

Global Conflicts, Human Rights Violations and Social Work Action

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Global Conflicts

What is a global conflict? What do we mean when we talk about global conflicts? Are we talking about “wars” or “conflicts of interests”? Does it mean conflicts with global repercussions? Or are the economical differences between nations and regions as such a global conflict?

Wars and acts of terrorism

According to the SIPRI Yearbook 2008ⁱ there were 14 major armed conflicts active in the world and the world military expenditure is estimated to have been one thousand three hundred and thirty nine (1,339) billion US dollars in 2007 – equalling an increase of 45 per cent since 1998 and corresponding to 202 dollars for each person in the world

We are today experiencing wars in Iraq, Afghanistan, Somalia and Sri Lanka, but major conflicts are also on going in Darfur, Colombia, Kashmir, Philippines, Chechnya, Palestinian territories and Turkey.

We also experience state terror in certain countries, as in Burma against its own peoples, with the decade long violations of Human Rights.

We know of the terrorism of Al-Qaeda and other formal and informal organisations, bombing, taking hostages and killing innocent people. We also know of other acts of terrorism such as the FARC in Colombia taking thousands of hostages among them the former presidential candidate Ingrid Betancourt finally released in July this year.

Climate

The global warming and other climate changes lately are forcing and in the future will force millions of people to migrate and flee to avoid flooding, drought and crop failures leading to starvation.

Economy

As has been demonstrated by numerous activists, writers and politicians the divide between the rich and poor countries are immense and growing.

Jeffrey D Sachs in his famous work *The end of poverty*ⁱⁱ concludes that “extreme poverty is concentrated in East Asia, South Asia and sub-Saharan Africa. It is rising in Africa, ... while it is falling ... in the Asian regions.”

The rising or rather soaring food prices lately and the farming subsidies of the OECD countries and the whole of the EU are creating further poverty and unemployment in developing countries and again especially in Africa. This leads to further migration into the slums of mega-cities in the poor countries but also to irregular migration to Europe and US and Canada.

Other conflicts

There are many other conflicts that might not be classified as global, but likewise force people to flee or migrate. I wrote this part on the final day of the Europride festival being celebrated in my home town – Stockholm. At the same time a number of gay or lesbian asylum seekers from Iran are awaiting to be deported to Iran after being denied asylum in Sweden. These conflicts may not be global but I want to mention these persecutions and denials of it and the extreme suffering it created for many people, forcing them to seek refuge or migrate to other countries.

All these global –and non-global – conflicts force millions of people to become refugees or migrants in order to escape wars and conflicts and persecution, to seek ways of earning a living when climate or world trade regulations etc are bring about unbearable conditions for people living in these countries or regions.

Human Rights Violations

The human rights violations that the people affected by these conflicts suffer are of course many, but I will today focus on those violations that occur in relation to migration and refugees.

The United Nations' High Commissioner for Refugees, UNHCR reports in its publication *2007 Global Trends*ⁱⁱⁱ that “available information suggests that a total of 67 million people have been forcibly displaced at the end of 2007.”

The total number of migrants is even more difficult to estimate but according to the report by International Organisation for Migration (IOM), *World Migration 2005*^{iv}, it has been predicted to reach 185 to 192 million by early 2005. So it is not, I think, a too wild guess to estimate the current numbers to be around 200 million people.

Refusal to give refuge

Article 14 section 1 of the Universal Declaration of Human Rights says: *Everyone has the right to seek and to enjoy in other countries asylum from persecution.* We all know that this right is violated daily all over the world.

The refugees from the war in Iraq are mainly found in Iraq itself as internal refugees and in the neighbouring countries Syria and Jordan. This is normally the case with the vast majority of all refugees as a UNHCR report puts it: *The major refugee-generating regions hosted on average between 83 and 90 per cent of 'their' refugees.* (UNHCR 2008)

But the Western countries – in many ways responsible for the current situation in Iraq – do not receive and accept refugees from Iraq. The European Union and North America are very restrictive in giving asylum to refugees fleeing the unsafe situation, the war and internal conflicts in Iraq.

I very seldom boast about my own country – most of the time I feel no reason to do so – but in this case I am obliged to give credit to Sweden. The fact is that this little country with 9 million inhabitants has received almost half of all the refugees from Iraq that have made it to the European Union.

