

**GHP 214: HEALTH, HUMAN RIGHTS AND
THE INTERNATIONAL SYSTEM
Spring 1 (January 29-March 14, 2019)
Tuesdays and Thursdays 3:45- 5:15pm. Kresge 202A**

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Credits

2.5 credits

Purpose of This Course

This course is designed to provide an overview of the nature and role of international norms, processes and actors, and their relations to health and human rights issues. Students taking the course will acquire the skills and understanding that will facilitate their professional engagement with the international political and legal order on matters of health and human rights.

Course Description

What place do health and human rights occupy in international affairs? How do human rights concerns differ from ethical concerns and how are they similar? How can the effectiveness of norms and institutions relating to these issues be gauged? What insights may be derived from the way health and human rights are approached in the international system? To answer these questions, we need to comprehend the nature of the norms, processes, and actors of the international system; the legal and political context of international efforts to promote health and human rights; and the explicit and implicit interpretations of the issues by international actors.

Throughout the course we will explore the dialectical relation between, on the one hand, the pursuit of national interests by the governments and shareholder interests by the private sector



and, on the other, the global objectives and practice of the intergovernmental agencies and nongovernmental actors that include health or human rights within their mandates. Students are encouraged to develop their own theoretical perspectives on understanding the international system and to test their ideas in class. Among the public health issues covered are reproductive health and rights, disability rights, health in prisons, humanitarian emergencies, refugees, and sexual minorities.

Pre-Requisites

None

Course Objectives

At the conclusion of this course, students will be able to:

- 1) Describe the normative content of the international human rights system as it relates to issues of public health.
- 2) Identify the critical human rights dimensions of reproductive health, behavioral issues, infectious diseases, political and individual violence, mental health, and migration.
- 3) Describe the means and methods through which health outcomes can be influenced using a human rights framework.
- 4) Distinguish bioethical and human rights modes of analysis and interventions in relations to issues in public health
- 5) Apply the research and writing methods that are most widely used in human rights research.
- 6) Synthesize information from multiple sources on the strengths and weaknesses of a human rights intervention in a public health issue, through the preparation of a course paper as described below and be able to present this information concisely in oral form.

Course Readings:

The required books for this course are:

- José M. Zuniga, Stephen P. Marks, and Lawrence O. Gostin (eds), *Advancing the Human Right to Health* (Oxford, UK: Oxford University Press, 2013), referred to below as “*Advancing the Human Right to Health*.”
- Benjamin Mason Meier and Lawrence O. Gostin (eds.), *Human Rights in Global Health: Rights-Based Governance for a Globalizing World*, Oxford University Press, 2018.

These two books may be purchased at the Harvard Coop or accessed in the library or online. All other readings for this course will be available on the Canvas and additional readings may be handed out for each session, mainly for more in-depth preparation for the simulations and to deepen the understanding of the complex issues involved.

Course Structure

Classroom Participation:

This course will stress active participation of students in a critical discussion of the literature assigned for each session. For most sessions, individual students or teams will prepare presentations in the context of a simulation, which will launch the discussion. Occasionally,



guests will join us, especially when the guest has been a key actor in the problem area under discussion. **Please see the simulation guidelines document for more information.**

Grading, Progress and Performance

Final Paper (45%)

*The principal requirement will be a term paper (12-15 pages doubled spaced, plus a table of contents and a list of references), which will count for 45% of the final grade. A final paper proposal in the form of an outline and preliminary bibliography will be due on February 14th, 2019. The final paper will be due on Canvas by midnight on March 15, 2019. **Please see the guidelines for term papers for more information.***

Oral presentation of paper (10%)

On the final day of class, each student will make a five-to-ten-minute presentation, followed by two minutes of questions and answers.

Presentations (Media assignment) (15%)

A sign-up sheet will circulate for students or groups of students to present a news article of their choice for the start of one of the class sessions. These presentations should be 10 minutes long, allowing for 5 minutes of questions. The news article should come from a reliable news source (it may come from a print or broadcast medium (newspaper, TV news channel), or social media) and be related to the topic of health, human rights, and the international system. Students should highlight how the three course title areas are covered by the issue at hand. Students may prepare slides to present, although that is optional.

Simulations (20%)

For each class session, approximately six students will play roles in a simulation, requiring them to prepare for the session by exploring the background and expectations of the assigned role.

Class participation (10%)

When not playing a role in the simulation, students will also be expected to contribute to the discussion of the topic.

Canvas Course Website: *The Canvas site is an important learning tool for this course where students will access required articles, submit course assignments and share other resources with the class. Course announcements will be posted on the site and students will be required to check the course website on a weekly basis.*

Harvard Chan Policies and Expectations

Inclusivity Statement

Diversity and inclusiveness are fundamental to public health education and practice. It is a requirement that you have an open mind and respect differences of all kinds. I share responsibility with you for creating a learning climate that is hospitable to all perspectives and cultures; please contact me if you have any concerns or suggestions. **Sample cross-cultural norms you may want to refer to during your class.*

Academic Integrity

Each student in this course is expected to abide by the Harvard University and the Harvard T.H. Chan School of Public Health Codes of Academic Integrity. All work submitted to meet course requirements is expected to be a student's own work. In the preparation of work

submitted to meet course requirements, students should always take great care to distinguish their own ideas and knowledge from information derived from sources.

Students must assume that collaboration in the completion of assignments is prohibited unless explicitly specified. Students must acknowledge any collaboration and its extent in all submitted work. This requirement applies to collaboration on editing as well as collaboration on substance. For this course, collaboration is allowed in the media presentations

Should academic misconduct occur, the student(s) may be subject to disciplinary action as outlined in the Student Handbook. See the [Student Handbook](#) for additional policies related to academic integrity and disciplinary actions.

Accommodations for Students with Disabilities

Harvard University provides academic accommodations to students with disabilities. Any requests for academic accommodations should ideally be made before the first week of the semester, except for unusual circumstances, so arrangements can be made. Students must register with the Local Disability Coordinator in the Office for Student Affairs to verify their eligibility for appropriate accommodations. Contact the OSA studentaffairs@hsph.harvard.edu in all cases, including temporary disabilities.

Course Evaluations

Constructive feedback from students is a valuable resource for improving teaching. The feedback should be specific, focused and respectful. It should also address aspects of the course and teaching that are positive as well as those which need improvement.

Completion of the evaluation is a requirement for each course. Your grade will not be available until you submit the evaluation. In addition, registration for future terms will be blocked until you have completed evaluations for courses in prior terms.

Course Schedule & Assessment of Student Learning

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WEEK 1: Regional and UN bodies address reproductive health and rights

Session 1: Tuesday, January 29, 2019 – Regional human rights court addresses reproductive health and social norms (Nigeria/Ireland)

Learning objectives:

- A. Understand how norms, processes and actors function within the international system
- B. Develop an awareness of the various modes of human rights discourse.
- C. Develop the ability to discuss claims of universality of moral positions expressed as human rights against alternative claims of cultural relativism.
- D. Become familiar with the structure of the international human rights system, focusing on WHO, CEDAW and regional bodies, such as the ECHR.
- E. Understand the legal, political and philosophical issues regarding women’s rights and gender.

