

The Right to Life in Peace: An Essential Condition for Realizing the Right to Health

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Abstract

Since 2008, the UN Human Rights Council has been working on a declaration related to the right to peace. The Council has established an Open-Ended Working Group, which is refining the draft declaration. This paper discusses the relationship between the right to health and the right to life in peace; we argue that peace and the conditions that support peace are essential to realize the right to health. Health professionals have an important role to play in promoting the right to a life in peace. We suggest that human dignity, as foundational to all human rights as well as health professionals' codes of ethics, provides a normative basis for the progressive realization of both the rights to health and to life in peace.

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Introduction

THE ELIMINATION OF war, violence, and armed conflict has been a political and humanitarian objective of the global community. Yet that objective remains unachieved. War-related health threats are a rising concern as the number of people forced to flee their homes due to violent conflict has currently exceeded 51 million, the highest levels since the Second World War. This includes both internally displaced persons and refugees. Half of these are children.¹ The United Nations High Commissioner for Refugees, António Guterres, has pointed out that humanitarian efforts cannot quell this magnitude of human suffering: “We are seeing here the immense costs of not ending wars, of failing to resolve or prevent conflict.”²

This paper argues that the right to life in peace is an essential condition for the realization of the right to health. As such, the path toward international recognition of the right to life in peace is worthy of the attention and support of health professionals. First, we discuss the draft Declaration on the Right to Life in Peace that is currently being advanced within the UN Human Rights Council (HRC). We then refer briefly to the approach proposed by the Chairperson-Rapporteur of the Open-Ended Working Group on the right to life in peace in pursuit of the necessary consensus among different stakeholders on this topic. Next, we analyze the notion of violence as a public health problem, focusing on collective violence in particular. Barriers to realization of the right to health in a context of direct, structural, and cultural violence will be addressed. We discuss the relationship between the rights to life, health, and peace and analyze human dignity as a foundational core of these rights. Finally, we address the role health professionals play in the promotion of peace, including the need for cultural transformation.

The right to life in peace

The HRC has been working on the “Promotion of the Right to Peace” since 2008. This proposed

declaration has been inspired by previous resolutions on this issue approved by the UN General Assembly and the former UN Commission on Human Rights, particularly the General Assembly Resolutions on the “Declaration on the Preparation of Societies for Life in Peace” in 1978 and the “Declaration on the Right of Peoples to Peace” in 1984.³

In 2010, the HRC adopted a resolution asking the HRC Advisory Committee to prepare a draft declaration on the right of peoples to peace, in consultation with relevant stakeholders.⁴ In 2012, the HRC established an Open-Ended Working Group (OEWG) “with the mandate of progressively negotiating a draft UN Declaration on the Right to Peace, on the basis of the draft submitted by the Advisory Committee, and without prejudging relevant past, present and future views and proposals.”⁵ The OEWG is composed of representatives from States, civil society organizations, and other stakeholders.

During its first session, the OEWG concluded that the existence of a right to peace was recognized by some governmental delegations and other stakeholders, who argued that some soft-law instruments already acknowledge this right. However, other stakeholders insisted that a right to peace does not exist under international law. From their perspective, peace is not a stand-alone human right, but the consequence of the full realization of all human rights.⁶

In June 2013, the HRC adopted a resolution asking the Chairperson-Rapporteur of the OEWG to prepare a new text on the right to peace and to present it prior to the second session of the working group for further discussion. The revised text was to be based on the OEWG’s first session along with informal intersessional consultations.⁷ Following this, extensive consultations took place with stakeholder representatives worldwide, culminating in a new approach and draft Declaration.

The new approach is based on the relationship between the right to life and human rights, peace, and development, the notion of human dignity,

the role of women in building peace, and the importance of prevention of armed conflicts in accordance with the UN Charter and other UN resolutions and international law. The Declaration not only recalls the linkage between the right to life and peace, but it also explicates and strengthens the right to life in connection to peace, human rights, and development.⁸ The approach was also inspired by the values and principles contained in the World Health Organization (WHO) Constitution and further elaborated in the international health legal system. It promotes the use of existing rights already consolidated in international law.