And one small municipality or town called *Södertälje* having less than 84 000 inhabitants has received more refugees from Iraq than the United States and Canada together. The mayor of *Södertälje* visited the US Congress in May this year to tell the members of congress how a

small town in Sweden can cope with or try to do, what North America as a whole does not consider taking on.

The point here is not that we are a bunch of good guys and heroes in my country, Sweden. The point is that the countries accountable for the occupation and the ongoing conflict do not take responsibility for the suffering and the need for asylum and refuge that they have been part of creating.

To be honest I must also add that my country has earlier been and lately become more restrictive and now denies asylum in Sweden to the majority of refugees and have begun to deport many to Iraq – and also to Afghanistan another country plagued by war, terror and unrest –in spite of the ongoing unrest and conflicts. And yes the US have promised to give asylum to many more refugees from Iraq and Afghanistan – a promise give earlier too, but not yet lived up to.

The wars of course are not the only conflicts that result in refugees seeking asylum in Europe and elsewhere. Poverty, starvation, climate and economy in general drive people to seek a future elsewhere – at very high risks and costs.

The Mediterranean and the Atlantic Ocean have become what might be called “Highways of Death” for refugees trying to cross the oceans in overcrowded boats, unsuitable for transport on high seas. We have seen a row of disasters. An article in The International Herald Tribune on May 29, 2007 reported about the case of 27 shipwrecked Africans spending days clinging to a tuna cage in the Mediterranean because no EU country would take them in and no vessel was willing to take them on board.

A Rome-based spokeswoman for the UNHCR, Laura Boldrini, was reported to have said that: the governments of Mediterranean countries are turning the sea between them into a "Wild West in which human life has lost its value and people in danger are left to fend for themselves."

In the latest issues, June and July 2008, of the PICUM newsletter only we can be informed of numerous tragedies. Under the heading “Death at the Border” we find the following examples.

- At least 13 young Algerians aged between 17 and 25 years drowned in their attempt to reach the Spanish Coast. Their vessel sunk shortly after leaving the Algerian Coast on 3 April 2008
- A shipwreck took place on April 28 off Al Hoceima, on the way from Morocco to Spain, causing the death of 36 people, including two women and four babies.
- At least 101 migrants and refugees died during the month of April 2008 at the gates of the European Union.
- At least 40 migrants drowned and 100 disappeared on 7 June off the coast of Libya, after the shipwreck of a boat transporting undocumented migrants from Libya to Italy.
- On 15 June a boat split in two south of Malta after crashing into the tuna cages of a fishing boat. Six Somalians, of whom two were children, died after being sucked into the cages.

These are only the tragedies that are **known** to the media.

Under the heading News from UN, EU, Switzerland and the USA there is further news of the situation of refugees and migrants.

- Various strikes of undocumented migrants have taken place around Paris from 15 April onwards, ... The strikes have aimed to draw attention to the exploitation of tens of thousands of undocumented workers.

- In Italy a law has recently been passed that makes irregular immigration a criminal offence, which is now in force having been approved by the Government with unanimity and bearing Prime Minister Silvio Berlusconi's signature.
- Some 20,000 immigrants are detained for a long period and very often in worse conditions than in prisons just because of their lack of proper documents. A study done by the European Parliament qualifies as the situations suffered by the persons detained as pathogenic, especially in the case of vulnerable people such as the aged, children and pregnant women. The authors have revealed the difficult conditions in 132 centers visited (on a total of 174) in the EU in 2007.
- The Swedish parliament approved a new legislation, which excludes undocumented migrants from subsidised health care, effective 1 July.
- A recent visit to two detention centres in Texas by the organization Human Rights First found numerous abuses of undocumented migrants' rights. In these facilities, medical and mental health attention was found to be lacking, as was access to legal services.

Similar to the routes of refugees to Europe over the Mediterranean or the Atlantic Ocean to reach different European islands there are deadly routes across the Red Sea from Horn of Africa to the Arabian Peninsula and across the border between Mexico and the United States, where fellow human beings daily risk their lives and safety.