Required Basic Background Readings the Course:

- Universal Declaration of Human Rights (UDHR), [International Covenant on Economic, Social and Cultural Rights \(ICESCR\)](#) and [International covenant on Civil and Political Rights \(ICCPR\)](#) (Peruse only)
- Stephen P. Marks, “[Human Rights: A Brief Introduction](#),” 2019.
- Benjamin Mason Meier and Lawrence O. Gostin, “The Origins of Human Rights in Global Health,” in Benjamin Mason Meier and Lawrence O. Gostin (eds.), *Human Rights in Global Health: Rights-Based Governance for a Globalizing World*, Oxford University Press, 2018, pp. 21-42.

Required Readings for the Simulation on FGM:

- [Eliminating Female Genital Mutilation: An Interagency Statement – OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO.](#)
- [Optional Protocol to the Convention on the Elimination of All Forms of](#)

[Discrimination against Women \(A/RES/54/4\).](#)

- [Resolution 38/6 adopted by the Human Rights Council on 5 July 2018. Elimination of female genital mutilation.](#)

Readings specific to each role appear in a separate document on Canvas called “FGM before the ECHR (Ireland and Nigeria) – PART A”

Supplemental Reading (for those who are interested in looking more deeply into the issues):

- [B.M. Dickens and R.J. Cook, Reproductive health and public health ethics](#), *International Journal of Gynecology and Obstetrics* (2007) 99, 75–79 (see document below)
- Carmel Shalev, [Rights to Sexual and Reproductive Health: The ICPD and the Convention on the elimination of All Forms of Discrimination Against Women](#), *Health and Human Rights* 4:2, 39-66. (For reference to case)
- Ayesha Imam, “Women’s Reproductive and Sexual Rights and the Offense of Zina under Muslim Laws in Nigeria,” in Wendy Chavkin and Ellen Chesler, eds., *Where Human Rights Begin* (Piscataway, NJ: Rutgers University Press, 2005) pp. 65-94. (for reference to case)
- Jessica Horn, “Not Culture but Gender: Reconceptualizing Female Genital Mutilation/Cutting,” in Wendy Chavkin and Ellen Chesler, eds., *Where Human Rights Begin* (Piscataway, NJ: Rutgers University Press, 2005), pp. 35-63.
- Yamin AE, "[Women's health and human rights: struggles to engender social transformation](#)", in *Advancing the Human Right to Health*, pp. 275-290.
- [WHO, FGM/C Fact Sheet](#), January 2018
- *Manual on Social Norms and Change*, UNFPA and UNICEF, 2016

Simulation: Asylum and FGM See “FGM before the ECHR (Ireland and Nigeria) – PART A”

We will explore a case of female genital cutting as examined by the European Court of Human Rights. A Nigerian woman, Enitan Pamela Izevbekhai, sought asylum for her two daughters and herself in Ireland, fearing that they would be subjected to female circumcision against her will if they were sent back to Nigeria.

In this simulation, the following roles will be assigned:

1. Dean Spielmann, President, European Court of Human Rights
2. Mr. P. White, Agent, Department of Foreign Affairs, Dublin
3. Counsel for Ms. Enitan Pamela Izevbekhai and her daughters
4. Ian Askew, WHO Director, Department of Reproductive Health and Research, presenting information on the practice of FGM in Nigeria;
5. Dubravka Šimonović, Special Rapporteur on violence against women, its causes and consequences

Session 2: Thursday, January 31, 2019 – Multilateral development agencies interact with a regional human rights system on an issue of violence against women (Peru)

Learning objectives:

- A. Become familiar with approaches to integrating human rights into sustainable human development.
- B. Apply this learning to the policies and practices of UNDP and OHCHR.
- C. Develop an awareness of human rights strategies and human rights–related policies of WHO and UNFPA.
- D. Understand how reproductive rights and sexual rights have been promoted at international conferences and understand the relative significance of their plans of action.

Required Readings:

- Session 2: Thursday, January 31, 2019-- Interaction between health and human rights systems through multilateral development strategies (Peru) (Available on Canvas. Readings specific to each role appear in that document.)
- Alicia Ely Yamin and Andrés Constantin, The Evolution of Applying Human Rights Frameworks to Health, in Benjamin Mason Meier and Lawrence O. Gostin (eds.), *Human Rights in Global Health: Rights-Based Governance for a Globalizing World*, Oxford University Press, 2018, pp. 43-61.
- WHO, [*Global Strategy for Women's and Children's Health, Executive Summary*](#) (2013), 6-14.

Supplemental Readings:

- Stephen Marks, “Human Rights and Development”, in Sarah Joseph and Adam McBeth (eds.) *Research Handbook on International Human Rights Law*, Edward Elgar: UK 2010
- WHO, *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): sexual and reproductive health, interpersonal violence, and early childhood development*, WHO Doc. A71/19, 26 March 2018.

Simulation: UNDP, IACHR, and Forced Sterilization (Peru)

This session examines the experience of international agencies that have made an explicit effort to apply the health-human rights linkage, taking the example of UNDP and the lengthy human rights litigation over forced sterilizations in Peru. The head of the UNDP office will chair a meeting to collect information allowing her to report to Headquarters regarding the impact of Peru's failure to fulfill human rights obligations on funding for family planning.

In the assignment, the following roles will be assigned:

1. Ms. María del Carmen Sacasa (Chair), UNDP Resident Coordinator, Lima, Peru, being attentive to the need to cooperate with the government, she needs to guide the meeting to obtain information to report to UNDP Headquarters on whether Peru's failure to comply with requests from human rights bodies should jeopardize UNDP funding for family planning.
2. Ms Jung HO, Junior Program Officer in the Lima office of UNDP responsible for health and human rights, having taken courses on health and human rights at the Harvard Chan School, arguing that UNDP cannot continue funding a government that is insensitive to human rights, especially in relation to health.
3. Ms. Margarette May Macaulay, President of the Inter American Commission on Human Rights (IACHR) and Rapporteur on the Rights of Women, underlining the outcome of the October 2018 visit to Peru.
4. Ms. Maria del Rosario Narvaez Vargas, Executive Director of APRODEH representing APRODEH and other NGOs, which have denounced the practice to the Inter-American Commission on Human Rights.
5. Dr. Patricia García, former Peruvian Minister of Health, justifying the reproductive health program of the country as being one of the most advanced and prepared with the best expertise provided by USAID.
6. His Eminence Cardinal Juan Luis Cipriani, Archbishop of Lima. Cardinal Cipriani was a vocal opponent of the former government's sterilization program.

Each participant in the meeting will present the perspective of his or her office in light of UNDP's mandate to integrate human rights into sustainable human development.

