Between Maoists and a Monarch

Nepal’s Ailing Health System

Inside:
Conflict Diamonds, pg. 9
AIDS drug clinical trials, pg. 17
Nepal Health Clinics, pg. 22
The separation that exists between Stanford and the rest of the world seems far greater than six degrees. But our connection to the world is real. This publication is committed to providing an arena for Stanford students to create awareness of human rights issues across the globe based on their personal experience and inspiration.
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To Our Readers,

We are very excited to present our first issue of the 2005-2006 academic year. As always, we strive to present the Stanford community with articles that cover a variety of issues and geographic locations. In this issue we have included articles on topics including conflict diamonds in Sierra Leone, health issues in Nepal, and trials for an AIDS prophylactic drug in Cambodia. We also revisit important ongoing topics like the conflict in Uganda and the death penalty in the United States. In addition to our feature interview, which we conducted with Dr. Tseten Sadutshang, a recipient of the Unsung Hero of Compassion Award from the Dalai Lama, we have included a new component in this fall’s issue: the Critical Alerts page is intended to provide a brief sampling of serious and current human rights situations around the world. This page is not meant to be exhaustive, but we hope that it will be a useful resource for readers who are interested in learning about some of the topics spotlighted by the international media and reputable advocacy organizations.

In order to accommodate our own advocacy work, which has become a significant part of Six Degrees’ efforts, the Human Rights Forum was established last year. The members of the Forum have been working with a number of student groups, such as STAND, NK Focus, and others, to sponsor events, speakers, and screenings on campus. Current projects include re-screening films from the U.N. Association Film Festival and coordinating a bi-weekly student discussion group. If you’re interested in getting involved in the planning of future events or would like to contribute to the magazine, Six Degrees is always looking for new members! We hope you enjoy the fall issue!

Brian Goodman
Jess Steinberg
Bradley Heinz
Julie Len
Aaron Roesch
Chrissie Coxon Gulu, Uganda
Chrissie Coxon is a junior pursuing a major in Political Science and a minor in African Studies. When her Nile riverguide in Jinja (southern Uganda) boasted that his was the most peaceful nation in Central Africa, she was jarred—Uganda’s north is in fact the home of a brutal 19-year conflict. Building on her interest in Rwanda, one of history’s most marginalized conflicts in the region, Chrissie decided to visit Gulu to see for herself what Jan Egeland describes as the world’s “most forgotten crisis.” Chrissie is currently studying at Stanford in Washington and working at the International Crisis Group. For more information, read the forthcoming ICG Africa Briefing “Uganda after the ICC Warrants.”

Melissa Fusco Clinical Trials
Melissa Fusco is a senior majoring in Russian and Philosophy. She began learning about prophylactic trials in Africa last summer while doing research for Prof. Agnieszka Jaworska, who specializes in medical ethics.

Krishanu Sengupta Death Penalty
Krishanu is a sophomore majoring in International Relations. His background in civil rights prompted him to explore the issue of the judicial system and its disproportionate targeting of minorities. A summer internship with the Innocence Project deepened his beliefs about the structural problems with the death penalty, and his continuing interest in international law and the emerging, gradual worldwide movement towards abolishing the death penalty presented one possible solution. This next summer, he hopes to see developing countries’ stances and views on accepted international norms by observing aspects of the legal system in Calcutta, India.

Bryan Tan Conflict Diamonds
Bryan Tan is a junior from Singapore double majoring in International Relations and Communications. His article was originally written for Prof. Rosencranz’s class called Corporate Response: Globalization, Labor, and the Environment, which was also the class that sparked his interest in human rights issues. Bryan spent the summer working at the International Chamber of Commerce (ICC) Headquarters in Paris, with the ICC’s Commission on Business in Society. He participated in policy-planning sessions on issues of corporate social responsibility, the outcomes of which would ultimately affect thousands of businesses and their actions worldwide. Contact Bryan at bryantan@stanford.edu.

