Pornography, adopted by the U.N. Commission on Human Rights in 1992.

Fitzpatrick, Joan. 2003. "Trafficking as a Human Rights Violation: the Complex Intersection of Legal Frameworks for Conceptualizing and Combating Trafficking." *Michigan Journal of International Law* 24: 1143.

Inglis, Shelley Case. 2001. "Expanding International and National Protections Against Trafficking For Forced Labor Using A Human Rights Framework." *Buffalo Human Rights Law Review* 7: 55.

Abstract: This article discusses how the current process of redefinition and debate concerning trafficking is working to simultaneously broaden the scope of traditional conceptions of trafficking and bring into focus this phenomenon. Section I of this article will assess the contours of current international legal norms concerning trafficking and forced labor. Section II examines the limitations of these existing protections and contemporary suggestions from international actors for redefining trafficking. Section III reviews the current proposed solutions initiated by governmental, intergovernmental and non-governmental entities to address this considerable human rights problem. Turning to a discussion of the policy implications emerging from these proposed solutions, Section IV analyzes the most controversial aspects of the trafficking issue and highlights ways to expansively re-conceptualize international protections against trafficking. Finally, Section V concludes with a set of recommendations to effectively combat trafficking within a human rights framework.

Potts, LeRoy G., Jr. 2003. "Global Trafficking in Human Beings: Assessing the Success of the United Nations Protocol to Prevent Trafficking in Persons." *George Washington International Law Review* 35: 227.

Abstract: This Note discusses trafficking, especially in relation to the December 2000 Protocol. First, this Note briefly describes trafficking and provides an overview of the global trafficking problem. Second, this Note discusses the major elements of the Protocol, including the role of non-governmental groups in framing the trafficking debate. Finally, this Note suggests ways in which the United Nations (U.N.) and member states should combat trafficking in the aftermath of the signing of the Protocol.

Juvenile Justice and Corporal Punishment

- Carpenter, Robyn. 2000. "Surfacing Children: Limitations of Genocidal Rape Discourse." *Human Rights Quarterly* 22(2): 428-477.
- Hill, Ronald Paul; and Sandi Macan. 1996. "Welfare Reform in the United States: Resulting Consumption Behaviors, Health and Nutrition Outcomes, and Public Policy Solutions." *Human Rights Quarterly* 18(1): 142-159.
- Hirschl, Ran. 2000. "'Negative' Rights vs. 'Positive' Entitlements: A Comparative Study of Judicial Interpretations of Rights in an Emerging Neo-Liberal Economic Order." *Human Rights Quarterly* 22(4): 1060-1098.
- Kramer, Donald T. 1994. Legal Rights of Children. Deerfield, Ill, Clark Boardman Callaghan.
- Levesque, Roger J.R. and Alan J. Tomkins. 1995. "Revisioning Juvenile Justice: Implications of the New Child Protection Movement." *Washington University Journal of Urban and Contemporary Law* 48: 87.

Abstract: This Article examines the soundness of the new family and community based juvenile justice system. Part I examines the punitive zeitgeist that has developed within the juvenile justice system. Part II then examines juveniles' legal rights to in-home services and concludes that while juveniles may not have an affirmative right to in-home services, they do have liberty interests that protect against unnecessary removals from their homes. Part III details the reasons for directing efforts and resources to support family-based services for delinquent youth. This section explores the problems with current out-of-home placements, policy concerns favoring in-home placements, and the cost-benefit effectiveness of in-home placement programs. Part IV then provides an overview of the new family preservation statutes. These statutes highlight the often self-defeating effect of "defamilization" and state legislatures' interests in nonpunitive approaches to children who require state intervention. Finally, Part V concludes that the new child protection movement should not ignore delinquent youth and cautions against creating the type of boilerplate statutes that have historically plagued the juvenile justice system.

- McEntee, Adrienne D. 2003. "The Failure of Domestic and International Mechanisms to Redress the Harmful Effects on Australian Immigration Detention." *Pacific Rim Law & Policy Journal* 12: 263.

Abstract: Australia's Migration Act explicitly permits the government to detain non-citizens seeking entry without visas, including those who request asylum. Detainees wait up to five years for their immigration claims to be processed in detention centers managed by Australasian Correctional Management (ACM), a subsidiary of U.S. corporation Wackenhut Corrections. Arriving asylum-seekers often suffer the lasting effects of torture, threats of death, and other traumatic conditions - effects that are exacerbated by detention conditions. This

Comment emphasizes detention's effects on children, who suffer health and other problems while detained. Detainees, Australian citizens, and overseas commentators are now protesting against the detention policy. The government's response has been unsympathetic and legal challenges have been largely eliminated by Migration Act amendments that have virtually foreclosed judicial review. Further, while international claims are possible under treaties to which Australia is a party, such as the Convention on the Rights of the Child (CRC), they are generally difficult to enforce. Even the Alien Tort Claims Act (ATCA), which grants jurisdiction to U.S. Federal District Courts over international claims by foreign citizens, fails to offer redress for torts endured while in immigration detention, despite a recent development from the Ninth Circuit that further extends the ATCA's reach over multinational corporations. The ATCA remains ineffective because of difficulties in holding the U.S. parent, Wackenhut, liable for the actions of its foreign subsidiary, the detention management firm, ACM.

Mohr, Wanda; Richard J. Gelles; and Ira M. Schwartz. 1999. "Will the Juvenile Court System Survive?: Shackled in the Land of Liberty: No Rights for Children." *The Annals of the American Academy of Political and Social Science* 564(1): 37-55.

Abstract: This article addresses the rights of children in areas of juvenile justice, child welfare, and mental health. Although a large proportion of the juvenile court's business includes child welfare and mental health cases, these important areas are rarely considered by authors concerned with the future of the juvenile court. In mental health, children have few, if any, rights. Yet, they are often subjected to abuse and constraints that would constitute major civil rights violations if they were adults. In child welfare, children have some basic rights, but they are often dependent upon the virtually unbridled discretion of child welfare and other administrative officials. More often than not, the juvenile court plays a perfunctory role in the process and merely rubber-stamps recommendations made by child welfare personnel. The article discusses the implications of these issues and how they should be addressed in the future.

Oren, Laura. 2001. "Righting Child Custody Wrongs: The Children of the "Disappeared" in Argentina." *The Harvard Human Rights Journal* 14: 123.

Pistone, Michele R. 1999. "Justice Delayed Is Justice Denied: A Proposal for Ending the Unnecessary Detention of Asylum Seekers." *Harvard Human Rights Journal* 12: 197.

Abstract: This Article examines how, when, and why the INS detains asylum seekers pending adjudication of their claims. Part I briefly summarizes relevant asylum law and describes the INS's recent attempts to implement a parole system for asylum seekers. Part II describes the conditions under which asylum seekers are detained and the toll that detention takes on them. Part III examines the adverse impact that detention has on the asylum adjudication process, as being in custody severely impedes asylum seekers' ability to present thoroughly their asylum claims. The rationales that the INS has professed in support of its detention policies -- to deter undocumented immigration, to prevent absconding, and to protect the public safety -- are discussed in Part IV. Part V then argues that the force of two of these three rationales, namely, the deterrence and absconding rationales, has been substantially reduced as a result of recent changes to immigration law enacted as part of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA). Part VI examines why the INS has failed to appreciate the reduced weight of the deterrence and absconding rationales post-IIRIRA. Finally, the Article concludes with a legislative proposal to create a parole system.

Pollard, Deana. 2003. "Banning Child Corporal Punishment." *Tulane Law Review* 77: 575.

Abstract: This Article will proceed in three Parts. First, a brief history of child corporal punishment and current statistics on its use will be reviewed, including a review of other nations' recent actions banning corporal punishment. Second, scientific data regarding the harms associated with child corporal punishment will be discussed. Finally, the current state of American law supporting child corporal punishment will be analyzed, and it will be shown that the policy justifications for the law have been entirely undermined by recent scientific research. This Article argues that American law should change to protect children and society from the harms scientifically shown to result from child corporal punishment.

Winter, M.; Chris Baerveldt; and J. Kooistra. 1999. "Enabling children: participation as a new perspective on child-health promotion." *Child: Care, Health and Development* 25(1): 15-25.

Abstract: As fellow citizens, all children need a stimulating social environment that helps them develop self-respect and social competence. Developmental research, however, shows that many children do not or cannot fulfill the social, moral or cognitive developmental tasks which are necessary for healthy development. A lack of opportunities for gaining meaningful social experiences can be seen as a major source of psychosocial and behavioral problems in children. On the contrary, active commitment in educational environments such as the school and the neighborhood helps them to get an increasingly better grip on their own lives and health. Moreover, such 'children's participation' appears to have a protective and preventive effect for health-related problems. Therefore, it is argued, that 'enablement', a key-element of both the Ottawa Charter on Health Promotion and the International Convention on the Rights of the Child, should be at the core of every child-health promotion programme.

Young, Wendy. 1999. "U.S. Detention of Women and Children Asylum Seekers: A Violation of Human Rights." *The University of Miami Inter-American Law Review* 30: 577.

Economic, Social, and Cultural Rights

The portion of the literature on health and human rights encompasses a well-developed literature on Child Labor. The sections on Poverty, Poverty, Nutrition and Education all combine to expose the causes and effects of children's participation in the market.

Poverty

Bartell, Ernest J. and Alejandro O'Donnell (eds.). 2001. The Child in Latin America: health, development, and rights. Notre Dame, Ind., University of Notre Dame Press.

Kurz, Demie and Amy Hirsch. 2003. "Welfare Reform and Child Support Policy in the United States." *Social Politics: International Studies in Gender, State and Society* 10(3): 397-412.

In all the debate over the 1996 Personal Responsibility and Work Reconciliation Act in the United States, little attention has been paid to the impact of welfare reform on women's ability to secure child support, a key to bringing single mothers out of poverty. Advocates of welfare reform claim it will reduce women's poverty, but we argue that this legislation actually makes it difficult for poor women to receive adequate child support because the legislation is written to serve the interests of the government, not those of poor women and children. We argue that the

goals of child support policies in the United States must change from punitive attempts to enforce child support orders to the type of child support assurance policies found in other welfare states that guarantee basic benefits for children.

Ramsey, Sarah and Daan Braveman. 1995. "LET THEM STARVE': Government's obligation to children in poverty." *Temple Law Review* 68: 1607.

White, Howard; Jennifer Leavy; and Andrew Masters. 2003. "Comparative Perspectives on Child Poverty: a review of poverty measures." *Journal of Human Development* 4(3): 379-396.

Abstract: Child poverty matters directly because children constitute a large share of the population, and indirectly for future individual and national well-being. Developed country measures of child poverty are dominated by income-poverty, although health and education are often included. But these are not necessarily the most direct measures of the things that matter to children. Moreover, a broader range of factors than material well-being matter for child development; family and community play an important role. The conclusion is that social and psychological variables are an important component of child welfare. Can such a conclusion be extended to developing countries? It might be thought not, since the dictates of a focus on absolute poverty imply concern with fundamentals such as malnutrition, illiteracy and premature death, and the things that cause these outcomes. But such a view is short-sighted. Child development concerns are at least as important in developing countries as developed ones, if less well understood. Hence, approaches to child welfare in developing countries (both measurement and policy) should also adopt a broad-based approach that embraces diverse aspects of the quality of a child's life, including child rights.

Social Services

Cousins, Wendy; Sharon Milner; and Eithne McLaughlin. 2003. "Listening To Children, Speaking For Children: Health and Social Services Complaints and Child Advocacy." *Child Care in Practice* 9(2): 109-116.

Morgan, Kimberly J. 1970- 2001. "A Child of the Sixties: The Great Society, the New Right, and the Politics of Federal Child Care." *Journal of Policy History* 13(2): 215-250.

Moye, Jim; and Roberta Rinker. 2002. "It's a Hard Knock Life: Does the Adoption and Safe Families Act of 1997 Adequately Address Problems in the Child Welfare System?" *Harvard Journal on Legislation* 39: 375.

Abstract: One of the biggest problems with the child welfare system in the U.S. is that there are too many children in foster care for too long a period of time. In response to this concern, Congress enacted the Adoption and Safe Families Act of 1997 ("ASFA"), the primary purpose of which is to facilitate the quicker placement of foster children into permanent homes. The statute's chief vehicle for accomplishing this objective is the requirement that a permanency hearing be held within twelve months of a child's entering the foster care system. In this Essay, Mr. Moye and Ms. Rinker argue that ASFA, far from reforming the child welfare system, has actually exacerbated the problems inherent in the system. In particular, the statute's twelve-month permanency deadline has made it almost impossible for a family that has lost a child to the foster care system to reunify.

Nutrition

Jonsson, U. 1997. "An approach to assess and analyze the health and nutrition situation of children in the perspective of the Convention on the Rights of the Child." *The International Journal of Children's Rights* 5(4): 367-381.

Pande, Rohini. 2003. "Selective Gender Differences in Childhood Nutrition and Immunization in rural India: The Role of Siblings." *Demography* 40(3): 395-418.

Abstract: This article examines the role of the sex composition of surviving older siblings on gender differences in childhood nutrition and immunization, using data from the National Family Health Survey, India (1992-1993). Logit and ordered Logit models were used for severe stunting and immunization, respectively. The results show selective neglect of children with certain sex and birth-order combinations that operate differentially for girls and boys. Both girls and boys who were born after multiple same-sex siblings experience poor outcomes, suggesting that parents want some balance in sex composition. However, the preference for sons persists, and boys who were born after multiple daughters have the best possible outcomes.

Child Labor

Arat, Zehra F. 2002. "Analyzing Child Labor as a Human Rights Issue: Its Causes, Aggravating Policies, and Alternative Proposals." *Human Rights Quarterly* 24(1): 177-204.

Briones, Joshua. 1999. "Paying the price for NAFTA: NAFTA'S effect on women and Children laborers in Mexico." *UCLA Women's Law Journal* 9: 301.

Abstract: Women and children laborers in Mexico are badly mistreated. The North American Agreement on Labor Cooperation (NAALC), one of the two side agreements to the North American Free Trade Agreement (NAFTA), has had little impact on the current domestic labor laws and does little to safeguard against discrimination, inhumane treatment, dismal working conditions, and even the presence of children in the workforce. In this Comment, Joshua Briones discusses the prevalence of women and children in the Mexican labor force. He identifies why and how employers exploit women and children in Mexico. He then proposes that the NAALC is ineffective in stopping the abuse of women and children in Mexico by demonstrating how the NAALC is simply reinforcing existing domestic laws, rather than providing meaningful international oversight. Finally, he presents suggestions to redraft the NAALC to improve the treatment of women and children workers in Mexico.

Budd, P.P. and D.M. Joss 1998. "Social origins and implications of child labor." *Work* 10(3): 279-291.

Abstract: Child labor continues to present a serious health threat to millions of children worldwide. Not all work is detrimental to children, and under carefully controlled conditions can benefit them in terms of physical and intellectual development as well as make positive contributions to their financial status. Unfortunately, most situations where children are used as a labor force are not designed with the health of the laborers as a primary concern. This article will review the current status of child labor, present theories regarding the social, cultural and economic bases of the practice, discuss its health implications and finally, explore possible solutions to this complex problem.

- Bullard, Madeleine Grey. 2001. "Child labor prohibitions are universal, binding, and obligatory LAW: the evolving state of customary international law concerning the unempowered child laborer." *Houston Journal of International Law* 24: 139.
- Compa, Lance. 1995. "Symposium: NAFTA at Age One: A Blueprint for Hemispheric Integration?: The Labor Side Agreement: Going Multilateral: The Evolution of U.S. Hemispheric Labor Rights Policy Under GSP and NAFTA." *Connecticut Journal of International Law* 10: 337.
- Creighton, Breen. 1997. "Combating child labour: the role of International labour standards." *Comparative Labor Law Journal* 18: 362.
- Davidson, Mary Gray. 2001. "The International Labour Organization's Latest Campaign to End Child Labor: Will it Succeed Where Others Have Failed?" *Transnational Law & Contemporary Problems* 11: 203.
- Dennis, Michael J. 1999. "The ILO Convention on the Worst Forms of Child Labor." *The American Journal of International Law* 93(4): 943-948.
- Dennis, Michael J. 2003. "Current Development: Human Rights in 2002: The Annual Sessions of the U.N. Commission on Human Rights and the Economic and Social Council." *The American Society of International Law* 97: 364-386.
- Diller, Janelle M. and David A. Levy. 1997. "Child Labor, Trade and Investment: Toward the Harmonization of International Law." *The American Journal of International Law* 91(4): 663-696.
- Garg, Anjali. 1999. "A child labor social clause: analysis and proposal for action." *New York University School of Law Journal of International Law and Politics* 31: 473.
- Green, Lora A. 2001. "The Global Fight for the Elimination of Child Labor in Pakistan." *Wisconsin International Law Journal* 20: 177.
- Harris-Short, Sonia. 2003. "International Human Rights Law: Imperialist, Inept and Ineffective? Cultural Relativism and the U.N. Convention on the Rights of the Child." *Human Rights Quarterly* 25(1): 130-181.
- Abstract: *Against the background of the largely theoretical debate concerning the use and potential abuse of the cultural relativism argument by State elites, this article seeks to explore how, if at all, the cultural relativism argument is actually being deployed in practice by state delegates appearing before the U.N. Committee on the Rights of the Child. Based on the evidence from this analysis, it is contended that "cultural difference" remains a common and formidable argument but that the dynamics of this argument, as played out before the Committee, simply reflect the inherent limitations and fundamental weaknesses of an international legal system founded on a "society of States" in which the voices of the local and particular are effectively silenced.*
- Holland, Tracey 1998. "Human Rights Education for Street and Working Children: Principles and Practice." *Human Rights Quarterly* 20(1): 173-193.
- Howe, Robert Brian; and Katherine Covell. 2003. "Child Poverty in Canada and the Rights of the Child." *Human Rights Quarterly* 25(4): 1067-1087.

Abstract: The purpose of this article is to examine the problem of child poverty in Canada in light of Canada's commitments under the United Nations Convention on the Rights of the Child. By ratifying the Convention in 1991, Canada was obligated to advance the basic economic security rights of children under Article 27. A particular problem, as Canada recognized, was child poverty. In accord with the Convention, Canada took important measures to overcome the problem. However, child poverty has persisted as a serious problem, putting at risk the exercise of children's rights in ways that are more far-reaching than often thought.

Ibrahim, Barbara. 2001. "Book Review: The Female Circumcision Controversy: An Anthropological Perspective, Ellen Gruenbaum." *Studies in Family Planning* 32(2): 186-187.

Khan, Ali. 2001. "The dignity of labor." *Columbia Human Rights Law Review* 32: 289.

Kilkelly, Ursula. 2001. "The Best of Both Worlds for Children's Rights? Interpreting the European Convention on Human Rights in the Light of the U.N. Convention on the Rights of the Child." *Human Rights Quarterly* 23(2): 308-326.

Kilkelly, Ursula. 2003. "Economic exploitation of Children: A European perspective." *Saint Louis University Public Law Review* 22: 321.

Malby, S.J. 2002. "Education and Health: A Role for Private Actors in Meeting Human Rights Obligations?" *The International Journal of Human Rights* 6(3): 1-36.

Abstract: Increasingly, including in developing countries, the private sector impacts significantly on rights to education and the highest attainable standard of health. How, though, can a state ensure that this is a positive impact? And, if a violation of rights does occur, how should culpability be divided between the state and the private sector? The increasing justiciability of economic and social rights, together with moves at the international level to develop a rights-based accountability for private actors, suggests that the sector may soon assume legal responsibilities, in line with the expansion of human rights from its classical concern of action by the state.

Monshipouri, Mahmood. 2001. "Promoting Universal Human Rights: Dilemmas of Integrating Developing Countries." *Yale Human Rights & Development Law Journal* 4: 25.

Morgan, Kimberly J. 2001. "A Child of the Sixties: The Great Society, the New Right, and the Politics of Federal Child Care." *Journal of Policy History* 13(2):215-250.

Odinkalu, Anselm Chidi. 2001. "Analysis of Paralysis or Paralysis by Analysis? Implementing Economic, Social, and Cultural Rights Under the African Charter on Human and Peoples' Rights." *Human Rights Quarterly* 23(2): 327-369.

Okin, Susan Moller. 2003. "Poverty, Well-Being, and Gender: What Counts, Who is Heard?" *Philosophy & Public Affairs* 31(3): 280-316.

Posel, Sherab. 1995. "Kamaiya: Bonded Labor in Western Nepal." *Columbia Human Rights Law Review* 27: 123.

Santoro, Michael A. 2003. "Beyond Codes of Conduct and Monitoring: An Organizational Integrity Approach to Global Labor Practices." *Human Rights Quarterly* 25(2): 407-424.

Abstract: This article analyzes the “best practices” of several companies at the leading edge of the global labor rights movement and offers guidance to companies seeking to enhance the effectiveness of their human rights programs. While leading companies still continue to devote significant resources to monitoring and compliance, the companies following the “organizational integrity” approach are exploring other initiatives designed to prevent rights violations from occurring in the first place and to enable remediation of problems which are uncovered. This article analyzes the three essential components of the organizational integrity approach: (1) Cooperation with NGOs, (2) Training and remediation programs for problems uncovered through monitoring, and (3) Integration of proactive rights-sensitive sourcing policies with overall company strategy.

Satz, Debra. 2003. “Child Labor: A Normative Perspective.” *World Bank Economic Review* 17(2): 297-309.

Abstract: Examining child labor through the lenses of weak agency, distributive inequality, and harm suggests that not all work performed by children is equally morally objectionable. Some work, especially work that does not interfere with or undermine their health or education, may allow children to develop skills they need to become well-functioning adults and broaden their future opportunities. Other work, including child prostitution and bonded labor, is unambiguously detrimental to children. Eliminating these forms of child labor should be the highest priority. Blanket bans on all child labor may drive families to choose even worse options for their children, however. Moreover, child labor is often a symptom of other problems? Poverty, inadequate education systems, discrimination within families, ethnic conflicts, inadequately protected human rights, weak democratic institutions? That will not be eliminated by banning child labor.

Scott, Craig. 1999. “Reaching Beyond (Without Abandoning) the Category of “Economic, Social and Cultural Rights”.” *Human Rights Quarterly* 21(3): 633-660.

Silk, James J. and Meron Makonnen 2003. “Economic exploitation of children: Ending child labor: A role for international human rights law?” *Saint Louis University Public Law Review* 22: 359.

Smolin, David M. 2000. “Strategic Choices in the International Campaign Against Child Labor.” *Human Rights Quarterly* 22(4): 942-987.

The adoption of the 1999 Worst Forms of Child Labor Convention represents a significant strategic shift in the international campaign against child labor. This article analyzes this strategic shift, and proposes refinements and additional methodologies that could guide the movement. Specifically, this article discusses how the Amartya Sen’s “entitlement” theory could help to guide the activism of the child labor movement toward greater effectiveness.