WEEK 2: Treaty bodies and OHCHR address social behavior in global public health

Session 3: Tuesday, February 5, 2019 – Human rights implementation, freedom of choice and tobacco control (China)

Learning objectives:

- A. Explore the human rights issues of importance in dealing with tobacco control in the context of implementing the FCTC.
- B. Examine other behavioral issues in public health to which a human rights perspective might be of value?
- C. Become aware of the structure of international health as part of the international system
- D. Become familiar with the means and methods of action to implement human rights at the global level.

Readings:

- WHO Framework Convention on Tobacco Control is available at http://www.who.int/fctc/text_download/en/
- Cape Town Declaration on Human Rights and a Tobacco-free World available at <https://ash.org/declaration/>
- Oscar A. Cabrera and Lawrence O. Gostin, "Global tobacco control: a vital component of

the right to health,” in *Advancing the Human Right to Health*, pp. 261- 273.

- Benjamin Mason Meier and Florian Kastler, Development of Human Rights Through WHO, in Benjamin Mason Meier and Lawrence O. Gostin (eds.), *Human Rights in Global Health: Rights-Based Governance for a Globalizing World*, Oxford University Press, 2018, pp. 111-132.

Supplemental Readings:

- C Dresler, H Lando, N Schneider, H Sehgal. (2012). “Human rights-based approach to tobacco control.” *Tobacco Control*, vol. 21, 208-211.
- Carolyn Dresler and Stephen P. Marks. (2006) “The Emerging Human Right to Tobacco Control,” *Human Rights Quarterly*, vol. 28, No. 3, pp. 599-651.
- B Fox and J Katz. (2005). “Individual and human rights in tobacco control: help or hinderance?” *Tobacco Control*, vol. 14, ii1-ii2.
- S Marks. (2012). “Strategic directions and emerging issues in tobacco control.” *Tobacco Control*, vol. 21, 212.
- Stephen P. Marks, “Emergence and Scope of the Right to Health,” *Advancing the Human Right to Health*, pp. 3-23.

Simulation: FCTC and China

A health activist has decided to take the Ministry of Trade and Information Technology (MIIT) in China to a court of law for consistently violating article 5.3 of the Framework Convention on Tobacco Control (FCTC). The implications are grave and therefore the stakeholders are meeting to discuss the implementation of WHO FCTC and related modalities. This exercise is set in a meeting room of MIIT where all stakeholders are exchanging views on implementation activities of the WHO FCTC. The class will consider, based on this exchange of positions in the presence of the national coordination mechanisms members, the consistency of the Chinese government in implementing its obligations from point of view of article 5.3 (“to protect these [TC] policies from commercial and other vested interests of the tobacco industry.”) After the presentation of various positions, the Committee (the class) will deliberate and formulate their findings, comments and recommendations in accordance with Article 5.3 of the OP.

In the simulation the following roles will be assigned:

1. Gao Yanmin (Chair), Director General, Department of Consumer Goods Industry of the Ministry of Industry and Information Technology, denying that the government is in violation of the FCTC.
2. Feng Zijian, Deputy Director, Chinese Center for Disease Control and Prevention (China CDC), explaining China’s increasingly effective policies regarding promoting public health and tobacco control.
3. Laurent Huber, Executive Director of ASH arguing that the government is in violation of Articles 5.2, 5.3 and 14, invoking the right to health and the right to life under China’s international human rights obligations and the Cape Town Declaration.
4. Lu Kang, Director-General, Department of Information, Ministry of Foreign Affairs, listening to the various positions as he seeks to find a way of accurate reporting without putting China in an uncomfortable position during the scheduled meetings in Geneva.

5. Juan Nicolas Guerrero Peniche, Senior Legal Adviser, Convention Secretariat, WHO Framework Convention on Tobacco Control, Geneva, explaining how states parties to the FCTC can combine fulfillment of their obligations under the FCTC with those under article 12 of the ICESCR.

Session 4: Thursday, February 7, 2019 -- Sexual minority rights and HIV care (Uganda)

Learning objectives:

- A. Become familiar with the means and methods of action to implement human rights at the global level, in particular the UN High Commissioner for Human Rights
- B. Develop the ability to discuss claims of universality of moral positions expressed as human rights against alternative claims of cultural relativism
- C. Understand the legal, political and ethical issues regarding sexual orientation, gender identity and sex
- D. Develop and awareness of human rights strategies and human rights–related policies of WHO and UNAIDS
- E. Become familiar with the principle arguments related to factoring human rights concerns into bilateral aid policies
- F. Understand how reproductive rights and sexual rights have been promoted at international conferences and understand the relative significance of their plans of action

Required readings:

- Sexual minority rights and criminalization of homosexuality (Uganda) (background for simulation available on Canvas) and readings cited in that document of particular interest to you.
- Gillian MacNaughton and Mariah McGill, The Office of the UN High Commissioner for Human Rights: Putting the Right to Health on the Agenda, in Benjamin Mason Meier and Lawrence O. Gostin (eds.), *Human Rights in Global Health: Rights-Based Governance for a Globalizing World*, Oxford University Press, 2018, pp.
- Yogyakarta Principles (www.yogyakartaprinciples.org) and The Yogyakarta Principles plus 10 (YP plus 10) (<http://yogyakartaprinciples.org/principles-en/yp10/>)

Supplemental Readings:

- Protection against violence and discrimination based on sexual orientation and gender identity. Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, U.N. Doc. A/72/172, 19 July 2017.
- [Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover \(criminalization of consensual, same-sex conduct between adults, along with criminalization based upon sexual orientation or gender identity\)](#), UN Doc. A/66/254, 27 April 2010
- Marc Epprecht, “[Sexual Minorities, Human Rights, and Public Health Strategies in Africa](#),” *African Affairs* 111, no. 443, 223-243.

- Erin Wilson et al., “[Stigma and HIV Risk among *Metis* in Nepal](#)” *Culture, Health & Sexuality* 13, no. 3, 253-266.
- Suresh Bada Math and Shekhar P. Seshadri, “[The Invisible Ones: Sexual Minorities](#)” *Indian Journal of Medical Research* 137, no. 1, 4-6.
- Andil Gosine, “[Sex for Pleasure, Rights to Participation, and Alternatives to AIDS: Placing Sexual Minorities and/or Dissidents in Development](#),” Institute for Development Studies, February 2005, 1-22.
- [Freedom and Roam Uganda & International Gay and Lesbian Human Rights Coalition, Violation of the Human Rights of Lesbian, Bisexual, Transgender \(LBT\), and Kuchu People in Uganda](#), Committee on the Elimination of Discrimination Against Women, 47th Session, 26 October 2010.
- Rita M. Melendez and Rogério Pinto, “[‘It’s a Really Hard Life’: Love, Gender and HIV Risk among Male-to-Female Transgender Persons](#),” *Culture, Health & Sexuality* 9, no. 3, 233-245.
- Arunrat Tanmunkongvorakul et al., “[Sexual Identities and Lifestyles among Non-heterosexual Urban Chiang Mai Youth](#),” *Culture, Health & Sexuality* 12, no. 7, 827-841.
- Amanda Lock Swarr, Sally Gros, Liesl Theron, “[South African Intersex Activism](#),” *Feminist Studies* 35, no. 3, 657-662.