Letters of 250 words or fewer can be submitted to hrsubmissions@lists.stanford.edu. 
Speak Out!
Conflict Diamonds
African countries rich in diamonds have experienced the “resource curse.” These gems fuel conflict throughout the continent, in countries like Sierra Leone and Liberia.

Clinical Trials
In 2004, demonstrators stormed the International AIDS Conference to protest the unethical trials of an AIDS prevention drug, Tenofovir, by sex workers in Cambodia. The author evaluates arguments from both sides.

Nepal
Nepal’s Primary Health Care Centers lack the basic infrastructure and resources to effectively serve their communities. This problem is complicated by the ongoing Maoist insurgency, necessitating a solution beyond money.

Interview: Dr. Tseten Sadutshang
Dr. Sadutshang runs a network of health clinics for the Tibetan community in India. He was recognized by the Dalai Lama as an unsung hero of compassion.

Death Penalty
Putting aside moral arguments, the severe biases in our criminal justice system alone justify a moratorium on the death penalty in the U.S, which would signal to the world our acceptance of spreading human rights norms.

Fellowships
cover photo courtesy of IRINnews.org. ID#2005926.
This page provides brief summaries of some of the most severe human rights crises in the world today. The crises described do not represent an exhaustive list, but we hope this glance at some of today’s most troubled regions will give you a better sense of the immense challenges faced by human rights defenders worldwide. The information on this page was compiled from various sources, including Amnesty International, BBC News, The Economist, Freedom House, Human Rights Watch, the International Crisis Group, and the United Nations.

**Colombia [Drug War]**

Four decades of fighting among the Colombian government, two leftwing guerrilla groups, and rightwing paramilitaries has caused Colombia to become “the biggest humanitarian crisis in the Western Hemisphere,” according to the U.N. under-secretary-general for humanitarian affairs. The drug trade fuels this war, funding both the FARC rebel group and the A.U.C. paramilitaries; Colombia produces 80 percent of the world’s cocaine. Colombia has the world’s third highest number of displaced people, one million of whom have become homeless in the past four years, and half of who are below the age of 18. Lack of health care and education and high levels of kidnapping are just a few examples of the severity of this humanitarian crisis. Ten indigenous groups are isolated entirely from the outside world by warring factions.

**Darfur, Sudan [Ongoing Genocide]**

Since February 2003, government-sponsored militias known as the Janjaweed have conducted a calculated campaign of slaughter, rape, starvation, and displacement against Darfur’s African tribal communities. Approximately 400,000 people have died, and more than 2.5 million people remain displaced from their homes. An additional 200,000 have fled across the border to Chad, many of who live in camps that lack adequate food, shelter, sanitation, and health care. Attacks have flared up again, and aid workers continue to be prime targets. The U.S. Congress and President George W. Bush have declared the situation in Darfur a “genocide” and the worst humanitarian crisis in the world today.

**Democratic Republic of the Congo [War’s Wake]**

For over a decade, the Democratic Republic of the Congo (DRC) has been involved in a devastating war that stemmed from the genocide in Rwanda. As Hutu militias fled Rwanda and moved to the DRC, they were chased by Tutsi rebels, reigniting the ethnic conflict. By 1998, six other countries, including Rwanda, Uganda, Namibia, Zimbabwe, Angola, and Burundi, joined the violence. In the wake of this continental war, over four million people have died, and Amnesty International estimates that 31,000 Congolese are dying every month from direct violence or from preventable disease and starvation caused by lack of security, displacement, and lack of access to humanitarian and medical care.

**Iran [Fundamental Unfreedoms]**

Iran’s conservative Islamic regime led by Ayatollah Khamenei has perpetrated a laundry list of human rights abuses against its own citizens, including the execution of minors and women by stoning, the failure to afford women political representation, restrictions on the freedom of the press, arbitrary arrest without legal representation, and the repression of religious freedom. The European Union recently held human rights dialogues with Iran, although little change has resulted from the talks.