Smolin, David M. 1999. “Conflict and ideology in the international campaign against child labour.” *Hofstra Labor & Employment Law Journal* 16: 383.

Stone, Adam. 2002. “Human Rights Education and Public Policy in the United States: Mapping the Road Ahead.” *Human Rights Quarterly* 24(2): 537-557.

Tucker, Lee 1997. “Child Slaves in Modern India: The Bonded Labor Problem.” *Human Rights Quarterly* 19(3): 572-629.

Education

Glanz, Karen; Barbara K. Rimer; and Frances Marcus Lewis (eds.). 2002. Health Behavior and Health Education: Theory, Research, and Practice. San Francisco: Jossey-Bass.

Levesque, Roger J.R. 1997. "The Right to Education in the United States: Beyond the Limits of the Lore and Lure of Law." *Annual Survey of International & Comparative Law Golden Gate University School of Law* 4: 205.

Malby, S.J. 2002. "Education and Health: A Role for Private Actors in Meeting Human Rights Obligations?" *The International Journal of Human Rights* 6(3): 1-36.

Abstract: Increasingly, including in developing countries, the private sector impacts significantly on rights to education and the highest attainable standard of health. How, though, can a state ensure that this is a positive impact? And, if a violation of rights does occur, how should culpability be divided between the state and the private sector? The increasing justiciability of economic and social rights, together with moves at the international level to develop a rights-based accountability for private actors, suggests that the sector may soon assume legal responsibilities, in line with the expansion of human rights from its classical concern of action by the state.

Integrated Approaches

These works comprise thinking on children, health and human rights that are not overtly committed or opposed to an interpretation that depends on either covenant. The first portion of this bears this out through a strong focus on international conventions and law, as well as some general theoretical perspectives. The second highlights how NGOs acted on this mandate.

International Legal Frameworks

Alston, Philip (ed.). 1994. *The best interests of the child: reconciling culture and human rights*. Oxford, Oxford University Press.

This book assesses the impact of the Convention of the Rights of Child, especially Article 3, which requires that policies concerning children should respect the best interests of the child. The first part of the text provides country cases that highlight the tensions between an international commitment and local customs and practice.

Cohen, Cynthia Price. 1997. "The United Nations Convention on the rights of the child: a feminist landmark." *The College of William and Mary William and Mary Journal of Women and the Law* 3: 29-78.

Cohen, Cynthia Price. 1999. "Sixteenth Annual International Law Symposium "Rights of Children in the New Millennium: Implementing the U.N. Convention on the Rights of the Child." *Whittier Law Review* 21: 95.

Cohen, Cynthia Price; Susan M. Kosloske; and Stuart N. Hart. 1996. "Monitoring the United Nations Convention on the Rights of the Child: The Challenge of Information Management." *Human Rights Quarterly* 18(2): 439-471.

Davis, Martha F.; and Roslyn Powell. 2003. "The International Convention on the Rights of the Child: A Catalyst for Innovative Child Care Policies." *Human Rights Quarterly* 25(3): 689-719.

This article analyzes the Convention on the Rights of the Child's impact on childcare in ratifying states, such as Australia, Finland, France and Sweden. It concludes that framing childcare as a human rights concern might enlist new sources of pressure to combat this aspect of the U.S. policy of exceptionalism.

Dillon, Sara. 2003. "Making Legal Regimes for Inter-country Adoption Reflect Human Rights Principles: Transforming The United Nations Convention on The Rights of the Child with THE Hague Convention on Inter-country Adoption." *Boston University International Law Journal* 21: 179-256.

Doek, Jaap E. 2003. "Overview: The Protection of Children's Rights and the United Nations Convention on the Rights of the Child: Achievements and Challenges." *Saint Louis University School of Law* 22: 235-252.

Fijalkowski, Agata; and Malgosia Fitzmaurice (eds.). 2000. The right of the child to a clean environment. Brookfield, Vt.: Ashgate Publishing, Ltd.

This book assesses the right of a child to a clean environment from the point of view of both theory and practice. It has good case studies in many countries.

Freeman, Michael D. (ed.). 2004. Children's Rights. Aldershot, Hants, England: Burlington, VT, Ashgate.

Harris-Short, Sonia. 2003. "International Human Rights Law: Imperialist, Inept and Ineffective? Cultural Relativism and the U.N. Convention on the Rights of the Child." *Human Rights Quarterly* 25 (1):130-181.

Jackson, Rochelle D. 1999. "The War Over Children's Rights: And Justice For All? Equalizing the Rights of Children." *Buffalo Human Rights Law Review* 5: 223.

Abstract: Part I of this article examines the history of the children's rights movement, while Part II examines the Convention on the Rights of the Child. In Part III, I examine the International Covenant on Civil and Political Rights and the International Convention on Economic, Social and Cultural Rights (ICESCR) which have placed an importance on civil and political rights and economic and social rights, respectively. Are children's rights ranked in the United States? If so, what role, if any, does America's refusal to ratify the Convention on the Rights of the Child play in perpetuating such a practice? Is it readily apparent and sanctioned by the judiciary, legislature and perhaps society? These are some of the issues raised in the final part of this article.

Littlewood, Paula C. 1997. "Domestic Child Abuse Under the U.N. Convention on the Rights of the Child: Implications for Children's Rights in four Asian Countries." *Pacific Rim Law & Policy Journal* 6: 411.

Abstract: This Comment first traces the background of children's rights ... and general observations about child abuse and the difficulties encountered when considering the problem across cultural boundaries. ... Second, this Comment analyzes the child abuse statutes and relevant policies of Hong Kong, China, Singapore, and Indonesia to determine if these states are complying with their obligations under Article 19 of the Convention. The third section explores how each country is dealing with the problem of child maltreatment and analyzes whether each state is complying with Article 19 of the Convention. Finally, it concludes with a discussion of how factors such as cultural attitudes, the regulatory strength of a country's government within the familial context, and economic prosperity influence the manner in which these countries address the problem of child abuse.

Saulle, Maria Rita (ed.). 1995. The Rights of the Child: International Instruments. Irvington-on-Hudson, NY: Transnational Publishers, Inc.

Wilkins, Richard G.; Adam Becker; Jeremy Harris; and Donlu Thayer. 2003. "United States and its Participation in the Convention on the Rights of the Child: Why the United States should not Ratify the Convention on the Rights of the Child." *Saint Louis University Public Law Review* 22: 411.

Abstract: We will argue ... against the ratification of the CRC by the United States on two grounds. First, we believe the CRC's newly minted autonomy rights are neither beneficial to children nor harmonious with traditional notions of salutary family life (as expressed, incidentally, in the Preamble to the CRC itself). Second, we have concluded that the CRC's sweeping reconstruction of family life lies beyond Congress' reach.

NGOs

Breen, Claire. 2003. "The Role of NGOs in the Formulation of and Compliance with the Optional Protocol to the Convention on the Rights of the Child on Involvement of Children in Armed Conflict." *Human Rights Quarterly* 25(2): 453-481.

Abstract: This paper highlights the role that NGOs may play in the drafting of human rights standards, with particular reference to the rights of the child regarding children in armed conflict. The travaux préparatoires of the Optional Protocol on Children in Armed Conflict illustrate the role played by NGOs in that process. The drafting of Article 38 of the Convention may have initially been a great disappointment for NGOs, they were subsequently accorded a second shot at drafting appropriate rules combining international humanitarian law with that of the rights of the child-the outcome being the Optional Protocol.

Evans, Judith L. 2001. "Women's rights and children's rights: challenges and opportunities." *Development* 44(2): 7-14.

Abstract: Judith L. Evans introduces the journal's themes looking at the significant linkages between women's rights and children's rights. Evans argues that the two sets of rights together need to be brought forward, looking at the way they are interlinked through two conventions - CRC and CEDAW - developed in the 1990s. She presents some of the challenges and opportunities that a simultaneous focus on women's and children's rights presents in terms of development work.

Fellmeth, Robert C. 2002. Child Rights & Remedies. Atlanta, GA: Clarity Press.

Abstract: This book provides a comprehensive rights-based analysis of how the U.S. legal system, in both its legal and political dimensions, is affecting American children. It examines the barriers to child-sensitive public policy, and the true legal status of children with regard to poverty, education, health, special needs, child care, child abuse, juvenile crime and detention, reproductive rights, custody and civil liberties. Backing up an extensive legal reference to over 190 leading cases with probing commentaries and the most recent statistics reflecting the socio-economic circumstances of children, Child Rights & Remedies serves as a unique tool for all who are concerned about the well-being of the nation's children, and seek politico-legal means to improve.

- Fitzmaurice, Malgosia. 1999. "The Right of the Child to a Clean Environment." *Southern Illinois University Law Journal* 23: 611.
- Grodin, Michael; and Harlan Lane. 1997. "Ethical Issues in Cochlear Implant Surgery: An Exploration into Disease, Disability, and the Best Interests of the Child." *Kennedy Institute of Ethics Journal* 7(3): 231-251.
- Harris-Short, Sonia. 2003. "International Human Rights Law: Imperialist, Inept and Ineffective? Cultural Relativism and the U.N. Convention on the Rights of the Child." *Human Rights Quarterly* 25(1): 130-181.
- Abstract: Against the background of the largely theoretical debate concerning the use and potential abuse of the cultural relativism argument by State elites, this article seeks to explore how, if at all, the cultural relativism argument is actually being deployed in practice by state delegates appearing before the U.N. Committee on the Rights of the Child. Based on the evidence from this analysis, it is contended that "cultural difference" remains a common and formidable argument but that the dynamics of this argument, as played out before the Committee, simply reflect the inherent limitations and fundamental weaknesses of an international legal system founded on a "society of States" in which the voices of the local and particular are effectively silenced.*
- Hirschl, Ran. 2000. "'Negative' Rights vs. 'Positive' Entitlements: A Comparative Study of Judicial Interpretations of Rights in an Emerging Neo-Liberal Economic Order." *Human Rights Quarterly* 22(4): 1060-1098.
- Leblanc, Lawrence J. 1995. The Convention on the Rights of the Child: United Nations Lawmaking on Human Rights. Lincoln, NE: University of Nebraska Press.
- Mariner, Wendy K. 2003. "Public Health and Law: Past and Future Visions." *Journal of Health Politics, Policy and Law* 28(2): 525-552.
- Pardeck, John T. 2002. Children's rights: policy and practice. New York, Haworth Social Work Practice Press.
- Toebe, Brigit. 1999. "Towards an Improved Understanding of the International Human Right to Health." *Human Rights Quarterly* 21(3): 661-679.
- Van Bueren, Geraldine. 1999. "Combating Child Poverty--Human Rights Approaches." *Human Rights Quarterly* 21(3): 680-706.
- Weiss, Thomas G. and Leon Gordenker (eds.). 1996. NGOs, the UN, and Global Governance. Boulder, CO: Lynne Rienner Publishers.

Weissbrodt, David S., Mayra Gomez, and Bret Thiele. 2000. "An Analysis of the Fifty-first Session of the United Nations Sub-Commission on the Promotion and Protection of Human Rights." *Human Rights Quarterly* 22(3): 788-837.

Willets, Peter (ed.). 1996. The Conscience of the World: The Influence of Non-Governmental Organisations in the U.N. System. Washington DC: The Brookings Institution for the David Davies Memorial Institute of International Studies.

Yamin, Alicia Ely. 1996. "Defining Questions: Situating Issues of Power in the Formulation of a Right to Health under International Law." *Human Rights Quarterly* 18(2): 398-438.

Human Rights, Health, and Corporations

by Gerald Montgomery

Thriving markets and human security go hand in hand; without one, we will not have the other (United Nations Secretary-General Kofi Annan at the Global Compact, January 31, 1999).

Unfettered economic policies have had a notable effect on the state of human rights. With the increasing spread of transnational corporations (TNCs), non-governmental organizations (NGOs) play a major role in setting ethical and moral standards for with the quality of life in the developing states where TNCs do business. Many TNCs are trying frantically to implement strategies that would alleviate labor injustices and corrupt practices in order to meet the standards argued for by NGOs.

The purpose of this section of selected readings is to focus on the potential capability of TNCs in furthering human rights initiatives. The reader should get a strong sense of the many different social forces shaping the various ethical decisions on the part of TNCs. The same power that has made TNCs responsible for a large chunk of the global economy enables them influence to revolutionize human rights standards. All that remains is the choice to do so.

Corporate Agency and Human Rights

Broadhurst, Arlene. 2000. "Corporations and the Ethics of Social Responsibility: An Emerging Regime of Expansion and Compliance." *Business Ethics: A European Review* 9(2): 86-98.

Abstract: Corporate ethics has undergone significant change in response to environmental issues, and they are beginning to evolve further in response to emerging notions of social responsibility, defined in terms of human rights issues. Essentially, that challenge is not only one of corporate compliance, either voluntary or enforced by a system of regulatory and legal measures, but also a question of responsibility for damage or abuse. Three dimensions of ethical behavior - national, international and theoretical - are defined and illustrated through three case studies... These studies illustrate the complexity of the interactions between various stakeholders. The Simon Jones case emphasizes the dangers of casual work in multinational labor transactions, and the shortcomings of national remedies even in an advanced economy such as the UK. The second case, Tommy Hilfiger et al., raises a complex set of questions regarding national and international responsibility for compensation in developing economies. The third case, the Royal/Dutch Shell Group, serves as a model of voluntary corporate reform designed to bridge the gap between principles and practice both nationally and internationally.

Cahn, Doug and Tara Holeman. 1999."Business and Human Rights." *Forum for Applied Research and Public Policy* 14(1): 52-58.

A number of multinational corporations have started using the principles of human rights in the industrial workplaces. This has improved the working conditions in developing countries, especially in the garments, toy and shoe industries. One such company is Reebok International Ltd., which adopted a code of conduct that incorporated human rights standards in its business practices and those of its suppliers. Human rights and labor organizations have also started a dialogue and public campaigns designed to help multinational companies in developing their codes of conduct.

Collins-Chobanian, Shari. 2004. Ethical Challenges to Business As Usual. Upper Saddle River, NJ: Pearson Press.

Jedrzej, George Frynas and Scott Pegg. (eds.). 2003. Transnational Corporations and Human Rights. New York: Macmillan.

Kapstein, Ethan B. 2001. "The Corporate Ethics Crusade." *Foreign Affairs* 80: 105-120.

Larrison, Timothy K. 1998. "Ethics and International Development." *Business Ethics: A European Review* 7(1): 63-67.

Abstract: Although much has been written about multinational behaviour in developing countries, little attention has been paid to the individuals and organisations which influence the environment within which the multinationals operate. This article argues for an absolute moral approach to macro-economic considerations and a more relative ethical approach at the micro-level of individual cultures.

Welch, Claude. E. 2001. NGOs and Human Rights: Promise and Performance. Philadelphia, PA: University of Pennsylvania Press.

Corruption

"International Bribe Index Shows Corruption Rising." 2002. *Preventing Business Fraud* 7: 1-6.

This article addresses the problem of business firms in developed countries bribing the governments of developing countries to secure corporate contracts. Various charts illustrate the least corrupt countries, what sectors the bribes take place in, and a survey of the trends in bribery.

Kpundeh, Sahr John; and Irene Hors. 1998. Corruption and Integrity Improvement Initiatives in Developing Countries. New York, NY: United Nations Development Programme.

Organisation for Economic Co-operation and Development. 2000. No Longer Business As Usual: fighting bribery and corruption. Paris: Organisation for Economic Co-operation and Development.

Abstract: Corruption weakens democracies, distorts investment decisions and disrupts economic growth. Yet until recently, bribes by companies were accepted in many countries as a tax-deductible expense. Today, shady business practices are being hauled out of the closet and into the spotlight of international scrutiny. Policymakers are moving to ensure that corruption is no longer an acceptable business practice.

Robinson, Mark. 1998. Corruption and Development. London, Portland: Frank Cass.

Ethical Business Practices

Basu, Baushik. 2001. "Compacts, Conventions, and Codes: Initiative for Higher International Labor Standards." *Cornell Int'l Law Journal* 34: 487-500.

Abstract: The International Labor Standards (ILS) movement, meant to be an initiative to promote better working conditions in the Third World, has been widely opposed by Third World governments and workers. The contemporary world has seen a bewildering number of initiatives or suggestions for ILS, to be coordinated through the offices of the UN, ILO and WTO and while global opinion has become more sophisticated in recent years, the existing initiatives are ill-conceived and are likely to have undesirable fall-outs. Ultimately, global coordination is best done through the ILO and the U.N. Because the WTO, the way it currently functions, is not the appropriate body for enforcing labor standards. In the long run, there must be an effort to democratize global organizations, and only when that is done can global organizations be seriously entrusted with the task of promoting higher labor standards.

Bhagwati, Jagdish. 2002. "Coping With Anti-globalization: a trilogy of discontents." *Foreign Affairs* 81: 2–7.

Abstract: This article discusses the anti-globalization movement and how attitudes of anti-capitalism among young people are helping to fuel the movement. This younger group of critics has found three shared reasons for discontent with globalization, 1) the idea of capitalism, 2) the process of globalization, and 3) the behavior of corporations—and have made their views clear at recent protests in the streets at world economic gatherings and on college campuses. Many of these youthful skeptics see capitalism as a system that cannot significantly address issues of social justice.

Blowfield, Mick. 1999. "Ethical Trade: a review of developments and issues." *Third World Quarterly* 20(4): 753–770.

Abstract: Ethical trade is a fast-growing field both in terms of interest and practice, but one where there is little independent analysis or literature. This paper provides an overview of what is happening in the field, including the unpublished debates of many of ethical trade's key players. The paper identifies the common ground between sectoral approaches, examining, for instance, work from forestry, fair trade, agriculture and the apparel industry. It also highlights the consequences for developing countries of initiatives that are typically driven by the North, and shows how existing approaches do not lend themselves to participation by Southern stakeholders. The paper concludes by arguing the need for greater integration of social and environmental issues, and the development of approaches able to identify and reflect the ethical values of the South, particularly of the marginalized people ethical trade is intended to assist.

Emunds, Bernhard. 2003. "The integration of developing countries into international financial markets: remarks from the perspective of an economics ethics." *Business Ethics Quarterly* 13: 337–360.

Abstract: In this paper the co-responsibility of the North for the development of the South, the chance of an authentic development and Rawls's maximum rule are indicated as the ethical perspectives from which the financial integration of developing countries can be evaluated. This leads to an outline of goals for reshaping the financial integration. This reconstruction touches among other things, limitation of capital inflows, strengthening of the domestic banking system and further development of the country's particular economic style. Finally some regulations of external financial relations and the proposal of a cooperative monetary arrangement between the South and the North are discussed as possible measures to improve this integration.

Georges Enderle. (ed.) 1999. *International Business Ethics: Challenges and Approaches*. Notre Dame, IN

Graff, J., et. al. 1999. "Giving Some of It Back." *Time South Pacific* (February 15): 56.

Presents information on efforts of several companies and organizations in the developed world to spread technology and knowledge to the developing world. The importance of having a sense of social and environmental responsibility in the way business is conducted; examples including George Atkins' Developing Countries Farm Radio Network and the efforts of Samsung to create good community relations in Indonesia and elsewhere.

Ioanna, Kucardi Iuçuradi. 1999. Ethics of the Professions: Medicine, Business, Media, Law. Berlin, New York: Springer Press.

Jackson, Kevin T. 1998. "A Cosmopolitan Court for Transnational Corporate Wrongdoing: Why Its Time Has Come." *Journal of Business Ethics* 17: 757-783.

Jones, Alan. 2001. "Social Responsibility and the Utilities." *Journal of Business Ethics*. 34: 219-29.

Keck, Margaret E.; and Kathryn Sikkink. 1998. Activists beyond borders: Advocacy networks in international politics. Ithaca, NY: Cornell University Press.

King, Bettyl. 2001. "The U.N. Global Compact: Responsibility for Human Rights, Labor Relations, and the Environment in Developing Nations." *Cornell International Law Journal* 34: 481-85.

Lang, Anthony F., Jr. 2000. "Enhancing the Role of Ethics in Business." *Perspectives on Ethics and International Affairs*: 4-5.

Lea, David L. 1999. "The Infelicities of Business Ethics in the Third World: the Melanesian Context." *Business Ethics Quarterly* 9(3): 421-439.

Lewis, D.J. 1999. Promoting Socially Responsible Business, Ethical Trade and Acceptable Labour Standards. Bath: University of Bath.

Meintjes, Garth. "An International Human Rights Perspective on Corporate Codes," in Oliver Williams (ed.) Global Codes of Conduct: An Idea Whose Time Has Come. Notre Dame, IN: University of Notre Dame. 83-99.

Meyer, William H.; and Boyka Stefanova. 2001. "Human Rights, the U.N. Global Compact and Global Governance." *Cornell International Law Journal* 34: 501-21.

Abstract: This article discusses the Global Compact (GC) in relation to similar efforts in other quarters, and then ties these various political and legal activities to larger issues raised by theories of international relations. First, the article considers whether or not the Global Compact might have any impact on the behavior of transnational corporations (TNCs). The author argues that the GC could have a positive impact, relying on empirical studies about the relationship between TNCs and human rights. The second section addresses the question: is the Compact's voluntary regulatory approach the best or most efficient way to foster morally responsible corporate behavior? Part III looks at TNCs and labor rights through the lens of international relations theory. It asks whether there is now, or will there be in the future, a global regime for TNCs and labor rights? Alternatively, do industrial relations theories of global governance better inform our understanding of international

efforts such as the GC? In the conclusion, the author looks ahead to what may come next in the areas of TNCs, labor rights, and environmental rights.

Ratner, Steven R. 2001. "Corporations and Human Rights: A Theory of Legal Responsibility." *Yale Law Journal* 111(3): 435-538.

Abstract: This Article posits that international law offers a way to develop and circumscribe duties of corporations that avoid the risks inherent in wholly domestic legal approaches. It demonstrates the need for corporate accountability as an alternative to holding only states or individuals responsible for human rights abuses.

Spar, Debora L. 1998. "The Spotlight and the Bottom Line: how multinationals export human rights." *Foreign Affairs* 77(2): 7-12.

An argument for what U.S. corporations could and should do to raise human rights standards. While not the most obvious advocate for human rights, U.S. companies have a duty to uphold standards that will bring about vital changes in human rights standards on ethical and political levels. Information about the workplace code of conduct established by the White House in August 1996 is provided. Also discussed: advantages of lower-cost labor or lower-cost inputs from more abusive suppliers; evidences that support the potency of the spotlight phenomenon about labor abuses; and why human rights and U.S. multinationals are considered unlikely bedfellows.

Tavis, L. A. 2001. "Promoting Socially Responsible Business in Developing Countries: the potential and limits of voluntary initiatives," in Oliver Williams (ed.) Global Codes of Conduct: An Idea Whose Time Has Come. Notre Dame, IN: University of Notre Dame.