Simulation: Criminalization of Homosexuality in Uganda

This case examines the international responses to the criminalization of homosexuality in Uganda. Advocates for sexual minority rights contend that same-sex desire is a biological phenomenon that cannot be changed. According to this position sexual minorities have human rights to be protected from discrimination and stigmatization and criminalization places individuals at greater risk of violence, infection from HIV and inadequate medical care. Opponents, on the other hand, argue that sexual orientation is not immutable and should therefore be discouraged and that youth should be protected from those who would corrupt them and fail to respect the natural procreative role of sexual relations. The simulation takes place in the presidential palace in Kampala with the Special Rapporteur on the Right to Health raising concerns about access to health, in a climate where there is pressure to re-enact the Anti-Homosexuality Act of 2014, criminalizing homosexuality and “recruitment” into homosexuality in Uganda.

Roles

1. President Yoweri Museveni, chairing the meeting to ensure that the visitor (Mr. Pūras) is respectful of Ugandan sovereignty and understands the strong tradition from colonial times and current popular support for protection of youth and other from the evils of “acts against the order of nature” including promotion of such acts.
2. Mr. Dainius Pūras, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, on official visit, reflecting the position of the UN and the Human Rights Council and his own health concerns, while being unsure how to address this issue considering that in his native Lithuania “society's

attitude towards homosexuality remained negative.” (Bureau of Democracy, Human Rights, and Labor, US Department of State, 2010 Country Reports on Human Rights Practices, Lithuania, 2011.)

3. Victor Juliet Mukasa of Freedom and Roam Uganda, arguing that the Anti-Homosexuality Act and any similar legislation, as well as the current penal code are contrary to the human rights obligations Uganda has accepted in ratifying the African Charter on Human and Peoples Rights and UN treaties.
4. Tim Martineau, Director, Programme Effectiveness and Country Support Department, UNAIDS, arguing that the anti-homosexuality legislation and the Industrial Property Act of 2014 would further complicate service delivery in the fight against HIV/AIDS.
5. Elioda Tumwesigye, Minister of Health since 2015, as a physician, and epidemiologist, arguing that homosexuality results from the social environment rather than biology and should thus be criminalized.
6. Mr. Peter R. Asiimwe, Chairman of the Uganda Evangelical Mission Agency (UEMA), (http://www.proctask.org/PT_and_UEMA.html), arguing that the exclusion of capital punishment from the bill makes it acceptable to the Church, although the abomination of homosexuality must be combatted by all God-fearing Christians in Uganda and throughout Africa.

WEEK 3: Treaty bodies and CSOs address disability rights

Session 5: Tuesday, February 12, 2019– The relevance of international human rights to disability rights to national legislation on termination of pregnancy (South Africa)

Special Guest: Prof. Michael Stein, Executive Director, Harvard Project on Disability, Harvard Law School (TBC)

Learning objectives:

- A. Become familiar with human rights of persons with disabilities and the role of civil society in drafting the Convention on the Rights of Persons with Disabilities.
- B. Apply this learning to the policies and practices of termination of pregnancy of the mentally disabled.
- C. Develop an awareness of the functioning of the inquiry procedure under the Optional Protocol to the Convention on the Rights of Persons with Disabilities.
- D. Understand how disability rights and sexual, reproductive, and parenting rights have been interpreted in the international system and what issues remain unsettled.

Required readings:

- Benjamin Mason Meier and Virginia Brás Gomes, Human Rights Treaty Bodies: Monitoring, Interpreting, and Adjudicating Health-Related Human Rights, in Benjamin Mason Meier and Lawrence O. Gostin (eds.), *Human Rights in Global Health: Rights-Based Governance for a Globalizing World*, Oxford University Press, 2018, pp. 509-535.
- Robyn M. Powell and Michael Ashley Stein, “Persons with Disabilities and their Sexual,

Reproductive, and Parenting rights: an International and Comparative Analysis,” *Frontiers of Law in China*, Vol. 11:1 (2016) pp. 53-85.

Supplemental Readings:

- Ashwanee Budoo and Rajendra Parsad Gunpath, “[Termination of pregnancy of persons with mental disabilities on medical advice: A case study of South Africa](#),” Chapter 5, *The African Disability Rights Yearbook*, 2014, p. 5.
- [Convention on the Rights of Persons with Disabilities](#).
- Committee on the Rights of Persons with Disabilities, General comment No. 1 (2014) Article 12: Equal recognition before the law, U.N. Doc. CRPD/C/GC/1, 19 May 2014.
- Committee on the Rights of Persons with Disabilities, General comment No. 3 (2016) Article 6: Women and girls with disabilities
- Stephen P. Marks and Lena Verdeli, Mental Health and Human Rights, in Neal S. Rubin and Roseanne I. Flores, (eds.), *Cambridge Handbook on Psychology and Human Rights* (draft)

Simulation: CRPD, CTPA and Termination of Pregnancy of Mentally Disabled (South Africa)

The issue to be examined in this simulation is whether the termination of a pregnancy of a woman with a mental disability, as provided for under the South African Choice on Termination of Pregnancy (CTPA), violates the rights protected by the Convention on the Rights of Persons with Disabilities (CRPD).

This session also introduces the functioning of the Committee on the Rights of Persons with Disabilities, the significance of its General Comments and the functioning of its inquiry procedure.

The global health and human rights issue to be addressed is in the way sexual, reproductive, and parenting rights of persons with disabilities are to be considered and implemented that of reproductive health and rights, specifically family planning and the practice of forced sterilization. A related human rights issue is that of the rights of indigenous peoples. It is noteworthy that UNDP considers that its partnerships with the indigenous peoples and their organizations “are critical to promote and to strengthen democratic governance and human rights, preventing and resolving conflicts, reducing poverty and sustainably managing the environment.”

In the simulation, the following roles will be assigned:

1. Mr. You Liang, Member, Committee on the Rights of Persons with Disabilities, and himself a person with disabilities, in charge of conducting the inquiry.
2. Ms Bathabile Dlamini, MP, Minister of Social Development, arguing that South Africa is in full compliance with the CRPD.
3. Mr. Thomas Ongolo, Director, International Relations and Programmes, The African Disability Alliance (ADA), arguing that all the claimed violations are well-founded.
4. Dr. Andikan Landgoed, medical practitioner, arguing that it is in the greater interest of society that mentally disabled women not be allowed to give birth in order to reduce the chances of transmitting genetically determined mental disorders.

5. Andrea Thompson, Advocacy and Engagement Manager, representing Marie Stopes South Africa, arguing that a social rather than a medical model of disabilities must be used in assessing South Africa's compliance with the CRPD.
6. Most Rev Archbishop William Slattery, Archbishop of Pretoria, presenting the doctrine of the Catholic Church regarding abortion and mental disability.

Each participant in the meeting will present the perspective of his or her organization and at the end of the deliberation, Mr. Liang You will summarize the conclusion he will transmit to the full committee.

