HUMAN RIGHTS WATCH

# HEALTH AND HUMAN RIGHTS

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A child orphaned by AIDS at an orphanage in Kenya. Orphaned children in Kenya often face barriers to HIV testing and treatment. © 2008 Ben Lowy/VII Network



# INTRODUCTION

Promoting and protecting health and respecting, protecting and fulfilling human rights are inextricably linked, and every country in the world is now party to at least one human rights treaty that addresses health-related rights and the conditions necessary for health. The United Nations Universal Declaration of Human Rights recognizes that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family."

As part of Human Rights Watch's long commitment to defending and protecting human rights, the organization has been researching and reporting on issues related to health and human rights for many years. Past work has addressed the health of particularly vulnerable populations, including women, children, prisoners, displaced persons, ethnic and racial minorities, and migrant and domestic workers.

Since 2001, Human Rights Watch has put particular emphasis on human rights and HIV/AIDS. The HIV/AIDS program addressed the wide range of rights abuses fueling the epidemic—sexual violence, stigmatization and abuse of populations vulnerable to infection, including men who have sex with men, sex workers and injection drug users, and restrictions on the rights of young people to accurate information about preventing HIV transmission—as well as the many types of abuses that follow infection. More recently, the program has examined access to tuberculosis treatment and multi-drug resistant TB, and advocated expanding access to pain relief and palliative care for those who need it, including many suffering from HIV/AIDS in the developing world.

In this brochure Human Rights Watch's current and past work on health issues is organized into five categories:

- **HEALTH CARE ACCESS**
  Work examining abuses that inhibit access to appropriate treatment for health conditions.

- **SEXUAL AND REPRODUCTIVE HEALTH**
  Work examining sexual and gender-based violence as well as reproductive rights.

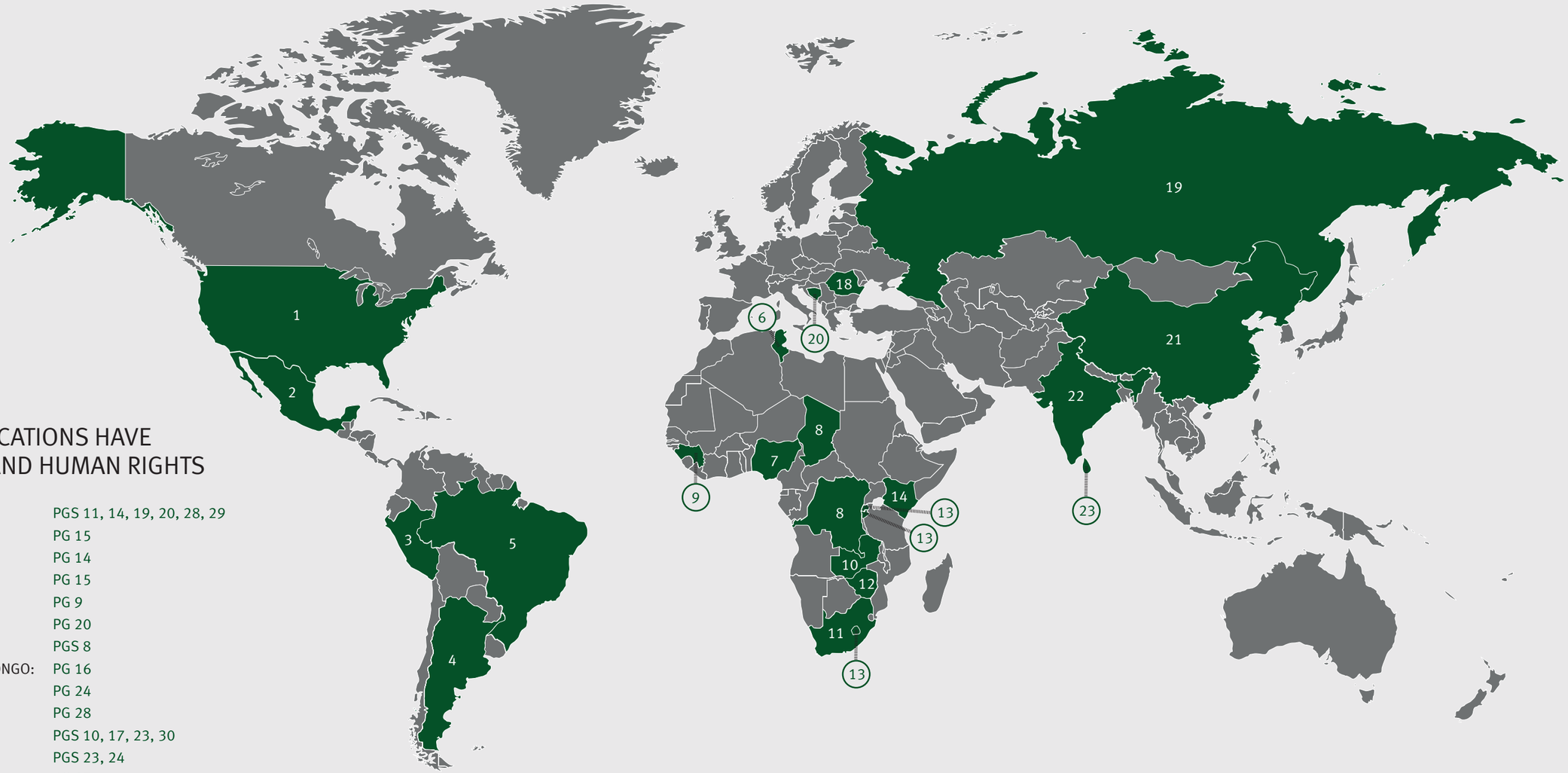
- **DISABILITY AND MENTAL HEALTH**
  Work addressing health issues pertaining to the rights of people with physical and mentaldisabilities.

- **DISASTERS AND DISPLACED POPULATIONS**
  Work addressing the health and rights of populations displaced by conflict and natural disaster.

- **HIV AND TUBERCULOSIS (TB)**
  Work representing the main themes of Human Rights Watch's work on rights violations that both lead to and result from infection.

The examples included in each category are not meant to represent an exhaustive list of Human Rights Watch's publications in any particular area, but are rather intended to highlight the issues around which Human Rights Watch's work on health and human rights has been structured thus far. Other Human Rights Watch publications that may pertain to each category are also listed under "Additional Resources" at the end of each section.

HUMAN RIGHTS WATCH




## WHERE RECENT PUBLICATIONS HAVE ADDRESSED HEALTH AND HUMAN RIGHTS

# HEALTH CARE ACCESS (NON-HIV/TB RELATED)

Lack of access to health care—whether to basic services or specific medicines—is commonplace worldwide. While governments have an obligation to progressively realize the right to access health care, they must ensure that existing services are provided without discrimination, and that health care services respect a range of other rights, including the right to physical integrity, autonomy, confidentiality and informed consent.