Winston, Morton. 2002. "NGO Strategies for Promoting Corporate Social Responsibility." *Ethics and International Affairs* 16: 71-87.

Abstract: Describes and evaluates the different strategies employed by human rights NGOs in attempting to influence the behavior of multinational corporations. Includes analysis of the factors that contributed to the interest of human rights NGO in the business sector; a discussion on the corporate social responsibility movement; and a recounting of the response of TNCs to the NGO strategies.

Yadong, Luo. 2002. Multinational Enterprises in Emerging Markets. Copenhagen: Copenhagen Business School Press.

Human Rights, Health and the Environment

by David Gillespie

The health and well being of humans cannot be separated from the natural environment. Many of the threats to human health are an intrinsic part of ecosystems. The challenge lies in maintaining people's health while simultaneously improving the health of ecosystems as a whole (Lada Kochtcheeva and Ashbindu Singh UNEP Assessment of Risks and Threats to Human Health, 1999).

All persons have the right to freedom from pollution, environmental degradation and activities that adversely affect the environment, threaten life, health, livelihood, well-being or sustainable development within, across or outside national boundaries (Draft Declaration on Human Rights and the Environment. United Nations, 1994. Article 5).

Environmental health and human rights are inextricably linked. According to the *Universal Declaration of Human Rights, Article 3*, “Everyone has the right to life, liberty, and security of person.” Given that the earth is the source of the basic necessities of human life, any discussion about health and human rights must be attentive to its inherent environmental aspects. International conventions, documents and reports such as *Agenda 21* (1992) and *The Draft Declaration of Human Rights and the Environment* (1994) have expressly argued for such an integrated approach. In response, a plethora of works over the past decade have expanded the discussion to include philosophical, medical, political, and legal perspectives.

This body of work has raised some important questions. To what extent has human interaction with the environment created hazards to human health and the environment? Which diseases can be directly linked to environmental change? Assuming that such diseases are preventable, what are the ethical concerns and legal consequences of our actions? The literature in this bibliography illustrates that changes to the environment *do* have an impact on health and wellbeing. Research has illuminated the link between poor environmental quality and many preventable illnesses including cancer, vector-borne diseases, and chronic respiratory disease, to name a few. A larger consensus is also developing about what health-related actions are ethical, and there is a growing international movement towards the creation of laws that protect the environment and human health. Scholars and professionals worldwide continue to develop pragmatic and realistic solutions to these problems.

However, more time needs to be devoted to the studying the affects of environmental degradation on human health. This bibliography hopes to aid in this learning process. Although the contribution is not exhaustive, it directs the reader to works that are crucial to a basic understanding of environmental health and human rights.

Basic Resources

- The United Nations | www.un.org
- The United Nations: Human Rights and the Environment | www.unhchr.ch/environment

- The United Nations Environment Programme (UNEP) | www.unep.org
- UNEP: Regional Office of North America (RONA): Environmental Issues | www.unep.org/issues/health_enviro.html
- UNEP: Global Environment Outlook | www.unep.org/geo
- The World Health Organization (WHO) | www.who.org
- WHO: Health and the Environment | www.who.int/health_topics/en

Conventions

- Agenda 21: World Summit on Sustainable Development (WSSD) Held in Johannesburg, South Africa from 26 August to 4 September 2002.
<http://www.un.org/esa/sustdev/agenda21text.htm>
- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal.
(Basel, 22 March 1989) and Amendment (Geneva, 22 September 1995).
http://untreaty.un.org/English/TreatyEvent2002/Basel_Conv_16.htm.
- Basel Protocol on Liability and Compensation for Damage Resulting from Transboundary Movements of Hazardous Wastes and their Disposal
(Basel, 10 December 1999)
http://untreaty.un.org/English/TreatyEvent2002/Basel_Prot_17.htm.
- Cartagena Protocol on Biosafety to the Convention on Biological Diversity
(Montreal, 29 January 2000)
http://untreaty.un.org/English/TreatyEvent2002/Cartagena_21.htm.
- Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters.
(Aarhus, Denmark, 25 June 1998)
http://untreaty.un.org/English/TreatyEvent2002/Aarhus_23.htm.
- Convention on Biological Diversity.
(Rio de Janeiro, 5 June 1992).
http://untreaty.un.org/English/TreatyEvent2002/Biological_20.htm.

Other Documents

- Draft Declaration on Human Rights and the Environment. United Nations, 1994.
- Ebbesson, Jonas. 2002. Information, Participation and Access to Justice: the Model of the Aarhus Convention. Paper read at Joint UNEP-OHCHR Expert Seminar on

Human Rights and the Environment, 14-16 January 2002, at Geneva.

<http://www.unhchr.ch/environment/bp5.html>.

- Fabra, Adriana. 2002. The Intersection of Human Rights and Environmental Issues: A review of institutional developments at the international level. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp3.html>.
- Fabra, Adriana; and Eva Arnal. 2002. Review of jurisprudence on human rights and the environment in Latin America. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp6.html>.
- Global Environment Outlook 2000. 1999. Nairobi: UNEP and GEO: Division of Environmental Information, Assessment and Early Warning (DEIA&EW) United Nations Environment Programme. <http://www.unep.org/geo2000/index.htm>.
- N/A. 2002. Human Rights and the Environment: Jurisprudence of Human Rights Bodies. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp2.html>.
- Kochtcheeva, Lada; Singh, Ashbindu. 1999. An Assessment of Risks and Threats to Human Health Associated with the Degradation of Ecosystems. Sioux Falls, SD: UNEP. <http://grid.cr.usgs.gov>.
- McMichael, A.J.; D.H. Campbell-Lendrum; C.F. Corvalan; K.L. Ebi; A. Githeko; J.D. Scheraga; and A. Woodward. 2003. Climate Change and Human Health: risks and responses. Geneva: WHO New Publications.
- Razzaque, Jona. 2002. Human Rights and the Environment: the national experience in South Asia and Africa. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp4.html>.
- Rotterdam Convention on Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (Rotterdam, 10 September 1998).
http://untreaty.un.org/English/TreatyEvent2002/Rotterdam_24.htm.
- Shelton, Dinah. 2002. Human Rights and Environment Issues in Multilateral Treaties Adopted between 1991 and 2001. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp1.html>.

- [Stockholm Convention on Persistent Organic pollutants](http://untreaty.un.org/English/TreatyEvent2002/Stockholm_25.htm) (Stockholm, 22 May 2001). http://untreaty.un.org/English/TreatyEvent2002/Stockholm_25.htm.
- [United Nations Framework Convention on Climate Change](http://untreaty.un.org/English/TreatyEvent2002/UNFCCC_18.htm) (New York, 9 May 1992). http://untreaty.un.org/English/TreatyEvent2002/UNFCCC_18.htm.
- World Health Organization. 1997. Health and Environment in Sustainable Development: Five Years after the Earth Summit. Geneva: WHO.
- N/A. 2002. World Health Report 2002: Reducing Risks, Promoting Healthy Life. Geneva: WHO.

Disease and the Environment: Cause and Effect

As the tide of chemicals born of the Industrial Age has arisen to engulf our environment, a drastic change has come about in the nature of the most serious public health problems. Only yesterday mankind lived in fear of the scourges of smallpox, cholera, and plague that once swept nations before them. Now our major concern is no longer with the disease organisms that once were omnipresent; sanitation, better living conditions, and new drugs have given us a high degree of control over infectious disease. Today we are concerned with a different kind of hazard that lurks in our environment a hazard we ourselves have introduced into our world as our modern way of life has evolved (Rachel Carson, Silent Spring, 1962).

This section emphasizes the variety of illnesses linked to environmental degradation. The following literature illustrates that there is a growing concern that human destruction of the environment is responsible for exacerbating, if not creating illness. Many authors blame global warming and ozone depletion for increases in the incidences of skin cancer, malaria, and other vector-borne diseases. Some argue that chronic illnesses such as asthma and allergies are directly related to air pollution. Others cite the use of anthropogenic chemicals as a cause for serious problems ranging from cancer to behavioral disorders. Each of the following subsections provides examples of works that analyze these kinds of causal relationships between disease and the environment.

Linking Environment to Disease

Carson, Rachel. 1962. *Silent Spring*. Cambridge: The Riverside Press.

Kerns, Thomas. 2001. *Environmentally Induced Illness: Ethics, Risk Assessment and Human Rights*. Jefferson, NC: McFarland & Company, Inc.

This volume is especially helpful in linking environmental health and illness to the international legal conception of human rights. Kerns shows how environmental health relates directly to the Universal Declaration of Human Rights and other international human rights documents, many of which are included in an appendix.

McMichael, Tony. 2001. *Human Frontiers, Environments and Disease: Past Patterns, Uncertain Futures*. Cambridge: Cambridge University Press.

This book attempts to show how social and natural environments affect patterns of disease and survival. The author uses an ecological perspective to examine disease patterns in human biohistory.

Air Pollution and Disease

Brunekreef, Bert and Stephen T. Holgate. 2002. "Air Pollution and Health." *Lancet* 360 (9341):1233.

Abstract: *The health effects of air pollution have been subject to intense study in recent years. Exposure to pollutants such as airborne particulate matter and ozone has been associated with increases in mortality and hospital admissions due to respiratory and cardiovascular disease. These effects have been found in short-term studies, which relate day-to-day variations in air pollution and health, and long-term studies, which have followed cohorts of exposed individuals over time. Effects have been seen at very low levels of exposure, and it is unclear whether a threshold concentration exists for particulate matter and ozone below which no effects on health are likely. In this review, we discuss the evidence for adverse effects on health of selected air pollutants.*

D'Amato, G. 2002. "Outdoor Air Pollution, Climate and Allergic Respiratory Diseases: Evidence of a Link." *Clinical & Experimental Allergy* 32(10):1391.

"The Effects of Pollution." 2003. *American Fitness* 21(1):14.

Essig, Maria G. 2002. "Particulate Pollution Poses Greater Threat to Diabetic Patients." *Diabetes Week*: 5.

Etzel, Ruth A. 2003. "How Environmental Exposures Influence the Development and Exacerbation of Asthma." *Pediatrics* 112(1):233.

Glantz, Stanton A. 2002. "Air Pollution as a Cause of Heart Disease: Time for action." *Journal of the American College of Cardiology* 39(6):943.

Hampton, Tracy. 2004. "Diesel Fumes and Allergies." *Journal of the American Medical Association* 291(8):933.

"Heartache Over Air Pollution." 2004. *Environment* 46(2):6.

Hong, Yun-Chul; Jong-Tae Lee; Ho Kirn; Eun-Hee Ha; Joel Schwartz; and David C. Christian. 2002. "Effects of Air Pollutants on Acute Stroke Mortality." *Environmental Health Perspectives* 110(2):187.

Jang, A.S.; C.H. Yeum; and M.H. Son. 2003. "Epidemiologic Evidence of a Relationship Between Airway Hyper-responsiveness and Exposure to Polluted Air." *Allergy* 58(7):585.

Lin, Chin An; Luiz Alberto Amador Pereira; Gleice Margarete de Souza Coneicao; Humberto S. Kishi; Rodolfo Milani Jr.; Alfesio Luis Ferreira Braga; and Paulo Hilario Nascimento Saldiva.

2003. "Association Between Air Pollution and Ischemic Cardiovascular Emergency Room Visits." *Environmental Research* 92(1):57.

McCarthy, Mark. 2003. "Health Impacts of Transport." *Lancet* 361(9376):2168.

Pope III, C. Arden. 2000. "Review: Epidemiological Basis for Particulate Air Pollution Health Standards." *Aerosol Science and Technology* 32(1):4.

Pyne, Solana. 2002. "Stronger Link Between Air Pollution, Disease." *Science Now*: 1.

Schwartz, Joel. 2004. "Air Pollution and Children's Health." *Pediatrics* 113:1037.

Wilson, Richard; and John D. Spengler. (eds.). 1996. Particles in Our Air: concentrations and health effects. Cambridge: Harvard University Press.

Genetics And Environmental Illness Susceptibility

Calabrese, E.J. 1997. "Genetic Predisposition to Environmental Induced Diseases." *Environmental Toxicology and Pharmacology* 4(3-4):273-276.

Assesses nature of genetic predisposition to environmental induced diseases. Need for such dispositions in understanding the impact of environmental contaminants on human populations.

Jirtle, R.L.; M. Sander; and J.C. Barrett. 2000. "Genomic Imprinting and Environmental Disease Susceptibility." *Environmental Health Perspectives* 108(3):271-278.

Olshan, A.F. 1995. "Lessons Learned from Epidemiologic Studies of Environmental Exposure and Genetic Disease." *Environmental and Molecular Mutagenesis* 25(26):74.

Omaye, Stanley T. 2002. "Metabolic Modulation of Carbon Monoxide Toxicity." *Toxicology* 180(2):139.

Suk, W.A.; G. Collman; and T. Damstra. 1996. "Human Biomonitoring: Research Goals and Needs." *Environmental Health Perspectives* 104(3):479-483.

Toxins, Chemicals and Chronic Illness

Lawson, Lynn. 1993. *Staying Well in a Toxic World: Understanding environmental Illness, multiple chemical sensitivities, chemical injuries, and sick building syndrome*. Chicago: The Noble Press, Inc.

This book examines chronic illness and its relationship to the exposure of toxins and chemicals. The goal of this book is to educate readers on the dangers of living in a "toxic world," who is most susceptible to chemically induced illnesses, who is to blame, and what can be done about it.

- Edelstein, Michael R. 2004. *Contaminated Communities: coping with residential toxic exposure*. 2nd ed. Boulder: Westview Press.
- Grigg, J. 2004. "Environmental Toxins; their impact on children's health." *Archives of Disease in Childhood* 89(3):244.
- Hess, Evelyn V. 2002. "Environmental Chemicals and Autoimmune Disease: Cause and Effect." *Toxicology* 181/182:65.
- Lippmann, Morton (ed.). 2000. *Environmental Toxicants: Human Exposures and their Health Effects*. 2nd ed. New York: Wiley-Interscience.
- Lipson, Juliene G. 2001. "We Are the Canaries: Self-Care in Multiple Chemical Sensitivity Sufferers." *Qualitative Health Research* 11(1):103.
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Climate Change and Human Health

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- Brown, Donald A. 2003. "The Importance of Expressly Examining Global Warming Policy Issues Through and Ethical Prism." *Global Environmental Change Part A: Human & Policy Dimensions* 13 (4):229.
- Kalkstein, Laurence S. 1996. Climate and Human Health. 2nd ed. Geneva: World Meteorological Organization; World Health Organization; United Nations Environment Programme.
- Leslie, Mitch. 2003. "Hot Spots for a Warming Planet." *Science* 302(5652):1871.
- Martens, Willem J.M.; Theo H. Jetten; and Dana A. Focks. 1997. "Sensitivity of Malaria, Schistosomiasis and Dengue to Global Warming." *Climate Change* 35(2):145.
- McMichael, Anthony J.; and R. Sari Kovats. 2000. "Climate Change and Climate Variability: adaptations to reduce adverse health impacts." *Environmental Monitoring & Assessment* 61(1):49.
- McMichael, Anthony J.; A. Haines; R. Sloof; and S. Kovats (eds.). 1996. Climate Change and Human Health. London: World Health Organization.

This volume is an assessment prepared by a task group commissioned by the WHO, the World Meteorological Organization and UNEP. The authors examine the diverse range of health effects of global climate change. Included are discussions on the increase of vector-borne diseases, the impact of a rising sea level, and the potential health effects of increased ground-level exposure to ultraviolet radiation.

Patz, J.A.; D. Engelberg; and J. Last. 2000. "The Effects of Changing Weather on Public Health." *Annual Review of Public Health* 21:271-307.

Ponsonby, Anne-Louise; Anthony McMichael; and Ingrid van der Mei. 2002. "Ultraviolet Radiation and Autoimmune Disease: insights from epidemiological research." *Toxicology* 181/182:71.

Sims, R.E.H. 2004. "Renewable Energy: A Response to Climate Change." *Solar Energy* 76(1-3):9.

Spear, Stuart. 2003. "Refugees Escape Ravages of Climate Change." *Journal of Environmental Health* 66(1):38.

Children: Special Threats

America's Children and the environment: measures of contaminants, body burdens and illnesses. 2003. 2nd ed. Washington, D.C.: U.S. Environment Protection Agency, Office of Children's Health Protection: National Center for Environmental Economics, Policy Economics Innovation.

Charnley, Gail and Resha M. Putzrath. 2001. "Children's Health, Susceptibility, and Regulatory Approaches to Reducing Risks from Chemical Carcinogens." Environmental Health Perspectives 109 (2):187.

Gulland, Anne. 2002. "Air Pollution Responsible for 600,000 Premature Deaths Worldwide." *BMJ: British Medical Journal* 325(7377):1380.

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Kokish, Rebecca. 2003. "Children's Environmental Health--International Actions and Implications." *Colorado Journal of International Environmental Law and Policy* 14(1):143-166.

Mattison, Donald R. (ed.). 2003. The Role of Environmental Hazards in Premature Birth. Washington, D.C.: National Academy Press.

Nicolai, T. 2002. Pollution, Environmental Factors and Childhood Respiratory Allergic Disease. *Toxicology* 181/182:371.

"Polluted Food, Water Killing Millions of Children Every Year." 2002. *Nation's Health* 32(6):12.

United Nations Environment Programme; United Nations Children's Fund; World Health Organization. 2002. Children in the New Millennium: Environmental Impact on Health. Malta: UNEP, UNICEF, & WHO.

This book examines the underlying causes of children's environmental health problems and the environmental threats to children. It examines issues such as lack of safe water and sanitation, chemical pollution and radiation, indoor and outdoor air pollution, and natural resource degradation.

Yang, Chun-Yuh; Chih-Ching Chang; Hung-Yi Chuang; Chi-Kung Ho; Trong-Neng Wu; and Po-Ya Chang. 2004. "Increased Risk of Preterm Delivery Among People Living Near the Three Oil Refineries in Taiwan." *Environment International* 30(3):337.

Cancer and the Environment

Clapp, Richard. 2000. "Environment and Health: 4. Cancer." *Canadian Medical Association Journal* 163(8):1009.

"Is Endocrine Hypothesis Valid?" 199. *Journal of the American Medical Association* 276(4):273.

Perera, Frederica P. 1997. "Environment and Cancer: Who are Susceptible." *Science* 278(5340): 1068.

Examines environmental factors which combine with individual susceptibility to play a role in most human cancer. Specific groups with heightened risks; Studies of environmental carcinogens; Need to develop policies to protect susceptible groups; Need to revise risk assessment methodologies; Susceptibility related to genetics, ethnicity, race, age, gender, prior health, and nutrition; Application to cancer prevention.

Water Pollution and Disease

Baumstark-Khan, Christa; Riaz A. Khan; Petra Rettberg; and Gerda Horneck. 2003. "Bacterial Lux-Fluoro Test for Biological Assessment of Pollutants in Water Samples from Urban and Rural Origin." *Analytica Chimica Acta* 487(1):51.

Curtis, Val; and Sandy Cairncross. 2003. "Water, Sanitation, and Hygiene at Kyoto." *British Medical Journal* 327(7405):3.

Howd, Robert A. 2002. "Can We Protect Everybody from Drinking Water Contaminants?" *International Journal of Toxicology* 21(5):389.

Hunter, Paul Raymond; Mike Waite; and Elettra Ronchi (eds.). 2003. Drinking Water and Infectious Disease: Establishing the Links. Boca Raton: CRC Press.

Kirby, Roy M.; Jaime Bartram; and Richard Carr. 2003. "Water in Food Production and Processing: Quantity and Quality Concerns." *Food Control* 14(5):283

Luby, Stephen; Abida Raza; Farooq Ghouri; Mohammad Rahbar; Mubina Agboatwalla; Jeremy Sobel; Eric Mintz; Kathleen Baier; Shahida Qureshi; Rumina Hassan; Robert M. Hoekstra; and Eugene Gangarosa. 2001. "A Low-Cost Intervention for Cleaner Drinking Water in Karachi, Pakistan." *International Journal of Infectious Diseases* 5(3):144.

Singh, Kunwar P.; Dinesh Mohan; Sarita Sinha; and R. Dalwani. 2003. "Impact Assessment of Treated/Untreated Wastewater Toxicants Discharged by Sewage Treatment Plants on Health, Agricultural, and Environmental Quality in the Wastewater Disposal Area." *Chemosphere* 55 (2):227.

Snape, Jason R.; Steve J. Maund; Daniel B. Pickford; and Thomas H. Hutchinson. 2004. "Ecotoxicogenomics: the challenge of integrating genomics into aquatic and terrestrial ecotoxicology." *Aquatic Toxicology* 67(2):143.

United Nations World Assessment Programme. 2003. Water for People, Water for Life: The United Nations World Water Development Report. Barcelona: UNESCO and Berghahn Books.

This report, developed by twenty-three U.N. specialized agencies provides a comprehensive view of today's water problems and offers wide-ranging recommendations for meeting future water demands. Concerning environmental health and disease, the most useful section is Part III which discusses issues of water pollution, disease, and the need to protect ecosystems for the health of people and the planet.

The Built Environment as a Source of Illness

Assimakopoulos, Vasiliki D. and Costas G. Helmis. 2004. "On the Study of a Sick Building: the case of Athens Air Traffic Control Tower." *Energy & Buildings* 36(1):15.

Jaakkola, Jouni J.K. 1998. "The Office Environment Model: a conceptual analysis of the sick building syndrome." *Indoor Air* 8(1):7.

Lahtinen, Marjaana; Pekka Huuhtanen; and Kari Reijula. 1998. "Sick Building Syndrome and Psychosocial Factors-- A Literature Review." *Indoor Air* 8(1):71.

O'Reilly, James T. 1998. Keeping Buildings Healthy: how to monitor and prevent indoor environmental problems. New York: Wiley.

Perdue, Wendy C.; Lawrence O. Gostin; and Lesley A. Stone. 2003. "Public Health and the Built Environment: Historical, Empirical, and Theoretical Foundations for an Expanded Role." *Journal of Law, Medicine & Ethics* 31(4):557.

Saunders, Thomas. 2002. The Boiled Frog Syndrome: Your Health and the Built Environment. Hoboken, NJ: John Wiley & Sons, Ltd.

This book presents compelling evidence to show that the source of the majority of the Western diseases of civilization that have multiplied over the past 100 years, ranging from cancers to debilitating sickness and allergies, can be traced to the modern built environment.

Tate, Nicholas. 1994. *The Sick Building Syndrome: how indoor air pollution is poisoning your life--and what you can do*. Far Hills, NJ: New Horizon Press.