Session 6: Thursday, February 14, 2019—Community integration of persons with disabilities (Mexico)

Note: Your *final paper proposal in the form of an outline and preliminary bibliography is due on Canvas by midnight on February 14, 2019.*

Learning objectives:

- A. Become familiar with the role of regional human rights procedures in addressing human rights of persons with disabilities.
- B. Understand the evolution of attitudes and formal pronouncements of international bodies regarding human rights and mental health.
- C. Apply this learning to the policies and practices of institutionalization of persons with mental disabilities.
- D. Develop an awareness of the functioning of the National Human Rights Institutions (NHRIs) and of specialized NGOs, such as Disability Rights International.
- E. Understand the issues faced by resource-poor countries in coping with persons with disabilities and how their practices have been interpreted in the international system.

Required readings:

- Background presented below.
- Disability Rights International (DRI), *No Justice: Torture Trafficking and Segregation in Mexico*, July 22, 2015
- [Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health](#). UN Doc. A/HRC/35/21. 28 March 2017.

Supplemental Readings:

- Mental Disability Rights International, *Human Rights and Mental Health, Mexico*, September 2000.
- WHO, Mental Health, Human Rights and Legislation. https://www.who.int/mental_health/policy/legislation/en/
- Mann SP, Bradley V, Sahakian B. (2016) Human-Rights based approached to Mental Health programs, *Health and Human Rights Journal*

<https://www.hhrjournal.org/2016/05/human-rights-based-approaches-to-mental-health-a-review-of-programs/>

- Poreddi, V., Ramachandra, Reddemma, K., & Math, S. B. (2013). People with mental illness and human rights: A developing countries perspective. *Indian journal of psychiatry*, 55(2), 117-24.

Simulation: Case of Casa Esperanza para Niños in Mexico

This case involves human rights litigation against the Casa Esperanza para Niños in Mexico City, where residents were alleged to have been sexually abused, locked in cages, left permanently in cribs, and overall detained in “dehumanising conditions,” according to Disability Rights International (DRI).

DRI and other groups in civil society are now demanding that CDHDF to make public the file on Casa Esperanza, as required by the Mexican Constitution and agreement on transparency. This failure to act by the local and national authorities has led DRI to seek a preliminary hearing with the President of the Inter-American Commission on Human Rights, who has agreed to examine the admissibility of the case with key national and international actors.

Roles:

1. **Margarette May Macaulay**, President, Inter-American Commission on Human Rights, chairing the meeting with a view to finding if the case against Mexico is admissible.
2. **Priscila Rodriguez**, DRI Associate Director for Advocacy, arguing that Mexico has violated the ACHR.
3. **Oliva Lopez Arellano**, Secretary of Health, Government of Mexico, disputing the allegations made by DRI
4. **Dainius Pūras**, UN Special Rapporteur on the Right to Health, placing the conditions at the Casa Esperanza in the broader context of the evolution of positions on human rights and mental health.
5. **Nashieli Ramiez**, General Director of CDHDF, explaining why no case has been filed against Casa Esperanza by her commission and what she plans to do to address the situation of human rights and mental health in the capital.
6. **Rocío Aguirre**, Director, Casa Hogar Esperanza, arguing that her establishment has addressed abuses of the past and the current approach to treating patients, consistent with its religious vocation.

NOTE: Final paper proposal/outline must be submitted on Canvas by 11:59 on February 14, 2019.

WEEK 4: PKOs and OCHA address infectious diseases

Session 7: Tuesday, February 19, 2019– Complex humanitarian emergencies and human rights approaches to infectious disease management (Haiti)

Learning objectives:

- A. Become familiar with the processes and functions of the Security Council, of Peacekeeping Operations (PKOs), and the Office of the High Commissioner for Human Rights (OHCHR).
- B. Develop the capacity to apply a human rights framework to cholera epidemics, and by extension, to other situations of pandemic disease.
- C. Understand how legal and philosophical arguments can be used to introduce unexpected grounds for protecting the vulnerable.
- D. Develop an awareness of the structures that maintain and hinder accountability in the international system
- E. Become familiar with the basics of International Humanitarian Law.
- F. Apply international human rights standards to issues of forced migration and internally displaced persons (IDPs).

Readings:

- Donna Barry, Kate Greene, Wesler Lambert, Fernet Léandre, and Loune Viaud, “[Haiti: an overview of its right to health history and future directions](#),” in *Advancing the Human Right to Health*, pp. 91-99.
- Victoria Sutton, “[Emergencies, disasters, conflicts, and human rights](#),” in in *Advancing the Human Right to Health*, pp. 379-390.

Simulation: Peacekeeping, Infectious Disease and Accountability

Following the decision of the UN Security Council to close MINUSTAH , UN Secretary-General António Guterres, has instructed the Under-Secretary-General and Emergency Relief Coordinator (USG/ERC), Mark Lowcock, to travel to Haiti and meet with the principal stakeholders working to ensure that humanitarian efforts focus on the highest priority of the Secretary-General, namely, humanitarian relief and reconstruction, and that recent claims, especially by Professor Alston, regarding UN responsibility for the cholera outbreak of 2010, not interfere with that mission.

The former Special Representative of the Secretary-General and Head of Mission of the United Nations Stabilization Mission in Haiti (MINUSTAH), Sandra Honoré (Trinidad and Tobago), has arranged for the meeting to take place at MINUSTAH headquarters in Port-au-Prince, Haiti, and instructed her deputy to bring together senior UN officials and external experts, including the representative of the NGO that brought a legal case against the UN in the District Court in New York. The Special Representative and Head of the United Nations Mission for Justice Support in Haiti (MINUJUSTH), Susan D. Page of the United States, has not been invited to this meeting.

The meeting will take place at the former MINUSTAH headquarters in Port-au-Prince, which is

being scaled down to accommodate MINUJUSTH. The meeting may become acrimonious in light of the radically opposing views on responsibility over health, water and sanitation in the country.

Roles:

1. Mark Lowcock (Chair), The Under-Secretary-General and Emergency Relief Coordinator (USG/ERC).
2. Sandra Honoré (Trinidad and Tobago), former Special Representative of the Secretary-General and Head of Mission of the United Nations Stabilization Mission in Haiti (MINUSTAH).
3. Philip Alston, Special Rapporteur on extreme poverty.
4. Daniele Lantagne, cholera specialist, Independent Panel on the Cholera Outbreak in Haiti.
5. Beatrice Lindstrom, Staff Attorney, Institute for Justice and Democracy in Haiti.
6. Dr. Paul Farmer, Special Adviser to the Secretary-General on Community Based Medicine and Lessons from Haiti.