Injection drug users at a needle exchange point in St. Petersburg, Russia. © 2007 Lorena Ros

## “REHABILITATION REQUIRED: RUSSIA’S HUMAN RIGHTS OBLIGATION TO PROVIDE EVIDENCE-BASED DRUG DEPENDENCE TREATMENT”


REPORT PUBLISHED IN 2007

> “I’m not going back there. There’s no point, they don’t cure you. I would go to the detoxification clinic if they actually helped [me] there. I’m sick and tired of injecting. But I can’t do it [withdraw] at home… I would like to live to 30 at least…”
> —Svetlana S., 25 years old

In this report, Human Rights Watch examines the plight of hundreds of thousands of people affected by opioid drug dependence in Russia, where rehabilitation treatment is not available in many parts of the country, and where the use of methadone maintenance therapy, the most effective form of drug dependence treatment available, is banned nationwide. Human Rights Watch found that drug users who wanted to stop using drugs or gain control over their addiction were ultimately left to their own devices in their battle with opioid addiction and condemned to a life of continued drug use and increased risk of HIV infection and other drug-related health conditions, including death by overdose.
http://www.hrw.org/en/reports/2007/11/07/rehabilitation-required

## “CHOP FINE: THE HUMAN RIGHTS IMPACT OF LOCAL GOVERNMENT CORRUPTION AND MISMANAGEMENT IN RIVERS STATE, NIGERIA”

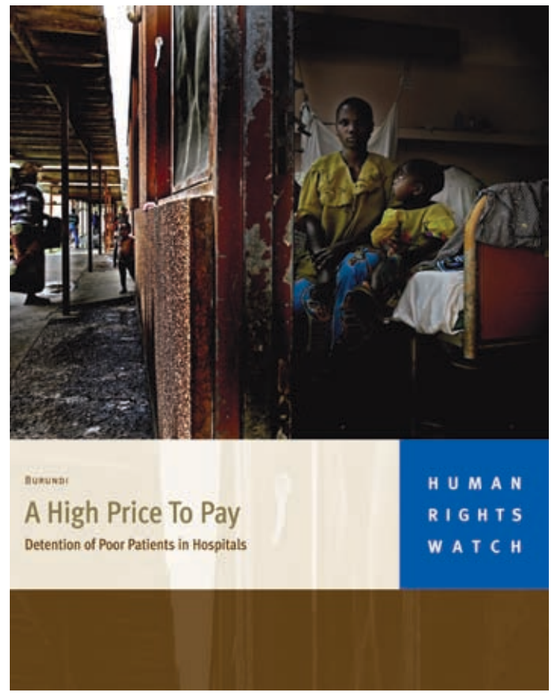

REPORT PUBLISHED IN 2007

> “[My job has been made easier by] some of the most stupid acts of corruption [I] have seen.” —Christopher Ogolo, Chairman of the Opobo/Nkoro’s Legislative Council

In this report, Human Rights Watch examined the impact of corruption on the realization of the right to health and access to health care generally. Since independence in 1960, Nigeria has lost an estimated $400 billion to corruption and waste. The human rights impact of those losses has been profound, as funds that government could have spent on basic health care and primary education for Nigeria’s citizens have instead been squandered or embezzled. Accurate statistics do not exist, but one million Nigerian children are believed to die each year before the age of five, and most of those children lose their lives to diseases that are easily preventable or treatable at low cost. The country has the world’s second-highest number of maternal deaths each year.
http://www.hrw.org/en/reports/2007/01/30/chop-fine



## “A HIGH PRICE TO PAY: DETENTION OF POOR PATIENTS IN BURUNDIAN HOSPITALS”




REPORT PUBLISHED IN 2006

> “I had to come to hospital because I needed a caesarean delivery. When I got the bill, the doctor said to me, “Since you have not paid, we will keep you here.” Life here is difficult. I don’t have permission to leave with my baby. We are often hungry here.”
> —18-year-old woman held with her baby at Louis Rwagasore Clinic, Bujumbura

This report examines the effects of user fees and the practice of routinely detaining poor patients who are unable to pay their hospital bills in one of the poorest countries in the world. Patients kept in the wards under guard by security staff of the hospital or held in a separate room, Human Rights Watch found, often go hungry, sleep on the floor, and are refused appropriate medical treatment, further discouraging poor people from seeking health care in the future and exacerbating health problems of recovering patients.
http://www.hrw.org/en/reports/2006/09/06/high-price-pay

## “REAL DUNGEONS: JUVENILE DETENTION IN THE STATE OF RIO DE JANEIRO”
REPORT PUBLISHED IN 2004

This report explores the abhorrent conditions of the state-run juvenile detention centers in Brazil’s Rio de Janeiro. Beyond being extremely susceptible to infectious diseases because of the unsanitary conditions of their surroundings, children and young adults are often physically abused by the guards. Though these conditions of sanitation and abuse violate both Brazilian and international law, none of the guards have been prosecuted for their offenses, nor has the state made any attempt to remedy the unlivable conditions of the cells. Human Rights Watch calls for immediate action by Brazil’s Department of Socio-Educational Action (DEGASE), the governmental division responsible for these detention centers.
http://www.hrw.org/en/reports/2004/12/06/real-dungeons-0

> “Those places [the juvenile detention centers] are real dungeons… [T]hey reproduce a prison subculture that condemns officials and youths to physical, mental, and moral suffering, and even promotes crime. To fight against this sad situation is to fight for the end of violence and for compliance with the Statute of the Child and the Adolescent.”
> —Maria Helena Zamora, letter to the editor, Jornal do Brasil, Rio de Janeiro

## "SOUTH AFRICA: SAFEGUARDING CHILDREN'S RIGHTS TO MEDICAL CARE"
### POLICY PAPER PUBLISHED IN 2004

This paper was submitted in 2004 at the National Assembly of the Children's Portfolio Committee on Social Development. Advocating for the overturn of an antiquated South African law, the report highlights several case studies where children are denied access to medical care because they do not have express permission from a parent or guardian. The old law states that such permission must be expressly given before someone under the age of fourteen can receive medical care. When one takes into consideration the number of children in South Africa who have been orphaned by the AIDS epidemic, however, it is clear that this law is no longer appropriate. This paper advocates that this law be revised.
http://hrw.org/english/docs/2004/07/27/safric9150.htm

## "TO SERVE WITHOUT HEALTH: INADEQUATE NUTRITION AND HEALTH CARE IN THE RUSSIAN ARMED FORCES"
### REPORT PUBLISHED IN 2003

In this report from 2003, Human Rights Watch explores different levels of human rights abuses perpetrated against first-year conscripts in the Russian military. According to this report, first-year conscripts were frequently subject to confiscation of food, denial of access to medical care, and violent abuse at the hands of senior soldiers. These abuses were often a segue to poor health and unsanitary conditions, resulting in chronic medical conditions and even death. Human Rights Watch demands that those responsible for these abuses be brought to justice and that steps be taken by the Russian government to remedy the situation.
http://www.hrw.org/en/reports/2003/11/13/serve-without-health

"The doctor came to the sick bay during regular office hours and said, 'Who's dying? Nobody. Ok.' He then left without so much as examining the conscript."
—Testimony of a first-year conscript

## ACCESS TO PAIN RELIEF MEDICINES IN INDIA
### BRIEFING PAPER PUBLISHED IN 2009

Tens of millions of people suffer from moderate to severe pain each year due to cancer, HIV/AIDS, and other life-threatening conditions. Although most pain can be treated effectively with inexpensive medications, the World Health Organization estimates that 80 percent of the world population has either no or inadequate access to treatment for moderate to severe pain. We conducted research in four states in India on access to pain relief medicines in March and April 2008, and are preparing a report and conducting advocacy related to improving access and removing barriers to access to pain relief medicines.

"For two days I had agonizing pain in both the back and front of my body. I thought I was going to die. The doctor said that there was no need to medicate my pain, that it was just a hematoma and that the pain would go away by itself. I was screaming all through the night."
—An Indian man describing his stay in hospital immediately after a construction site accident in which he sustained spinal cord trauma



## "'DETAINED AND DISMISSED:' WOMEN'S STRUGGLES TO OBTAIN HEALTH CARE IN US IMMIGRATION DETENTION"
### FORTHCOMING REPORT

The US Immigration and Customs Enforcement Service has reported that in 2007 more than 320,000 people were in its custody. Stories of women suffering because of delayed or denied health care have emerged amidst a mounting critique of the detention medical system at large. Congressional hearings, international inquiries, lawsuits, nongovernmental reports, and media coverage have unearthed instances of facilities ignoring sick call requests, not delivering medication, losing medical records, failing to provide translation services, impeding access to specialist care, and outright denying needed treatment. In 2008 Human Rights Watch investigated, and is currently preparing a report on the quality and access to health care of women in immigration detention centers, and has found widespread denial of care, including women denied gynecological care, mammograms and adequate care during pregnancy.

