COVID-19, Public Health and Human Rights

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Summary/Key Points:

- There are existing frameworks of human rights to approach issues of equity and justice in times of peace and pandemic
  - 1948 Universal Declaration of Human Rights (article 25)
  - 1976 International Covenant on Civil and Political Rights
  - 1976 International Covenant on Economic, Social, and Cultural Rights
    - General comment 14 — health rights and prevention, treatment, control of epidemic disease
  - 1981 Convention on the Elimination of All Forms of Discrimination Against Women
  - 1984 Siracusa Principles
    - Limitations of human rights and civil liberties for public health goals
  - 1990 Convention on the Rights of the Child
- There is a need to balance protection of the public with restriction of individual rights in times of pandemic
  - Siracusa Principles of 1984 provide a framework for striking an appropriate balance
    - Pursue measures that are the least intrusive and restrictive to achieve a given public health objective
    - Measures implemented must be based on scientific evidence and should be applied uniformly with respect of dignity and undergoing regular review
- Governments abuse emergency powers, especially by means of denial and censorship
  - China initially acted to suppress information about an emerging virus in Wuhan
    - Dr. Li Wenliang shared concerns with medical school classmates in December 2019 and was accused by authorities of disturbing social order
    - Dr. Li Wenliang died Feb. 7, 2020 of COVID-19
  - Cambodian authorities arrested people in January for sharing information about the coronavirus & Myanmar government officials attributed absence of infections to the country’s “lifestyle and diet”
Vulnerable populations require special attention in times of pandemic
  • Prisoners, detainees, refugees, and undocumented migrants are disproportionately affected by COVID-19
    ▪ Lack of access to healthcare
    ▪ No social safety net
    ▪ Inability to practice physical distancing or to use adequate sanitary measures (i.e. limited water availability in refugee camps)
    ▪ Inability to stay home or not work due to socioeconomic status
  • Incarcerated persons are especially vulnerable to infection due to crowding and inadequate availability of health care
    ▪ Efforts have been pursued in several US states to reduce prison populations

Online resources:
  • Perspective: Undocumented U.S. Immigrants and COVID-19
  • Podcast: COVID-19 in Prisons, Jails, and Detention Centers
    o *Public Health on Call*, 2-April-2020 by Chris Beyrer and Stephanie Desmon
  • Opinion: Larry Hogan can lead by addressing covid-19 in prisons and jails
  • Opinion: Public Health Trumps Privacy in a Pandemic
    o *The Scientist*, 16-Apr-2020 by John D. Loike and Ruth L. Fischbach