Session 8: Thursday, February 21, 2019 – Pandemic and peacekeeping (Ebola on the DRC)

Learning objectives:

- A. Become familiar with the processes and functions of the Security Council, of the UN Joint Human Rights Office in the context of a Peacekeeping Operation.
- B. Develop the capacity to apply a human rights framework to the implementation of the International Health Regulations (IHR) with respect to Ebola virus disease (EVD).
- C. Understand how legal and philosophical arguments can be used to introduce unexpected grounds for protecting the vulnerable.
- D. Develop an awareness of the structures that maintain and hinder accountability in the international system
- E. Become familiar with the process of declaring a Public Health Emergency of International Concern (PHEIC).
- F. Apply international human rights standards to issues of a contested election in a setting of armed conflict.

Readings:

- UN News, “Ebola outbreak in DR Congo conflict zone ‘remains dangerous and unpredictable’ – UN chiefs,” 8 November 2018.
- Laurie Garrett, “Ebola Has Gotten So Bad, It’s Normal. Africa isn’t just dealing with an outbreak anymore—and that’s bad news for everyone.” *Foreign Policy*, January 15, 2019.
- WHO, *The Ebola virus disease Democratic Republic of the Congo, External Situation Report 24*, 16 January 2019

Supplemental readings:

- Laurie Garrett, “Ebola’s Lessons: How the WHO Mishandled the Crisis,” *Foreign Affairs*; New York, Vol. 94, Iss. 5, (Sep/Oct 2015), pp. 80-107.
- Human Rights Watch, DR Congo: Upsurge in Killings in ‘Ebola Zone’ International Criminal Court Should Investigate Beni Massacres, October 3, 2018.
- Paul Hunt, *Neglected Diseases, Social Justice and Human Rights: Some Preliminary Observations*, WHO Health and Human Rights Working Paper Series No 4 , 2003
- Andraž Zidar (2015) WHO International Health Regulations and human rights: from allusions to inclusion, *The International Journal of Human Rights*, 19:4, 505-526, DOI: 10.1080/13642987.2015.1045340

Simulation: Preventing Spread of Infectious Disease in Time of Political Violence

The political situation in the Democratic Republic of the Congo (DRC) has been particularly complex after the elections of December 2018 and the outbreak of the Ebola virus disease (EVD), with the insecurity and political violence threatening efforts to contain EVD. In particular, the health and human rights community in the DRC as well as international agencies functioning in the country continue to face a serious problem of responding to the outbreak of the EVD in North Kivu and Ituri provinces, with a total of 658 EVD cases, including 609 confirmed and 49 probable cases since the beginning of the outbreak to 14 January 2019 (WHO, *The Ebola virus disease Democratic Republic of the Congo, External Situation Report 24*, 16 January 2019).

According to a report of the UN Joint Human Rights Office on the security situation in North Kivu, “The activities of the armed groups have also affected the emergency response to the Ebola epidemic in the Lubero region, where the violence has triggered displacements both from and to Ebola-affected villages, most likely contributing to the spread of the disease.” Following a mission of the DG of WHO and the head of MIUNUSCO, the UN reported The current epidemic, the country’s tenth, is on track to surpass the previous largest outbreak in 1976, which saw 318 cases in total, leading to 280 deaths. (Ebola outbreak in DR Congo conflict zone ‘remains dangerous and unpredictable’ – UN chiefs,” *UN News*, 8 November 2018.) Already in January 2019 a member of a health ministry vaccination team was injured, and Oxfam announced a suspension in activities due to continuing unrest. (Center for Infectious Disease Research and Policy- CIDRAP, [DRC Ebola total tops 600; vaccination team attacked](#), January 02, 2019; CIDRAP, [Congo Ebola cases rise to 736 as problems noted in Katwa](#), January 28, 2019).

Roles:

1. Tedros Adhanom Ghebreyesus, WHO Director-General (Chair), guiding the meeting in order to fully understand the human rights issues without alienating the representative of MOH and FARDC.
2. Mike Ryan, MD, WHO assistant director-general for emergency preparedness and

response, drawing attention to what can and cannot be done to fully implement the IHR (2005) and WHO's approach.

3. Ida Sawyer, Deputy Africa Director at Human Rights Watch, calling for accountability for the massive human rights violations reflected in its reports and call for the ICC to investigate the Beni massacres.
4. Dr. Oly Ilunga Kalenga, Ministre de la Santé de la République Démocratique du Congo, seeking to maximize the international resources that could be provided by the international community to assist his Ministry in responding to the Ebola outbreak.
5. Kim Bolduc, Humanitarian Coordinator, Deputy Special Representative for the United Nations Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), serving as United Nations Resident Coordinator, Humanitarian Coordinator and Resident Representative of the United Nations Development Programme (UNDP), reflecting OCHA's concerns.
6. [Lieutenant General Celestin Mbala Munsense](#), Chief of General Staff, Forces Armées de la République Démocratique du Congo [FARDC], defending the government position on the matter of protecting the integrity of the elections and being capable to controlling the spread of Ebola.

WEEK 5: Special procedures and the Security Council address individual and collective violence

Session 9: Tuesday, February 26, 2019 – Health in prison settings (USA)

Learning objectives:

- A. The aim of this session is to explore whether and how incarcerated individuals benefit from human rights, in general, and the right to health and protection from racial discrimination in U.S. prison, in particular.
- B. The second, related, objective is to explore the applicability of international human rights in the United States, in particular relating to health and incarceration, and the perception and reality of American “exceptionalism.”
- C. The third objective is to address efforts to hold the U.S. military and medical professionals accountable for mistreatment of detainees in facilities in Iraq and Guantánamo.

Required Readings:

- Thérèse Murphy and Amrei Mueller, United National Special Procedures: Peopling Human Rights, Peopling Global Health in Benjamin Mason Meier and Lawrence O. Gostin (eds.), *Human Rights in Global Health: Rights-Based Governance for a Globalizing World*, Oxford University Press, 2018, pp. 487-508
- Joanne Mariner and Rebecca Schleifer, “[The Right to Health in Prison](#),” in *Advancing the Human Right to Health*, pp. 291-304.

For participants in the simulation:

- [Basic Principles for the Treatment of Prisoners, Adopted and proclaimed by General](#)

Assembly resolution 45/111 of 14 December 1990

- Report of the Working Group on the Universal Periodic Review: United States of America, UN Doc. A/HRC/30/12, 20 July 2015. [EXTRACTS]
- Compilation prepared by the Office of the United Nations High Commissioner for Human Rights in accordance with paragraph 15 (b) of the annex to Human Rights Council resolution 5/1 and paragraph 5 of the annex to Council resolution 16/21: United States of America, UN Doc. A/HRC/WG.6/22/USA/2, 2 March 2015. [EXTRACTS]

Supplemental Readings:

- Alicia Ely Yamin and Jean Connolly Carmalt, United States: right to health obligations in the context of disparity and reform, in *Advancing the Human Right to Health*, pp. 231-244.
- Tim Exworthy, Chiara Samele, Norman Urquía, Andrew Forrester, Asserting prisoners' right to health: progressing beyond equivalence, Psychiatric services (Washington, D.C.) 2012, Vol.63(3), pp.270-5.
- Steven H. Miles, Military Doctors and Deaths by Torture: When a Witness Becomes an Accessory, *The American Journal of Bioethics*, 2013, 13:5, 1-2, DOI: 10.1080/15265161.2013.776355
- Steven H. Miles, The New Military Medical Ethics: Legacies of the Gulf Wars and the War on Terror, *Bioethics*, Volume 27, Number 3, 2013, pp 117–123.