## ADDITIONAL RESOURCES:

Publications

- "Health and Human Rights Organizations Condemn Turkmenistan Plan to Close Hospitals" http://hrw.org/english/docs/2005/03/22/turkme10365.htm
- "China: Tibetan Prisoners' Health in Jeopardy" http://hrw.org/english/docs/2003/05/13/china6044.htm
- "Iran: Let Prisoners Get Needed Medical Care" http://hrw.org/english/docs/2008/06/05/iran19031.htm

Cross-Referenced Materials

- For publications on access to abortion and contraceptives, see SEXUAL AND REPRODUCTIVE HEALTH.
- For publications on health care in New York state juvenile prisons, Guantanamo, Russian orphanages, and Tunisian prisons, see DISABILITY AND MENTAL HEALTH.
- For publications on health care pertaining to refugees, see DISASTERS AND DISPLACED POPULATIONS.

# SEXUAL AND REPRODUCTIVE HEALTH

Women all over the world are the primary victims of sexual and gender-based violence and restrictions on rights to reproductive health. Sexual and gender-based violence represents a violation of a range of human rights protections, including the right to bodily autonomy and to equal protection under the law. Lack of access to reproductive health and medicine keeps women from fully exercising a wide range of other human rights, such as the right to education and employment. Denial of these rights compounds the fact that one third of illness among women of reproductive age in developing countries is related to pregnancy, childbirth, abortion, reproductive tract infections, and HIV/AIDS.

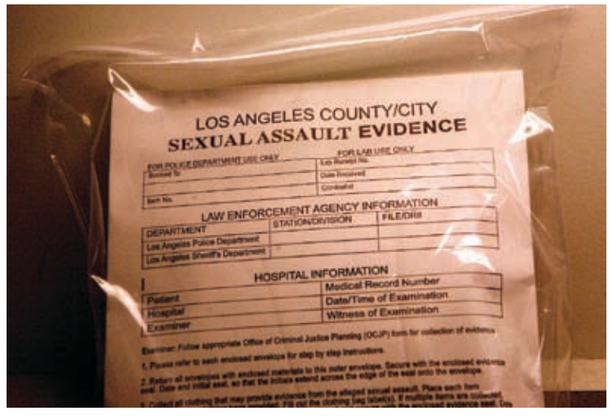
A victim of sexual violence in the Democratic Republic of Congo. 

## “MY RIGHTS, AND MY RIGHT TO KNOW: LACK OF ACCESS TO THERAPEUTIC ABORTION IN PERU”

REPORT PUBLISHED IN 2008

This report examines the fact that while abortion is legal in Peru in order to save the life of the woman or to avoid serious and permanent damage to her health, in practice, accessing lawful abortions is next to impossible for Peruvian women due to obstacles posed by ambiguities in Peru’s criminal law, the absence of a national protocol on therapeutic abortion, dysfunctional approval and referral procedures, fear of prosecution, cost, and widespread beliefs that such abortions are illegal.
http://www.hrw.org/en/reports/2008/07/08/my-rights-and-my-right-know

“I was screaming with the pain. I thought I was going to die. I shouted out that I couldn’t take it any more…. It wasn’t fair that they made me wait so long when they knew that they were going to operate on me…. Then they had to make a vertical cut [for a Cesarean section] due to the emergency.”
—M.L., 31-year-old woman denied access to therapeutic abortion




A rape kit photographed at the Santa Monica Rape Treatment Center. © 2008 Patricia Williams

## “A TEST OF JUSTICE FOR RAPE VICTIMS IN THE US”

PRESS RELEASE PUBLISHED IN 2008

This July 2008 press release brings to light the fact that thousands of rape kits, containing data collected from invasive exams conducted on rape victims, sit untested in police stations. They remain unanalyzed despite the fact that the Debbie Smith DNA Backlog Grant Program was created to allow sufficient funding for these kits to be tested and for the data to be utilized to prosecute rapists. Human Rights Watch advocates that state governments use this grant to its fullest and in its intended capacity.
http://www.hrw.org/en/news/2008/07/21/test-justice-rape-victims

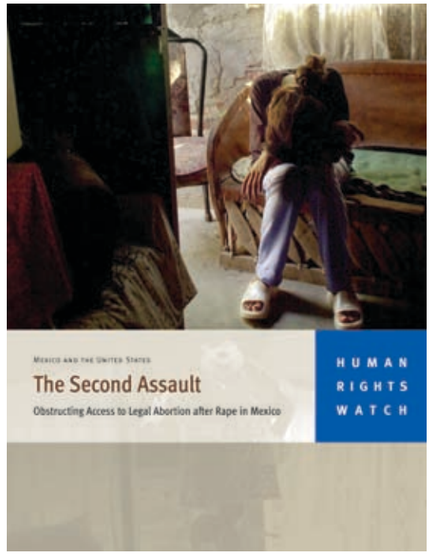
“Most [rape victims] consent to the creation of a rape kit, an invasive process for collecting physical evidence (including DNA material) of the assault that can take up to six hours. What most victims don’t know is that in thousands of cases, that evidence sits untested in police evidence lockers.”
—Sarah Tofte, Human Rights Watch US Program researcher



## “THE SECOND ASSAULT: OBSTRUCTING ACCESS TO LEGAL ABORTION AFTER RAPE IN MEXICO”

“[After the rape], the last thing on my mind was that I could be pregnant. … [I did a pregnancy test] and that’s when the whole situation hit me. … I thought: ‘Who is going to help me now?’ … I thought: ‘Every time I see that baby, I am going to think about what happened.’”
—“Blanca Valdes,” 41-year-old rape victim

In 2006, Human Rights Watch published this report examining the plight of the thousands of Mexican girls and women who, each year, get pregnant as a result of rape, where despite the fact that, on paper, abortion is permitted after rape, actual access to safe abortion procedures is made virtually impossible by a maze of administrative hurdles as well as—most pointedly—official negligence and obstruction. Even very young girls, Human Rights Watch finds, often raped by family members, are denied access to legal, safe abortions.
http://hrw.org/reports/2006/mexico0306/

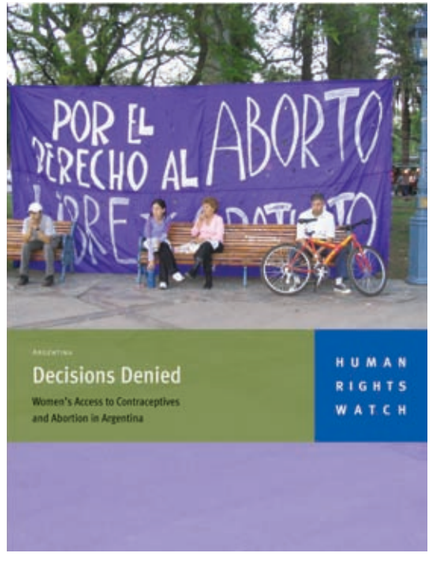



REPORT PUBLISHED IN 2006

## “DECISIONS DENIED: WOMEN’S ACCESS TO CONTRACEPTIVES AND ABORTION IN ARGENTINA”

“The large majority of the women in the shelter live with violence, [including] sexual violence.In those cases, there is no freedom to decide how many children you want to have, or even when you are going tohave sex.”
—Olga Cáceres, president of NGO that manages a battered women’s shelter

This report, published in 2005,examines the arbitrary, discriminatory restrictions on their reproductive decisions and access to contraceptives and abortion Argentine women face. As a result, many of these women must choose between an unwanted or dangerous pregnancy and a potentially fatal abortion. For decades, unsafe abortions have constituted the leading cause of maternal mortality in the country. The extraordinarily high proportion of pregnancies ending in abortions in Argentina, Human Rights Watch reports, is a graphic testament to women’s lack of access to effective family planning information and services.
http://www.hrw.org/en/reports/2005/06/14/decisions-denied-0