Dublin agreement

In Europe there is also the so-called Dublin agreement, which amounts to that an asylum seeker is obliged to file his or her application for asylum in the country of the European Union that he/she first arrived in and will be deported there. Its consequence is another gross violation of HR in many individual cases, where people are sent back to for instance Greece, which has a much stricter asylum policy than e.g. UK or Sweden and in some cases families become split up if one of the children is over 18 years of age and sent back on its own.

The situation of undocumented migrants in Europe

In many countries in Europe, undocumented migrants live in a situation of marginalization. As they do not possess ... residence permit, they are often excluded from basic social services that help to meet a decent standard of living ...

This quote is from the introduction to the report *Book of Solidarity*^v published by PICUM, the Platform for International Cooperation on Undocumented Migrants, which is a non-governmental organization promoting respect for human rights of undocumented migrants.

It declares the aim of the book as “to counteract what appears to be a general tendency in certain parts of society to criminalize undocumented migrants and everything related to them.”

It was astonishing for me to learn five years ago, when I was part of a European Commission committee focusing on *combating poverty and social exclusion*, that these issues were not even discussed. All member states had already produced two rounds of National Action Plans with details on how to tackle and combat Social Exclusion and Poverty without even mentioning the most excluded and marginalised group in Europe, living in sheer poverty at times and with enormous consequences for the children – the undocumented, illegal or irregular migrants. I was bewildered to understand that this effort, within the EU to boast social inclusion and to fight poverty and social exclusion, would itself exclude – socially, politically and really – a total of 5 – 7 million individuals living within the then 15 member states.

In a more recent publication - actually financially supported by the European Commission - called *Access to Health Care for Undocumented Migrants in Europe*^{vi} PICUM reports that “Undocumented migrants in Europe face serious problems in gaining access to health care services.”

PICUM also points out that:

While numerous international instruments in human rights law have been ratified by EU member states and refer to the right of everyone to health care as a basic human right ... the laws and practices in many European states deviate from these obligations.

According to article 12 section 1 of the International Covenant on Economic, Social and Cultural Rights, States Parties recognize: “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

General Comment No.14^{vii} by the Committee on Economic, Social and Cultural Rights (CESCR) explains that the right to health includes among other things “refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum-seekers and illegal immigrants” (para. 34).

And as Paul Hunt, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health said in a lecture on the Millennium Development Goals in Uganda a year ago: General Comment No. 14: “marks the moment when the right to health ceased to be a slogan and became an important tool for all health policy makers and practitioners.”^{viii}

The situation of undocumented migrants in Sweden

Professor Paul Hunt visited Sweden from 10 to 18 January 2006.

In his report^{ix} he makes it clear that

The standard of living, health status and quality of health care in Sweden are among the best in the world. ...

But the Special Rapporteur is very critical when it comes to asylum seekers and undocumented migrants. He reports in paragraphs 69 to 71:

... asylum-seeking adults do not have access to the same health care In the Special Rapporteur’s opinion, such differential treatment constitutes discrimination under international human rights law.

... undocumented people living in Sweden ... represent one of the most vulnerable groups in society, consisting predominantly of rejected asylum-seekers, as well as immigrants who have never claimed asylum but overstayed in Sweden.

... Undocumented adults may receive immediate health care, but at their own expense. ...

This criticized practice is (or rather was) based on an agreement between the government and the county councils’ organisation, the Swedish Association of Local Authorities and Regions. The European Council though has, through its directive 2003/9/EC^x laying down minimum standards for the reception of asylum seekers, decided that the policy for and practice of migrants’ health care be regulated in formal legislation. Therefore the current as well as the former government has proposed a codification of the practice into legislation. I will return later to this.

Let me just first give just a few examples of what the existing practice has led to when there are restrictions and in addition these are not quite clear and the practitioners are not familiar and at ease with them.

Case 1

A 30 year old undocumented woman is raped in the street in Stockholm. As she risks being deported if she contacts the police she does not report it and she is afraid to go to hospital as well. She becomes pregnant. The maternity care centre refuses to conduct the usual controls as she cannot pay the full costs of approximately 80 US dollars for each visit to the midwife. Several women shelters are contacted, but decline to receive her because she is undocumented.

Case 2

An elderly woman, the only relative to a son residing legally in Sweden, has been denied residents permit. She is diagnosed with a possible lung tumour but the referral to X-ray is stopped by a nurse because she is undocumented. After six months the condition is worsened and she is X-rayed and diagnosed having cancer. She is operated and sent a bill for treatment that she cannot pay. Six months later she develops several metastases and dies shortly after.