Simulation: US Prisons and UN Human Rights Inquiries

The US Ambassador to the United Nations in Geneva, represented by the Chargé d'Affaires ad interim, has invited selected members of the US delegation to the Universal Periodic Review to assess what needs to be done in light of the recommendations enumerated in para. 176 of the Report of the Working Group on the Universal Periodic Review (A/HRC/30/12, 20 July 2015), with a special focus on (1) health conditions in US prisons, especially affecting the African-American population and (2) US compliance with international human rights standards concerning the right to health and physicians' role in enhanced interrogation.

Roles:

1. **Mark Cassayre**, Chargé d'Affaires, ad interim, Delegation of the United States of America to the United Nations and Other International Organizations in Geneva (
2. **Secretary of State Michael Pompeo**, underscoring the reasons for the US to leave the Council, is nevertheless open to hearing why the US has been criticized.
3. **Sabarish Neelakanta** ("Sab"), Staff Attorney, Human Rights Defense Center, raising in particular the disproportionate numbers of minorities in US prisons and their health status as an unaddressed human rights concern.
4. **Mr. Dainius Pūras**, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health, raising US failure to recognize health as a human right.
5. **Ms. Kate Gilmore** (Australia), United Nations Deputy High Commissioner for Human Rights, expressing the views of the OHCHR.



6. **Ms. Mireille Fanon-Mendes France** (France), member, Working Group of Experts on People of African Descent, strongly arguing the position taken in the WG report and her personal anguish at what she observed during the mission to the US.

Session 10: Thursday, February 28, 2019 – International migration from a human rights perspective (Hungary)

Learning objectives:

- A. To explore the human rights implications of mass movements of populations across borders and the balancing of economic opportunity with the protection of human rights.
- B. To develop awareness of the place of human rights and governance in humanitarian emergencies through an examination of the unfolding case of refugees and migrants entering Europe.
- C. To understand the distinctions between internal and international migration and voluntary and forced migration.
- D. To be able to apply a human rights framework to movements of people in a wide range of contexts.

Required Readings:

- **International migration from a human rights perspective** (on Canvas)
- [Global compact on refugees, UN Doc. A/73/12](#) (Part II).
- [General Assembly Resolution 73/195](#). Global Compact for Safe, Orderly and Regular Migration, adopted 19 December 2018.
- Jacqueline Bhabha, [“When Water Is Safer Than Land: Addressing Distress Migration,”](#) *Harvard Magazine*, January - February 2016, pp. 41-45.

Case study: Hungary’s position on protecting health and human rights for migrants under the global compact

This session will explore general issues of international migration and human rights, as well as specific issues of migration flows, distinctions among asylum seekers, refugees and IDPs; “Illegal aliens, brain drain or brain gain?”, climate migration, trafficking, migrant workers, health issues of international migration, global governance and international migration, the recently adopted Global Compacts on migration and refugees, and Hungary’s position on protecting health and human rights for migrants under the global compact. After considering those issues, we will explore the following questions.

Questions for discussion:

1. To what extent have the distinctions between asylum seekers, refugees and IDPs, mentioned above, lost their relevance in light of more recent migration flows and political responses? In this regard, what do you think of this statement by Prof. Bhabha: “We need a new paradigm for thinking about twenty-first century “distress migration,” because the post-World War II

framework that still governs our laws and procedures is, in practice, defunct.”¹? Do you agree and what would such a new paradigm involve?

2. Is the Hungarian government exercising its sovereign rights in taking the position expressed by his prime minister, Viktor Orbán, against non-Christian migrants from outside of Europe,? (See:<http://www.kormany.hu/en/ministry-of-interior/news/border-protection-agencies-fully-prepared-for-entry-into-force-of-reinforced-legal-border-closure>.)
3. What is the proper role of organizations like Doctors Without Borders/Médecins Sans Frontières (MSF) when it becomes aware of practices such as those of the Hungarian authorities at the Serbian/Hungarian border (see <http://www.msf.org/en/article/serbia-msf-denounces-widespread-violence-migrants-and-refugees-serbianhungarian-border>) and failure to implement vaccination and other preventive measures among the detained population? Should foreign-funded organizations serving humanitarian purpose be able to function in places Hungary or Venezuela?
4. The Global Compact on Refugees “intends to provide a basis for predictable and equitable burden- and responsibility-sharing among all United Nations Member States, together with other relevant stakeholders as appropriate”² and formulates “arrangements seek to achieve more equitable and predictable burden- and responsibility-sharing with host countries and communities, and to support the search for solutions, including, where appropriate, through assistance to countries of origin.”³ What do you think of the concept of burden- and responsibility-sharing and its potential to respond to current and projected needs of migrants from Syria, Afghanistan, and Central America? How realistic is this Global Refugee Forum, and what health dimensions would you recommend?
5. The Global Compact on Refugees mentions “root causes” several times, including the following:

All States and relevant stakeholders are called on to tackle the root causes of large refugee situations, including through heightened international efforts to prevent and resolve conflict; to uphold the Charter of the United Nations, international law, including international humanitarian law, as well as the rule of law at the national and international levels; to promote, respect, protect and fulfil human rights and fundamental freedoms for all; and to end exploitation and abuse, as well as discrimination of any kind on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, disability, age, or other status.⁴

What specifically us expected of States to “tackle the root causes”? Give examples.

6. The United States voted against both global compacts stating “our decisions on immigration policies must always be made by Americans and Americans alone. We will decide how best to

1 Bhabha, op. cit, p. 41.

2 Global compact on refugees, UN Doc. [A/73/12](#) (Part II), para. 5.

3 Id., para. 15.

4 Id., para. 9.

control our borders and who will be allowed to enter our country.” Given that territorial integrity is an essential component of national sovereignty, and that the President of the United States has declared that the situation on the southern border constitutes a national emergency, do you think the position of the U.S. on the global compacts is consistent with international law? Explain.

7. The Global Compact for Safe, Orderly and Regular Migration enumerates 23 objectives in paragraph 16-39. How realistic are they? Which ones do you consider problematic? Which appear the most relevant to health?
8. Although there is no consensus on the data regarding the scale and scope of the projected social changes associated with climate change, it is clear that drought, rising sea level and storm surges will cause people to leave in large numbers. What do you see as the greatest challenges to health and human rights from significant increases in climate migration?

WEEK 6: International accountability for human rights in health: the UPR and ICC

Session 11: Tuesday, March 5, 2019 – The Human Rights Council examines India’s UPR

Learning objectives:

- A. To explore the effectiveness of the international human rights system in light of the limitations on accountability.
- B. To consider whether and how health issues can be adequately addressed in the UPR process.
- C. To sense the political dynamics on the consideration of UPR reports.
- D. To assess the actual and potential impacts on public health of the UPR process.