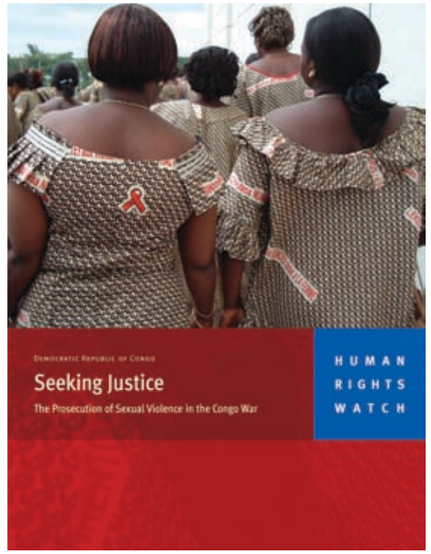



REPORT PUBLISHED IN 2005

## "SEEKING JUSTICE: THE PROSECUTION OF SEXUAL VIOLENCE IN THE CONGO WAR"

> "The women told me about their stay with [the Mai Mai]. They were raped all the time. Some were held in huts so that they could not flee. The four that came back have health problems." —Sophie M., 39 year old woman attacked by Mai Mai soldiers

In this report from 2005, Human Rights Watch documents the plight of tens of thousands of people—men, women, girls, and boys alike—including children as young as three years old- who have suffered as victims of crimes of sexual violence during an extended period of conflict. The report details the fact that the perpetrators of sexual violence come from virtually all the armed forces and armed groups that operate in eastern Congo. The report also covers the enormous need for medical, psychological and social support that victims of sexual violence should have.
http://hrw.org/reports/2005/drc0305/

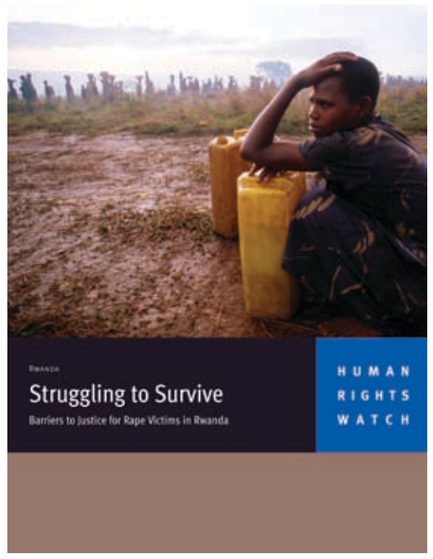



REPORT PUBLISHED IN 2005

## "STRUGGLING TO SURVIVE: RAPE VICTIMS IN RWANDA"

> "When gacaca begins, it will seriously disturb the survivors. They don't have hope, or security. Now that people have begun to talk about gacaca, the security situation has changed." —V.B., Ntongwe district

In 2004, ten years after the Rwandan genocide, many victims of sexual violence are still without justice, left to suffer with severe mental and physical ailments. Rwandan women are still at high risk for sexual violence as perpetrators of these crimes live on with virtual impunity. In an effort to hear the overwhelming number of cases being brought forth, the Rwandan government set up a two-tiered court system, the international court, and the local "Gacaca" courts. Victims called upon to present evidence in the Gacaca courts, however, fear that they will be targeted for their testimony, and therefore subject to further abuses.
http://hrw.org/reports/2004/rwanda0904/




REPORT PUBLISHED IN 2004



## "HOPES BETRAYED: TRAFFICKING OF WOMEN AND GIRLS TO POST-CONFLICT BOSNIA AND HERZEGOVINA FOR FORCED PROSTITUTION"

REPORT PUBLISHED IN 2002

This 2002 report documents not only the thousands of women and girls who suffered rape and other forms of sexual violence during the conflict in Bosnia and Herzegovina, but also the fact that after the signing of the Dayton Peace Agreement in December 1995, violence against women and girls in Bosnia and Herzegovina did not cease, but was followed by the trafficking of women and girls for forced prostitution. In its investigationfrom 1999 to 2001, Human Rights Watch found that trafficking laws went largely unenforced and that members of local police forces as well as some Stabilization Force (SFOR) contractors were implicated in trafficking related activities.
http://www.hrw.org/reports/2002/bosnia/

> "I have been here seven months [since August 1998].... I came from Romania. A woman helped me across the border. She is a Romanian woman who lives with a Serb man.... She told me that I could work as a housecleaner for 200 Deutschmarks [€103/U.S.$93] each month.... [She and her husband] held me in a locked room for six days.... I was locked in and tricked. One evening they put me in a car and brought me to [a] bar." —C.C., a victim of sex trafficking

## "SCARED AT SCHOOL: SEXUAL VIOLENCE AGAINST GIRLS IN SOUTH AFRICAN SCHOOLS"

REPORT PUBLISHED IN 2001

This 2001 report documents the all too common occurrence of sexual violence in schools and postulates that because these crimes often remains unchallenged, much of the behavior that is violent, harassing, degrading, and sexual in nature has become so normalized in many schools that it should be seen as a systemic problem for education, not merely a series of individual incidents. Fear of being sexually harassed or attacked at school has seriously impeded many girls' access to education, serving to further fuel a culture of ignorance and violence.
http://www.hrw.org/reports/2001/safrica/

> "I didn't go back to school for one month after I came forward. Everything reminds me, wearing my school uniform reminds me of what happened. I have dreams. He [the teacher] is in my dreams. He is in the classroom laughing at me. I can hear him laughing at me in my dreams. I sometimes have to pass down the hall where his classroom was. I thought I could see him, still there. I was scared he'll still be there." —P.C., age 15, sexually assaulted by teacher at school

## ADDITIONAL RESOURCES:

Publications

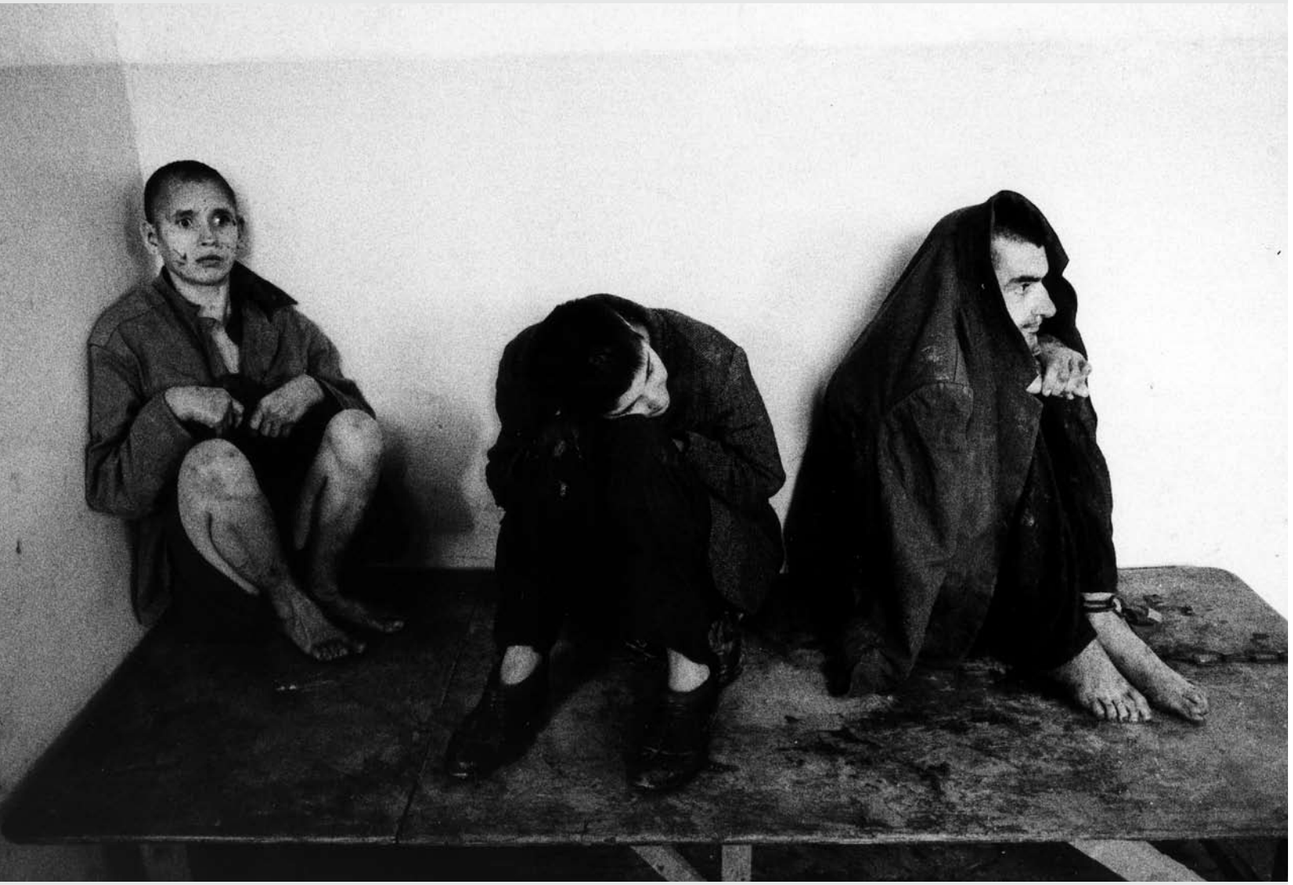
- "Mexico: Supreme Court Upholds Mexico City Abortion Law" http://hrw.org/english/docs/2008/08/29/mexico19715.htm
- "Q&A: Human Rights Law and Access to Abortion" http://www.hrw.org/backgrounder/americas/argentina0605/
- "Borderline Slavery: Child Trafficking in Togo,"April 2003: http://hrw.org/reports/2003/togo0403/

