refugees must regularly rely on international relief organizations for basic necessities, including water, food, shelter, and sanitation. Disenfranchised, heavily traumatized, dependent individuals, fleeing from political persecution or death, may have difficulty understanding or believing that they are truly free to decline participation in a study approved by the hosting relief organization. As is the case with other populations judged "decisionally incapable" or compromised, reflection and research are needed on how to optimize meaningful free informed consent.[15] In this process, as with humanitarian assistance generally, individuals drawn from community-based groups need training that enables them to join and eventually lead research on these questions.

Imperiled populations in developing countries include extraordinarily vulnerable individuals ripped from their cultures and communities and victimized by myriad forms of abuse and violence. Public health research on violence and victimization among these groups must vigilantly guard against contributing to emotional and social harm. Based on the extensive field experience and passionate moral commitments of the authors, the reports on human rights and health in the current issue of the Journal develop these themes further.

The Journal is currently reviewing its policies on signed assurances from authors regarding institutional review board approvals and informed consent procedures. Therefore, we encourage communications from readers about these issues, both with reference to US-based studies and international work. □

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Acknowledgments

The author gratefully thanks the following individuals for researching some of the topics covered in this editorial and for commenting on earlier drafts: Dorothy Castille, Jennifer Ritsher, Anastasia Yasik, Bridget Trazoff, Elizabeth Smailes, and Sara Kay.

An earlier version of this editorial was presented at the Third John Conley Conference on Medical Ethics; Center for the Study of Society and Medicine and Program in the History of Public Health and Medicine, Columbia University; February 26, 1999; New York, NY.

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The Impact of Political Conflict on Women: The Case of Afghanistan

The recent war in Kosovo has forced the plight of refugee women on the world's attention. Rape, torture, forced prostitution, and an endless string of unnameable atrocities awaited many of the victims of the conflict in Kosovo. But as the West rallies to shoulder the burden of the displaced Kosovars after a short military engagement, it should be understood that a larger and longer-standing human tragedy continues in Afghanistan—a tragedy that is a direct legacy of America's Cold War foreign policy of the 1970s (P. Fitzgerald and E. Gould, unpublished data, 1999).

Now that the Soviet Union has been defeated through the US policy that intentionally trapped the Soviet Union in its own Vietnam, the legacy of that policy for the Afghan people remains. In Afghanistan, as in no other crisis spot in the world, women have been made to pay a special and painful price. To understand the tragedy of Afghanistan, and of the unprecedented levels of strife and violence throughout the decade of the 1990s in many parts of the developing world, it is essential to grasp the inextricable link between these humanitarian disasters and the political circumstances that caused them. Without such an understanding, a solution to the worldwide crises in women's health and human rights is unattainable.

Editor's Note. Sima Wali is president of RefWID (Refugee Women in Development), Inc, a nonprofit tax-exempt organization that works to empower refugee, internally displaced, and returnee women. Ms Wali is the recipient of the 1999 Ginetta Sagan Award from Amnesty International for her work on Afghan women and human rights. Under contract to CBS News, Paul Fitzgerald traveled to Afghanistan in 1981, the first American journalist to enter Kabul since the expulsion of all Western media in February 1980. He returned to Afghanistan in 1983 with Elizabeth Gould for ABC's *Nightline.* Their forthcoming book *The Apostle's Diary*, which will be serialized in a documentary on Foreigntv.com, chronicles the history of Afghanistan and the country's importance to both the geopolitics and the spirit of the West.

A Wall of Silence

It is hard to believe that 20 years after the Communist coup that overthrew the Afghan Republic, the basic human rights of Afghan women are still being violated. But then, the Afghan war began behind a wall of silence that separated the political events of that era from their human consequences. Today, it is this wall of silence that forbids the linking of humanitarian crises to the larger political issues that provoked them. It is this wall of silence that divides the peace negotiator from the humanitarian activist and the activist from the solution. It is this wall of silence that perpetuates humanitarian crises and frustrates relief workers and activists in their efforts to end crimes against humanity. And it is this wall of silence that, like the Berlin Wall, must come down if we are not to be overwhelmed by the long-term dependence of war victims on outside relief assistance.