Required reading:

- Judith R. Bueno de Mesquita and Dabney P. Evans, The Future of Human Rights Accountability for Global Health under the Universal Periodic Review in Benjamin Mason Meier and Lawrence O. Gostin (eds.), *Human Rights in Global Health: Rights-Based Governance for a Globalizing World*, Oxford University Press, 2018, pp. 537-556.
- UPR Info, What is the UPR ?

Simulation: The Human Rights Council examines the right to health in the UPR for India

In 2018 India completed the Third Cycle of the UPR, which took place on 4 May 2017, 2:30 p.m. - 6:00 p.m. The First Cycle took place on 10 April 2008 and the Second Cycle on 24 May 2012.

The Human Rights Council examined three documents: The National report submitted by the Government of India (GOI), a Compilation of UN information submitted by the OHCHR, and a Summary of stakeholders' information, consisting of submission by NGO and the national

commission. The Outcome of the review was published in the Report of the Working group and contains recommendations, which India has either accepted or merely noted.

The purpose is to expose you to international human rights law by working on a case involving India. Everyone should look at the document “EXTRACTS from 4 doc of India UPR review.”

Roles:

1. Ambassador Joaquín Alexander Maza Martelli, Permanent Representative of El Salvador and president of the HRC (Chair) with the task of conducting the review of India’s report under the UPR.
2. His Excellency Mr. Dilip Sinha, Permanent Representative of India to the United Nations Office at Geneva, presents the national report drawing on the government’s submission in A/HRC/WG.6/27/IND/1, 23 February 2017, (Extracts, pp. 1-6) and paras. 5-26 the Report of the Working Group A/HRC/36/10 (Extracts, pp. 12-14).
3. His Excellency Mr. Rui Macieira, Permanent Representative of Portugal to the UN in Geneva, speaking for itself and Sweden on marital rape (paras. 76, 103, 161.51-161.60 of A/HRC/36/10, *Extracts*, pp. 14 and 18)
4. His Excellency Mr. Farukh Amil, Ambassador and Permanent Representative of Pakistan to the UN in Geneva Representative of Pakistan, speaks on self-determination of Kashmiri people (paras. 107, 161.247-250 of A/HRC/36/10, *Extracts*, pp. 15 and 27)
5. Sandhya Gautam, Representative of the National Alliance on Maternal Health and Human Rights (NAMHHR), drawing on A/HRC/WG.6/27/IND/3 (*Extracts*, pp. 10-11) or from <https://www.upr-info.org/en/review/India/Session-27---May-2017/Civil-society-and-other-submissions#top>, focusing on health system and reproductive health issues set out in [Joint Stakeholder Report to UNHRC for India’s UPR – III](#).
6. Amit Sengupta, Representative of [Jan Swasthya Abhiyan](#) (People’s Health Movement – India). indicating India’s responses to recommendations (as of 15.12.2017) using the “S” (supported) and “N” (noted) indications in para. 161 of document A/HRC/36/10 (*Extracts*, pp. 15-27), and reflecting the position of HRW in “India: Key UN Rights Recommendations Ignored”

Session 12: Thursday, March 7, 2019 – Criminal liability for human rights violations

Learning objectives:

- A. To explore situations of human rights violations involving public health
- B. To understand the meaning of criminal liability for human rights violations through international criminal law, including the ICC, ad hoc tribunals, mixed tribunals and universal jurisdiction.
- C. To apply medical ethics to the treatment of detainees and related these standards to international human rights

Required reading: (TBD)

Supplementary reading: (TBD)

Physicians for Human Rights, *Doing Harm: Health Professionals' Central Role in the CIA Torture Program*, December 2014.

- Robert Jay Lifton, M.D., Doctors and Torture, N Engl J Med. 2004 Jul 29;351(5):415-6.
- Benjamin Mason Meier, International Criminal Prosecution of Physicians: A Critique of Professors Annas and Grodin's Proposed International Medical Tribunal, American Journal of Law and Medicine, Thursday, January 1 2004. Available at <http://www.allbusiness.com/legal/3587490-1.html>
- Marks, S., Branding the “War on Terrorism”: Is There a “New Paradigm” of International Law?, Michigan State University Journal of International Law, vol. 14, No. 1 (2006), pp. 71-119.
- Marks, S., International Law and the ‘War on Terrorism’: Post 9/11 Responses by the United States and Asia Pacific Countries, Asia Pacific Law Review, vol. 14, No. 1 (2006), pp. 43-74.

Simulation: Donald Rumsfeld before the French Courts for crimes in the conduct of the Iraq War and Guntánamo.

This session examines criminal liability for human rights violations involving health-related issues, using the case of Donald Rumsfeld and his responsibility regarding acts involving the health and rights of detainees in Iraq and at Guantánamo Detention Center. The public prosecutor of the French Republic is deeply concerned over the potential impact of invoking article 689-1 of the Code of Criminal Procedure, which allows France to prosecute “any person who has committed one of the crimes listed in [various treaties, including the Convention against Torture] outside the territory of the French Republic ... if s/he is in France.”_

1. Mr Donald H. Rumsfeld, former U.S. defense secretary in the George W. Bush Administration, defendant [In preparation, read Henry A. Kissinger, The Pitfalls of Universal Jurisdiction, 80 Foreign Aff. 86 (2001)]
2. Nicole Belloubet, Ministre de la Justice, France, prosecutor overseeing the case against Rumsfeld [read the 2010 communication from the Permanent Mission of France to the United Nations, The scope and application of the principle of universal jurisdiction, New York, 27 April 2010]
3. Scott A. Allen, MD, FACP, medical advisor, Physicians for Human Rights [Read; Physicians for Human Rights, Doing Harm: Health Professionals' Central Role in the CIA Torture Program, December 2014.
4. Katherine Gallagher, senior staff attorney, Center for Constitutional Rights, also representing the European Center for Constitutional and Human Rights (ECCHR) [read Katherine Gallagher, Universal Jurisdiction in Practice: Efforts to Hold Donald Rumsfeld and Other High-level United States Officials Accountable for Torture, Journal of International Criminal Justice 7 (2009), 1087^1116.]
5. Mr John Bolton, U.S. National Security Advisor [read John Bolton, Democracy Under Arrest, Wall Street Journal, 16 Dec 2009: A.27.
6. Ms Fionnuala Ní Aoláin, UN Special Rapporteur on the promotion and protection of human rights and fundamental freedoms while countering terrorism [consult her bio]



WEEK 7: OVERVIEW AND COURSE WRAP UP

Session 13: Tuesday, March 12, 2019 – Review of take-aways from each session and presentation of student papers

Each student makes a five-to-ten-minute presentation highlighting the main insights and conclusions of the paper.

Session 14: Thursday, March 14, 2019 – Presentation of student papers

Each student makes a five-to-ten-minute presentation highlighting the main insights and conclusions of the paper.

Term papers are due by midnight on March 15, 2019, on Canvas.

Course Evaluations

In accordance with HSPH policy, course evaluations must be completed before course grades can be released.