Environment, Health and Human Interactions

*The history of life on earth has been a history of interaction between living things and their surroundings. To a large extent, the physical form and the habits of the earth's vegetation and its animal life have been molded by the environment. Considering the whole span of earthly time, the opposite effect, in which life actually modifies its surroundings, has been relatively slight. Only within the moment of time represented by the present century has one species—man—acquired significant power to alter the nature of his world...The most alarming of all man's assaults upon the environment is the contamination of air, earth, rivers, and sea with dangerous and even lethal materials (Rachel Carson, *Silent Spring*, 1962).*

We live in an unprecedented era of human dominance over the natural environment—even more so since the publication of *Silent Spring*. Humans have not simply conquered the natural world but have mastered collecting and exploiting its resources to meet human needs and desires. But at what cost? To what extent has man's interaction with the environment created unnecessary hazards to human health and the health of Earth's ecosystems? This section identifies works that examine, from a variety of perspectives, the dynamic relationship between health and the environment, with an emphasis on the consequences of human activity. Some of these works offer a broad general understanding. Others examine particular human activities that affect the environment and health. Together they serve as a starting point for a fundamental understanding of the overall relationship between health and human rights.

Cartledge, Bryan (ed.). 1994. *Health and the Environment: The Lincare Lectures 1992-93*. Oxford: Oxford University Press.

The focus of this collection of essays is to turn away from an analysis that focuses solely on the way in which human activity is affecting the long-term future of our planet, but to the more immediate health concerns, which are already acute, resulting from existing environmental problems.

Chesworth, Jennifer (ed.). 1996. *The Ecology of Health: Identifying Issues and Alternatives*. Thousand Oaks: Sage Publications.

In this edited volume of essays, contributors examine the public concerns and challenges inherent in linking health and environmental quality. They discuss issues such as environmental and occupational cancer, ionizing radiation, and rational public policy, and they debate environmental issues in relation to national and international public health. Divided into three main parts, this volume looks at the environment and health from both philosophical and policy standpoints.

Evans, Robert G.; Morris L. Barer; and Theodore R. Marmor (eds.). 1994. Why are some people healthy and others not? The determinants of health of populations. New York: Aldine De Gruyter.

The contributors to this volume analyze issues ranging from societal differences, genetics, and environments. Concerning the environment, the most useful pieces of this book are Chapter Two by R.G. Evans and G.L. Stoddart for broader conceptual understandings and Chapter Six by R.G. Evans, M. Hodge, and I.B. Pless for specifically understanding the relationship between health and the environment.

“Halting Environmental Degradation.” 1998. *Population Today* 26(6): 8.

States that as a result of environmentally related diseases, an estimated one in five children will not live to see their fifth birthday in the less developed regions of the world. Information on an estimated 11 million childhood deaths globally; Reference to a report on health and the environment worldwide; WHO released this report.

Honari, Morteza and Thomas Boleyn (eds.). 1999. Health Ecology: health, culture and human-environment interaction. London; New York: Routledge.

An edited volume presenting a holistic approach to understanding human health from a human ecological perspective. The general aim of the contributors is to create a foundation for sustainable human health in a healthy environment. This volume is especially helpful for coming to a conceptual understanding of “health ecology.”

“How Does the Environment Affect Your Health.” 2001. *Natural Health* 31(5): 1.

Presents a quiz assessing one’s knowledge on the impact of the environment on people’s health. Types of food with high levels of toxic chemicals; Overexposure to the sun; Second-hand smoke; Diseases linked to air pollution.

Karr, James R. “Health, Integrity, and Biological Assessment: The importance of measuring whole things,” in Laura D. W. Pimentel and Reed F. Noss (eds.) Ecological Integrity: Integrating Environment, Conservation, and Health. 2000. Washington D.C.: Island Press.

In this essay, the author attempts to demonstrate the link between health, well being and environmental integrity. He argues that current environmental challenges are a result of our failure to understand risks and how they lead to sickness and death of life on Earth.

Kroll-Smith, Steve; Phil Brown; and Valerie J. Gunter (eds.). 2000. Illness and the Environment: A reader in contested medicine. New York: New York University Press.

This volume brings together previously published and original essays on the relationships of bodies, biospheres, science, and politics. Specifically, this book is aimed at social aspects of environmentally induced illnesses and the politics surrounding them.

McMichael, A.J. 1993. Planetary Overload. Cambridge; New York: Cambridge University Press.

McMichael argues that population growth, technology and over consumption are overloading Earth's capacity to meet the needs of human beings, and as such pose certain health risks. In this book he argues that environmental problems such as ozone destruction lead not only to diseases such as skin cancer, but also indirectly as climate change can affect food production, the spread of infections, and the depletion of freshwater.

McMichael, A.J. and Woodward Alistair. 2001. "Environmental Health," in Clarence C. P. Koop and Roy M. Schwarz (eds.) Critical Issues in Global Health. San Francisco: Jossey-Bass.

This essay focuses on the evolution of global environmental change and its affect on health. In this essay, the authors outline the main types of global environmental change and the anticipated health impacts of these changes, while acknowledging uncertainties in the forecasting of health impacts of global environmental change.

Moore, Gary S. 1999. *Living with the earth: concepts in environmental health science*. Boca Raton: Lewis Publishers.

This volume serves as a reference for environmental professionals and those training in the environmental field.

Nkhuwa, D.C.W. 2003. "Human Activities and Threats of Chronic Epidemics in a Fragile Geologic Environment." *Physics & Chemistry of the Earth - Parts A/B/C* 28(20-27):1139.

The quality of groundwater in the Lusaka aquifer is becoming matter of great concern to the city's inhabitants. Access to good quality water in sufficient quantities to support life is becoming increasingly scarce, while waterborne diseases are becoming rife and on the increase. As a result of rapid urbanization and a proportionate increase in human activities, there has been increased use of the ground to dispose of different types of solid and liquid wastes. Usually, this has been with no due consideration of the underlying geology. Such unsatisfactory management of wastes over a fragile geologic environment has heightened threats of aquifer pollution through unhindered access of components of the wastes to the groundwater store. Consumption of such water may be responsible for the near-endemic outbreaks of diarrhea and dysentery cases in parts of the city. As the demand for water continues to heighten, current trends of aquifer pollution of the meager available water resources threaten to exacerbate this scenario. Consequently, this will impose further restrictions on the city environment's ability to sustain human life. This paper highlights some of Lusaka's typical and pertinent water supply problems. It also implicitly expresses the urgent need for reconciliation between human activities and the underlying geology and hydrogeology in order to preserve an environment that promotes and perpetuates good human health.

Philp, Richard B. 1995. Environmental Hazards and Human Health. Boca Raton: Lewis Publishers.

This volume takes on the assumption that "all that is natural is good." Dr. Philp argues that when it comes to discerning what is harmful in our environment, we need to consider both human made toxins, as well as toxins found in the natural environment (such as natural radon gas, arsenic, and mercury). This volume also includes a collection of 24 case study reviews.

Other Resources

- The United Nations | www.un.org
- The United Nations: Human Rights and the Environment | www.unhchr.ch/environment
- The United Nations Environment Programme (UNEP) | www.unep.org
- UNEP: Regional Office of North America (RONA): Environmental Issues | www.unep.org/issues/health_enviro.html
- UNEP: Global Environment Outlook | www.unep.org/geo
- The World Health Organization (WHO) | www.who.org
- WHO: Health and the Environment | www.who.int/health_topics/en

Conventions

- Agenda 21: World Summit on Sustainable Development (WSSD) held in Johannesburg, South Africa from 26 August to 4 September 2002.
<http://www.un.org/esa/sustdev/agenda21text.htm>
- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal (Basel, 22 March 1989) and Amendment (Geneva, 22 September 1995).
http://untreaty.un.org/English/TreatyEvent2002/Basel_Conv_16.htm
- Basel Protocol on Liability and Compensation for Damage Resulting from Transboundary Movements of Hazardous Wastes and their Disposal (Basel, 10 December 1999).
http://untreaty.un.org/English/TreatyEvent2002/Basel_Prot_17.htm
- Cartagena Protocol on Biosafety to the Convention on Biological Diversity (Montreal, 29 January 2000).
http://untreaty.un.org/English/TreatyEvent2002/Cartagena_21.htm
- Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters (Aarhus, Denmark, 25 June 1998).
http://untreaty.un.org/English/TreatyEvent2002/Aarhus_23.htm
- Convention on Biological Diversity (Rio de Janeiro, 5 June 1992).
http://untreaty.un.org/English/TreatyEvent2002/Biological_20.htm

Other Documents

- Draft Declaration on Human Rights and the Environment. United Nations, 1994.
- Ebbesson, Jonas. 2002. Information, Participation and Access to Justice: the Model of the Aarhus Convention. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp5.html>
- Fabra, Adriana. 2002. The Intersection of Human Rights and Environmental Issues: A review of institutional developments at the international level. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp3.html>
- Fabra, Adriana; and Arnal, Eva. 2002. Review of jurisprudence on human rights and the environment in Latin America. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp6.html>
- Global Environment Outlook 2000. 1999. Nairobi: UNEP and GEO: Division of Environmental Information, Assessment and Early Warning (DEIA&EW) United Nations Environment Programme. <http://www.unep.org/geo2000/index.htm>
- Kochtcheeva, Lada; and Ashbindu Singh. 1999. An Assessment of Risks and Threats to Human Health Associated with the Degradation of Ecosystems. Sioux Falls, SD: UNEP. <http://grid.cr.usgs.gov>
- McMichael, A.J.; D.H. Campbell-Lendrum; C.F. Corvalan; K.L. Ebi; A. Githeko; J.D. Scheraga; and A. Woodward. 2003. Climate Change and Human Health: risks and responses. Geneva: WHO New Publications.
- Razzaque, Jona. 2002. Human Rights and the Environment: the national experience in South Asia and Africa. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp4.html>
- Rotterdam Convention on Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (Rotterdam, 10 September 1998).
http://untreaty.un.org/English/TreatyEvent2002/Rotterdam_24.htm
- Shelton, Dinah. 2002. Human Rights and Environment Issues in Multilateral Treaties Adopted between 1991 and 2001. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva.
<http://www.unhchr.ch/environment/bp1.html>

- 2002. Human Rights and the Environment: Jurisprudence of Human Rights Bodies. Paper read at Joint UNEP-OHCHR Expert Seminar on Human Rights and the Environment, 14-16 January 2002, at Geneva. <http://www.unhchr.ch/environment/bp2.html>
- Stockholm Convention on Persistent Organic pollutants (Stockholm, 22 May 2001). http://untreaty.un.org/English/TreatyEvent2002/Stockholm_25.htm
- United Nations Framework Convention on Climate Change (New York, 9 May 1992). http://untreaty.un.org/English/TreatyEvent2002/UNFCCC_18.htm
- World Health Organization. 1997. Health and Environment in Sustainable Development: Five Years after the Earth Summit. Geneva: WHO.
- 2002. World Health Report 2002: Reducing Risks, Promoting Healthy Life. Geneva: WHO.

Resources for Professionals

- Acute Exposure Guideline Levels for Selected Airborne Chemicals. 2000. In Subcommittee on Acute Exposure Guideline Levels, Committee on Toxicology, Board on Environmental Studies and Toxicology, Commission of Life Sciences, National Research Council. Washington, D.C.: National Academy Press.
- Allport, D.C.; Gilbert, D.S.; Outterside, S.M., ed. 2003. MDI and TDI: safety, health, and the environment: a source book and practical guide. New York: J. Wiley.
- Callahan, Joan R. 2002. Biological Hazards: and Oryx Sourcebook. Westport, Conn: Oryx.
- Cook, Allan R. (ed.). 1997. Environmentally Induced Disorders Sourcebook: basic information about diseases and syndromes linked to exposure to pollutants and other substances in outdoor and indoor environments such as lead, asbestos, formaldehyde, mercury, emissions, noise, and more. Detroit, MI: Omnigraphics.
- Daugherty, Jack E. 1998. Assessment of Chemical Exposures: calculation methods for environmental professionals. Boca Raton: Lewis Publishers.
- de Lepper, Marion J.C.; Henk J. Scholten; and Richard M. Stern (eds.). 1995. The Added Value of Geographical Information Systems in Public and Environmental Health. Dordrecht; Boston: Kluwer Academic Publishers.
- Guidance Document for the Conduct of Studies of Occupational Exposure to Pesticides During Agricultural Application. 1997. Paris: Organisation for Economic Co-operation and Development, Environmental Directorate.

- Irwin, Roy J. (ed.). 1998. Environmental Contaminants Encyclopedia. Fort Collins, Colo.: National Park Service.
- Koren, Herman and Michael Bisesi. 1996. Handbook of Environmental Health and Safety: Principles and Practices. 3rd ed. Boca Raton: Lewis Publishers.
- Liverman, Catharyn T.; et. al. 1997. Toxicology and Environmental Health Information Resources: the role of the National Library of Medicine, Committee on Toxicology and Environment Health Information Resources for Health Professionals, Division of Health Promotion and Disease Prevention. Washington, D.C.: National Academy Press.
- Maroni, Marco; Bernd Seifert; and Thomas Lindvall (ed.). 1995. Indoor Air Quality: a comprehensive reference book. Amsterdam; New York: Elsevier Science.
- OECD Guiding Principles for Chemical Accident Prevention, Preparedness and Response: guidance for industry (including management and labour), public authorities, communities and other stakeholders. 2003. Paris: OECD.
- Pope, Andrew M.; Meta A. Synder; and Lillian H. Hood (eds.). 1995. Nursing, Health & the Environment: strengthening the relationship to improve the public's health. Committee on Enhancing Environmental Health Content in Nursing Practice, Division of Health Promotion and Disease Prevention, Institute of Medicine. Washington, D.C.: National Academy Press.
- Rapport, David J.; John Howard; Robert Lannigan; and William McCauley. 2003. "Linking Health and Ecology in the Medical Curriculum." *Environment International* 29(2/3): 353.
- Sattler, Barbara and Jane Lipscomb (eds.). 2003. Environmental Health and Nursing Practice. New York: Springer.
- Sellers, Christopher C. 1997. Hazards of the Job: from industrial disease to environmental health science. Chapel Hill: University of Northern Carolina Press.
- Standing Operating Procedures for Developing Acute Exposure Guideline Levels for Hazardous Chemicals. 2001. In Subcommittee on Acute Exposure Guideline Levels, Committee on Toxicology, Board on Environmental Studies and Toxicology, Commission of Life Sciences, National Research Council. Washington, D.C.: National Academy Press.
- Wilson, Cynthia. 1993. Chemical Exposure and Human Health: A reference to 314 chemicals with a guide to symptoms and a directory of organizations. Jefferson, N.C.: McFarland & Company.
- Wisner, B. and J. Adams (eds.). 2002. Environmental Health in Emergencies and Disasters: A Practical Guide. Geneva: The World Health Organization.

- Worthington, David. 2003. Dictionary of Environmental Health. London; New York: Spoon Press.

Risk Assessment and Ethical Considerations

Environmental health risk assessment is the practice of attempting to assess the likely future costs to community health and the environment that would result from any given environmental policy decision, and then weighing them against the potential future benefits. Good risk assessment practices should require that all potential costs and benefits be evaluated in both the value and probability dimensions (Thomas Kerns, Environmentally Induced Illness, 2001).

Cost-benefit analysis is a useful tool for environmental policy formation. Policy makers weigh the good against the bad to arrive at “the greatest good for the greatest number.” Cost-benefit analysis, however, is not value-free. The decision-maker must decide what counts as “good”, what counts as “bad,” and the threshold at which the benefits exceed the costs. Do the benefits of using pesticides, for example, outweigh the environmental and health costs? Ultimately, the answer depends on the perspective of the decision-maker and what she values.

The following sampling demonstrates the importance of values in environmental health and policymaking. Included are sources of varying perspectives on the issue of risk assessment itself, as well as its relationship to environmental health. The literature also illustrates just how heated the debate has become. The works chosen address issues ranging from accusations of bias, to the role of the media in shaping the debate, to the political and legal battles between environmentalists and industry. This section is helpful for an understanding of the various ethical, legal, and political dimensions of environmental health, and how they relate to human rights.

Allan, Stuart; Barbara Adam; and Cynthia Carter (eds.). 2000. Environmental Risks and the Media. London; New York: Routledge.

Environmental Risks and the Media explores the ways in which environmental risks, threats and hazards are represented, transformed and contested in the media. At a time when popular conceptions of the “environment” as a stable, “natural” world with which humanity interferes are being increasingly challenged, the media’s methods of encouraging audiences to think about environmental risks, from the BSE or “mad cow” crisis to global climate change, are becoming more and more controversial.

Ball, David J. 2002. Environmental risk assessment and the intrusion of bias. *Environment International* 28(6):529.

Abstract: The concept of managing the environment and any associated human health impacts by means of such science-based tools as toxicological evaluation, risk assessment, and economic appraisal has become widely accepted in professional circles. These increasingly complex methodologies have not won universal support, however, even among the technically minded, and the wider public has in many cases remained skeptical. The public’s seeming lack of enthusiasm has frequently been assigned to ignorance of science, irrationality even, and some attempts have been made to ameliorate the situation by means of education, though with little evidence of success. However, this review advances an alternative explanation, namely, that the disenchantment has more to do with procedural than

technical matters. Many issues, although treated with technical risk assessment, appear to have forced themselves onto the agenda because of factors only passingly connected with risk, and which are more related to the intrusion of disputed values and other sources of bias. This paper also notes that the intervention of bias in decision making is rife, and is found as much in professional as in public approaches. This need not itself be a problem, providing it is recognized and openly expressed. However, there remains a need for much greater circumspection and frankness by professions about the status of their art, and a determined effort if the full social benefits of environmental risk assessment (ERA) are to be realized.

Bates, David B. 1994. *Environmental Health Risks and Public Policy: decision making in free societies*. Seattle: University of Washington Press.

David Bates outlines and analyzes five environmental hazards (including summaries and data) on human health. In addition, Bates assesses the role of the media, of scientists, of industry, of legislators, and of the courts in relation to each of the five hazards, and notes some differences between the open societies of Britain, Canada, and the United States in respect of them.

Benarde, Melvin A. 2002. *You've Been Had!: How the media and environmentalists turned America into a nation of hypochondriacs*. New Brunswick: Rutgers University Press.

This book is concerned with two questions: what do we really know, and what is falsely perceived? The author argues, as the title suggests, that Americans are getting healthier and some of the problems cited by environmentalists are either exaggerated or altogether unfounded.

Davis, Derva. 2002. *When Smoke Ran Like Water: Tales of Environmental Deception and the Battle Against Pollution*. New York: Basic Books.

This book is an attack on industrialists that claim that there is little proof that a "polluted" environment is harmful to humans. In support of this, the author points to scientific literature that demonstrates how pesticides and industrial pollutants cause significant numbers of cancers and diseases throughout the world.

Graham, John D. and Jonathan Baert Wiener (eds.). 1995. *Risk versus Risk: Tradeoffs in Protecting Health and the Environment*. Cambridge: Harvard University Press.

As the title suggests, the authors of this volume analyze the tradeoffs involved with the risks to life brought about by environmental degradation and the regulations that governments actually impose. While the authors argue that risk-risk tradeoffs are unavoidable, they offer a diagnosis and constructive suggestions for the future.

Hodges, J. 2003. Livestock, ethics, and quality of life. *Journal of Animal Science* 81(11):2887.

This article argues that agricultural and animal scientists need to embrace a new vision beyond the single-minded existing pursuit of biological efficiency. The public in the West is no longer concerned solely with cheap food. Other paramount issues define quality of life, including: health and safety of foods; nutritional value; traditional, regional, locally produced, and organic foods; animal welfare; sustainable farming; environment; and rural resources. The paper provides examples of how the credibility of animal scientists has been lost due to some instances of unethical behavior. Research, teaching and application of agricultural and animal science and

biotechnology need to be reshaped into a new “Quality of Life Agricultural Era” to replace the “Era of Intensification.” This new era will need fresh assumptions, beliefs and leadership to match the emerging social agenda of the 21st century. Animal scientists have a special role in implementing this new plausibility structure.

Hofrichter (ed.). 2000. *Reclaiming the Environmental Debate: The politics of health in a toxic culture*. Cambridge: MIT Press.

This volume is primarily concerned with the social dimension of environmental health, forwarding the idea of a “toxic culture.” The contributors to this volume provide critical perspectives on areas of risk assessment, urban development, toxic waste, and occupational health, as well as the need for holistic social change.

Karr, James R. Health, “Integrity, and Biological Assessment: The importance of measuring whole things.” In *Ecological Integrity: Integrating Environment, Conservation, and Health*, edited by D. W. Pimentel, Laura; Noss, Reed F. Washington D.C.: Island Press.

This essay attempts to demonstrate the link between health, well-being and environmental integrity. It argues that current environmental challenges are a result of our failure to understand risks and how they lead to sickness and death of life on Earth. Furthermore, the essay argues that the lens through which we have seen challenges to human health have been too narrow.

Kearns, Robin A. 1994. “Putting health and health care into place: An invitation accepted and declined.” *Professional Geographer* 46(1):111.

Here Robin Kearns discusses the need to resituate medical geography within social geography. The aim of this reorientation is to describe complex relationships between disease and environment; better understand the social construction of health; and to create space for biomedical models and disease ecology.

Kerns, Thomas. 2001. *Environmentally Induced Illness: Ethics, Risk Assessment and Human Rights*. Jefferson, NC: McFarland & Company, Inc.

This volume is especially helpful in linking ethics and environmental health to human rights. Kerns shows how environmental health relates directly to the Universal Declaration of Human Rights and other international human rights documents. This volume includes many of these documents in an appendix.

Kochtcheeva, Lada and Ashbindu Singh. 1999. *An Assessment of Risks and Threats to Human Health Associated with the Degradation of Ecosystems*. Sioux Falls, Sd: United Nations Environmental Programme/Division of Environmental Information.

This report comes out of a 1998 meeting of the United Nation Environmental Programme’s Division of Environmental Information, Assessment & Early Warning (DEIA&EW) to discuss the risks associated with environmental degradation. The report examines and explains the consequences of environmental change and provides a basis for decision-making in international environmental policy.

Kroll-Smith, Steve; Phil Brown; and Valerie J. Gunter (eds.). 2000. Illness and the Environment: A reader in contested medicine. New York: New York University Press.

This volume brings together previously published and original essays on the relationships of bodies, biospheres, science, and politics. Specifically, this book is aimed at social aspects of environmentally induced illnesses and the politics surrounding them.

Krupp, Staci Jeanne. 2000. "Environmental Hazards: assessing the risk to women." *Fordham Environmental Law Journal* 12(1):111-139.

In this essay the author argues that environmental risk assessments often fail to take into account gender and sex-related differences; and when they do, they are usually limited to the protection of fetuses and children. Such assessments lead to poor environmental protection for women. This article presents a critique of such shortcomings and presents ways to correct them.