Cross Referenced Materials

• For publications relating to sexual health and HIV, please see HIV AND TUBERCULOSIS.

# DISABILITY AND MENTAL HEALTH

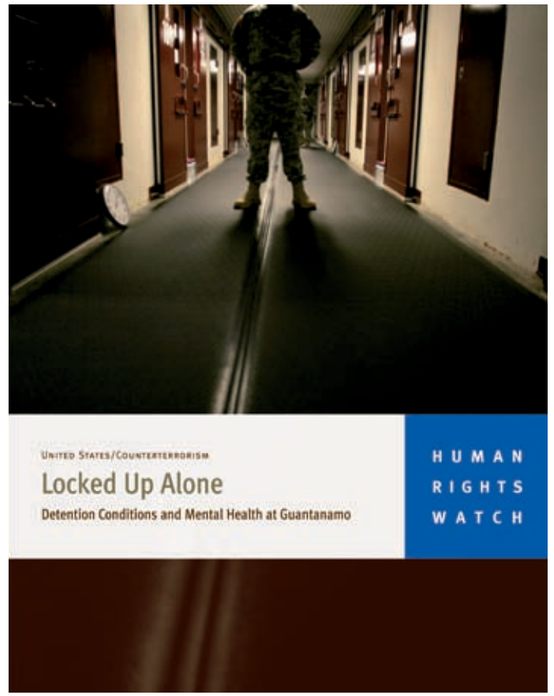
Across the world, disabled people struggle for access to education, employment, housing and transport, for the right to express their sexuality and have children, to participate in political and social life and in the development of their communities. Individuals with physical and mental disabilities often face increased violence and discrimination as well. Obstacles to accessing health care for many individuals suffering from mental illness lead to poor health and over-incarceration.



Mentally-ill patients from Chechnya, displaced by fighting, now live as refugees in Ingushetia. (c) 2000 Stanley Greene/NOOR

## "LOCKED UP ALONE: DETENTION CONDITIONS AND MENTAL HEALTH AT GUANTANAMO"

This report documents the inhumane conditions prevailing in many of the "camps" in which Guantanamo detainees are being held. It describes the severe and often prolonged isolation to which many detainees aresubjected and the reported consequences to detainees' mental health.
http://www.hrw.org/en/reports/2008/06/09/locked-alone-0




REPORT PUBLISHED IN 2008

"The Paralympics are the Chinese government's last chance to live up to the Olympics related human rights commitments made to the international community, but which were repeatedly violated during the Beijing Games." —Sophie Richardson, Asia Advocacy Director at Human Rights Watch

## "CHINA: AS PARALYMPICS LAUNCH, DISABLED FACE DISCRIMINATION"

PRESS RELEASE PUBLISHED IN 2008

In a September 2008 press release, HRW points to the fact that, while the Chinese government deserves praise for enacting laws and ratifying the Convention on the Rights of Persons with Disabilities, the new laws have not ended discriminatory employment practices and workers, some with mental disabilities, continue to be held in slave-like conditions throughout China in kilns, mines, and other forced labor situations. HRW called on the Chinese government to ratify the Convention on the Rights of Persons with Disabilities Optional Protocol, and to loosen restrictions on grassroots civil society organizations dedicated to assisting people with disabilities.
http://www.hrw.org/en/news/2008/09/03/china-paralympics-launch-disabled-face-discrimination

## “TUNISIA: LONG-TERM SOLITARY CONFINEMENT OF POLITICAL PRISONERS”
### REPORT PUBLISHED IN 2004

Despite Tunisia’s claim that its detention centers house no political prisoners, there are between thirty and forty men who have been kept in isolated and often inhumane conditions since the early 1990s. This prolonged period of isolation has had negative effects on the men’s physical and mental health. For most of these men, the crimes with which they have been charged have no link to violence or other illegal measures; the common link is that they are former participants in the Islamist Nahdha movement. Human Rights Watch advocates that living conditions for these men be improved.
http://www.hrw.org/en/reports/2004/07/06/long-term-solitary-confinement-political-prisoners-0

“[When I visit my husband], there are always at least four guards present, one at least behind me and three behind Hamadi. There is a grill between us and we are more than one meter apart. In principle, the visit is supposed to last fifteen minutes but the guards can cut it short if they do not approve of our conversation. So what we talk about is limited to ‘I’m fine,’ ‘Everything’s OK,’ that sort of thing.”
—Wahida Trabelsi, wife of detainee

## “ILL-EQUIPPED: US PRISONS AND OFFENDERS WITH MENTAL ILLNESS”
### REPORT PUBLISHED IN 2003

In this report from 2003, Human Rights Watch reports that despite the fact that there are three times more mentally ill people in prisons than in mental health hospitals, and prisoners have rates of mental illness that are two to four times greater than the rates of members of the general public, seriously ill prisoners often receive little or no meaningful treatment because prison mental health services are woefully deficient, crippled by understaffing, insufficient facilities, and limited programs.
http://www.hrw.org/en/reports/2003/10/21/ill-equipped

“Whether because of a lack of resources, a misconception of the reality of psychological pain, the inherent callousness of the bureaucracy, or officials’ blind faith in their own policies, the [corrections department] has knowingly turned its back on this most needy segment of its population.” —Texas federal district judge on conditions in prisons

## “CRUELTY AND NEGLECT IN RUSSIAN ORPHANAGES”
### REPORT PUBLISHED IN 1998

This report from 1998 details the overwhelming injustices experienced by orphaned or abandoned children in Russia. According to Russian law, simply being labeled as an orphan is tantamount to being mentally deficient. Orphans who are actually found to bementally ill are placed in horrific conditions of extreme neglect, often resulting in death. Even those classified as “normal” are subject o discrimination and abuse. Those needing mental health care often do not receive any, making the likelihood of their being able to join mainstream society very low.
http://www.hrw.org/reports98/russia2/