As a consequence of the division between humanitarian crises and the political discourse that would alter them, conflicts remain unresolved, leaving the victims exposed to multiple abuses. Today, instead of working toward a common goal, relief and human rights workers must compete in an environment of conflicting empowerment models. The continuum of humanitarian involvement—from relief efforts to assistance with social and economic development—is not defined, and the concept of empowerment of victims does not exist. The absence of such a concept perpetuates warlordism and levels of destructiveness that threaten in some regions to altogether undo established societies and cultures.

Health, Mental Health, Gender, and Human Rights in Conflict Situations

In the Afghanistan crisis, a multitude of women have undergone war-related trauma.[1] Worldwide, women and girls make up more than half of the estimated 44 million refugees, asylum seekers, and internally displaced persons.[2] These women and girls suffer lifelong trauma from such abuses as multiple rape, forced prostitution, slavery, and other forms of gender-related violence. In addition, sexual violence substantially increases women's risk for sexually transmitted diseases. Although women are not immune to violence in times of peace, female victims of war are subjected to violence in the most extreme forms.

The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.[3] WHO's definition of health for women includes not only their physical well-being but also the ability to exercise more control over their lives and relationships and the ability to access information and resources that will allow them to take responsibility for their own health and that of their family. But since the Taliban militia took over Afghanistan in 1996, these goals have been unattainable; instead, Afghan women have been brutally and systematically suppressed.

Poverty and unequal access to resources are often at the heart of women's neglect and abuse, and this is especially true in war economies. Resources such as food and medical attention are often withheld from women and directed to male soldiers. The results are high levels of malnutrition, hunger, and hunger-related diseases that will affect that society for generations.[4] Sixty-two percent of Afghan women—both residents of Kabul and refugees in Pakistan—who were surveyed by the organization Physicians for Human Rights reported that they were employed before the Taliban takeover; only 20% of these women were employed during their last year in Kabul.[5]

The war in Afghanistan has devastated the lives not only of women but of children as well. A majority of Afghan children surveyed by UNICEF are suffering from severe stress as a result of witnessing acts of violence, including the killings of their parents or relatives. Between 1992 and 1996, 72% of the children surveyed had lost a family member, and 40% of those children had lost a parent.[6] According to the 1996 International Committee for the Red Cross, Afghanistan is the world's most heavily land-mined country. The Afghan Campaign to Ban Land Mines reports that 10 to 12 Afghans, many of them children, are killed or maimed by land mines every day. Afghan women bear the responsibility of caring for these disabled children, while they themselves are traumatized and malnourished.

The already inadequate resources assigned to health services for women have been further reduced since the advent of the Taliban regime, which actively denies women care in hospitals and clinics.[5] This discrimination against Afghan women has long-term consequences and threatens a worsening of already poor health indicators. Maternal and infant mortality rates, for example, are already high as a result of unhealthy birth spacing to replenish lost fighting forces. Afghanistan is the lowest-ranking country of 130 nations listed on both the United Nations Human Development Index[7] and the United Nations Development Program Gender Disparity Index. Its maternal mortality rates are among the highest in the world.[8]

The United Nations' (UN's) 1990 *Human Development Report* defines human development as a process of widening the range of people's choices.[9] The 1994 report expands this definition, stating that human development should "empower people—enabling them to design and participate in the process and events that shape their lives."[10(p4)] However, women victimized by conflict cannot avail themselves of even the basics of human survival, and world institutions have failed to protect them from the most fundamental human rights violations. With hundreds of regional conflicts taking the place of the monolithic East vs West conflict of the Cold War, the world community has not evolved to meet today's challenges, a fact that not only hinders the resolution of existing problems but threatens to institutionalize these problems for future generations.

For example, critics of the UN's claim that Afghan women's rights have been placed after the UN's need to ensure its presence, maintain its operations, and continue a dialogue with the Taliban in Afghanistan. Although they may be well intentioned, deals that diminish or deny Afghan women's rights—to a safe and productive livelihood; to access to education, health, and mental health services; to freedom from hunger; to safety; to freedom of expression; to access to international and human rights entities; to participation in peace discourses; to freedom of association; and to freedom of movement—disillusion those who put their trust in global institutions and the rule of law. Furthermore, the lack of external monitoring permits the Taliban to flout international covenants signed by previous governments in Afghanistan.