Markowitz, Gerald and David Rosner. 2002. Deceit and Denial: The Deadly Politics of Industrial Pollution. Berkeley: University of California Press.

While probably most useful for those interested specifically in industrial pollution, this volume does offer some insights into the politics that are constantly surrounding environmental policy issues, especially the regulation of industry. It also provides some helpful information concerning health research and industrial pollution.

Montague, Peter. 2003. "Research Ethics and the Precautionary Principle: Marching Toward Environmental Decay." *Cambridge Quarterly of Healthcare Ethics* 12(4):466.

Neimark, Peninah and Peter Rhoades Mott (eds.). 1999. The Environmental Debate: A Documentary History. Westport: Greenwood Press.

This volume is a compilation of some of the most important documents from the Bible to the 1960s Environmental Movement to current events that have shaped environmental thought and actions. Documents include original essays, case laws, international conventions, and important books.

Nussbaum, Rudi H. and Charles M. Grossman. 2003. "Environmental Contamination and Health Studies: Conflicts of Interest and Reasons for Community-Based Participatory Studies." *Archives of Environmental Health* 58(5):261.

Nussbaum and Grossman comment on the impact of the reliance of public health agencies to scientists on the pollution caused by industries. In addition to conducting surveys of disease among residents in areas where there is suspected contamination, the authors claim a correlation between increased incidence of disease and toxic releases in the environment. Through the study the importance of the community participation is stressed.

Parvis, Leo. 2002. "Our Line of Duty." *Journal of Environmental Health* 65(5):43.

This recent article discusses the need to focus on protection of basic human rights while working towards improving environmental health. Among the broad issues discussed are the difficulty in controlling public nuisance; the significance of alerting the public when there is an

immediate health threat; and the need to promote public awareness of individual rights related to the environment.

Paustenbach, Dennis J. (ed.). 2002. Human and Ecological Risk Assessment. New York: Wiley-Interscience.

This project was undertaken by 60 researchers who have conducted major assessments in the United States. The outcome is an outline of the progress of environmental and human risk assessment, as well as some guides to carrying out successful risk assessments.

Sharp, Richard R. 2003. "Ethical Issues in Environmental Health Research." *Environmental Health Perspectives* 111(14):1786.

Abstract: Environmental health research encompasses a wide range of investigational topics, study designs, and empirical methodologies. As an arm of public health research concerned with understanding the health effects of the environments in which humans live and work, the field is intimately connected with social concerns about environmental quality and disparities of power and privilege that place differential burdens upon members of underserved communities. Environmental health researchers thus engage many ethical and social issues in the work they do. These issues relate to the choice of research topics to study, the methods employed to examine these topics, the communication of research findings to the public, and the involvement of scientific experts in the shaping of environmental policy and governmental regulation. These and other topics are reviewed in this article. These ethical, legal, and social issues are becoming increasingly more complex as new genetic and molecular techniques are used to study environmental toxicants and their potential influence on human and ecologic health. In this article the author argues that the main goal of environmental health research is to improve human and ecological health; and as such, researchers in the field are forced to make assessments about the best means to achieve this goal. Such assessments bring up social, ethical, legal, and political challenges, and in this article, the author attempts to define and analyze some of these challenges.

Solomons, Noel W. 2002. Ethical consequences for professionals from the globalization of food, nutrition, and health. *Asian Pacific Journal of Clinical Nutrition (Blackwell)* 11(4):s653.

Nutrition, Health and Human Rights

by Monica Fish

The last half-century has seen the development of a range of international instruments whose chief concern is the declaration and codification of basic human rights norms as agreed upon by the international community. Collectively these documents provide a normative and legal foundation for the human right to adequate food and nutrition, and freedom from malnutrition. A brief sampling of relevant language from these documents follows:

- The Constitution of the World Health Organization (1946), commits the organization to the “promote... the improvement of nutrition” (Art. 2) as a means of achieving its fundamental objective: “the attainment by all peoples of the highest possible level of health “(Art. 1);
- The Universal Declaration of Human Rights (1948) claims “everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food ...” (Art. 25(1));
- The International Covenant on Economic, Social and Cultural Rights (1966) declares that “The States Parties to the present covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing, and housing...” (Art. 11);
- The International Code of Marketing of Breast Milk Substitutes (1981) recognizes “the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health” (Preamble, para. 1).and emphasizes the provision of “safe and adequate nutrition for infants” (Art. 1);
- The Convention of the Rights of the Child (1989), states that “States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health ...” and shall take appropriate measures “to combat disease and malnutrition” through the provision of adequate nutritious foods, clean drinking-water, and health care; Furthermore, Article 27 (3) of the Convention says that States Parties “shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing, and housing”.
- The Rome Declaration on World Food Security (1996) reaffirms “the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger “.

The most specific treatment of nutrition within the context of human rights is found in the World Declaration on Nutrition (1992). Resulting from a 1992 joint conference of the Food and Agricultural Organization and World Health Organization, the Declaration addresses nutrition largely through the lens of hunger eradication, concerning itself with the 780 million people who lack access to the foods necessary to meet basic daily nutritional requirements (para. 1). The Declaration grounds itself in language echoing found in the Universal Declaration of Human Rights that suggests parties to the convention should “[bear] in mind the right to an adequate standard of

living, including food...” and specifically refers to “access nutritionally adequate safe food” as a “right of each individual.”

What all of these documents make clear is that the link between nutrition and human rights is one standing explicitly on its own (everyone is entitled to nutritious food) and as a means towards the end of attaining an adequate standard of living. However useful these documents are for argumentative purposes, they do not address the practical issues (logistics, cultural appropriateness of nutrition sources, measurement of malnutrition, etc.) implicit in operationalizing such a right. Adequate, nutritious food is not universally available: international law has helped, but hasn't fully empowered people who need food the most. A myriad of factors including state disinterest, poverty, poor labor standards and the misallocation of resources keeps the full potential of full nutrition from being realized.

In addition to highlighting some key introductory [websites](#), this portion of the [bibliography](#) addresses some of the challenges noted above, and offers ways of resolving the issue of access to food and nutrition. Much of the literature urges an international and a multi-disciplinary approach. Other literature seeks pragmatic and concrete measures to lessen malnutrition by offering data or trend indicators to help create policies that respond to, or affect change.

Bibliography

Academy for Educational Development. Profiles: When Numbers for Better.
<http://www.aedprofiles.org>

This website gives nutrition advocates the ability to create realistic scenarios for proposing intervention policies for assessing the costs and benefits of improving nutritional status. (For more information about the AED see link above.)

Bekker, Gina (ed.). 2002. A Compilation of Essential Documents on the Rights to Food and Nutrition. Vol. 3, Economic and Social Rights. Pretoria: Centre for Human Rights

Bellows, A.C. and M. Hamm. 2003. “Community Food Security and Nutrition Educators.” *Journal of Nutrition Education and Behavior* 35(1): 37-43.

This article provides a background for a model of community food security. It addresses various approaches to this issue and considers some of the steps necessary to make community food security more successful.

Brundtland, Gro Harlem. 1999. ACC/SCN Symposium on “The Substance and Politics of a Human Rights Approach to Food and Nutrition Policies and Programmes.”
http://www.who.int/directorgeneral/speeches/1999/english/19990412_nutrition.html.

Dr. Gro Harlem Brundtland, the Director -General of the World Health Organization, discusses the connection between nutrition and human rights. She draws the link between access to nutrition on the one hand and environmental sustainability and accessibility on the other hand. She draws out these connections and offers ways of solving the problem.

Dowler, Elizabeth and Catherine Finer (eds.). 2003. Welfare of Food: Rights and Responsibilities in a Changing World. MA: Blackwell Publishing Company.

The essays in this book argue for the need to form good and inclusive food policies for the welfare of all peoples. Food patenting, food safety, food security, food aid and regulated food provision are addressed from the perspective of individuals and groups from both wealthy and poor countries.

Eide, Asbjørn. 2001. "The Right to an Adequate Standard of Living including the Right to Food." in Asbjørn Eide, C. Krause, and A. Rosas (eds.). Economic, Social and Cultural Rights, A Textbook. Dordrecht: Martinus Nijhoff Publishers.

The second section of this collection considers the core economic, social, and cultural rights. Each of the chapters focuses on a separate right, such as the right to an adequate standard of living and the right to food. The relevant international standards are explored and state obligations are explained.

Florencio, CA. 2001. "Rights-based food and nutrition perspective: 21st Century Challenge for Dietetics." *Journal of human nutrition and dietetics: The Official Journal of the British Dietetic Association* 14(3): 169-83.

This article includes a short description of the world food and nutrition situation with a presentation of some selected concepts on human rights pertinent to food and nutrition. It also includes a summary of the most important events in the right-to-food program and the particularities of rights-based approaches to food.

Food and Agricultural Organization. 1998. The Right to Food in Theory and Practice. <http://www.fao.org/Legal/rtf/bkl.htm>.

This publication examines the right to food and the obligations that it entails for governments, civil society and the international community. It discusses different approaches to solving the problems of hunger and summarizes specific measures undertaken by governments, international bodies and non-governmental organizations to ensure food for all.

Kunnemann, Rolf. The Right to Adequate Food: Violations related to its Minimum Core Content. http://www.gtz.de/right-to-food/download/KM_adequate_f.pdf.

Kunnemann surveys the wealth of international documents that respond to the problem of lack of food. Noting the minimum requirements of states to supply food, he argues that if states fail to comply with minimum basic standards, they should incur legal consequences. (For more information about the publisher of this paper, Deutsche Gesellschaft für Technische Zusammenarbeit, see links section above.)

Kunnemann, Rolf. 1999. Food and Freedom: A Textbook for Human Rights Education. Heidelberg: Fian International Secretariat.

This book provides definitions of human rights with a summary of what constitutes civil, political, economic, social and cultural rights. It also considers the practical dimensions of

advocating food as a human right; including practical advice on how participate in the United Nations system and some suggested tools for human rights training.

Marcus, David. 2003. "Famine Crimes in International Law." *The American Journal of International Law* 97(2): 245-281.

This article demonstrates how international criminal law applies to governmental responsibility for famine. It argues for codified, formal recognition of famine crimes in international law so that governments may not manipulate the present, vague, and insufficient body of international famine law.

Runge, C.F.; B. Senauer; P.G. Pardey; and M.W. Rosegrant. 2003. Ending Hunger In Our Lifetime: Food Security and Globalization. Baltimore: The John Hopkins University Press.

This book gives ideas, arguments, facts, and figures on ending hunger. It complements the work done by the International Food Policy Research Institute's 2020 Vision initiative (for more information on the IFPRI see links section above). The texts gives actions that can and should be taken showing how food security is a public and private endeavor that must be connected to health and the environment.

South African Human Rights Commission. 1999. "International Consultative Conference on Food Security and Nutrition as Human Rights."
http://www.sahrc.org.za/food_security_report_final_with_cover.PDF.

This report focuses on the experiences of governments and non-governmental organizations as they grapple with the implementation of food security programs. It argues from the perspective of a right to food both trying to add substance to the right while also to emboldening international initiatives on its behalf.

Sphere Project. 2004. "The Humanitarian Charter and Minimum Standards," in A. Borrel, Disaster Response, Revised Edition. Sphere Project 2000.
http://www.sphereproject.org/handbook/hdbkpdf/hdbk_c3.pdf.

This particular chapter, part of the larger Sphere Handbook, and reflective of the philosophy of the Sphere Project (for more information on the Sphere Project see links section above), is divided into four sections: food security, nutrition assessment and analysis standards; food security standards; nutrition standards; and food aid standards. While food security and nutrition standards are understood to be a practical expression of the right to food, the treatment of food aid standards is more operationally focused. These standards contribute to the achievement of both the food security and nutrition standards.

United Nations Standing Committee on Nutrition, March 2004. Fifth Report on the World Nutrition Situation.
<http://www.unsystem.org/scn/Publications/AnnualMeeting/SCN31/SCN5Report.pdf>.

This is the fifth report from the Standing Committee on Nutrition (for more information on the SCN see links section above), and addresses the situation of worldwide food poverty and famine from the perspective of the Millennium Development Goals (MDG). Divided into several sections, nutrition trends and implications for attaining the MDG; governance and human rights;

health sector reform; poverty reduction strategies; and trade liberalization, the report presents a highly useful statistical overview of food and poverty indicators and addresses the question of what the world community must do in order to meet development goals promulgated by the Millennium Assembly.

Also, <http://www.unsystem.org/scn/Publications/html/scnnews.html> contains the e-news letter of the SCN (for more information on the SCN see above links section). The SCN News is a periodic review of developments in international nutrition compiled from the most recent research and writing. SCN News aims at the dissemination of nutrition information for involved stakeholders.

Websites

The Academy for Educational Development Global Health, Population, and Nutrition Group
<http://www.aed.org/aedgroups/globalhealth/index.html>

The Academy for Educational Development provides research and consultation services in the areas of health, education, youth, and the environment. The Global Health, Population, and Nutrition section includes the Center for Nutrition which highlights the Academies work on public nutrition programs in developing countries. The sight contains areas dedicated to both policy and technical assistance. The publication section (http://www.aed.org/health/health_publications.html) is extensive and useful with a section dedicated to nutrition related research texts.

The Alan Shawn Feinstein International Famine Center
<http://famine.tufts.edu/>

Bridging the gap between theory and Practice, the Center works to prevent and mitigate famine, resolve local conflicts and develop responses that contribute to durable survival strategies for people coping with crisis. Key to the Center's work is building strong partnerships with international, national and local private, governmental, and non-governmental organizations, and providing training in capacity building and humanitarian intervention. The Center is a product of public health and medicine with contemporary studies of international conflict, and the administration of humanitarian aid. The dynamic nature of the Center makes it a useful first stop in researching humanitarian issues concerning conflict, famine, nutrition, and humanitarian aid

Centre for Human Rights: Socio-Economic Rights Project
http://www.chr.up.ac.za/centre_projects/socio/socio.html

A project of the Centre for Human Rights at the University of the Western Cape, the project researches and publishes in the general area of Social and Economic Rights. Much of the information relates to South Africa or the African Union.

Deutsche Gesellschaft für Technische Zusammenarbeit
<http://www.gtz.de/right-to-food/english/publications/publications.htm>

This German based development NGO provides, in their publications, a useful survey of the legal and policy frameworks within which the right to food is understood and operationalized. Much of the material considers the topic of food security from a developmental (medium-term) perspective.

The Food and Agricultural Organization
www.fao.org

The FAO provides an independent forum for discussing and acting upon issues of food insecurity and hunger.

International Food Policy Research Institute
www.ifpri.org

The IFPRI centers its research on finding sustainable solutions for hunger alleviation and famine eradication. Useful information includes datasets for independent research and an extensive publications and library sections hosting research and policy papers published by IFPRI and other analysts of food security.

Sphere Project
<http://www.sphereproject.org/>

The Sphere Project is the joint effort of a number of aid and relief NGOs who take seriously the need to provide emergency relief and assistance in a manner that respects the dignity and worth of individuals in need. The goal of the Sphere Project is to provide minimum standards of conduct for all NGOs working in the field. The website contains general information about the Sphere Project, The Humanitarian Charter and Minimum Standards in Disaster Response (see below), and training materials.

The United Nations Standing Committee on Nutrition
<http://www.unsystem.org/scn/>

The Standing Committee on Nutrition provides technical and policy support to the United Nations system in the area of Nutrition and food science. The website contains information about current SCN efforts as well as passed endeavors. Also available on the site are the SCN News digests (see below “SCN”) containing much of the work of the committee.

World Health Organization Nutrition Website
<http://www.who.int/nu>

The World Health Organization (WHO) website cites binding and non-binding international covenants and declarations that specifically unite nutrition with health and human rights. It urges a concerted international effort to cast nutrition as a human right and suggests the necessary steps to eliminate malnutrition.

The website also includes a section of recent publications (“Nutrition: Selected Recent Publications and Documents”) available at <http://www.who.int/nut/publications.htm>. An excellent resource supplying access to recently published materials in a variety of issue areas

broadly related to health, nutrition, and human rights. It is especially useful for finding information related to certain specific nutritional problems widely experienced in the field (e.g. iodine deficiency, Anaemia/Iron deficiency, and maternal nutrition).

Health, Human Rights and the Pharmaceutical Industry

by Gerald Montgomery

PARAGRAPH 6 OF THE DOHA DECLARATION ON THE TRIPS AGREEMENT AND PUBLIC HEALTH, World Trade Organization, 2 September, 2003:

We are committed to helping countries that are experiencing public health crises. We want to find a real solution to problems that prevent Members from being able to address health problems associated with access to pharmaceuticals. We want all Members to be able to use the full flexibility of the TRIPS Agreement to help provide their citizens access to affordable medicines in times of crises.

We note that the Doha TRIPS declaration recognizes that the exclusive rights provided by patents are an important incentive to development of new drugs. Patents provide market incentives for innovators to risk time, energy and resources to develop and bring to market new technology. A system of patent rights and enforcement of those rights for pharmaceuticals provides numerous benefits to society; the availability of exclusive patent rights for pharmaceutical products spurs research and development of new medicines, including those resulting from biotechnology, to treat and cure diseases

The pharmaceutical industry is a crucial touchstone in the discussion of corporate responsibility to promote human rights. This relationship is, however, problematic at best and, at worst work in opposition to each other. At the same time that drug producers are instrumental in promoting a basic level of human welfare, the outlook of major pharmaceutical corporations are mitigated by unfiltered lenses of profit. With hundreds of millions of dollars spent on research and development, patenting, and marketing, they understandably develop strategies for handling reoccurring costs. But should a morally responsible international community redirect these costs to the developing world or ask consumers in the global North to endure “artificially high” prices to offset gross inequalities? Alternatively, is there means to set reasonable prices based on the economic reality of each country?

The broad overriding theme of the selection of texts below will be that TRIPS (Trade-Related Aspects of Intellectual Property Rights) has greatly affected the supply of drugs to the Third World. This is because, among other things, TRIPS is based on the idea that artists, entrepreneurs and inventors have a legal right to protect profits derived from their ideas. An important practical implication of this belief is that it forces competitors to adhere to strict manufacturing guidelines, greatly affecting global drug supply. TRIPS, then, is a legal framework that creates standards that protects these works.

However in the Uruguay round of talks, TRIPS was seen as disproportionately bolstering the legal rights of Northern countries. Characteristic of this, in the Uruguay round of talks Southern states argued that TRIPS promotes the interests of drug manufacturing Northern countries. In an effort to mediate these inequalities other international organizations such as the World Health Organization recommend policies that ensure the availability of drugs at affordable prices in documents like the Doha Declaration. Reflecting the political tenor and policy consequences of these debates, this bibliography organizes itself according to the following categories: pharmaceutical patent issues, company relations with developing countries, research, country cases, TRIPS, general, and laws, initiative, and policy.

Basic Resources

Chien, Colleen. 2003. "Cheap Drugs at What Price to Innovation: does the compulsory licensing of pharmaceuticals hurt innovation?." *Berkeley Technology Law Journal* 18(3): 853-903
<http://papers.ssrn.com/sol3/papers.cfm?abstract_id=486723.>

Abstract: The patent system is built on the premise that patents provide an incentive for innovation by offering a limited monopoly to patentees. The inverse assumption that removing patent protection will hurt innovation has largely prevented the widespread use of compulsory licensing—the practice of allowing third parties to use patented inventions without patentee permission.... The author comments on the use of compulsory licensing to reduce the price of AIDS and other drugs for developing countries. I suggest that, based on past experience, compulsory licenses need not result in a decline in innovation and that this policy option for increasing access to medicines deserves greater exploration.

De Silva, Allenson. 2002. Pharmaceutical Drugs & Health: a Critique. Colombo, Sri Lanka: Centre for Society & Religion.

Granville, Brigitte. 2002. *The Economics of Essential Medicines*. Washington, DC : Royal Institute of International Affairs; distributed worldwide by the Brookings Institution.

Leufkens H.G.M.; F.M. Haaijer-Ruskamp; and A. Bakker. 1995. The Future of Medicines in Health Care: Scenario Report (Commissioned by the Steering Committee on Future Health Scenarios; Scenario Committee on Medicine in Health Care; WHO Collaborating Center for Drugs Policy Studies). Boston: Kluwer Academic Publishers.

McGregor, Alan. 1997. "Counterfeit Drugs Flood Developing World." *Lancet* 350(909): 1690-1694.

Pérez-Casas, Carmen and Emilia Herranz. 2001. "Pricing of Drugs and Donations: options for sustainable equity pricing." *Tropical Medicine & International Health* 6(11): 960-965.

Abstract: Effective medicines exist to treat or alleviate many diseases which predominate in the developing world and cause high mortality and morbidity rates. Price should not be an obstacle preventing access to these medicines. Increasingly, drug donations are required of drug companies, but these are often limited in time, place or use. Measures exist which are more sustainable and will have a greater positive impact on people's health. Principally, these are encouraging generic competition; adopting into national legislation and implementing TRIPS safeguards to gain access to cheaper sources of drugs; differential pricing; creating high volume or high demand through global and regional procurement; and supporting the production of quality generic drugs by developing countries through voluntary licenses if needed, and facilitating technology transfer.

Ratanawijitrasin, Sauwakon; Stephen B. Soumerai; and Krisantha Weerasuriya. 2001. "Do National Medicinal Drug Policies and Essential Drug Programs Improve Drug Use?" *Social Science & Medicine* 53(7): 831-844.

Abstract: Conducts a critical review and synthesis of international literature in an attempt to define the state of knowledge regarding drug policy effects on drug use. Tests whether the development of national policies and regulations by the governments of developing countries increase the affordability, supply safety and rational use of pharmaceuticals.

Stokes, Bruce. 2003. "It's All About the Medicine." *National Journal* 35(29): 2368-2370.

This article presents an effort to dispel myths about the problems developing countries have in accessing low cost drugs. In doing so the article describes why the U.S. is deadlocked with the international community on important parts of the agenda of the upcoming Doha round of talks.

Weissman R. 1999. "AIDS Drugs for Africa." *Multinational Monitor* 20(September): 9-14.

Documents the course of the dispute between the U.S. government and the South African government over providing affordable drugs to the poor. Interestingly, the article argues that South Africa and many other African nations are rendered politically and domestically unstable from high AIDS coupled with unaffordable drug therapies. The conclusion is that the laws and practices of major drug exporting countries such as the U.S. are used by pharmaceutical companies to profit at the expense of developing countries and their populations.

Winestock, Geoff and Helene Cooper. 2001. "Activists Outmaneuver Drug Makers at WTO." *Wall Street Journal - Eastern Edition* (November 14): A2.

World Health Organization. 1999. *Marketing Authorization of Pharmaceutical Products With Special Reference to Multisource (Generic) Products: a Manual for a Drug Regulatory Authority*. Geneva: World Health Organization.