**United States [Human Trafficking]**

The U.S. State Department estimates that 14,500 to 17,500 people are trafficked into the United States every year. Victims come from more than 50 countries, and they are forced to work in factories, restaurants, farms, parlors, and even private homes. Although Congress has authorized up to 5,000 special visas per year for trafficking victims, fewer than 700 were issued in 2004. Many former trafficking victims and advocates against trafficking believe that the low number of visas is due to the strict criteria, including the requirement that all victims assist prosecutors during trials.
In the early 1990s, the world was outraged by the discovery that rebel forces, revolutionary factions, and terrorist organizations based in several of Africa’s diamond-producing nations had, for many years, been exploiting their countries’ mineral riches to finance violent civil wars and egregious atrocities against civilians. Since then, the diamonds involved in the bloodshed have been branded “conflict” diamonds, in no small part due to their role in fuelling the ongoing violence and civil strife in countries such as the Democratic Republic of the Congo (DRC), Sierra Leone, Liberia, and Angola. Fortunately, unlike many similarly pressing international problems, the issue of conflict diamonds is one that has received both widespread and immediate attention from the international community in recent years. Although the efforts of this community are commendable, the practical effect of this attention is debatable.

For years, the fight against the trade in these gems has been mostly an uphill struggle, which is understandable when one realizes that countries like the Central African Republic are almost wholly dependent on smuggling as their source of national income. Diamonds, for all their iconic status in the West as symbols of undying love, marital bliss, and lifelong commitment, have for certain people taken on a very different symbolism due to the mining, distribution, and trade of conflict diamonds. Perhaps Gary Ralfe, managing director of the De Beers Group, summed up this new sentiment best when, in a speech addressed to the World Diamond Council in 2001, he admitted that “diamonds alone were responsible for conflict and misery in Africa.” In November 2002, after two long years of planning and deliberation, the international diamond industry celebrated the adoption of the U.N.-endorsed Kimberley Process Certification Scheme (KPCS), a landmark initiative that promised to regulate the global trade in rough diamonds and stem the flow of conflict diamonds worldwide. While the Kimberley Process is undoubtedly an admirable effort, diamond-funded conflict continues to ravage and destabilize African nations to this day, threatening the lives of millions of innocent civilians and endangering the delicate balance of the African political economy.

Because the current structure and composition of the Kimberley Process contains certain loopholes that allow criminals to surreptitiously continue their illegal trade, a restructuring of the Kimberley Process coupled with a shift in its priorities and strategy is necessary to address the issue of conflict diamonds. To understand the reasons behind the formulation of the Kimberley Process and to evaluate its shortcomings, it is first necessary to comprehend the background story of conflict diamonds in Africa and to use this historical context to analyze the present-day illegal trade. According to the NGO...
ActionAid, a champion of this fight, conflict diamonds, by definition, “are used to fuel conflict (whether by rebels or existing governments) and promote sustained and systematic human rights abuses.” Conflict diamonds are behind what many industry experts and scholars deem to be some of the most horrendous acts of injustice the world has seen since the Holocaust. The diamond industry plays an indirect but instrumental role in this fighting. Sierra Leone’s “Parrot’s Beak,” for example, is a diamond-encrusted finger that points between neighboring Liberia and Guinea and perhaps contained the world’s most deadly 50 square miles in 2001. Directly in the line of fire between the warring rebel factions of Sierra Leone, Liberia, and Guinea (which were not only shooting at each other but also at soldiers from all three legitimate governments and an unknown number of indigenous militias harboring their own diamond-related agendas), the Parrot’s Beak was at the time the subject of the United Nations’ most expansive and expensive peacekeeping mission ever. Sierra Leone’s main insurgent faction, the Revolutionary United Front (R.U.F.), also controlled the nation’s richest diamond mines and used the profits from the sale of the gems it uncovered to purchase arms and supplies in its war against the establishment. The R.U.F.’s uncontested dominion over the diamond fields meant that hundreds of thousands of prisoner-laborers were worked to exhaustion, digging up gems from muddy open-pit mines. Many ended up in shallow graves, executed for suspected theft, lack of production, or simply for sport. The R.U.F. also gained international notoriety for its cruel and ruthless style of guerilla warfare, which was characterized by its signature tactic of amputation. Over the course of the decade-long Sierra Leonean civil war, the rebels mutilated some 20,000 people, hacking off their arms, legs, lips, and ears with machetes and axes. Children were not spared, for another R.U.F. trademark was the child soldier. R.U.F. commanders often cut off the arms of conscripted children and packed their wounds with cocaine or marijuana, leaving them drugged and savage. When armed with diamond-bought Kalashnikov rifles and shrapnel grenades, these children were unwitting but effective killing machines.