Case 3

A young mother of two falls ill with breast cancer. The county council administration in charge of health and medical care stops her operation and demands that she first pays 24,000 US dollars in advance. After media exposure the demand if advance payment is withdrawn.

Case 4

An elderly undocumented man, heavy smoker, develops continued coarsness. At the underground clinic for undocumented patients he is referred to hospital, but he is too scared to go. After several months he finally goes and is diagnosed with throat cancer. The senior physician that sees him refuses him radiation treatment due to the costs and tells him to return to his country of origin for radiation treatment.

These are just a few real and recent cases demonstrating some of the effects of the current practices in Sweden.

In his comments and press release^{xi} at the press conference on January 18, 2006, the last day of his mission to Sweden, Paul Hunt remarks very accurately:

Sweden's present law and practice places health professionals in a very difficult - if not impossible - position. Does a doctor turn away a sick, pregnant, undocumented woman who cannot afford to pay for the medical treatment she - and her unborn baby - needs? If so, what has become of the doctor's professional ethical duty to provide health care to the sick without discrimination?

Even though, as Paul Hunt pointed out, the standard of health in Sweden is among the best in the world the standard of health care for asylum seekers and undocumented migrants in Sweden is among the most limited in the European Union. This is shown in the PICUM report mentioned above: *Access to Health Care for Undocumented Migrants in Europe* (PICUM, 2007). A study in 11 EU-member countries was undertaken regarding the level of and the accessibility to health care in those countries. It showed a great variation between different countries where Sweden and Austria ended up in the category with least accessible and most restricted regulations and practice "where all care is provided only on a payment basis", "with exceptions for particularly vulnerable groups or specific medical conditions." On the other end of the spectrum Spain and Italy are to be found where "free access to health care is

offered to all including undocumented migrants.” ... “Although there are certain conditions, gaps and failures ...”

In his report (2007) Paul Hunt points out that he is concerned that Swedish law and practice “is not consistent with international human rights law.” and that undocumented migrants and asylum-seekers are very vulnerable. “They are precisely the sort of disadvantaged group that international human rights law is designed to protect.” His recommendation in paragraph 75 is very clear:

Accordingly, the Special Rapporteur encourages the Government to reconsider its position with a view to offering all asylum-seekers and undocumented persons the same health care, on the same basis, as Swedish residents. By doing so, Sweden will bring itself into conformity with its international human rights obligations.

But – on the contrary – the Swedish Parliament earlier this year as mentioned above, in spite of massive criticism from many sections of society such as professional organisations, trade unions, churches and political parties and some government agencies, decided to pass the bill that turned the criticised practice into a formal law. This includes the exclusion from health care at equal terms of undocumented migrants over the age of 18 years as well as undocumented children who have not applied for asylum.

At a seminar in Stockholm on February 13 this year to debate the proposed legislation professor Paul Hunt spoke strongly against the legalisation of a practice that he has been seriously critical of and finds it an even more serious injustice to legalise it, saying:

In my humble opinion, the existing arrangements are unjust and discriminatory. So, with respect, it's misconceived to codify an unjust, discriminatory, existing arrangement. And in short, a new arrangement is needed, based on justice, human rights and non-discrimination.

The argument for denying undocumented migrants equal rights to these services as well as other social services is *that we cannot give people who are residing illegally in the country legal rights to care*. It “sends the wrong signals” and it would “undermine the whole asylum system” as the Minister for Migration and Asylum Policy said in Parliament in June 2007^{xii}.

But of course all this is not just the fault and responsibility of our governments, parliaments and politicians. The public opinion in many countries demands or at least supports discrimination and violation of the human rights of refugees, migrants and undocumented migrants – whether grown up or minors.

This side of it is reflected in a poem by *W. H. Auden* from 1939 about German Jewish refugees in UK, that I wish to share with you by reading three of its verses.

*Say this city has ten million souls,
Some are living in mansions, some are living in holes:
Yet there's no place for us, my dear, yet there's no place for us.*

*Came to a public meeting; the speaker got up and said:
“If we let them in, they will steal our daily bread”;
He was talking of you and me, my dear, he was talking of you and me.*

*Dreamed I saw a building with a thousand floors,
A thousand windows and a thousand doors;
Not one of them was ours, my dear, not one of them was ours.*

It is a responsibility for all of us as citizens and as fellow humans to oppose these tendencies and opinions in each our country.