“It took me a while to realize when I went to the baby houses that they only show you all the healthy ones. Then there are the rooms where the others are just lying there. They’re all dying, lying on their backs, staring at the ceiling, generally fed on their backs. I’ve seen them putting the bottle of boiling hot food into children’s mouths. It must be burning, but they’re too hungry and just swallow it.” —Sarah Philips, long-time orphanage volunteer



## ADDITIONAL RESOURCES:

Publications

- “Prevalence and Policy: New Data on the Prevalence of Mental Illness in US Prisons”
  http://hrw.org/english/docs/2007/01/10/usdom15040.htm
- “US: Number of Mentally Ill in Prisons Quadrupled”
  http://hrw.org/english/docs/2006/09/06/usdom14137.htm
- “The Insanity Inside Guantánamo”
  http://hrw.org/english/docs/2008/06/10/usint19075.htm
- “Custody and Control: Conditions of Confinement in New York’s Juvenile Prisons for Girls”
  http://www.hrw.org/en/reports/2006/09/24/custody-and-control-0
- “Death by Default: A Policy of Fatal Neglect in China’s State Orphanages”
  http://www.hrw.org/en/reports/1996/01/01/death-default

Cross Referenced Materials

• For publications on mental health care in juvenile detention facilities in Brazil or the Russian military, see HEALTH CARE ACCESS.

# DISASTERS AND DISPLACED POPULATIONS

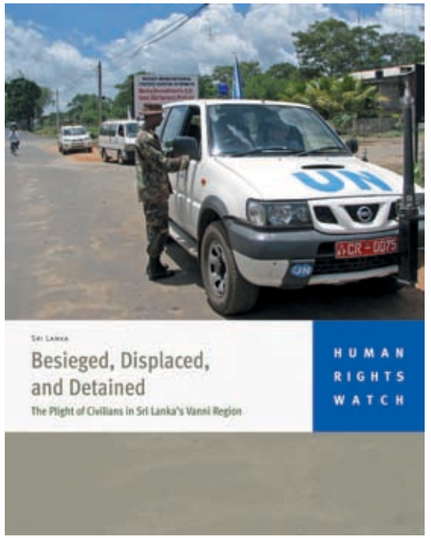
Refugees and persons displaced by a disaster, disease outbreak, or conflict are subject to a wide range of abuses. Individuals fleeing abuses at home have the right to leave their country freely and to seek refuge and asylum elsewhere, yet governments frequently see refugees as a threat or a burden, often meaning that refugees face many difficulties accessing health care critical to their needs.

Natural disasters put a high burden on governments to react quickly to protect the lives of vulnerable civilians, but governments often make decisions during such times of crisis that are discriminatory and may arbitrarily and unjustifiably restrict individual rights.

Women queue for water at a natural water spring in the overpopulated area of Tafara Mabvuku outside Harare. Zimbabwe's water and sanitation infrastructure has collapsed as a result of the economic crisis. © 2007 Dirk-Jan Visser

### "BESIEGED, DISPLACED, AND DETAINED: THE PLIGHT OF CIVILIANS IN SRI LANKA'S VANNI REGION"

This December 2008 report documents the Sri Lankan government's responsibility for the plight of the 230,000 to 300,000 displaced persons trapped in the Vanni conflict zone. They face severe shortages of food and other essentials because of government restrictions on humanitarian assistance. Individuals and families who have managed to flee areas controlled by the separatist Liberation Tigers of Tamil Eelam (LTTE) have been detained in poor conditions in army-controlled camps.
http://www.hrw.org/en/reports/2008/12/22/besieged-displaced-and-detained

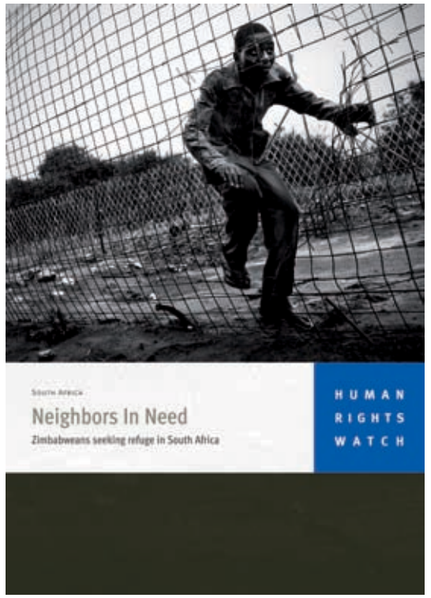



REPORT PUBLISHED IN 2008

### "NEIGHBORS IN NEED: ZIMBABWEANS SEEKING REFUGE IN SOUTH AFRICA"

> "I was told to go to a private doctor but I did not have enough money. One of my children told me that I could I feel a lot better and I can work now [in South Africa]. I am afraid of going back to Zimbabwe because there is no food or medication." —A 33-year-old HIV infected woman from Bulawayo

Upon arrival, the more than one million Zimbabweans – including 200,000 or more living with HIV – who have fled across the border to South Africa in the past three years have no right to work, limited access to social assistance such as health care and housing, and are liable to arrest and deportation at any time. This 2008 report documents the effects of ongoing, widespread human rights abuses and Zimbabwean government policies that not only impede the rights of people living with HIV and AIDS to access health care, but also have led to police harassment of informal traders, high user fees and transport costs, frequent disruptions in the supply of medicines, and the continued failure of social welfare programs to provide for those most in-need of support.
http://www.hrw.org/en/reports/2008/06/18/neighbors-need




REPORT PUBLISHED IN 2008

REPORT PUBLISHED IN 2007


## "THEY CAME HERE TO KILL US: MILITIA ATTACKS AND ETHNIC TARGETING OF CIVILIANS IN CHAD"

> "They shot at the people running away; they followed usas we ran to kill us," he said. "They only came to kill, not to steal. Before they always stole, but that day was just for killing."—Chadian villager

Violent militia attacks in eastern Chad claimed morethan 300 lives in late 2006, primarily in the rural southeast, along the Chad-Sudan border. Children were shot and killed, women were raped, and villages were looted and burned, displacing more than 17,000 civilians in November alone. Most attacks were carried out by ethnic militias, and most victims belonged to non- Arab ethnic groups, though there are significant exceptions. This 2007 report explores these atrocities.
http://www.hrw.org/en/reports/2007/01/08/they-came-here-kill-us-0

## "EVICTED AND FORSAKEN: INTERNALLY DISPLACED PERSONS IN THE AFTERMATH OF OPERATION MURAMBATSVINA"

REPORT PUBLISHED IN 2005

In May 2005, the Zimbabwean government's program of forced evictions and demolitions, known as Operation Murambatsvina (Clear the Filth), deprived 700,000 men, women and children of their homes, and in many cases their livelihoods, throughout the country, and led to a massive humanitarian crisis. This report reveals how Operation Murambatsvina led to widespread internal displacement, with hundreds of thousands of people sleeping outside in the open on disused fields, porches, in the bush, in overcrowded conditions and inadequate shelters. This lack of shelter coupled with little or no access to food, water, or medical assistance has led to innumerable health problems. The report examines the response of the Zimbabwean government and international community to the humanitarian crisis created by Operation Murambatsvina and its human rights implications.
http://www.hrw.org/en/reports/2005/11/30/zimbabwe-evicted-and-forsaken

> "My son is suffering from diarrhea and pneumonia… We were evicted from Mufakose four months ago. We now sleep at my uncle's house with my son, on the floor in the corridor. It's quite cold there and maybe that is why he is suffering from pneumonia. I have no money because I can't sell vegetables anymore. I have received no help from anyone."
> —"Pamela Q.," evicted from her home after Operation Murambatsvina



## "FORGOTTEN CHILDREN OF WAR: SIERRA LEONEAN REFUGEE CHILDREN IN GUINEA"

REPORT PUBLISHED IN 1999

This 1999 report monitors the living conditions and treatment of children either orphaned or separated from their parents while refugeeing to Guinea, fleeing fighting in Sierra Leone. Many of these children are now in the "care" of so-called "forced caretakers," leaving them extremely vulnerable to abuse, sexual exploitation, malnutrition and other illnesses.
http://www.hrw.org/reports/1999/guinea/index.htm#TopOfPage

## ADDITIONAL RESOURCES:

Publications

- "India: Protect Those Displaced from Chhattisgarh Violence"
  http://hrw.org/english/docs/2008/07/16/india19366.htm
- "Colombia: Displaced and Discarded: The Plight of Internally Displaced Persons inogotá and Cartagena"
  http://hrw.org/reports/2005/colombia1005/index.htm
- "After the Deluge: India's Reconstruction Following the 2004 Tsunami"
  http://hrw.org/reports/2005/india0505/

Cross Referenced Materials

• For publications on health care for immigrants to the US, see HEALTH CARE ACCESS or HIV AND TUBERCULOSIS.