Company Relations With Developing Countries

"Drug Makers Hope to Profit From WTO Decision on Medications." 2003. *Health & Medicine Week* (October 27): 331-334.

Abstract: Reports on the efforts of the Brazil-based drug maker Cristalia Acquisition Corp. to try to profit from the World Trade Organization's agreement allowing impoverished nations to import copied patented medicines to fight killer diseases. Benefits of the agreement for the company; Background of Cristalia; Criticism over the ability of Brazil to produce enough generic drugs for countries that need them.

Global Partnerships: Humanitarian Programs of the Pharmaceutical Industry in Developing Nations. 2003. Washington, D.C.: Pharmaceutical Research and Manufacturers of America. <<http://world.phrma.org/global.partnership.2003.pdf>.>

"Pharmaceutical Company Honored With First Ever Pro Bono Partner Award." 2003. *Biotech Week*: 14.

This article highlights the growing number of U.S. pharmaceutical companies that perform pro bono work fusing the talents of public and private enterprises. Reports on the presentation of CorporateProBono.Org's (CPBO) Pro Bono Partner Award to Abbott Laboratories (ABT) Inc. recognizing its work with Baker and McKenzie and the Midwest Immigrant and Human Rights Center to provide legal counseling to immigrants and career counseling to high school students.

“Pilot Program Launched to Expand Access to Medicines in Poorest Countries.” 2003. *AIDS Weekly* (February 17): 16-18.

Reports on the launch of a pilot program for expanding access to needed medicines for AIDS-infected people in developing countries by Pharmacia Corp. Also highlights the partnership of the company with International Dispensary Association Foundation to grant non-exclusive licenses to generic pharmaceutical companies for AIDS drug Delavirdine.

“Progress Reported in Cutting AIDS Drug Prices for Poor Nations.” 2003. *AIDS Weekly* (February 17): 35-37.

Reports on the progress made by global business leaders in making cheaper AIDS drugs available in developing countries. Information covered includes a grant announcement by founder of Microsoft Corp. Bill Gates, for funding such medical researches in developing countries; concerns of the U.S. pharmaceutical companies over the protection of drug patents in these nations; reason why charitable institutions have to work really hard in developing countries.

Agrawal, Madhu. 1999. *Global Competitiveness in the Pharmaceutical Industry: the Effect of National Regulatory, Economic, and Market Factors*. New York: Haworth Press.

Bale, Harvey E. “Are International Pharmaceutical Companies Doing Enough to Provide Low-Cost AIDS Drugs to Developing Countries?” *International Debates* 1(4): 108-113.

Presents the author’s views in favor of international pharmaceutical companies’ steps in providing low-cost AIDS drugs in developing countries. Role of pharmaceutical company in developing effective drugs to prevent the disease; Pricing policy followed by pharmaceutical company while subsidizing drugs for AIDS.

Brugha, Ruairi. 2003. “Antiretroviral Treatment in Developing Countries: the Peril of Neglecting Private Providers.” *British Medical Journal*, International Edition 326(7403): 1382.

Abstract: Increased access to antiretroviral drugs is vital to maintain developing countries with high rates of HIV infection. But unless treatment is properly controlled, these drugs could rapidly become useless.

Note: The increasing problem of delivering antiretroviral drugs being handed out in poorer countries is the increased likelihood of the indiscriminate use could lead leading to increased to resistance if drug resistance if the supply and usage s are not regulated. The article includes several case studies from Africa (Uganda and Senegal) and identifies methods (such as working with the private sector) to alleviate this problem.

Carpenter, Dave. 2003. “Do-Good Pharmas?” *Hospitals & Health Networks* 77(10): 48-51.

Provides a discussion of Pfizer as an example of how a company can bridge the gap between profit margins and social responsibility in providing access to health care in developing countries.

Cohen, Jillian Clare. 2001. *Pharmaceutical Napsters?: a Comparative Study of State Response to the Pharmaceutical Imperatives on the agreement on Trade-Related Aspects of Intellectual Property Rights*. Ann Arbor, MI: University of Michigan Press.

Dugger, Celia W. 2001. "A Catch-22 on Drugs for the World's Poor; The Right to make generics, but not the means to do it." *New York Times* (November 16): W1.

A discussion of the inability of poor countries to manufacture low cost drugs, but do not have the means to do so and are not allowed to import them from countries that do so.

Fleck, Fiona. 2003. "No Deal in Sight on Cheap Drugs for Poor Countries." *British Medical Journal; International Edition* 326(7387): 465.

Notes: This article describes trade negotiations held for the purpose of hammering out an agreement on the importation or creation of cheap drugs for the developing world. The United States' blocked agreements to allow third world countries the right to produce low cost drugs because of concern over patent and intellectual property issues.

Ford, Nathan. 2003. "Public Health and Company Wealth: When Public Protest at the Price of AIDS Drugs Reached a Peak, Pharmaceutical Companies Seemed to Take Note, but the Developing World's Health Problems Will Never Really Be Tackled As Long As Remedies for Western Afflictions Remain More Profitable." *British Medical Journal; International Edition* 326(7402): 1296.

This editorial reviews the availability and pricing of drugs in third world countries with those of the developed world. Argues that countries are responsible for ensuring health care and companies supplying drugs need to do take a more responsible role as a partner in the fight against massive endemics such as aids.

Goodman, Sally. 2003. "Poor Nations Push for Right to Produce Cheap Medicines." *Nature* 411(6841): 982-986.

Reports that developing countries have requested the modification of the global trading rules on the distribution of medicines at the June 20, 2001 meeting of the World Trade Organization in Geneva, Switzerland. Also covers the aim of trade-related aspects of intellectual property rights; reaction of the United States delegates to the request.

Knodro, Wayne. 2003. "Canada Delays Legislation on Cheap Drugs." *Lancet* 362(9397): 1729.

Abstract: This article focuses on how developing countries hoping to obtain cheap drugs from Canada to treat AIDS, tuberculosis, malaria, and other diseases will have to wait longer than expected for access to cheap drugs as internal debates have indefinitely delayed passage of the necessary legislation. Although the governing Liberal party tabled legislation on cheap drugs for poor countries on Nov 6—weeks later than promised—it promptly prorogued Parliament, dispatching the bill to death on the order paper, where it will have to be revived by the Prime Minister-in-waiting—Paul Martin—after he assumes office.

Mattias Ganslandt; Keith E. Maskus; and Eina V. Wong. 2001. *Developing and Distributing Essential Medicines to Poor Countries: the DEFEND Proposal*. Stockholm, Sweden: IUI, the Research Institute of Industrial Economics <<http://www.iui.se/wp/wp552/iuiwp552.pdf>>.

Mytelka, Lynn Krieger. 1999. Competition, Innovation and Competitiveness in Developing Countries. Paris: Development Centre, Organisation for Economic Co-operation and Development.

Nullis, Clare. "Agreement on Access to Cheap Medicines Remains Elusive." 2002. *Associated Press* Dec. 12.

Silversides, Ann. 2003. "No Turning Back on Cheap AIDS Drugs for Poor Nations, U.N. Vows." *CMAJ: Canadian Medical Association Journal* 169(10): 1067.

Canada is trying to take the lead in changing drug patents for the purpose of exporting cheaper drugs to developing countries with the hope that other wealthy countries will follow suit.

Thurow, Roger and Scott Miller. 2003. "Empty Shelves: As U.S. Balks on Medicine Deal, African Patients Feel the Pain --- Big Drug Makers, Protecting Their Patents, Seek Limits To a Global Trade Accord --- Searching for Insulin in Chad." *Wall Street Journal - Eastern Edition* (June 2): A1.

Vastag, Brian. 2003. "Alarm Sounded on Fake, Tainted Drugs: Some Wholesalers Are a Weak Link in a Dangerous Chain." *Journal of the American Medical Association* 290(8): 1015-1017.

Weissman, Robert. 1999. "AIDS Drugs for Africa." *Multinational Monitor* 20(9): 9-14.

Documents the course of the dispute between the U.S. government and the South African government over providing affordable drugs to the poor. Interestingly, the article argues that South Africa and many other African nations are rendered politically and domestically unstable from high AIDS coupled with unaffordable drug therapies. The conclusion is that the laws and practices of major drug exporting countries such as the U.S. are used by pharmaceutical companies to profit at the expense of developing countries and their populations.

Country Cases

NA. 2004. "HIV Treatment As a Human Right - Learning From Thailand's Experience." *Biotech Week* (March 3): 157.

Abstract: A new paper discusses the landmark legal case in Thailand where two people with HIV infections successfully challenged a multinational pharmaceutical company for restricting access to a key antiretroviral drug due to its high cost. Nathan Ford and colleagues from the organization Medecins Sans Frontieres, authors of the viewpoint article which appeared in the journal "Lancet" discussed the processes behind this case and the implications for drug access as a human rights issue in other developing countries.

Acharya, Rohini. *The Emergence and Growth of Biotechnology Experiences in Industrialized and Developing Countries*. Cheltenham, UK; Northampton, Mass. E. Elgar, 1999.

Chaudhuri, Shubham; Pinelopi Koujianou Goldberg; and Panle Jia. 2003. *The Effects of Extending Intellectual Property Rights Protection to Developing Countries: a Case Study of the Indian Pharmaceutical Market*. Cambridge, MA: National Bureau of Economic Research.

Patel, Vikram; and Chittaranjan Andrade. 2003. "Pharmacological Treatment of Severe Psychiatric Disorders in the Developing World: Lessons From India." *CNS Drugs* 17(15): 1071-1081.

Discusses the various cultural, biological, and availability issues pertaining to drug treatment in areas of the world that do not have high incidences of mental disorders. Also comments on the costs and treatment options in different regions of the world.

Thomas, L. G., III. 2001. *The Japanese Pharmaceutical Industry: the New Drug Lag and the Failure of Industrial Policy*. Northampton, MA: Edward Elgar.

Laws, Initiative, Policy

"New WTO's Policy to Protect Public Health Interests for Developing Countries." *2003. Asia-Pacific Biotech News* 7(22): 1452.

"WTO Panel Delays Decision on Cheap Drugs for Poor Countries." *2003. Drug Week* (September 26): 157-158.

Reports on the decision of the World Trade Organization (WTO) to delay a measure which will give poor nations access to inexpensive generic drugs. Addresses the impact of the move on poor nations; provides an overview of WTO rules regarding drug importation; and raises concerns of U.S. pharmaceutical industries over drug smuggling.

Jacobzone, Stephane. 2000. Pharmaceutical Policies in OECD Countries: Reconciling Social and Industrial Goals. Paris, France: Organisation for Economic Co-operation and Development.

Kapp, Clare. 2003. "World Trade Organisation Reaches Agreement on Generic Medicines: New Deal Will Make It Easier for Poorer Countries to Import Cut-Price Generic Drugs Made Under Compulsory Licensing." *Lancet* 362(9386): 807.

Reports on an agreement within the World Trade Organization (WTO) which allows developing countries stricken with HIV/AIDS, tuberculosis, and malaria to import cheap generic drugs. The centerpiece of the agreement which concerned the waiver of the normal rule that production of cheap generic drugs without the consent of the patent holder--compulsory licensing--must be primarily for the domestic market; Resolution of the issue which ended a long stalemate; Reactions from representatives of Africa, Brazil and other countries.

Loff, Bebe. 2002. "World Trade Organization Wrestles With Access to Cheap Drugs Solution." *Lancet* 360(9346): 1670.

Reports on the World Trade Organization (WTO) meeting in Sydney, Australia to resolve how poor nations can access cheap drugs. Meeting focusing on the agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) governing domestic patent law and how it influences access to pharmaceuticals; how the WTO softened TRIPS stating that in cases of epidemics it is permissible for governments to grant a compulsory license to manufacture drugs still under patent.

Moran, Alan. 2003. "Trade Laws and Pharmaceuticals." *IPA Review* 53(4): 25-28.

Abstract: Focuses on trade aspects of intellectual property rights and provides a history of property rights. Also addresses manufacturing and administrative costs for a vaccine as well as features of modern commerce and law that prevent goods from being supplied more cheaply to developing countries.

Moran, Mary and Nathan Ford. 2003. "The G8 and Access to Medicines: No More Broken Promises." *Lancet* 361(9369): 1578.

Provides a detailed timeline of the previous conferences held by the G8 and their focus on the affordable drugs to developing countries while looking forward to the upcoming G8 conference in France.

Oxfam GB. 2001. *Cut the Cost: Patent Injustice: How World Trade Rules Threaten the Health of Poor People*. Oxford: Oxfam.

http://www.oxfam.org.uk/what_we_do/issues/health/downloads/patentinjustice.pdf

Pfizer Inc. 2003. "Bringing Treatments, Developing Cures." *The Pfizer Journal: Perspectives on Health Care and Biomedical Research*. New York: Impact Communications.

Pollock, Allyson M. and David Price. 2003. "New Deal From the World Trade Organization May Not Provide Essential Medicines for Poor Countries." *British Medical Journal; International Edition* 327 (7415): 571-573.

Winestock, Geoff; and Helene Cooper. 2001. "Activists Outmaneuver Drug Makers at WTO." *Wall Street Journal - Eastern Edition* 238(96): A2.

World Health Organization. 1999. Marketing Authorization of Pharmaceutical Products With Special Reference to Multisource (Generic) Products: a Manual for a Drug Regulatory Authority. Geneva: World Health Organization. <<http://www.who.int/medicines/library/qsm/manual-on-marketing/multisource-contents.html>>.

Pharmaceutical Patent Issues

"Institute for Oneworld Health Licenses Potent Therapy." 2003. *Drug Week* (August 1).

This article reports that the pharmaceutical company Oneworld Health has licensed a novel class of high-potency chemical compounds that may result in medicines for developing countries.

"Patents and HIV/AIDS Drugs." *International Debates* 1(4): 104.

Abstract: Presents information about patent rights of manufacturing drugs to prevent HIV infection and AIDS disease. Gives criteria of granting patent to a particular pharmaceutical company; factors determining the access to essential drugs including drugs to treat HIV and other infections; and risk of HIV infection and AIDS in developing countries.

Correa, Carlos María. 2000. Integrating Public Health Concerns into Patent Legislation in Developing Countries. Geneva: South Centre.

Cullet, Phillipe. 2003. "Patents and Medicines: the Relationship Between TRIPS and the Human Right to Health." *International Affairs* 79(1): 139-60.

Interrogates the dilemma of the human right to health versus the idea of intellectual property rights defined in TRIPS. It addresses the problem of how patents stand in the way of access to drugs and gives solutions on what can be done to alleviate the disparity.

Cunningham, Ralph. 2003. "Health Crises Undermine Patent Rules." *Managing Intellectual Property* 130: 43-50.

Abstract: Global patent issue -- ability of sick in developing countries to obtain patented medicines -- rights under threat -- any relaxing of rules by WTO or TRIPs could result in fewer patents -- new legislation in Asian countries -- new court takes over -- legislative tweaking -- effect of new laws in Pakistan unknown -- PCT possibilities.

Vass, Alex. "WTO Relaxes Rule on Drug Patents." *British Medical Journal International Edition* 323(7322):1146.

Abstract: International trade rules amount to institutional fraud and are preventing development in poor countries, says a report published this week by a leading charity. Whereas trade has been one of the most powerful driving forces in increasing prosperity for much of the world, millions of the world's poor are being left behind, and there is a widening of inequalities between the rich and poor. International trade rules, says the Oxfam report, are "rigged in favour of the rich." When developing countries export to rich country markets, they face tariff barriers that are four times higher than those faced by rich countries. These barriers cost them \$100bn (£70bn; 113bn) a year, twice as much as they receive in aid. The report calls for an end to the universal application of the intellectual property blueprint, and argues for the right of developing countries to retain shorter and more flexible systems of patent protection.

Drug Research

"Phase II Trial With PRO 2000 to Prevent HIV Transmission Begins in Africa." 2003. *Biotech Week* (July 16): 7.

Abstract: Indevus Pharmaceuticals, Inc., (IDEV) announced the initiation of a phase II clinical trial in Africa assessing the safety of PRO 2000, a topically administered, vaginal microbicide designed to prevent infection by the human immunodeficiency virus (HIV) that causes AIDS. This trial will provide safety data for PRO 2000 in a sexually active, developing country population, and PRO 2000 may be investigated in such African populations in expanded phase III testing in the future," said Dr. Bobby Sandage, executive vice president, research and development at Indevus. Findings will build upon the growing clinical database for the drug.

"Study: Generic Drugs Helping AIDS Fight." 2003. *Health & Medicine Week* (October 13): 627-628.

Presents a report released by Doctors Without Borders on the use of generic drugs to treat AIDS patients in developing countries. Citation of competition between generic and branded

retroviral drugs; failure of most countries in meeting the goal of fighting and reversing the epidemics; problem of discrimination of HIV-positive persons.

Bourinbaiar, Aldar S. and Vichai Jirathitikal. 2003. "Low-Cost Anti-HIV Compounds: Potential Application for AIDS Therapy in Developing Countries." *Current Pharmaceutical Design* 9(18): 1419-1432.

Abstract: Considerable progress has been made in recent years in the field of drug development against HIV. However, the current cost of AIDS drugs is the main obstacle preventing their use in developing countries, where 95% of HIV infected patients reside. The average yearly price of AIDS therapy and related health care of affected patients in the USA runs as high as \$22,000...Even in the USA, patients without medical insurance cannot afford the costly therapy. ...This review summarizes the development and discovery of affordable and potentially promising AIDS drugs.

Kettler, Hannah and Adrian Towse. 2002. *Public Private Partnerships for Research and Development: Medicines and Vaccines for Diseases of Poverty*. London: OHE.

Lang, Trudie and Brian Greenwood. 2003. "The Development of Lapdap, an Affordable New Treatment for Malaria." *Lancet Infectious Diseases* 3(3): 162-168.

Abstract: There is much discussion on how new drugs can be developed for use in developing countries at a price that makes them accessible to those who need them most... The partnership comprised between GlaxoSmithKline (formerly SmithKline Beecham), the World Health Organization (WHO), and the UK's Department for International Development.

TRIPS

Abbott, Frederick M. 2002. *WTO TRIPS Agreement and Its Implications for Access to Medicines in Developing Countries*. London: Commission on Intellectual Property Rights. <http://www.iprcommission.org/papers/pdfs/study_papers/sp2a_abbott_study.pdf>.

Bale, H.E. 2000. *TRIPS, Pharmaceuticals, and Developing Countries: Implications for Drug Access and Drug Development*. Geneva, Switzerland: International Federation of Pharmaceutical Manufacturers Association.

Cullet, Phillipe. 2003. "Patents and Medicines: the Relationship Between TRIPS and the Human Right to Health." *International Affairs* 79(1): 139-60.

Abstract: Interrogates the dilemma of the human right to health versus the idea of intellectual property rights defined in TRIPS. It addresses the problem of how patents stand in the way of access to drugs and gives solutions on what can be done to alleviate the disparity. Access to drugs in developing countries is at present largely influenced by the TRIPS Agreement. TRIPS compliance in the field of health requires substantial changes to existing patent laws in some countries. These changes must be analyzed in the context of the spread of epidemics like HIV/AIDS and in relation to other international obligations that states have, for instance, with regard to the human right to health. Intellectual property rights treaties today have significant impacts on the realization of some human rights like the right to health. Also examined are these issues from the point of view of human rights

considering, in particular, the ways in which the relationship between human rights and intellectual property can be improved in international law.

Lanoszka, Anna. 2003. "The Global Politics of Intellectual Property Rights and Pharmaceutical Drug Policies in Developing Countries." *International Political Science Review* 24: 181-198.

Abstract: One of the major characteristics of the emerging international economic order is the treatment of intellectual property rights (IPRS). Developing country members are very concerned about the impact that the World Trade Organization (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) will have on their economies. TRIPS emphasizes a property rights approach whereby private "owners" of the inventions can restrict access on the basis of commercial considerations. As a consequence, higher prices for pharmaceuticals and other healthcare inventions can prevent low-income consumers in developing countries from obtaining life-saving medications and equipment. Many developing countries, however, lack the necessary financial resources and have not yet developed appropriate competition rules to deal effectively with the challenges presented by the TRIPS Agreement.

Lybecker, Kristina Marie. 2000. Counterfeit Pharmaceuticals: Product Piracy and the Transition to Stronger Intellectual Property. <<http://www.lebow.drexel.edu/lybecker/piracy.doc>>.

Macklin, Ruth. 2003. "Bioethics, Vulnerability, and Protection." *Bioethics* 17(5-6): 472-487.

Abstract: ...Vulnerable individuals and groups are subject to exploitation, and exploitation is morally wrong. Multinational research invests in situations in which vulnerable people can be exploited even if they are not harmed, and harmed even if they are not exploited. The types of multinational research likely to raise the most ethical concerns are those in which the investigators or sponsors are from a powerful industrialized country or a giant pharmaceutical company and the research is conducted in a developing country. In such a scenario, women are particularly vulnerable. ...On the positive side, recent developments reveal a new awareness of exploitation and efforts to enhance the ability of developing countries to protect themselves and their citizens from exploitation at the hands of powerful sponsors of research. In addition, human rights principles are increasingly being used to monitor the actions (or inaction) of governments regarding women's reproductive rights and vulnerability with respect to HIV/AIDS, and to take remedial actions.

Scherer, Frederic M.; and Watal Jayashree. 2001. Post-Trips Options for Access to Patented Medicines in Developing Countries. CMH Working Paper Series. Commission on Macroeconomics and Health. http://www.cmhealth.org/docs/wg4_paper1.pdf.

Subramanian, Arvind. 1995. "Putting Some Numbers on the TRIPS Pharmaceutical Debate." *International Journal of Technology Management* 10(2/3): 252-269.

Abstract: Estimates the changes in prices, profits and social welfare arising from increased patent protection for pharmaceuticals in a number of developing countries

Sykes, A. O. 2002. TRIPS, pharmaceuticals, developing countries, and the Doha 'solution'. <http://papers.ssrn.com/paper.taf?abstract%5Fid=300834>.

Abstract: The WTO ministerial meeting in Doha produced a declaration that will encourage developing nations to use compulsory licensing and parallel importation to reduce the prices of patented pharmaceuticals in their markets. Developing nations have long had little intellectual property protection for pharmaceuticals, which may have resulted at least in part from an acute collective action problem—developing nations reap the full benefits from lower prices when they do not create pharmaceutical patents, yet the costs in terms of diminished research

incentives are largely externalized to the rest of the developing world. The WTO TRIPS agreement held out some promise of overcoming part of this problem, but just as the obligations of developing nations under TRIPS were beginning to take hold, the Doha ministerial declaration casts great doubt on the future credibility of patent rights for pharmaceuticals in the developing nations.