Undocumented migrants in social services?

Now, it may seem slightly out of place to talk about the right to health in a social work conference. In my view though, and this view was shared by Paul Hunt, the current UN Special Rapporteur on Health in a personal interview^{xiii} on February 13, 2008, what applies to the right to the highest attainable standard of health according to the Covenant on Economic, Social and Cultural Rights and the analysis in General Comment No. 14 has relevance for and bearing on many other social rights covered in the Covenant that concern social services and social work, education and housing etc.

And of course – from a holistic social work perspective – the right to health and the rights to social security and necessary social services, food, clothing, housing, work, rest and leisure and the right to free education cannot be separated. The bio-psychosocial perspective of social work as identified in the international definition^{xiv} of the social work profession is the basis for this position on human rights as indivisible.

But with regard to undocumented migrants the situation is perhaps even worse in regard of social services and needs. Minimal social services are given in most European countries to undocumented migrants, no social assistance, no housing services, none or limited education etc.

What this means is that the undocumented migrants are at the mercy of the black market for working and earning a living at very minimal levels, sometimes not being paid at all or extremely little, working without any insurance etc.

Regarding housing the undocumented migrants are depending on decent people helping them, but also at the mercy of heartless people and of the black market abusing their rights and their situation.

Children at risk do not receive needed support when for instance their parents are mentally ill, when there is violence in the family, when they do not receive education, leisure time support etc. It is argued – by social workers as well – in line with what the Minister for Migration argued above regarding health and medical care: “The social services cannot give support and services that contradict the decision of another government agency, i.e. Migration authorities and/or police that are seeking them for deportation.”

It is, I believe, important to stress here that I am not arguing for free migration for all when it comes to asylum seekers and undocumented migrants. We must not mix up migration policies with policies for health and medical care and social policies. Within the framework of social policy there are of course regulations and legislation in each country that we shall follow and fulfil. But we should not make migration policy in the social services.

Let me also point out that we need to – in this context – also mention the problems related to trafficking of women and minors, the latter sometimes referred to as *unaccompanied minors*. We experience, in many countries, the increase of the number of unaccompanied minors arriving as asylum seekers where the number of minors disappearing is frightening to realise, but what is even more alarming is that we almost never know where to they disappear, what happens to them and to what extent it is a matter of organised crime and trafficking of humans for sexual purposes. Later this year the Third World Conference on Commercial Sexual Exploitation will take place here in Brazil and I think it is very important that social workers are involved in this struggle. I also hope that IFSW will be represented at this third world conference as we have been deeply involved in the two first conferences in Stockholm in

1996 and Yokohama in 2001. After having mentioned this topic, which is close to my heart still, I will return to the issue of undocumented migrants and social work.

The core issue of course is: Within the social services as well as within health and medical care we should not violate, but uphold, respect and fulfil the human rights of everyone within our jurisdiction i.e. all who reside in our country legally or not.

Counter action

But, perhaps what I have described so far all sounds very pessimistic and too depressing. Are there no people fighting against these human rights violations and discriminatory opinions? Yes, of course – there are many people, organisations, professionals etc devoting their time and power to support victims of human rights violations. There are numerous actors defending human rights of undocumented migrants all over the world:

- PICUM is one central organisation in Europe that I have mentioned.
- There are many national NGOs in most countries in Europe as well as in other continents.
- There are in Europe and North America trade unions: national, regional and international involving themselves for these groups and for these values.
- There are churches and church based NGOs e.g Caritas.
- There are also and not least private professional initiatives setting up underground clinics like Rosengrenska in Gothenburg as well as the underground school in Switzerland that I heard of in an IFSW meeting almost 20 years ago.
- There are individual doctors, nurses, lawyers, social workers and teachers etc committed to defending the human rights of undocumented migrants, giving support on a voluntary basis.
- There are also students involving through their students' organisations and I wish to mention one extraordinary example. It is the International Federation of Medical Students' Associations, IFMSA which through their Swedish chapter has been instrumental in putting the focus on the violation of undocumented migrants' rights and the unsolvable ethical conflicts that they as future professionals will face. Can we hope for the same kind of commitment among social work students?