# HIV AND TUBERCULOSIS

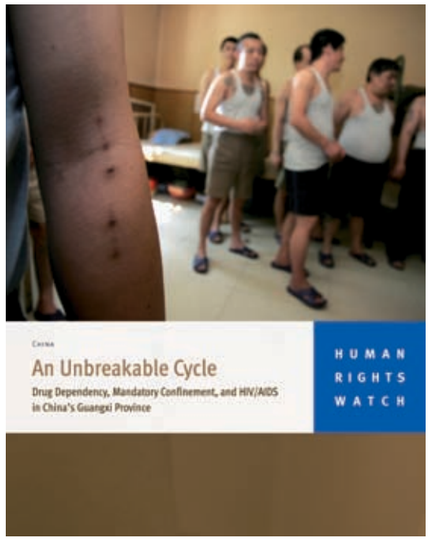
Vulnerability to both HIV and TB infection is fueled by a wide range of human rights violations. People living with HIV/AIDS around the world continue to suffer abuse, stigmatization and discrimination, and often face restrictions on their rights to freedom of movement.

A Kenyan cemetery. Some 40,000 children in Kenya are likely to die if theydo not receive antiretroviral treatment.
© 2008 Ben Lowy/VII Network

## "AN UNBREAKABLE CYCLE: DRUG DEPENDENCY, MANDATORY CONFINEMENT AND HIV/AIDS IN CHINA'S GUANGXI PROVINCE"

REPORT PUBLISHED IN 2008

> "Nobody cares what happens to drug users. We have no human rights. We have no hope."—Liu, HIV-positive former drug user, Nanning

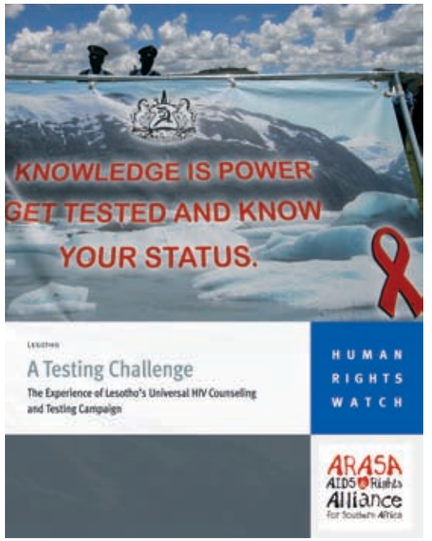



This report examines access to treatment for injection drug users in China, where every year, police send tens of thousands of drug users to mandatory drug treatment centers where they receive no effective drug dependence treatment or prevention and treatment services for HIV, hepatitis or TB. Drug users who are on antiretroviral treatment are forced to interrupt it, and those who need HIV treatment while in these centers cannot obtain it. Fear of police raids drives drug users underground, away from methadone clinics, needle exchange sites and other proven HIV prevention services.
http://www.hrw.org/en/reports/2008/12/09/unbreakable-cycle-0

## "A TESTING CHALLENGE: THE EXPERIENCE OF LESOTHO'S UNIVERSAL HIV COUNSELING AND TESTING CAMPAIGN"

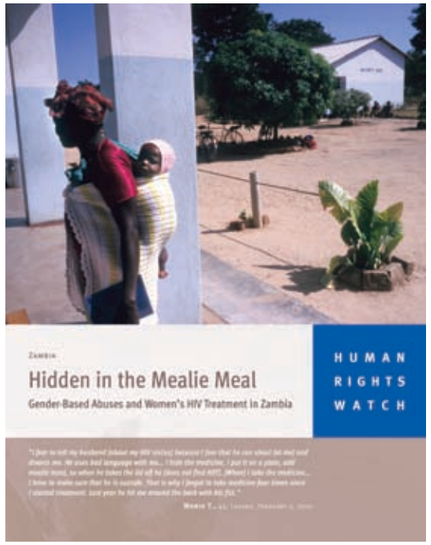
REPORT PUBLISHED IN 2008

> "Women are afraid to tell their husbands. They fear beatings, insults. They worry that [HIV] disclosure will destroy peace in the house. Some men may start calling them names, accuse them of sleeping around." — Testimony from a healthcare worker on the KYS project




This report was released in November of 2008 and addresses the significant risks of human rights abuse associated with a nationwide testing initiative like the "Know Your Status (KYS)" campaign launched in Lesotho in 2005, where lay counselors are used to expand availability and accessibility of testing and counseling. These risks include: involuntary and coercive testing; breaches of confidentiality; lack of continuity of care; and possible adverse effects, like discrimination, abandonment or domestic violence for people who test positive.
http://www.hrw.org/en/reports/2008/11/18/testing-challenge

REPORT PUBLISHED IN 2007




## "HIDDEN IN THE MEALIE-MEAL: GENDER-BASED ABUSES AND WOMEN'S HIV TREATMENT IN ZAMBIA"

Violence and discrimination against women (including insecure property rights) are widely recognized as factors that fuel the HIV pandemic, yet their impact on the treatment has been scarcely explored. In Zambia, a country with a massive HIV epidemic and marked gender inequality, the government has fallen short of addressing the gender-based abuses that hinder women's adherence to HIV treatment have no systems to detect or address abuses such as gender-based violence, and Zambia has no specific law that criminalizes gender-based violence. Customary laws discriminate against women in terms of property allocation upon divorce or the death of a spouse, and even existing laws regulating inheritance are ill-enforced. As a result, women are sometimes unable to afford transportation costs to attend clinic appointments, or to afford food to take along with their medication. Without addressing gender equality, Zambia will be unable to realize its goals for universal access to treatment.
http://www.hrw.org/en/reports/2007/12/17/hidden-mealie-meal

REPORT PUBLISHED IN 2007


## "CHRONIC INDIFFERENCE: HIV/AIDS SERVICES FOR IMMIGRANTS DETAINED BY THE UNITED STATES"

> "I have no idea what my T cells are, or how I am doing with this virus." —Diane P., Monmouth County Correctional Institution (MCCI), Freehold, New Jersey

Medical care provided to immigrants living with HIV in detention in the United States is of such poor quality that it constitutes a risk to the health and lives of those it is intended to serve. The United States Department of Homeland Security (DHS), which is responsible for the care of immigrants who are detained, fails to collect basic information to monitor immigrant detainees with HIV/AIDS, and inadequately supervises the medical care that is provided. The consequence of this indifference is poor care, untreated infections, increased risk of resistance to HIV medications, and even death. Interviews with inmates in four states and in facilities run by DHS, prison corporations, and county jails revealed that medical care for HIV-positive detainees was delayed, interrupted, and inconsistent. DHS policies and procedures for HIV/AIDS are conflicting and incomplete, and fail to conform to national and international guidelines for HIV/AIDS care in correctional settings.
http://www.hrw.org/en/reports/2007/12/05/chronic-indifference