Health Care and Professionals

by Monica Fish

One of the unfortunate truths of the current human rights regime is that it has given rise to an entirely new aid industry. Fortunate as it is that there are willing individuals eager to share their knowledge and expertise with those in need, the group of professional men and women making up the army of humanitarian workers is, perhaps, overextended and under appreciated. One way of helping the next generation of humanitarians to train and prepare for working within a context of human rights is to provide them with the sound analytical research based on research of current human rights conditions. This is precisely what programs such as the Humanitarianism and War Project seek to do.

The literature in this section provides precisely this type of information. Geared toward individuals with a desire to improve human rights conditions in the medical profession, these books, articles, and links serve as a basic introduction to the types of material now available in academic and scholarly form.

It is important to first stress that the materials gathered here are not intended to be comprehensive; rather, they are merely illustrative. Despite this, two topics are particularly relevant and worth mentioning. First, the connection between human rights and mental health receives considerable attention here because of the variety of material available and the breadth and importance of the topic in human rights. From refugees to asylum seekers, rape and torture victims, all victims of human rights abuses are likely face mental as well as physical scars. Good training in mental health is necessary to identify and facilitate rehabilitation.

A second, related category addresses torture from the standpoint of human rights and the medical profession. It's important in two ways. The first is that international condemnation of torture has spawned multiple venues where victims may seek restitution and justice. Thus, medical professionals have to be prepared for the possibility that where they witness torture, they may be called in their professional capacity to testify about what they have witnessed. The second reason relates to the all too common truth that, where acts of torture occur, medical professionals are faced with the difficult choice of silently caring for the victims or publicly speaking out with the information they have available. In the worst cases, it is doctors themselves who are implicated in acts of torture—forced by powerful actors to take part in activities contrary to their professional responsibilities and ethics.

Given the dual implications of torture for medical health care professionals, a second section seeks to provide an overview of literature for health professionals faced with these and other related problems. The books, articles, reports, and websites in that section discuss health professionals working in human rights. It includes resources on health professionals' work and experience in human rights, their present and potential roles and responsibilities in human rights, and new human rights' initiatives and projects being taken on by medical professionals.

Health and Human Rights References for Professionals

Attaran, A. 1999. "Human Rights and Biomedical Research Funding for the Developing World: Discovering State Obligations Under the Right to Health." *Health and Human Rights: An International Journal* 4(1) 1999:26-58.

Boersma, R. "Forensic Nursing Practice with Asylum Seekers in the USA - Advocacy and International Human Rights: a Pilot Study." *Journal of Psychiatric & Mental Health Nursing* 10(5): 526-534.

Helweg-Larsen, K., et. al. 2004 "Systematic Medical Data Collection of Intentional Injuries during Armed Conflicts: A Pilot Study Conducted in West Bank, Palestine." *Scandinavian Journal of Public Health* 32(1): 17-24.

This article presents the results of a collaborative study using medical data to assess the number and character of intentional injuries before and during armed conflict. Intentional injuries were reported at two hospitals in West Bank, Palestine, and classified by The International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD10) and the new International Classification of External Causes of Injuries (ICECI). It was found that Injury registration by ICD10 combined with ICECI codes facilitates analyses of correlations between characteristics of armed conflicts and injuries.

Iacopino, M.P., Peel, M. (eds.). 2002. *The Medical Documentation of Torture*. Cambridge: Cambridge University Press.

This book supports the work of doctors and lawyers undertaking three types of medical investigation: documentation of torture for the purpose of bringing criminal or civil charges in court against individuals or their supporting organizations; verification of allegations of torture, usually for the purposes of publication by organizations such as Amnesty International, Human Rights Watch and Physicians for Human Rights; documentation of torture in support of individual claims for refugee status, provided by doctors at such organizations as the Medical Foundation for the Care of Victims of Torture.

Kaplan, A. 2003. "Psychiatry and Human Rights Abuses." *Psychiatric Times* 20(11): 1-6.

This article comments on the lack of recognition of the human rights of people with mental illness worldwide. Of particular interest are the conditions of the mentally ill at psychiatric hospitals; on the history of the political use of psychiatry in the late 1970s; the incarceration of dissidents and religious follower in Romanian psychiatric institutions; and the committee opposing the political abuse of psychiatry, the Geneva Initiative on Psychiatry.

Kaminer Debra, Dan Stein, Irene Mbang, and Nompumelelo Zungu-Dirwayi. 2001. "The Truth and Reconciliation Commission in South Africa: Relation to Psychiatric Status and Forgiveness among Survivors of Human Rights Abuses." *British Journal of Psychiatry* 178:373-377.

This article discusses study showing that participants in South Africa's Truth and Reconciliation Commission (TRC) do not always obtain adequate psychiatric forgiveness or healing. Therefore, the TRC should form part of, rather than be a substitute for, comprehensive therapeutic interventions for survivors of that country's human rights abuses.

Keller, A.S., B. Rosenfeld, C. Trinh-Shevrin, C. Meserve, E. Sachs, J.A. Leviss, E. Singer, H. Smith, J. Wilkinson, G. Kim, K. Allden, and D. Ford. 2003. "Mental Health of Detained Asylum Seekers." *Lancet* 362(9397): 1721-1724.

This article addresses the stress resulting from the prolonged detentions of asylum claimants in the USA. Interviews and questionnaires were used to assess symptoms of anxiety, depression, and post-traumatic stress disorder in 70 asylum seekers. It was found that all symptoms were notably correlated with length of detention. The findings suggest detention of asylum seekers weakens psychological health.

Laing, J.M. 2003. "Reforming Mental Health Law and the ECHR: Will the Rights of Mentally Vulnerable Adults be Protected?" *Journal of Social Welfare & Family Law* 25(4): 325-340.

This paper highlights some of the main inadequacies of the current law on mentally disordered and incapacitated patients in England and Wales. It shows that the minimum requirements of Article 5 of the European Convention on Human Rights (ECHR) are still not being met, and gives an account of recent reform proposals.

N/A. 2003. "Compulsory Detention Should Only be an Option in Extreme Cases." *Mental Health Practice* 7(3): 8.

This article reports New Zealand Mental Health Commission commissioner Mary O'Hagan's opposition to proposed compulsory detention in mental health units where a fear exists of possible future criminal activity. Themes include: detention of people considered at risk of committing crime; human rights issues; and factors important in reaching decisions on community treatment orders.

Patrice T., Piero Olliaro, Els Torrelee, James Orbinski, Richard Laing, and Nathan Ford. 2002. "Drug Development For Neglected Diseases: A Deficient Market And A Public-Health Policy Failure." *Lancet* 359(9324): 2188-2130.

This article addresses the lack of pharmaceuticals for infectious diseases affecting poor people in the developing world. It analyzes the implications of a study of pharmaceutical research and development that reveals that of 1393 new chemical entities marketed between 1975 and 1999, only 16 were for tropical diseases and tuberculosis. The article concludes by suggesting ways to remediate the problem of unequal funding for diseases particularly relevant to developing countries.

Robin M.C., Peter H. 1999. "Review of the Legality of Weapons: A New Approach The SIrUS Project." *International Review of the Red Cross* (835): 583-592
<<http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList74/CF3D4E11317B8AE2C1256B66005D8927.>>

This article focuses on defining and advancing the SIrUS standards of weapons design and injury classification. SIrUS stands for superfluous injury and unnecessary suffering and "relates to the design-dependent effects of specific weapons on health." The project questions the use of such weapons of war as blinding lasers and land mines that cause horrific effects on health. The project is based in the principle that states have an obligation to review the legality of the weapons they intend to use.

Bouchet-Saulnier, Françoise. Laura Brav. (ed., trans.) 2002. *The Practical Guide to Humanitarian Law*. Lanham, MD: Rowman & Littlefield Publishers.

In *The Practical Guide to Humanitarian Law*, Françoise Bouchet-Saulnier explains the rights of victims and humanitarian organizations in times of conflict, tension, and crisis. This work defines the responsibilities of warring parties and highlights some problems that can turn relief actions into illusions that conceal dehumanization and extermination.

Sphere Project. 2004. "Minimum Standards in Health Services." *The Humanitarian Charter and Minimum Standards in Disaster Response*.

This chapter is divided into three sections: health systems and infrastructure; control of communicable diseases; and control of noncommunicable diseases. These issues are considered with a systems approach to the design, implementation, monitoring and evaluation of health services during a disaster. Principles such as supporting national and local health systems, coordination and standardization are stressed throughout.

Staiff, M. 2000. "Visits to Detained Torture Victims by the ICRC (I): Management, Documentation, and Follow-Up." *Torture* 10 (1): 4-7.
<<http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList74/E0C5155240F88F31C1256B66005F4D47.>>

This article gives the rules, responsibilities, and guidelines for behavior by the International Red Cross (IRC) during visits to torture victims. It also addresses the IRC's views on torture and their unique role in addressing the needs of parties when torture is practiced.

Wolffers, I., van Beelen, N. 2003. "Public Health and the Human Rights of Sex Workers." *Lancet* 361 (9373): 1981.

This article addresses the vulnerable conditions of sex workers. It advocates a rights-based and holistic approach to public health for workers, policy makers, and researchers on sex work as a crucial element for the improvement of the health of sex workers.

Yamin, A.E., Maine, D.P. 1999. "Maternal Mortality as a Human Rights Issue: Measuring Compliance with International Treaty Obligations." *Human Rights Quarterly* 21(3): 563-607.

This article addresses the high maternal mortality rates in developing countries. Topics examined include the detection and treatment of pregnancy complications, U.N. guidelines that can be used to monitor a state's compliance to international human rights law, and statistical data on women's resources in developing countries.

Resources for Professionals

Health and Human Rights References about Professionals

Chamberlain, M. 2001. "Human Rights Education for Nursing Students." *Nursing Ethics* 8(3): 211-223.

This article is based on a research study on human rights training in nursing courses in the UK. It attempts to provide a baseline estimate of human rights education in nursing curricula in the UK, while making suggestions on how the teaching of human rights issues could be more clearly incorporated into nursing curricula. It ends with some recommendations for further research.

Chamberlain, J. and S. Arulkumaran. "The Role of Professional Associations in Reducing Maternal Mortality Worldwide." *International Journal of Gynaecology & Obstetrics* 83(1): 94-103.

This paper examines the potential roles and responsibilities of professional obstetrical and midwifery associations in addressing pregnancy-related deaths. Professional associations play a vital role in the reduction of maternal mortality worldwide. Their roles include lobbying for women's health and rights, setting standards of practice, raising awareness and team building.

Doctors Without Borders

<http://www.doctorswithoutborders.org>

Médecins Sans Frontières is an international network with presences in 18 countries that delivers emergency aid to victims of armed conflict, epidemics, and natural and man-made disasters. It also delivers aid to those who lack health care due to social or geographical isolation. This website includes basic information concerning the organization, volunteer opportunities, current program information and a publications section.

Dyer, Clare. July 2003. "Unjustified Seclusion of Psychiatric Patients is Breach of Human Rights." *British Medical Journal* 327(7408): 183.

Lewin, S., Meyer, I.H. "Commentary: Torture and Ill-treatment on Sexual Identity: The Roles and Responsibilities of Health Professionals and Their Institutions." *Health and Human Rights: An International Journal* 6(1): 161-176.

McHale, J.V., and Gallagher, A. 2004. Nursing and Human Rights. Boston: Butterworth Heinemann Health.

This book evaluates the impact of the UK's Human Rights Act of 1998 on nursing practice and discusses the mutual relationship between the rights and responsibilities of nurse and patient. The discussion covers reproduction rights, rights and consent to treatment, mental health care rights, privacy and health information rights, health care resources, research, and rights at the end of life all within the context of nursing care.

Medical Ethics Department, British Medical Association. (eds.) 2001. *The Medical Professions and Human Rights: Handbook for a Changing Agenda*. London: Zed Books.

The British Medical Association's report on human rights and the medical profession examines the role doctors have in instituting human rights. The report takes examples from all over the world: abuse of institutionalized patients, research involving humans, trade in human organs, doctors and asylum seekers, prison doctors, forensic doctors, the rehabilitation of torture victims, and medical involvement in armed conflicts and weapons research are all addressed.

N.A. 1996. "The Medical Profession and the Effects of Weapons: Report of the Symposium." Montreux, Switzerland.

<http://www.icrc.org/WEB/ENG/siteeng0.nsf/htmlall/p0668?OpenDocument&style=Custo_Final.4&View=defaultBody2>.

This symposium, held under the auspices of the work of the International Committee of the Red Cross (ICRC) examined the responsibility of the medical profession to the global epidemic of injuries caused by modern weapons and the future development of weapons. The participants recommended that the ICRC take a lead role in the documentation and definition of the effects of weapons. This would represent a step in limiting the suffering caused by weapons and in obtaining respect for international humanitarian law.

Nathanson, V. "Preventing and Limiting Suffering Should Conflict Break Out: The Role of the Medical Profession." *International Review of the Red Cross* (839) 601-615

<<http://www.icrc.org/Web/Eng/siteeng0.nsf/iwpList74/9E41BAB555E7435DC1256B66005EFFDB>>.

This article delineates some of the actions that medical professionals can take to prevent and limit suffering when conflict occurs. It argues that the medical profession should attempt to minimize suffering caused by conflict by applying their knowledge and skills to those who are affected; use epidemiological principles and collected data to attempt to reduce the potential for such suffering; and avoid the medical sanitization of war.

Rubenstein, L.S. 2003. "Dual Loyalty and Human Rights." *Journal of Ambulatory Care Management* 26(3): 270-273.

This article discusses about the problem of the dual loyalty of medical practitioners in caring for patients during times when human rights are being systematically denied. In such instances, medical practitioners are obliged in these times to comply with and perform human rights violations rather than care for the patient. The article seeks strategies and solutions to this dual loyalty.

University of Cape Town, Health Sciences Faculty. 2003. *Dual Loyalty and Human Rights in Health Professional Practice: Proposed Guidelines and Institutional Mechanisms*. Boston: Physicians for Human Rights. <http://www.phrusa.org/healthrights/dual_loyalty.html>.

Dual Loyalty and Human Rights in Health Professional Practice contains an analysis of the problem of dual loyalty and a set of guidelines and institutional mechanisms for the prevention of complicity by health professionals in human rights violations. It also offers individual practitioners and their institutions solutions and strategies to help address dual loyalty conflicts.

Health of Refugees and Internally Displaced Peoples

by Leah Persky and Zaravshon Zuhurova

*Refugees and displaced persons constitute a population whose origins are vitally connected to many of the most pressing issues confronting our world: the protection of human rights; the resolution of conflicts; the promotion of economic and institutional development; the conservation of the environment; and the management of international migration. . . . But beyond these implications on geopolitics, the urgency of refugee protection issues stems from the immense human suffering that inevitably accompanies refugee flight (Bemma Donkoh, *A Half a Century of International Refugee Protection: Who's Responsible, What's Ahead?*, 2000.)*

Refugees and Internally Displaced People's (IDPs) are extremely vulnerable to human rights abuses, particularly the lack or denial of physical and mental health care. The basic framework of refugee protection has been established and accepted worldwide for more than 50 years. Still, there is still a lack of commitment to respecting the human rights of refugees and providing adequate humanitarian assistance, including health care. Several international conventions and protocols establish the duties of states in terms of treatment of refugees. These include: the Convention Relating to the Status of Stateless Persons, the Geneva Conventions, the Statute of the Office of the United Nations High Commissioner for Refugees, and the Universal Declaration of Human Rights, article 14. These documents establish international standards for governments and private organizations. They set guidelines for repatriating and assimilating refugees. The conventions and protocols create international standards.

These standards, however, are rarely enforced. The literature presented here aims to detail the problems that arise in the absence of implementation, as well as to serve refugee needs in the interim. It is organized into the following categories:

Basic Documents: A primer of key international laws and other centrally important documents.

Mental Health: Refugees are, by nature, prey to climates of violence that can deeply damage their mental health, frequently leading to Post Traumatic Stress Disorder, as this literature indicates. While humanitarian aid usually focuses on the immediate physical needs of refugees like clean water, food, and shelter, it often overlooks mental health.

Women: Refugee women typically do not often have access to basic health care or education, including family planning, or reproductive health information. What literature that does exist on this topic draws attention to the dearth of resources for women refugees, and calls attention to the immediate need for action by the international community.

Children: Juvenile refugees are often targets of physical and sexual abuse, and hazardous labor conditions. Unfortunately there is usually nowhere for them to turn for help in these extreme situations. The literature represented here addresses the practical dimensions of these problems.

Africa: Africa is of special interest because its many wars, political instability, and natural disasters have created very high numbers of refugees and internally displaced people. Financial crises in most African states render them incapable of adequately addressing this problem.

International Law: International law, treaties, and norms are key aspects of protecting the rights of refugees. Sadly, the international community and individual states do not always respond to refugees with these instruments in mind. Humanitarian intervention is an important issue in terms of international law: Who is responsible to provide assistance for refugees? What are they responsible for? What is the best way to provide relief services like health care, food, clean water, and shelter? How can refugees best be protected? What can be done if there are few resources or finances? All of these are crucial questions which must be addressed before we are able to create a better future for refugees.

Africa

The chaos, violence and repression of the last 20 years has led African states to adopt restrictive closed-door refugee policies. Widespread political instability, resource deprivation, increased militarism. One of the most poignant examples was the Rwandan refugee crises of 1994 which led to millions of refugees who had nowhere to turn for protection and aid. Through all this, the health of refugees in Africa is often an afterthought for most African governments.

2001 International Activity Report: Caught in the Crossfire: The Refugee Crisis in West Africa in 2000-2001. 2001. Doctors Without Borders.

Azevedo, Mario Joaquim. 2002. Tragedy and Triumph- Mozambique Refugees in Southern Africa 1977-2001. Portsmouth, NH: Heinemann.

Focuses on how war has affected the health, education and economic conditions for Mozambican refugees still living in refugee camps. It gives special focus to the situation of these refugees in South Africa, Zambia, Tanzania and Swaziland. It also considers the prospects for repatriation and return.

Background: From Offers of Citizenship to Increased Hostility. 1999. Human Rights Watch.

Bisrat, F.; Y. Berhane; A. Mamo; and E. Asefa . 1995. "Morbidity Pattern Among Refugees in Eastern Ethiopia." *East African Medical Journal* 72: 728-730.

Brinkman, Inge. 1999. "Violence, Exile and Ethnicity: Nyemba Refugees in Kaisosi and Kehemu (Rundu, Namibia)." *Journal of Southern African Studies* 25(3): 417-439.

Brinkman addresses the lack of ethnic identity in refugees from southeastern Angola. She explains that eschewing ethnic identity is a coping mechanism for dealing with discrimination. Refugees use this tool in order to blend into society and avoid being negative attention.

Burnham, Gilbert M. 2003. "Quality Design: A Planning Methodology for the Integration of Refugee and Local Health Services, West Nile, Uganda." *Disasters* 27(1): 54-71.

This article discusses the approach to health services provision for Sudanese refugees in the Arua, Moyo, and Adjumani districts in Northern Uganda.

Chaulia, Sreeram Sundar. 2003. "The Politics of Refugee Housing in Tanzania: From Open Door to Unsustainability, Insecurity and Receding Receptivity." *Journal of Refugee Studies* 16(2): 147-66.

Abstract: The first part of the paper examines the ideological, economic and political underpinnings of German-British attitudes towards immigrants with a view towards understanding continuity and change in Tanzania's refugee hosting policy. Indications are provided as to which of these tendencies were transformed and which carried over in the asylum and refugee policy of the postcolonial state.

Kibreab, Gaim. 1996. "Eritrean and Ethiopian Urban Refugees in Khartoum: What the Eye Refuses to See." *African Studies Review* 39(3): 131-178.

Addresses the problem of urban refugees in Sudan, and how they require a different type and delivery of aid than do rural refugees. It should be the goal of both the host government, in this case Sudan, to allow refugees to participate both socially and economically in order to lead happy and productive lives and to enrich the quality of life in the city as a whole.

Lawson, M. 1999. "Recent Medical Evidence for Torture and Human Rights Abuses in Sierra Leone: A Report for the Medical Foundation for the Care of Victims of Torture." *Medicine, Conflict, and Survival* 15(30): 255-70.

Liberia - Another Problem in Attending to the Health Needs of Refugees Arises from the Language and Cultural Barriers. 1997. Human Rights Watch.

Lomo, Zachary. 2000. "The Struggle for the Protection of the Rights of Refugees and IDP's in Africa: Making the Existing International Legal Regime Work." *Berkeley Journal of International Law* 18.

Pottier, Johan. 1996. "Relief and Repatriation: Views by Rwandan Refugees; Lessons for Humanitarian Aid Workers." *African Affairs* 95(380): 406-429.

Struggling Through Peace: Return and Resettlement in Angola. 2003. Human Rights Watch.

Van Herp, Michel; Veronique Parqué; Edward Rackley; and Nathan Ford. 2003. "Mortality, Violence and Lack of Access to Healthcare in the Democratic Republic of Congo." *Disasters* 2: 141-153.

Wood, Christopher. 1996. *Health Care in Disasters: The Ngara Refugee Experience: Report of A Workshop held in Ngara, Kagera Reion, United Republic of Tanzania, 24-29 March 1996.* Dar es Salaam: The Ministry.

Basic Documents

- Convention relating to the Status of Stateless Persons. United Nations. www.unhcr.ch/html/menu3/b/0_c_sp.htm.
- International Convention on Civil and Political Rights. United Nations.

- International Convention on Economic, Social, and Political Rights. United Nations.
- Protecting Refugees 50 years On: What Future for Refugees? Human Rights Watch. www.hrw.org/campaigns/refugees/text1.htm.
- Protecting the Human Rights of Refugees, Asylum Seekers and Migrants. Human Rights Watch. www.hrw.org/campaigns/race/refugee.htm.
- Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I). 1949. United Nations. Document no. A/RES/57/14. www.unhcr.ch/html/menu3/b/93.htm.
- Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II). 1949. United Nations. Document no. A/RES/57/14. www.unhcr.ch/html/menu3/b/94.htm.
- Refugees, Aylum Seekers, and Internally Displaces Persons. 2001. Human Rights Watch- Special Issues and Campaigns. www.hrw.org/wr2k1/special/refugees.html.
- Statute of the Office of the United Nations High Commissioner for Refugees. 1950. United Nations. www.unhcr.ch/html/menu3/b/o_unhcr.htm.
- UN Committee on the Elimination of Discrimination Against Women. 1979. United Nations.
- UNHCR, IDP's: The Role of the United Nations High Commissioner for Refugees. 2000. United Nations. www.unhcr.ch/issues/idp/pos0003.htm.
- United Nations Protocol Relating to the Status of Refugees. United Nations.

Children

Refugee children are especially insecure during periods of armed conflict. They are likely to be denied fundamental rights like those to education and health care in spite of the special attention and care they require in order to ensure a stable future. The literature represented here reflects these problems, as well as practical responses to them.