And of course one of the foremost human rights activists in social work is here with us today, my dear friend and colleague Evelyn Balais Serrano, who has spent all her professional life fighting for human rights and against injustices of all kinds.

Social Work Action

But what can **we** then, as individual social workers and social workers' organisations at national, regional and global levels, do to contribute to avoid these human rights violations?

I believe we can and should do essentially **four** things.

We should strive to make human rights work, function in our profession and in the social services, that is *operationalise* the sometimes grand words of the Declaration and all the other instruments.

We should further utilise human rights more in the sense that we shall seek to use human rights in all areas, situations and aspects of our professional activities, that is we should *mainstream* human rights in social work and social services.

Thirdly, we need to work on the accountability of human rights, that is how we follow up and demand that government and authorities respect and fulfil their human rights obligations.

Finally I believe strongly, that we need to speak the human rights language, use the human rights phrases in all our work. This is about *the importance of language usage* so as we speak out and talk clearly and do not talk only about the needs of our clients when it is their human rights that are violated.

I also believe that we need to strive to do these four things on several levels of social work. It is not only at the international and global level that we must do this. Nor is it only at the level of the individual social worker, but rather on all levels in between these two levels too, that is at the social service agency level, the national social worker association or union level and at regional level.

Operationalise

To operationalise human rights more effectively we need new skills and new techniques, as Paul Hunt pointed out in his lecture in Uganda in August 2007.

... traditional human rights methods and techniques — “naming and shaming,” letter-writing campaigns, taking test cases, slogans, and so on — are not enough

... traditional human rights methods are sometimes still needed, but new techniques and skills are also required, such as indicators, benchmarks, impact assessments and budgetary analysis. (Paul Hunt 2007)

But then what does it mean to operationalise human rights? This can of course be understood and interpreted in many different ways. I wish to share with you one attempt to clarify this. It is an article^{xv} in an Australian journal regarding legislation on discrimination of people with impairments. It is called a three-dimensional approach that involves empowering people with disabilities (or other minority groups), a proactive state, and a community that considers the issue of inequality within its power to resolve.

The three dimensions are described as:

Operationalising human rights requires that members of minority groups conceive of themselves as rights-bearers, and that there are mechanisms through which human rights abuses can be challenged and prohibited.

The second dimension involves a proactive state taking ongoing responsibility to change the social structures in order to remove barriers to equality.

Unless the broad community is involved in promoting equality and removing discrimination against people with disabilities, the realisation of rights will be short-lived.

At the international level of the profession – that is within our organisation for social workers the international federation of social workers, IFSW – we need to offer the profession a way to know, learn and grasp the dimension of human rights in social work practice. We have already in early 1990s produced a manual on human rights and social work. We have also in the year 2000 adopted an international definition of social work that clearly describes the importance and dependency of human rights in the social work profession. This is manifest in the quote from the commentary part of the definition.

Human rights and social justice serve as the motivation and justification for social work action. In solidarity with those who are dis-advantaged, the profession strives

to alleviate poverty and to liberate vulnerable and oppressed people in order to promote social inclusion.

The IFSW Action Plan for 2006 – 2008^{xvi} as well as several earlier plans states as a goal for its human rights work that:

- *IFSW has a human rights action plan and [shall] be visible in international human rights issues;*

This means, as I see it, that a first step and basic requirement for operationalising human rights in the social work arena and in the activities of IFSW, as the international body for the profession, are fulfilled.

At the regional and national level the profession and its organised representatives are expected to take on their responsibility in operationalising human rights in social work by setting the goals in the Action Plan as:

- *IFSW Human Rights Commission encourages Regions to develop human rights action plans and be visible in Regional human rights issues;*
- *Regions encourage member organisations to develop human rights action plans and be visible in national human rights issues;*
- *Each member organisation appoints a human rights focal point to be responsible for national human rights activities ...;*

To operationalise human rights in the social work profession we – within IFSW – now must and have taken on the task of revising the existing manual. But we need to do this in a way that will make it a tool for individual social workers to really grasp the justification of social work action that lies in human rights. Such a tool needs to be very practice oriented to allow social work practitioners to utilise it in their everyday work life. It also needs to include such new skills and techniques as suggested by Paul Hunt and mentioned above in addition to traditional methods. It also must involve the dimensions described in the article just quoted, that is involvement and empowerment of the people and groups we, as social workers, work for; involving and challenging the local and national government authorities to live up to their responsibilities and seeking support in and cooperating with the civil society and broad community in which social work is operating.