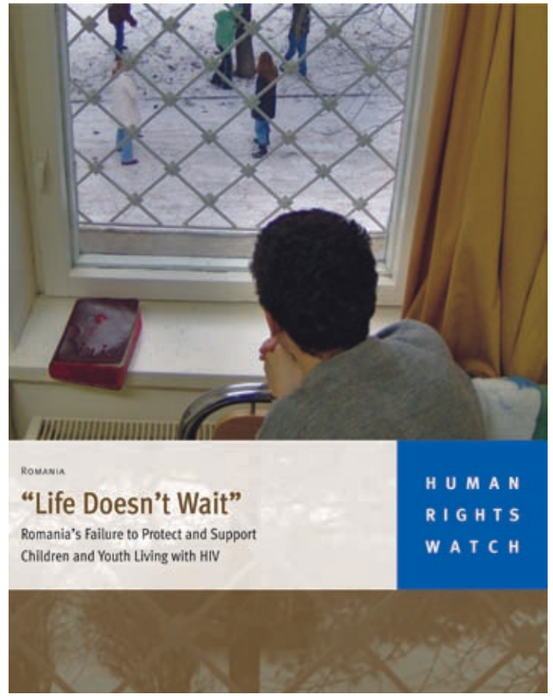


REPORT PUBLISHED IN 2006

## "LIFE DOESN'T WAIT: ROMANIA'S FAILURE TO PROTECT AND SUPPORT CHILDREN AND YOUTH LIVING WITH HIV"

> "I've heard that there is money for AIDS but we don't want people in the village to know [we're positive] so we don't apply."
> —Victoria A., Bucharest

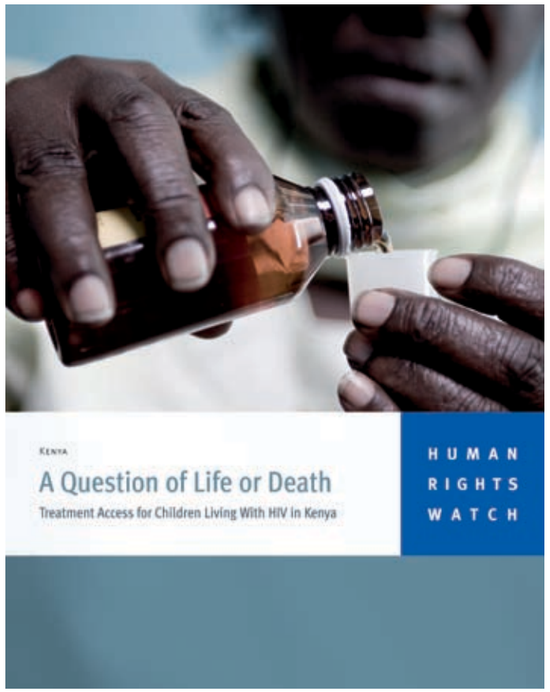
Thousands of Romanian children and youth living with HIV face widespread discrimination that keeps many from attending school, obtaining necessary medical care, working, or even learning about their disease. Currently, more than 7,200 Romanian children and youth are living with HIV. The vast majority were infected between 1986 and 1991 as a direct result of government policies that exposed them to contaminated needles and "microtransfusions" of unscreened blood. Forty percent of these children are not attending any form of schooling. Those who do risk ostracism, abuse by teachers and other students, and expulsion if their HIV status becomes known. Despite the Romanian government's stated commitment to providing access to antiretroviral therapy, law and practice prevent children from receiving the resources they need to lead healthy and integrated lives. In order to protect the rights of children and youth living with HIV, laws and policies must be instituted that address this discrimination by ensuring confidentiality and universal access to education and treatment.
http://www.hrw.org/en/reports/2006/08/01/life-doesnt-wait




## "BARRED FROM TREATMENT: PUNISHMENT OF DRUG DEPENDENT PRISONERS IN NEW YORK STATE"
REPORT PUBLISHED IN 2009

This report addresses health care in New York prisons and, specifically, the lack of access to effective drug treatment and harm-reduction programs for prisoners. Despite a high rate of incarceration for drug related crimes, a prevalence of HIV and Hepatitis in prison significantly higher than in the community, and growing evidence of transmission of HIV and Hepatitis during incarceration, prisons in the US continue to resist implementation of proven drug treatment and harm reduction programs. Specifically, prison drug treatment programs often have insufficient capacity, programming and linkage to the community. Moreover, the refusal of US prisons to offer Opioid Substitution Therapy (OST) denies prisoners who are opiate addicts the benefit of one of the most effective and best-researched medical treatments for the disease of opiate addiction.

REPORT PUBLISHED IN 2008




## "A QUESTION OF LIFE OR DEATH: TREATMENT ACCESS FOR CHILDREN LIVING WITH HIV IN KENYA"

This report examined obstacles to HIV treatment for children in Kenya, many of which are also relevant to understanding treatment access barriers for children in other parts of Eastern and Southern Africa. Nearly 90 percent of HIV-positive children worldwide and roughly two-thirds of all HIV-positive people live in Africa. Despite this, the vast majority of the massive efforts to roll out antiretroviral drugs have concentrated on adults, not children. At present, adults are about twice as likely to get antiretroviral treatment as children.
http://www.hrw.org/en/reports/2008/12/16/question-life-or-death-0

## MIGRANT ACCESS TO HEALTH CARE IN SOUTH AFRICA
### FORTHCOMING REPORT

In a continuation of ongoing work to expose the human rights consequences of South Africa's failure to uphold the rights of refugees, asylum seekers and other migrants, this upcoming report will examine violations of constitutional rights to safe and sanitary housing, food and basic services in a country where a progressive right to access to health care is clearly defined for citizens, but ambiguous or disputed for non-citizens. The project will focus on access to screening and treatment for tuberculosis. By observing the effects of health system failures on the particularly vulnerable migrant population, the project will complement advocacy by South African civil society to integrate a human rights framework into the widespread challenge of TB containment and treatment.



## ADDITIONAL RESOURCES:

Publications

- "A Test of Inequality: Discrimination against Women Living with HIV in the Dominican Republic" http://hrw.org/reports/2004/dr0704/index.htm
- "Deadly Denial: Barriers to HIV/AIDS Treatment for People Who Use Drugs in Thailand" http://hrw.org/reports/2007/thailand1107/
- "No Bright Future: Government Failures, Human Rights Abuses and Squandered Progress in the Fight against AIDS in Zimbabwe" http://hrw.org/reports/2006/zimbabwe0706/
- "Rhetoric and Risk: Human Rights Abuses Impeding Ukraine's Fight Against HIV/AIDS" http://hrw.org/reports/2006/ukraine0306/
- "Letting Them Fail: Government Neglect and the Right to Education for Children Affected by AIDS" http://hrw.org/reports/2005/africa1005/

Cross Referenced Materials:

• For publications on intravenous drug use in Russia, see HEALTH CARE ACCESS.

HUMAN RIGHTS WATCH

Promoting and protecting health and respecting, protecting and fulfilling human rights are inextricably linked, and every country in the world is now party to at least one human rights treaty that addresses health-related rights and the conditions necessary for health. As part of Human Rights Watch's long commitment to defending and protecting human rights, the organization has routinely reported on health and human rights issues, including access to health care, sexual and reproductive health, disability and mental health, disasters and displaced populations, and HIV/AIDS.

These reports have focused on those populations most marginalized in society and most likely to have their rights abused. This brochure outlines some of the recent work that different divisions within Human Rights Watch have done and are doing to address issues of health and human rights in countries around the world, ranging from the impact of corruption on health care delivery and the difficulty of accessing health care (for populations such as children, migrants, refugees, soldiers, prisoners and LGBT individuals), to environmental contamination and lead poisoning and discrimination against individuals because of infection or illness.



Cover Photo: A detained patient and her child at Roi Khaled Hospital, Bujumbura. © 2006 Jehad Nga