The second session of the OEWG in 2014 had broad dialogue among relevant stakeholders including representatives of governments, regional groups, and civil society.⁹ The Chairperson-Rapporteur proposed to further refine the declaration text through input from that meeting, along with additional stakeholder consultations, and the HRC later passed a resolution to this effect with the goal of finalizing the Declaration in 2015.¹⁰

Violence as a public health problem

The WHO was incepted with the spirit of promoting the health of all peoples and recognizes in the Preamble of its Constitution that health and peace are interrelated notions, stating that, “the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.”¹¹

Violence has devastating consequences on human health, affecting both combatants and civilians.¹² While some of the morbidity and mortality relates to the direct effects of violence, much of the civilian health impact is due to indirect consequences such as displacement and limited access to food, clean water, and health care.¹³ Even after a conflict has resolved, the affected population frequently suffers repercussions of physical and mental trauma. Health care services are often constrained by disrupted infrastructure. Moreover, the spending on military operations may deplete funding for provision of health services.

While this paper focuses primarily on collective violence, it is important to note that there are many

other forms of violence that impact human health. These include abuse of children, intimate partner violence, sexual violence, elder abuse, self-directed violence, and youth violence.¹⁴ Indeed, homicide is the third-largest cause of death among young people aged 15-24 in the US.¹⁵ In addition to the direct effects of violence, exposure to violence during childhood is linked with chronic illness, such as asthma, and poorer health later in life.¹⁶ Exposure to neighborhood violence is also associated with poorer reported health status in mothers as well as behaviors that increase health risks, such as lack of exercise, smoking, and insufficient sleep.¹⁷

In recent decades, there has been increasing recognition of violence as a public health concern.¹⁸ The Ottawa Charter for Health Promotion of 1986 listed peace as the first prerequisite for health.¹⁹ Strategies to reduce violence and advance peace are increasingly recognized as an important dimension of public health practice.²⁰ In 1996, the World Health Assembly (WHA) declared violence a “leading worldwide public health problem” and adopted Resolution WHA 49/25 calling for public health strategies to address violence.²¹ And in a 2002 report on violence and health, WHO emphasized, “Good public health practice requires identifying risk factors and determinants of collective violence, and developing approaches to resolve conflicts without resorting to violence.”²²

The right to health and its conditions

The status of health as a human right has been progressively codified and explicated in a series of human rights instruments. The link between health and human rights is first noted in Article 25 of the Universal Declaration of Human Rights (UDHR), which states: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...”²³

Thus this foundational document establishes that health is an important goal of human rights and integral to the right to life. It also makes clear that the achievement of health is dependent upon underlying conditions, commonly referred to as

the social determinants of health.²⁴ The explicit recognition of health as a human right in itself is set forth in the International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12, which acknowledges “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”²⁵

The right to health is further explicated in the UN Economic and Social Council’s General Comment 14 in 2000. Article 3 of the General Comment indicates:

The right to health is closely related to and dependent upon the realization of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement. These and other rights and freedoms address integral components of the right to health.²⁶

This document explicitly affirms that the right to health is dependent upon other rights. Conditions such as life, food, housing, and dignity are necessary for the achievement of health. Yet many of these are the very conditions that violent conflict destroys.²⁷ In order to protect these critical human needs and realize the right to health, it is essential to prevent armed conflict.

Health, violence, and social inequities

The impact of social conditions on health was championed in the 1800s by German physician Rudolf Ludwig Karl Virchow.²⁸ Since then, a growing body of research has provided insight into the social issues that impact health inequities, including the unequal distribution of wealth and power, environmental hazards, discrimination, and violence.²⁹ Realizing the right to health for all people will require addressing these issues. As noted by Farmer and Gastineau, “the destitute sick are increasingly clear on one point: Making social and economic rights a reality is the key goal for health and human rights in the twenty-first century.”³⁰

As with health, violence is also influenced by social conditions. Types of violence include direct (physical or psychological harm), structural (social inequities), and cultural (social practices that legitimize violence against particular groups).³¹ In addition to the effects of physical violence, both structural and cultural violence have a negative impact on human health. Galtung has emphasized that efforts to reduce violence must address all “three corners” of the “direct-structural-cultural violence triangle.”³²

Structural violence encompasses social injustice or inequities built into the social system. In their 2008 report, the WHO Commission on Social Determinants of Health calls social justice “a matter of life and death.”³³ Social injustice is also a factor influencing direct violence. For example, poverty-related conditions such as poor housing, poor education, and unemployment are key factors in youth violence.³⁴ Black proposes that in situations of social inequality, individuals of lower status may perceive themselves as enjoying less legal protection and therefore resort to “self-help” strategies. In such cases, individual behavior classified as violent crime may be a form of social control in which the individual perceives the need to institute their own strategies for deterrence and justice.³⁵

The growing evidence makes clear that the realization of both health and peace are dependent upon underlying conditions of social equity. Health, peace, and broader societal conditions are interrelated. Fulfilling the right to health cannot be achieved through health care alone. Neither can peace be realized without attention to human development and the larger context of human living. Peace building is not silent acquiescence with social injustice. Peace is not ‘keeping quiet.’ To the contrary, it is to call loudly for the ending of all violence—direct, structural, and cultural.