At the individual level the social workers need first – of course –to learn about and get to know basic human rights and the rights specific to social work and social services. A short course or a longer study of human rights though is not sufficient to *practice* a human rights based social work. We also need to *train* a human rights approach to social work practice and we need to learn and train to *make use* of human rights in social work in order to produce an appropriate effect of human rights in our daily practice, that is: to be operational.

Mainstreaming

Mainstreaming is a term that has been used in different settings and given various meanings. It is often used in connection with integration of people, often children with disabilities, into different regular activities such as schools etc.

By mainstreaming we also, especially in political life, mean actions or positions taken in a policy process that informs decision makers about an issue or position so that it can have an impact on all policies and practice. This means that a view, position or focus will be visible in and pervades through all policy issues and areas of a certain actor.

The IFSW Action Plan for Human Rights mentioned above has such a requirement for all activities of the federation:

- *IFSW has a human rights orientation for all its activities*

This is a good start and ambition, but as I will talk about in a minute, we need to take necessary steps to hold the federation accountable for this goal. IFSW needs to discuss and to review its action plan and activities to see whether this goal is met and how.

In social work and social services it can mean that in planning and performing social work we should always have a human rights focus and make a human rights assessment of each case and program.

For individual social workers it indicates identifying the human rights and human rights violations in all parts of our daily work.

Accountability

Each government, at national and local level is at the end of the day accountable for guaranteeing the realization of the human rights of the conventions it has ratified. This is a matter of international human rights law. But what is accountability and how is to realized? In a publication from the Human Rights Centre at the University of Essex^{xvii} the researcher Helen Potts has elucidated what this is and how it can be done. She clarifies that we shall not simplify it and make it too easy.

Sometimes, for example, accountability is misunderstood to mean only 'naming and shaming', or blame and punishment.

Dr. Potts clarifies in relation to the Right to highest standard of health that:

Accountability is the process which requires government to show, explain and justify how it has discharged its obligations regarding the right to the highest attainable standard of health. This process also provides rights-holders with an opportunity to understand how government has discharged its right to health obligations.

... it necessarily includes the monitoring of conduct, performance and outcomes.

Further the process requires setting up of mechanisms.

An accountability mechanism is the procedure through which government is answerable for its acts or omissions in relation to right to health obligations. The procedure provides rights-holders with an opportunity to obtain information on government action, and to ask for explanations.

Accountability is not only about the outcomes but also about the processes as Paul Hunt and a researcher with him, Gunilla Backman write in an article^{xviii} on Health Systems:

The right to the highest attainable standard of health is concerned with both processes and outcomes. It is interested in not only what a health system does ... but also how it does it ...

For social work as a profession and for social services locally in all parts of the world it is a challenge to take on to strive for and to accomplish procedures of accountability of human rights in its realm. This is, as I said, primarily the responsibility of the government, locally and nationally, but it is our responsibility to establish and maintain room and mechanisms for exercising accountability. This is our responsibility in order to ensure that the human rights of our clients, patients or users are respected and upheld.

The importance of language use

This brings me to the last thing I believe that we as social workers can and should do, that is to remember to *speak* – Human Rights.

We social workers are used to and often focus on analysing and speaking about inequalities in society and peoples' needs and the injustices this carries with it. We effortlessly talk of combating poverty and social exclusion. But are we aware of the pitfalls of the words and the language itself?