There has been much discussion about reforming existing institutions or creating new ones to meet today's challenges. There is a critical need for an institution that is responsive to the needs of war-affected people, that operates under the auspices of the United Nations, and that works in partnership with Afghan-led civil institutions, international human rights entities, and women's organizations. Such an institution must be prepared to acknowledge newly emerging human rights concerns and elevate them to higher levels of importance. For example, the violation of women and girls has historically been dismissed as a byproduct of warfare. However, during the 1980s in Cambodia and Vietnam, mass rape was used as a calculated weapon of terror.[11] The practice of "ethnic breeding" (forcible impregnation of women and girls by opposing factions) imposed on Bosnian Muslims in the early 1990s set the stage for the current abuses

against Albanian Kosovar women. Thus, the international community must adopt an entirely new standard. The public violence directed against Afghan women who do not conform to the Taliban's view of Islamic practices must be challenged.

Conclusion

The United Nations Development Program's 1994 *Human Development Report* describes "human security" as a necessary condition to peace. The report states: "The world can never be at peace unless people have security in their daily lives. The search for security in such a milieu lies in development, not in arms."[10(p1)]

As the majority of the displaced and refugee populations, women who are war victims hold a major stake in securing peace. Across the globe, women are among the first to engage in dialogue, to effect reconciliation, and to promote values aimed at creating a culture of justice and peace.

The health and human rights crisis in Afghanistan was brought about by the Cold War between superpowers and must now be analyzed in the context of that war. In this context, it is imperative that the gender apartheid policies and practices of the Taliban and the current level of violence against Afghan women be linked to the larger geopolitical decisions made at the start of this conflict. In particular, it must be fully recognized that the United States' support for the most radical elements of Islamic fundamentalism throughout the 1980s slowly brought about the destruction of the cultural framework that defined and maintained the time-honored role of Afghan women. For Afghanistan to be at peace, this role must be returned to Afghan women, and that is something only the United States and the world community have the power to do. □

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Welfare Reform as a Human Rights Issue

The internationally recognized human right to health is grounded in a wide array of human rights instruments, one of the earliest being the Universal Declaration of Human Rights. According to the Declaration, "Everyone has the right to a standard of living adequate for the health and well-being of [her/him]self and of [her/his] family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond [her/his] control."[1]

It is telling that, from its inception, the human rights community conceived of the right to health as inextricably tied to the wide range of social and economic rights without which an adequate standard of living cannot be ensured. This approach is consistent with the fundamental concept of "indivisibility" of human rights. This principle recognizes that all human rights are linked and affect one another.

Not only have almost all nations agreed to be bound by the principles of the Universal Declaration of Human Rights, but the United States in particular was a primary architect of the document. Moreover, while in recent years it has been reluctant to ratify the International Covenant on Social, Economic, and Cultural Rights, the United States has indeed signed that treaty, thus obligating itself not to take any action that would violate the "spirit or purpose" of the treaty. The United States has also recognized the binding character of economic and social rights in many human rights instruments—such as the Platform for Action agreed upon at the Fourth World Conference on Women in Beijing—and made broad commitments to ensuring the right to health.

In this editorial, I focus on how welfare reform meets or fails to meet the standards set by these international human rights instruments, in light of the conclusions reached by Dr Paul Wise, Dr Wendy Chavkin, and Diana Romero in their accompanying article (p 1514). In particular, I touch on 4 human rights issues: (1) monitoring of the extent of realization or nonrealization of economic and social rights, particularly the right to health; (2) the prohibition on retrogression in the realization of economic and social rights; (3) the right to be free from gender discrimination; and (4) direct violations of economic and social rights, particularly rights to reproductive health.

Monitoring of Rights

Wise et al. recognize the relationship—or, in human rights parlance, "the indivisibility"—between an adequate standard of living and health, as does the Universal Declaration of Human Rights. From neither a public health perspective nor a human rights perspective can the right to health be "decoupled" from the provision or lack thereof of basic social protection and social security so long as an individual's standard

Editor's Note. See related article by Wise et al. (p 1514) in this issue.