Child Soldier Use 2003: A Briefing for the 4th Security Council Meeting. 2003. Human Rights Watch. <www.hrw.org/repoorts/2004/childsoldiers0104/10.htm>.

Crisp, Jeff, Daiana Cipollone; and Christopher Talbot (eds.). 2001. Learning for a Future: Refugee Education in Developing Countries. Geneva: UNHCR.

Forgotten Children of War. 1999. Human Rights Watch.
<www.hrw.org/reports/1999/guinea/guine997-01.htm>.

Goldstein, R.; N. Wampler; and P. Wise. 1997. "War Experiences and Distress Symptoms of Bosnian Children." *Pediatrics* 100(5): 873-78.

Graca, Machel. 2001. *The Impact of War on Children: A Review of Progress Since the 1996 U.N. Report on the Impact of Armed Conflict on Children*. London: Palgrave.

Lustig, Stuart; Maryam Kia-Keating; Wanda Grant-Knight; Paul Geltman; Heidi Ellis; Dina Birman; David Kinzie; Terence Kean; and Glenn Saxe. 2004. "Review of Child and Adolescent Refugee Mental Health." *Journal of the American Academy of Child and Adolescent Psychiatry* 43(1): 24-36.

Abstract: This paper extends the work done in previous reviews by discussing the most recent empirical studies of pathology and services among refugees and by describing unique populations of child and adolescent refugees.

Melzak, Shelia (ed.). 1999. *Children in Exile: Therapeutic Work in the Community and the Clinic with Child Survivors of Political Violence and War*. Philadelphia: Jessica Kingsley Publishers.

Promises Broken: Refugee Children. Human Rights Watch.
<www.hrw.org/campaigns/crp/promises/refugees.html>.

This report details how the plight of refugee children has been ignored by the international community. In particular, it focuses on how children refugees are susceptible to hazardous labor, physical and sexual abuse, and the denial of education and health care. It also mentions how policies from the Convention on the Rights of the Child have not been implemented.

International Law

An important avenue to the protection of refugees are treaties such as the 1951 Convention on the Protection of Refugees, implemented by the United Nations High Commissioner for Refugees. However, in actual fact this convention and others like it often do not wield considerable force. The responsibility for the millions of refugees and internally displaced people around the world often seems to evade any particular institution or state. The literature on international law explores why there is a lack of political will to protect refugees and what can legally be done about it.

2001 International Activity Report: Using the Law of War to Protect the Displaced. 2001. Doctors Without Borders. www.doctorswithoutborders.org/publications/ar/.

Dowty, Loescher. 1996. "Refugee Flows as Grounds for International Action." *International Security* 21(1): 43-71.

This article explores the linkage between human rights abuses, forcible displacement of populations, local and regional governments, and international security. Loescher and Dowty explain that early action is needed in response to refugee crises because, among other reasons, it

is less costly. Additionally, their work focuses on how political and diplomatic initiatives, humanitarian assistance, human rights monitoring, and strengthening of democratic institutions are instrumental to dealing with or avoiding refugee situations.

Feller, Erika. 2001. "The U.N. and the Protection of Human Rights: The Evolution of the International Refugee Protection Regime." *Washington Journal of Law and Policy* 5(129).

Feller addresses the UNCHR's refugee protection challenges: dealing with *en masse* in flux situations, problems with legal instruments, and the realization of durable solutions. This article emphasizes that refugee protection is a universal necessity that is binding under the 1951 convention on refugee protection. It also speaks to the question of whether refugee protection should be considered an act of charity or an obligation.

Fitzpatrick, Joan. 1993. "Temporary Protection of Refugees: Elements of a Formalized Regime." *The American Journal of International Law* 24(2): 227-59.

Fitzpatrick contemplates the under use of temporary protection measures like the 1951 Refugee Convention in cases such as the conflict in Bosnia-Herzegovina and Kosovo. She further addresses challenges to temporary protection and who is responsible for temporarily protecting the rights of refugees.

Lee, Luke T. 2001. "Current Development: The London Declaration of International Law Principles on Internally Displaced Persons." *The American Journal of International Law* 95 (454).

A report on the London Declaration of International Law Principles on Internally Displaced Persons, which was approved July 25-29, 2000 by the International Law Association. This declaration is concerned with the ability of IDP's to request and receive humanitarian assistance and protection, both regionally and internationally. Importantly, the report also highlights the idea that countries of origin are also responsible for IDP's. Overall, this document widens responsibility and concern for IDP's to humanitarian law, human rights law, and general international law.

Loescher, Gil. 1993. *Beyond Charity: International Cooperation and the Global Refugee Crisis*. Oxford: Oxford University Press.

Loescher, Gil; Mark Gibney; and Niklaus Steiner (eds.). 2003. *Problems of Protection: the UNHCR, Refugees, and Human Rights*. New York: Routledge.

Explores the legal and ethical obligations of the UNHCR, the protection of refugees, the role of NGO's, gender-based violence. It pays special attention to the regions of Palestine, Europe, Tanzania, Rwanda, and East Africa.

Von Sternberg, Mark. 2001. *The Grounds for Refugee Protection in the Context of International Human Rights and Humanitarian Law: Canadian and U.S. Case Law Compares*. Leiden, the Netherlands: Martinus Nijhoff.

Wood, William. 1994. "Forced Migration: Local Conflicts and International Dilemmas." *Annals of the Association of American Geographers* 84(4): 607-634.

Zolberg, Aristide R.; and Peter M. Benda (eds.). 2001. *Global Migrants, Global Refugees: Problems and Solutions*. New York: Berghahn Books.

Mental Health

The invisible wounds that refugees suffer as a result of violence, persecution, homelessness and invisibility create long term and often debilitating effects. Psychiatric disorders, like Post Traumatic Stress Disorder, mental exhaustion and chronic fatigue syndrome effect many refugees. These disorders greatly affect the long-term quality of life for refugees. The types of mental health problems refugees often develop and the treatment they require is a highly researched field of study. A large amount of what follows here focuses on Post Traumatic Stress Disorder and its effects on refugees.

Ahearn, Fredrick L. (ed.). 2000. *Psychological Wellness of Refugees: Issues in Qualitative and Quantitative Research*. New York: Berghahan Books.

Abstract: Focuses on wellness of refugees. Explains challenges to researching the mental health of refugees and the challenges of designing successful programs to help them. Explores theoretical issues, present case studies, qualitative, and quantitative research. Looks at implications for future research. Excerpts From Book News, Inc.

Bisrat F, Y. Berhane; A. Mamo; and E. Asefa. 1995. "Morbidity Pattern Among Refugees in Eastern Ethiopia." *East African Medical Journal* 72: 728-730.

Bracken, Patrick; and Celia Petty (eds.). 1998. *Rethinking the Trauma of War*. London: Free Association Books.

Rethinking the Trauma of War focuses on Post-Traumatic Stress Disorder and how it affects survivors of disasters including war. PTSD has been studied primarily and extensively by Western doctors, and continues to be treated through a Western framework. This book examines the possible problems that arise from using a western idea of trauma and PTSD to treat non-western patients. It concludes with ideas of more appropriate and efficient ways to handle the victims of traumatic experiences.

De Jong, Joop (ed.). 2002. *Trauma, War, and Violence*. New York: Plenum Publishing Corporation.

Abstract: This text examines the public mental health aspects of humanitarian and political emergencies. The goal is to help agencies and officers of government and non-government and international organization set up community mental health and psychological services. Excerpt from Book News Inc.

Drozdek, Boris. 2003. "Chronic PTSD and Medical Services Utilization by Asylum Seekers." *Journal of Refugee Studies* 16: 202-11.

The primary aim of this study was to examine the relationship between frequency of use and PTSD afflicted asylum seekers in the Netherlands. Participants were male adult asylum seekers originating from Asian and African countries.

Drozdek, Boris; and John P. Wilson (eds.). 2004. *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Victims*. New York: Brunner-Routledge.

Fernandez, WG; S. Galea; J. Ahern; S. Sisco; R.J. Waldman; B. Koci; and D. Vlahov . 2004. "Mental Health Status among Ethnic Albanians Seeking Medical Care in Emergency Department Two Years After War in Kosovo: A Pilot Project." *Annals of Emergency Medicine* E1 (8).

Goldstein, R.; N. Wampler; and P. Wise. 1997. "War Experiences and Distress Symptoms of Bosnian Children." *Pediatrics* 100(5): 873-78.

Hermansson, A.; T. Timpka; and M. Thyberg. 2003. "The Long Term Impact of Torture on the Mental Health of War- Wounded Refugees: Findings and Implications for Nursing Programmes." *Scandinavian Journal of Caring Sciences* 17(4): 317-24.

Marsella, Anthony J.; Thomas Bornemann; Solvig Ekbal; and John Orley (eds.). 1998. *Amidst Peril and Pain: The Mental Health and Well-Being of the World's Refugees*. Washington, D.C.: American Psychological Association.

Mollica, Richard and Laura McDonald. 2002. "Old Stereotypes, New Realities Refugees and Mental Health." *United Nations Chronicle - Online Edition* (2).

www.un.org/pubs/chronicle/2002/issue2/0202p29_refugees_and_mental_health.html.

An article published in *Scientific American* {Mollica, Richard F., 'Invisible Wounds'. *Scientific American*, June 2000} discusses a number of discoveries revealing the varying nature and the long-term and debilitating impact of traumatic events experienced by refugees.

Noh, S.; M. Beiser; V. Kaspar; F. Hou; and J. Rummens. 1999. "Perceived Racial Discrimination, Depression, and Coping: A Study of Southeast Asian Refugees in Canada." *Journal of Health and Social Behavior* 40(3): 193-207.

This article studies the well-being of South East Asian refugees in Canada. The authors study the relationship between refugees' experience of racial discrimination and their level of depression. The authors also study the experience of refugees that confront discrimination, and how individual levels of ethnic identification effects the relationship between depression and racial discrimination. One important conclusion of the article is that strong ethnic identification may increase the likelihood of depression in the face of racial discrimination.

Sujoldzic, A.; A. De Lucia; R. Buchegger; R. Terzic; I. Behluli; and Z. Bajrami. 2003. "A European Project on Health Problems, Mental Disorders and Cross-Cultural Aspects of Developing Effective Rehabilitation Procedures for Refugees and Immigrants." *Collegium Anthropologicum* 27(2): 431-38.

Van Herp, Michel; Veronique Parqué; Edward Rackley; and Nathan Ford. 2003. "Mortality, Violence and Lack of Access to Healthcare in the Democratic Republic of Congo." *Disasters* 2: 141-153.

Other Sources

Ackerman, L. 1997. "Health Problems of Refugees." *The Journal of the American Board of Family Practice*: 337-348.

Al-khatib, I.; A. Ju'ba; N. Kamal; N. Hamed; N. Hmeidan; and S. Massa. 2003. "Impact of Housing Conditions on the Health of the People at Al-Ama'ri Refugee Camp in the West Bank of Palestine." *International Journal of Environmental Health Research* 13 (4): 315-326.

This research is concerned with the rates of upper respiratory tract diseases at the Ama'ri camp, which has a total population 4,046. It was found that the high prevalence of upper respiratory tract diseases is related to the poor housing conditions that are common to most refugee camps. Over-crowding, poor ventilation, high amounts of dust and smoke, burning of biomass fuel, and poor lighting all contribute to these conditions.

Allotey, Pascale (ed.). 2003. *The Health of Refugees: Public Health Perspectives from Conflict to Settlement*. Oxford: Oxford Press.

Bloom, Saul; John Miller; James Warner; and Phillippa Winkler (eds.). 1994. *Hidden Casualties: Environmental, Health and Political Consequences of the Persian Gulf War*. Berkeley: North Atlantic Books.

Byman, Daniel; Ian Lesser; Bruce Pirnir; Cheryl Benard; and Matthew Waxman. 2000. *Strengthening the Partnership: Improving Military Coordination with Relief Agencies and Allies in Humanitarian Operations*. RAND.

Cahill, Kevin; and Kofi Annan (eds.). 1993. *A Framework for Survival: Health, Human Rights and Humanitarian Assistance in Conflicts and Disasters*. New York: Routledge.

This edited volume assesses the moral, legal, and political effects of humanitarian assistance. Covering a variety of areas including Sudan, Afghanistan, and Central Africa, the authors focus on the importance of humanitarian assistance in the face of global change and governmental collapse.

Cahill, Kevin M. 2003. *Traditions, Values, and Humanitarian Action*. New York: Fordham University Press and The Center for International Health and Cooperation.

Closed Door Policy. 2002. Human Rights Watch. www.hrw.org/reports/2002/pakistan0202-05.htm.

Drozdek, Boris; and John P. Wilson (eds.). 2004. *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Victims*. New York: Brunner-Routledge.

Gagnon, Anita; Lisa Merry; Cathlyn Robinson; Maureen Lynch; Michelle Lowry; Anthony H. Richmond; and MacDonald E. Ighodaro. 2002. "Population Displacements: Causes and Consequences." *Refuge* 21(1): 2-60.

Harris, Geoff (ed.) 1999. *Recovery From Armed Conflict in Developing Countries*. New York: Routledge.

This work focuses on what developing countries can do to successfully reconstruct political, social and economic institutions after armed conflict. Case studies on South Africa, Sri Lanka, Angola, Afghanistan, Cambodia, and Mozambique feature such issues as: refugees and the role of aid, community-led recovery and the special status of women and children in the recovery process.

Hidden In Plain View. 2002. Human Rights Watch.

www.hrw.org/reports/2003/kenyugan1002%20ap%20alter-17.htm

Johnson, James Turner. 2000. "Maintaining the Protection of Non-Combatants." *Journal of Conflict Resolution* 37(4): 421-448.

This article speaks to the problem of protecting non-combatants during times of war, attending in particular to the recent pattern of targeting civilians during war. This problem is exposed in moral terms, from a historical approach, and from an international law approach. The author pays points to the conflicts in Yugoslavia and Rwanda-Zaire as examples of this troubling phenomena.

Kemp, Charles; and Lance Rasbridge. 2004. *Refugee and Immigrant Health: A Handbook for Health Professionals*. New York: Cambridge University Press.

Kemp and Rasbridge examine the many challenges to providing healthcare for dispossessed people in the developed and underdeveloped world. Of universal interest are infectious diseases, mental health, and spiritual and traditional beliefs.

LeFeuvre, Peter. 2001. "How Primary Care Services Can Incorporate Refugee Health Care" *Medicine, Conflict, and Survival* 17(2): 131-6.

Describes the knowledge, skills, and attributes needed to provide quality primary healthcare and special services, with full integration into normal and general practice as the goal by National Health Service- Great Britain

McGinnis, Michael D. 2000. "Policy Substitutionality in Complex Humanitarian Emergencies: A Model of Individual Choice and International Response." *The Journal of Conflict Resolution* 44(1): 62-89.

Explains how local responses to humanitarian emergencies could worsen crises by diverting aid to finance activities that don't benefit the neediest people. It also argues that the international community and local agencies must work together in order to make the distribution and implementation of aid most effective.

Mears, Catherine; and Sue Chowdhury. 1994. *Health Care for Refugees and Disabled People* Virginia: Stylus Publishing. www.hrw.org/reports/2003/kenyugan1002%20ap%20alter-17.htm%20

No Safe Return - The Impact of the September 11 Attacks on Refugees, Asylum Seekers, and Migrants in the Afghanistan Region and World Wide. 2001. Human Rights Watch. www.hrw.org/backgrounder/refugees/refuee.bck1017.pdf.

The humanitarian refugee crisis in Afghanistan and other conflict areas has a broader worldwide impact and urgently need to be addressed. Neighboring countries, the UNHCR, and donor governments all needs to work together in order to adequately redress these problem areas. This article ultimately calls for the opening of borders to refugees in spite of security issues and to separate armed elements from non-combatant refugees.

Red Cross Reaches out to Refugees Nationwide. 2001. Red Cross.

<http://www.redcross.org/news/in/africa/010814refugees.html>.

This report details American Red Cross relief programs work in the United States. This well known charity provides support in primary health care, bringing in food assistance, secures water supplies, and helping refugees and the displaced find or contact lost family members. Explains how many relief programs are currently over burdened, under financed, and under staffed. The report gives a good statistical overview of these activities.

N. M. Shrestha; B. Sharma; M. Van Ommeren; S. Regmi; R. Makaju; I. Komproe; G.B. Shrestha; and J.T.V.M. de Jong. 1998. "Impact of Torture on Refugees Displaced Within the Developing World: Symptomology among Bhutanese Refugees in Nepal." *The Journal of the American Medical Association*: 443-48.

Taipale, Ikka (ed.). 2002. *War or Health?* London: Zed Books.

Taipale presents approximately 70 essays on the effects of war on the health of civilian populations, examining in particular the efforts of national governments, NGO's, and inter-governmental bodies on preventing and coping with the humanitarian effects of war. Overall, the text focuses on the effects of different weapons on health, especially vulnerable groups, environmental impacts, and how social structures affect war.

Thailand: Do Not Close Burmese Refugee Clinic. 2003. Human Rights Watch.
www.hrw.org/press/2003/10/thailand100303.htm

Trapped by Inequality: Bhutanese Refugee Women. 2003. Human Rights Watch.
www.hrw.org/reports/2003/nepal0903/3.htm.

This report is based on interviews with 112 refugees in the camps in the Jhapa and Morang districts of southeastern Nepal during March and April 2003. It describes the experience of Bhutanese women living for a decade as refugees in Nepal. During this time, they have endured discrimination, rape, sexual assault, polygamy, trafficking, and domestic violence. HRW faults the UNHCR and the government of Nepal of for not protecting the rights of these refugees.

UN Population Fund, Humanitarian Response Group, Annual Progress Report-2000. 2001. New York: UNFPA.

This annual report documents UNFPA's diverse efforts as the world's largest multilateral source of population funding, condoms and other reproductive health commodities.

Van Krieken, Peter J. (ed.). 2001. *Health, Migration and Return: A handbook for a Multidisciplinary Approach*. London: T.M.C. Asser Press.

This book gives a nice variety of different viewpoints and opinions on aspects of health, migration, and return. It outlines the different approaches to this issue and debates them in a straightforward manner.

Wiggers, Petterik. 2000. *10 Years for the Rohingya Refugees in Bangladesh: Past, Present and Future*. Doctors Without Borders.

Abstract: The purpose of this report is to provide an understanding of the condition of the Rohingya refugees now and over the past decade. The report will first look briefly at the past, providing a short history of the Rohingya Muslim group and reasons for their flight from Myanmar.

Women

Violence towards refugee women is too frequently tolerated, rarely investigated and seldom punished. Victims of abuse rarely have a viable legal institution to turn to for justice. Not only are refugee women vulnerable to abuse, they are also vulnerable to hazardous working conditions and a lack of reproductive health care or family planning education. What basic health care does exist does not always include pre- and post-natal care. This dearth of comprehensive care leaves women to suffer complications in childbirth, child rearing, and illness alone. There is a vast amount of literature that addresses the vulnerable nature of refugee women and speaks to the urgent need for action both regionally and internationally.

Busza, J.; and L. Lush. 1999. "Planning Reproductive Health in Conflict: A Conceptual Framework." *Social Science and Medicine*: 155-157.

Girard, Françoise; and Wilhemina Waldman. 2000. "Ensuring the Reproductive Rights of Refugees and IDPs: Legal and Policy Issues." *International Family Planning Perspectives* 26 (4): 167-173.

This article focuses on the role of the U.N. and NGO's in the struggle to enforce international laws to protect the reproductive rights of refugees and IDPs. It uses the Refugee Convention and Protocol to lay out how best refugee reproductive health can be protected. It also focuses on areas that are deficient and need to be developed in terms of protections for refugee health.

How to Guide: Reproductive Health in Refugee Situations: Strengthening Safe Motherhood Services." 1998. U.N. Commission on Refugees. www.unhcr.ch.

Krause, Sandra; Rachel Jones; and Susan Purdin. 2000. "Programmatic Response to Refugees' Reproductive Health Needs." *International Family Planning Perspectives* 26(4): 181-87.

This article explains how the extreme instability of the lives of refugees hinders their access to health care. It examines various refugee programs in motherhood, family planning, sexual violence, and STDs. It also describes the successes, failures, and challenges to programs aimed at improving reproductive health care for refugees.

MacCormack, Carol; and Amara Jambai. 1996. "Maternal Health, War and Religious Tradition: Authoritative Knowledge in Pujehun District, Sierra Leone." *Medical Anthropology Quarterly* 10(2): 270-286.

Addresses potential risks for pregnant women in Sierra Leone. The risks include: civil war and life in refugee camps. It also focuses on the need to mix traditional medical practices, including midwives, with biomedical health systems. The authors claim that a mix of practices will increase health benefits for pregnant women in refugee camps.

McGinn, Therese. 2000. "Reproductive Health of War-Affected Populations: What do we Know?" *International Family Planning Perspectives* 26(4): 174-180.

An empirical study aimed at understanding how the reproductive health problems of refugee women differ from women in settled populations. This article focuses on fertility, family planning, safe motherhood, and STDs including HIV.

Miserez, C. 1998. "Help for Refugee Women." *World Health Forum* 19 (3): 320-23.

Morrison, Virginia. 2000. "Contraceptive Need Among Cambodian Refugees in Kao Phlu Camp." *International Family Planning Perspectives* 26(4): 188-192.

Palmer, C.; and A. Zwi. 1998. "Women, Health and Humanitarian Aid in Conflict." *Disasters* 22 (3): 236-49.

Reporting On Gender-Based Violence- A Guide for Journalists. 2003. Human Rights Watch. www.hrw.org/reports/2003/09/guidelines.pdf.

Reproductive Health in Refugee Situations: An Inter-Agency Field Manual. 1999. U.N. High Commission on Refugees. www.unhcr.com.

Royce, Bernstein; and Murray. 2000. "Sex for Food in A Refugee Economy: Human Rights in A Refugee Economy: Human Rights Implication and Accountability." *Georgetown Immigration Law Journal*.

Schreck, Laurel. 2000. "Turning Point: A Special Report on the Refugee Reproductive Health Field." *International Family Planning Perspectives* 26(4): 162-166.

This article examines how refugee reproductive health emerged as a field, and what factors have contributed to its limited growth. Two important areas of focus are how political conflict leads to long-term emergency refugee situations, and on the comparative vulnerability of women and children. The authors argue for creating institutional mechanisms to protect refugees against these threats.

Trapped by Inequality: Bhutanese Refugee Women. 2003. Human Rights Watch. www.hrw.org/reports/2003/nepal0903/3.htm.

Turshen, Meredith; Shelia Meintjest; and Anu Pillay (eds.). 2002. *The Aftermath-Women in Post-Conflict Transformation*. London: Zed Books.

The authors are concerned with the problems and challenges women face during and after armed conflict. They note that under such circumstances women refugees typically search for independence and solidarity. However, these efforts are complicated by patriarchal patterns of gender relations and peace building.