Perhaps we are too used to talk about things such as poverty, without considering the real meaning of the concept of it. I was reminded of this at the social work graduation ceremony of my daughter Emma this June, when the Swedish novelist Majgull Axelsson gave the lecture to the students. In my translation and interpretation of her words she said:

Poverty holds a number of temptations especially for people who themselves do not live in poverty. They are four:

- *Sentimentalization, when we let poverty be populated by The Little Match-Girl and her sisters. ... You can find her in the favelas of Delhi, Bogota and Manila.*
- *The second temptation is idealization, mainly found among people with an idealistic disposition, with a religious or political conception of the world in which poor people easily become noble, more sensitive and for ever benevolent and loyal to each other. But this contains an amount of contempt for them.*
- *Thirdly there is the temptation of contempt, making the poor invisible. When you have fallen for and rejected the first two the third comes automatically. You simply get tired, can't take it. Why do they have to go around and be poor all the time? In this conception of the world the poor become the cause of poverty. They are poor because they are lazy, ignorant etc. And we are not because we are diligent, conscientious, competent and talented. Thus poverty has become a moral category.*
- *The fourth temptation is demonization. If the poor insist on being poor the reason must be that poverty is incurable and we know that a child growing up in the favelas in Brazil, or in a black area in LA or one of the suburbs somewhere is a hopeless case. That is why in Brazil and other countries you can attack and murder street children to prevent them from growing up and becoming murderers.*

I think most of us have fallen for these temptations at some time.

And as Karen Armstrong says in her book *The Spiral Staircase*: "It is always difficult to forgive people we have harmed."

Likewise there is – I think – a temptation to describe our clients as having *needs* of different kinds, that we focus on analyzing, assessing and fulfilling. When it really is not a need or not *just* a need, but rather the fact that a human right is violated. But talking about rights, human rights becomes so challenging and "political", does it not? It is easier and safer for us to talk about needs and to some extent rights.

Let me give two very simple examples of how easy it is to forget and how easy it is to make a difference using the human rights language. My daughter's final exam paper for her social work graduation, was on medication of young people with medication against *attention deficit/hyperactivity disorder*, ADHD in institutions in Sweden. The paper is very good and

describes very well the discrepancies in the understanding of the reasons for medication between the medical staff and the adolescents themselves. The paper actually describes a number of violations of their rights according to the UN Convention on the Rights of the Child, but does not identify them as such and does not discuss them. It could have made the paper even better and would, I believe, have supported the arguments even stronger.

The other example is a report on Roma children in Sweden from my own place of work, the National Board of Health and Welfare. The report took its starting point in and was based on the European Convention of the Rights of Minorities and looked at the treatment of and understanding for the cultural rights etc of Roma children taken into care. The convention itself talks only of Minority rights as did the report in a draft version. It fails to explicitly identify the rights as *human* rights. The report was amended using the term *human rights* and in doing so, made the human rights, inherent in the convention, visible. I believe that we must be aware of how we easily talk about human rights violations without mentioning them by name, but give them other names, using social work theory and terminology, and in doing so we cover the real truth – the violations.

But it is about human rights and very often about violations of human rights and we must give these things their real names and designations. If we choose to avoid the expressions *rights* and *Human Rights* and hide behind descriptions such as needs, we contribute to the violations of our clients' human rights and to their oppression.

Paul Hunt also clarifies the need for strengthening of our actions with a human rights reference and that we explicitly mention the rights as human rights, when he says:

Of course, you could identify ... policy proposals ... without reference to the right to health — just as you could construct a good court system without reference to the right to a fair trial. But the right to health can help to identify good proposals ... (Paul Hunt 2007)

I am not – though – talking about and recommending that we just *exchange* the word *needs* for the words *human rights*. In doing that we are running a high risk of merely exercising lip service to the human rights cause. And we should not either let our descriptions and communication be just empty slogans about human rights. Lip service and slogans about human rights are not operationalising human rights.

And let us finally also keep in mind that which Archbishop and Nobel Peace Prize Laureate *Desmond Tutu* and former president of Czechoslovakia and Czech Republic *Vaclav Havel* wrote in an article^{xix} on the day of the opening of the Olympic Games in Beijing: "To speak of human rights is not politics; only authoritarian and totalitarian regimes try to make it so. To speak of human rights is a duty."

Conclusion

In summing up I wish to conclude that the profession and social workers should:

- learn and teach about Human Rights,
- train Human Rights,
- use and utilise Human Rights; that is to say *operationalise* human rights
- practice Human Rights in every part of social work and social services – daily.
- Further and not least we, as social workers must start to clearly speak and talk about human rights and not hide behind a theoretical terminology that conceals the aspect of rights and the violation of these rights.

- Finally I believe that we need to continue to develop the Human Rights *with* our clients so as to empower them and ourselves *with* them and in order to learn from their experiences.

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