The linkage between the rights to life, health, and peace

The draft Declaration highlights the important link between the right to peace and the right to life. The right to life is articulated in Article 3 of the UDHR.³⁶ Yamin has emphasized the centrality of this right,

noting that some international tribunals have viewed the right to life as having achieved *jus cogens* status within international law. The right to life has been recognized as encompassing not only survival but the broader conditions that contribute to dignity and well-being.³⁷ The HRC articulated in its General Comment 6 (1982) that protection of the right to life requires States to “adopt positive measures.”³⁸ The obligations of the State in protecting life have been defined by the HRC to include health-related goals such as improving life expectancy rates, reducing infant mortality, and eliminating malnutrition.³⁹

It becomes clear that the rights to life, health, and peace are interrelated. In accordance with these principles, Article 1 of the draft Declaration on the Right to Life in Peace states:

Everyone is entitled to the promotion, protection and respect of all human rights and fundamental freedoms, in particular the right to life, in a context in which all human rights, peace and development are fully implemented.⁴⁰

In order to realize these interrelated rights and their underlying social conditions, there is a need for collaborative human development. We now turn to an analysis of human dignity as a core value to guide human development in the context of human rights.

Human dignity: A foundational core of the rights to life, health, and peace

The contemporary human rights paradigm is essentially grounded in the dignity of the human person.⁴¹ This is affirmed in the Preamble to the UDHR, adopted in 1948 by the United Nations General Assembly:

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in our world . . .⁴²

Mann pointed out the significance of placing the word “dignity” prior to the word “rights” in the first article of the UDHR, noting that this choice of syntax merits careful consideration.⁴³ Marks

describes human dignity as a basis for human rights and a right in itself.⁴⁴ As the foundational value of human rights, an understanding of human dignity must precede and inform any discourse on human rights.⁴⁵

The value of human dignity is also foundational to professional codes of ethics for both nurses and physicians.⁴⁶ A life in peace is similarly grounded in the principle of human dignity. The concept of human dignity is included in the third preambular paragraph of the Constitution of the United Nations Educational, Scientific, and Cultural Organization (UNESCO) in connection with the notion of war:

The great and terrible war which has now ended was a war made possible by the denial of the democratic principles of the dignity, equality and mutual respect of men, and by the propagation, in their place, through ignorance and prejudice, of the doctrine of the inequality of men and races.⁴⁷

The right to life with dignity

The right to life has increasingly been interpreted expansively by domestic courts to include human dignity.⁴⁸ For example, in *Frances Mullin v. Union Territory of Delhi*, the Indian Supreme Court affirmed that the right to life “includes the right to live with human dignity and all that goes along with it.”⁴⁹

The right to a life with dignity is linked with the right to health. In accordance with General Comment 14, “Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.”⁵⁰

Dignity as human value

Immanuel Kant describes dignity as that which is “above all price” and which emerges from the capacity of the human person for rational autonomy.⁵¹ The ability to reason grounds both human capacity and corresponding moral obligations. “The dignity of humanity consists just in its capacity to legislate universal law, though with the condition of humanity’s being at the same time itself subject to this very same legislation.”⁵² Kant puts forth the “categorical imperative” to act only according to that precept which one would will as

a universal law. On this basis, he argues that each person has a duty to treat other persons as ends in themselves and never as a means.⁵³

The word “dignity” is derived from the Latin word “*dignitas*”, meaning “worth.”⁵⁴ To say that something has dignity signifies that it has value. “Value,” for the philosopher Bernard Lonergan, emerges in questions of deliberation through which we ask what is truly good or worthwhile.⁵⁵ One of the authors of this paper (DP) has previously defined human dignity as “value in personhood.”⁵⁶ This conceptualization views human dignity as encompassing two interrelated dimensions: the good of “being” and the good of “becoming.” The good of “being” encompasses the unique intrinsic value of each life and the good of “becoming” is reflected in development of the human potential for good will. From this perspective, a sense of mutuality becomes apparent. The extent to which the Other is able to achieve dignified living is fundamentally connected to the realization of one’s own potential for morally good choices.⁵⁷ Actions of peace and nonviolence affirm the dignity of self and Other. Conversely, actions of violence diminish the dignity of both the victim and the perpetrator.