According to U.N. estimates, the international diamond industry indirectly funded this horror by buying up to $125 million worth of diamonds per year from the R.U.F. Established and well-respected corporations such as the De Beers Group, the largest diamond mining and trading company in the world, have been implicated by these findings. As the self-proclaimed “custodian of the market,” De Beers has been acquiring the majority of diamonds produced in the world for years—including a large percentage of African conflict diamonds—in order to keep the global diamond supply steady and prices stable. The group’s involvement in the conflict in Sierra Leone occurs through its consumption of raw gems that have been smuggled into Liberia, a country that has few diamond mines of its own but acts as a port of transit for conflict diamonds en route to the mainstream market.

![Workers line up outside a diamond mine in Sierra Leone. Controlled by the Revolutionary United Front (R.U.F.), diamond mines in Sierra Leone are worked by prisoner-laborers under constant threat of execution for lack of production or pure sport. Though the Kimberley Process seeks to halt the exploitation of such workers by documenting and evaluating the origins of every diamond shipment, countries like Sierra Leone are able to get around an incriminating paper trail by smuggling diamonds over the border to Liberia.](https://irinnews.org/)
Under this system, it is exceedingly difficult to pinpoint the country of origin of an individual diamond. Corporations who buy diamonds from Liberia simply shrug off investigative responsibility, claiming that they cannot be blamed directly for encouraging conflict.

Through the involvement of these black-market intermediaries, more and more countries are brought into the picture. In Liberia itself, the situation is no better. In 1999, an estimated $271 million worth of conflict diamonds were exported from the country. Much of the money made through these transactions was used to fund Liberia’s own civil war—an ongoing saga that has to date taken 200,000 lives, leaving 750,000 internally displaced persons (IDPs) and an equal number of refugees.

Liberia and Sierra Leone are not the only nations affected by diamond-related conflicts. Rather, they serve merely as examples of the devastation that is sweeping gem-rich African nations. Raw numbers speak for themselves, and a glance at country-by-country statistics is chilling. In Angola, 27 years of civil war have resulted in one million deaths, 3.8 million IDPs, and 70,000 to 90,000 amputees—an astronomical count for a nation whose population is a mere 11 million. Similarly, the DRC’s ongoing war has claimed 3.5 million lives so far, out of a total population of 57 million.

In May 2000, international pressure led to a meeting in Kimberley, South Africa of delegates from African diamond-producing states. The goal was to come up with ways to stop the trade in conflict diamonds and to assure consumers that the diamonds they purchased did not contribute to armed conflict and human rights abuses in their countries of origin.

The brainstorming process was completed in November 2002 with the creation of the Kimberley Process Certification Scheme. Imposing requirements on all participants to prevent the entry of conflict diamonds into the legitimate gem trade, the Kimberley Process mandates that all shipments of rough diamonds be accompanied by a certificate, leaving a tangible paper trail that proves that they were mined and sold legally. As with many international agreements, the Kimberley Process is based largely on a system of self-regulation and is implemented by both national governments and commercial entities involved in the diamond industry.

Currently, participants in the Kimberley Process include some of the biggest traditional players in the conflict diamond trade, and the 52 nations involved account for a total of 98 percent of the global trade in and production of rough diamonds. From its outset, however, the Kimberley Process encountered numerous difficulties. Perhaps the most obvious loophole is the process’ requirement that each diamond certificate state only the diamond’s country, rather than specific mine, of origin.

