

A PERSONAL PERSPECTIVE ON HUMAN RIGHTS AND HEALTH

Simone Veil

After having experienced the worst of barbarities, could the twentieth century nonetheless be remembered for its defense of human rights?

For it is clear, that the debates generated by the protection of human rights are now among the most important in our societies, taking the place of general debates around political issues. In addition, for several years, the United Nations has placed human rights issues at the center of its international conferences on specific themes: whether environment in Rio, population in Cairo, social development in Copenhagen, women in Beijing or habitat in Istanbul.

The importance attached to human rights is a critical factor in mobilizing the younger generation and the work of many nongovernmental organizations. While some may forget that only democratic institutions are able to guarantee a favorable environment for respect of human rights, there is increasing recognition that human rights norms may offer concrete answers to the tragedies perpetrated during this century by totalitarian or authoritarian régimes founded on hate.

Democracy itself is too abstract a concept to protect against violations of all human rights, discrimination and to ensure dignity for all. Whereas the Universal Declaration of Human Rights gives a broad definition of human rights, political priority has long been given to civil and political rights. This is largely the result of nineteenth century political liberalism, and its associated moral values impacting on the concerns of Western democracies.

More recently, increased political attention to social and economic rights, such as the rights to education, health, work, and shelter have helped broaden our understanding of the content of these, increasing efforts to react to situations of

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poverty and exclusion. For example, the poor traditionally received a minimum of assistance and treatment. It is a tragedy to note that now nongovernmental organizations such as Médecins du Monde are needed to deliver care and humanitarian assistance to poor people in France. The Hippocratic Oath, to which physicians still refer, conveys the concept that the medical doctor has a special duty towards patients in addition to the rights of patients to confidentiality and professional secrecy.

A disparity exists in the access poor people have to health and social services. Patients without resources will receive medical care, but not welfare or social services. The paradoxical result is that, people, after having been given very expensive treatments, will be turned out onto the streets without any resources at the conclusion of treatment.

Another example of this attitude in France is the situation of foreigners whose papers are not in order. There is only one exception to expulsion: an ill person who could not obtain medical treatment in their own country.

The 1970s were the golden age of medicine. Medical research has progressed more in the last fifty years than in the past thousand. There was a hope, at least in industrialized countries, that the most serious medical problems were mastered or were on their way to being so. Yet, increasing expenses, emerging diseases and huge difficulties in eradicating endemic diseases in developing countries have certainly reduced that optimism. "Health for all in 2000" appears increasingly unrealistic. But the emergence of AIDS in the 1980s threw all certainties back into question and brought fear and stigmatization, reactions which had been generated by plague, cholera and tuberculosis, back to haunt us. And so, toward the end of that twentieth century, we witnessed the return of reactions belonging to the Middle Ages, as insults and humiliations were directed towards those who were thought to be HIV-infected. The difficulties in balancing the requirements of public health to protect the community against the rights of affected individuals is neither new nor specific to AIDS. But probably for the first time, the particular social climate in which HIV/AIDS developed led to increased attention to the human rights of the infected person.

Traditionally public health policy gave priority to the protection of society and not individuals. Measures designed in this manner were often coercive, restrictive and highly discriminatory.

Now, with the lessons learned from AIDS, we can ask whether these measures were really necessary for public health, let alone for the patients or their families. It seems increasingly true that traditional, coercive measures are hardly ever justified or necessary. We must always look for solutions that respect the rights of individuals.

Current issues to consider include the use of certain kinds of therapies; medical use of computer information; the rights of fathers, mothers and children in cases of medically-assisted procreation; the consequences of predictive medicine; the preservation of medical confidentiality; and many other problems which interfere with rights and respect for human dignity.

The deepening of human rights awareness helps us to define and protect the rights relevant to the sphere of private life. To move in that direction, the human rights of women must be taken into account. Yet, in most countries, the realization of women's rights remains underdeveloped at best.

Dominated by the father's authority during childhood, then subjected to the will of their husbands, women often have no rights even regarding their own bodies. Burdensome cultural traditions along with religious beliefs, allow them to suffer from ill treatment which is accepted not only by the concerned country but also by the international community. In China, for instance, many little girls are sentenced to death even before birth when amniocentesis is used to reveal their female sex.

In many countries, female genital mutilation, a practice which maims women for life, continues to exist. In addition, very young girls, forced to get married, must often endure sexual relationships against their will without any protection from sexually transmitted diseases, including AIDS. With no possibility of contraception or legal abortion, they must often bear children before they are physically ready to do so. Some have recourse to illicit and secret abortions, a practice which causes the death of close to one million women each year.

I note that international nongovernmental organizations, fighting for human rights, are generally not very involved in the defense of women's rights. Perhaps they prefer not to intervene in these matters because they see these violations as concerning private or religious activities. However, they have recently been willing to speak out in cases of conflict, for example, to denounce the rapes during the conflict in former Yugoslavia. No one protested some days ago, that the first victims of the Afghan revolution were women: they lost their freedom and all of their rights. Women must develop real solidarity to help other women if we are to resist oppression.

In our societies, the choice of motherhood remains a privilege. Furthermore, violence of all kinds such as violence in the home, rape and incest, only began to be fought a short time ago. Unfortunately, many affected individuals still do not dare to talk about it. If, at last, all concerned women would feel able to complain we might have some real progress.

Young boys also do not escape violence in the home, an issue which is now finally beginning to be addressed by the international community. It means protection of the bodily integrity of the weakest and the most destitute, but also protections of their mental state and their dignity. For these children, both boys and girls, not only is their flesh ruined, but also their minds, their potential for love, and their chances to lead a normal life.

Clearly, the wide range of problems seen now within the health and human rights perspective remains to be fully described. I also am fully aware that for millions of human beings everywhere everything must be changed if they are to live their lives in dignity. The actions and studies initiated by the François-Xavier Bagnoud Center for Health and Human Rights has galvanized important progress in the field.

For personal reasons, I have been deeply involved for more than 50 years in the fight for human rights. For that, and for those things which I saw during my seven years as the Minister of Health for France, I am very grateful to the François-Xavier Bagnoud Center and to the Harvard School of Public Health for what is being done to develop a new vision for health and human rights.