The advance of both the right to health and the right to life in peace can be seen as a progression in humankind’s efforts to expand human dignity. The elaboration of both these rights has occurred as the international community has deepened its understanding of the conditions that must be realized in order to fulfill the global capacity for and commitment to human dignity.

The role of health professionals in the promotion of peace

The right to life in peace is essential in order to fulfill the international community’s declared commitment to the human right to health. Dedication to the ideals of health and dignity constitutes an ethical obligation for the health professions to address barriers to these stated commitments progressively. Arya asserts that the principles of autonomy, non-maleficence, beneficence, and justice, which underlie health professions’ codes of ethics, can be applied by health

professionals to promote peace, nonviolence, and basic rights.⁵⁸

Historically, health professionals engaged in war prevention efforts have contributed notable work; these include the Association Médicale Internationale Contre la Guerre, founded in 1905, and International Physicians for the Prevention of Nuclear War, which was awarded the 1985 Nobel Peace Prize.⁵⁹ Physicians for Human Rights has led advocacy efforts against torture and shared the 1997 Nobel Peace Prize for its work on the International Campaign to Ban Landmines.⁶⁰ Additional global health initiatives to address violence have emerged in recent years. WHO has called for public health efforts to prevent violence and has launched the “Health as a Bridge to Peace” initiative.⁶¹ The International Council of Nurses has issued position statements opposing armed conflict and calling for the elimination of weapons of war.⁶²

Despite the efforts of particular individuals and organizations, the health professions have not yet widely adopted interventions to advance peace. Meanwhile, war continues. Santa Barbara and Arya assert that “healers have a role in the prevention and mitigation of war and other violence.”⁶³ They use the term “peace through health” to describe a variety of methods by which health professionals can work to advance peace.⁶⁴ Peace through health interventions proposed by MacQueen and Santa Barbara range from political advocacy to using health as a superordinate goal.⁶⁵ There is a need for more research in this emerging field, particularly on the most effective strategies to be applied in settings of violent conflict.⁶⁶ However, we would like to focus particularly on the role of political advocacy as an important intervention health care professionals can use to promote peace.

MacQueen and Santa Barbara urge health professionals to redefine the nature of collective violence. Rather than viewing war as a national epic struggle, health professionals can redefine war as a public health catastrophe by calling attention to the suffering and health costs that victims on both sides bear.⁶⁷ The pending Declaration on the Right to Life in Peace will provide health professionals with an opportunity to advocate for policy change by drawing attention to the impact of violence on

human health and well-being. Health professionals can advocate to policy makers and others that the right to life in peace is essential in order to realize the right to health. There is a need for health professionals to be vocal on this issue.

In addition to this particular Declaration, health care professionals can engage in advocacy on a wide range of policies that impact health and peace. We propose that such political advocacy be framed in accordance with the three State obligations on the right to health: the responsibility to respect, protect, and fulfill.⁶⁸

The obligation to respect requires that States do not interfere with the right to health through either direct or indirect means.⁶⁹ Health professionals can advocate that proposed armed interventions be avoided or that ongoing military action be ended by making clear that war interferes with the right to health. Health providers can build coalitions with individuals from other sectors, such as human rights and peace activists, to promote nonviolent resolutions to global disputes.

The obligation to protect obliges States to impede other actors from obstructing the right to health.⁷⁰ Health professionals could utilize this principle to advocate for policies that prevent and/or ameliorate violence committed by other States or non-state actors. This could include advocacy at the national foreign policy level as well as global policies. One important area in this realm would be efforts toward disarmament.

The obligation to fulfill requires States to undertake measures toward full realization of the right to health, including legislative and administrative policies and allocation of resources.⁷¹ On this basis, health providers could advocate for policy changes that provide for nonviolence education, improved intergroup and international relations, equity, and social justice. Health professionals could also advocate for funding allocations to be shifted from military expenditure to social services such as health care and education.

In order for health professionals to become more aware of the relationship between violence and health and the need for political advocacy, it is critical that curricula within the health professions include content on this topic. More advanced

education will be required for providers who wish to engage in specialized interventions such as conflict mediation. Further research is needed to guide this emerging field.

Beyond declarations: The need for cultural transformation

Aspirational declarations are important, but action is necessary to realize rights fully. The fulfillment of the rights to health and peace can only be achieved through the collaborative efforts of health care providers and other civil society actors working for meaningful change. This requires human beings to recognize and affirm their responsibility toward meeting others' needs. In an analysis of Lonergan's philosophy, Haughey proposes that the normative foundation for human rights lies in the cognitional capacity to recognize and affirm responsibility toward others.⁷² This capacity is integral to human dignity. Thus, the full realization of the right to life in peace must involve a cultural transformation in which all members of the global community accept their responsibility for working toward a peaceful coexistence.

The UN General Assembly adopted the Declaration and Programme of Action on a Culture of Peace in 1999. A culture of peace was defined as "a set of values, attitudes, traditions and modes of behaviour and ways of life."⁷³ This Declaration delineates critical components of a culture of peace and outlines a program of action. UN Declaration 53/25 further advanced the culture of peace movement, proclaiming an "international decade for a culture of peace and non-violence for the children of the world, 2001-2010."⁷⁴

In his memoirs of the culture of peace movement, David Adams refers to the preamble of the UNESCO Constitution: "since wars begin in the minds of men, it is in the minds of men that the defenses of peace must be constructed."⁷⁵ Those who worked to advance the declaration for a culture of peace realized that the prevailing culture has been one of war and that to develop a culture of peace would require a profound social transformation.⁷⁶ The full achievement of the right to life in peace, then, requires a global transformation with an

overwhelming need for education on peace, justice, and human rights.⁷⁷

While States are the primary duty-bearers of human rights law, realizing the right to life in peace is the responsibility of all. It is critical that health professionals work alongside human rights advocates and other members of civil society to effect the social transformation that will be needed to fully realize the right to life in peace. Farmer and Gastineau call for health care providers to move from a sentimental solidarity to a pragmatic solidarity.⁷⁸ But that solidarity must also be a transformative solidarity.⁷⁹ In a world that has been wounded by war and other forms of violence, health professionals can bring their values and knowledge to facilitate a healing transformation of society toward a culture of peace.⁸⁰ The important role played by health professionals in building a culture of peace was recognized in Article 8 of the Declaration and Programme of Action on a Culture of Peace:

A key role in the promotion of a culture of peace belongs to parents, teachers, politicians, journalists, religious bodies and groups, intellectuals, those engaged in scientific, philosophical and creative and artistic activities, health and humanitarian workers, social workers, managers at various levels as well as to non-governmental organizations.⁸¹

Conclusions

Having the right to life in peace elaborated in an international declaration provides an important normative framework, but it can also contribute to a cultural transformation. We believe that the global dialogue generated about the right to life in peace has helped to raise awareness about the need for a culture of peace. The importance of dialogue has guided the approach to building a consensus on a Declaration for the Right to Life in Peace.

The Declaration builds on prior international agreements about the need for peace and reflects a global view that peace is a worthwhile goal. Such a collective pronouncement will then become part of the experienced knowledge of future generations.

This global process of dialogue, deliberation, and affirmation can contribute to human knowledge and responsibility for building a lasting culture of peace. Further, the Declaration will provide a solid basis for the Programme of Action on a Culture of Peace and strengthen international cooperation toward this goal.

The new Declaration explicates and strengthens the relationship between the right to life and peace as well as the connection to human rights and development, which has not previously been elaborated in international agreements. Therefore, the affirmation of the right to a life in peace, human rights, and development is intended to ensure that leaders take measures to fulfill the conditions for dignified living. The right to life in peace is a holistic concept, as is the right to health. Peace goes beyond the strict absence of armed conflict, just as health is not merely the absence of disease.

Collective violence causes dire harm to human well-being both through direct injury as well as by undermining the basic conditions for health. Realizing the Declaration on the Right to Life in Peace is critical to establishing a normative standard for the peace necessary to realize human dignity and the right to health. Human dignity is the foundation of the right to health and the right to life in peace. It is also a core value in health care providers' codes of ethics. We who have affirmed ourselves as holding this ideal must speak up to promote the conditions for its realization. To achieve this, we must take concrete steps to educate not only health professionals but also policy makers and the global community about the link between violence and health. Health care professionals can and must play an active role in helping the human community to both affirm the right to life in peace as well as realize the fulfillment of that right by contributing to a worldwide culture of peace.

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