Under this system, it is extremely easy for a rebel group in Sierra Leone, for instance, to cart its rough diamonds across the border to Liberia and then pretend that the diamonds originated in a legal, government-operated Liberian mine. Corporations and businesses then lawfully buy diamonds that sellers claim originated in “clean” countries like Liberia, whose own annual diamond production only earns an average of $27 million but whose exports generate
an astounding $298 million annually. Here, the Kimberley Process’ vague definition of industry self-regulation is clearly abused. Furthermore, research conducted by ActionAid in 2003 showed that a significant proportion of the retail diamond industry remained simply unaware of the issues surrounding conflict diamonds and the requirements stipulated by the Kimberley Process’ industry self-regulation system. In fact, spokespeople for several high-end luxury retailers had barely heard about the Kimberley Process, and they revealed that, ultimately, they did not know from where their diamonds came.

Most of the KPCS violations are even more blatant. Since diamonds are a highly concentrated and extremely portable form of wealth, it is easy for criminals to smuggle their unidentifiable rough diamonds directly to processing cities like Antwerp or to simply sell their gems on the international black market. Accordingly, since the inception of the Kimberley Process, the legitimate diamond industry has been destabilized by the birth of a parallel, uncertified black market. This problem is difficult to address. Efforts to simply arrest the flow of conflict diamonds into the mainstream market are destined to fail, since conflict diamonds are often mixed with legitimate ones in shipping batches, effectively allowing them to vanish into the legal trade.

Finally, the Kimberley Process is flawed because it lacks a clear method for monitoring compliance. National governments themselves are responsible for ensuring that rough diamonds are processed correctly. In asking governments to implement their own enforcement measures, the scheme fails to take into account the fact that in many of the conflict diamond-producing countries, the rebel forces are often richer, more powerful, better armed, better equipped, and better organized than the legitimate governments and their militaries. Furthermore, several African governments are so corrupt that regulation is simply impossible. Bribes, fake certificates, and untrained customs officers are common in most of these countries, and it often seems that there is little the outside world can do to reverse this trend.

In the end, in order to combat the problem of conflict diamonds, regulation of the diamond industry will not be enough. There will always be a strong global demand for diamonds, and to prevent the violence and conflict fueled by them, the international community must address the rebel movements themselves, for they are at the root of the strife.

The underlying problem lies in how to remove these rebel forces or at least diminish their stranglehold on the diamond mines. This task is by no means simple. For example, the situation in the Parrot’s Beak was exacerbated because the region was too dangerous for even the most daring humanitarian relief organizations. During the R.U.F.’s worst attacks, the international media pulled journalists out of the country out of concern for their safety. Even peacekeepers trained in methods of conventional warfare had no answer to the unpredictable guerilla tactics employed by the revolutionary factions.

Unquestionably, the assignment of peacekeepers to the war-torn areas is a good way to start, but to fully eradicate the threat posed by the sale of conflict diamonds, global organizations with sufficient political backing (such as the United Nations) need to impose stricter enforcement standards and create a means of ensuring compliance with these standards. Military clout is obviously needed, but more importantly, proper training of peacekeeping troops and good leadership is required. It has even been suggested that utilizing the peacekeepers to monitor illegal diamond trading might be more useful than having them disarm rebel groups.

Therefore, despite the implementation of the Kimberley Process, conflict diamonds are still prevalent in the global economy, and they continue to fund civil war and human rights abuses in Africa. The Kimberley Process Certification Scheme is an important step in the fight to eradicate the trade in conflict diamonds, but it must be supplemented by a tangible external enforcement mechanism wielding the threat of military action, which will only occur through a proper restructuring of the Kimberley Process’ ideals and methods. Ultimately, it is important to note that conflict diamonds are not merely an African problem but rather a concern of the entire global economy. We need a synchronized global effort to combat this issue, for if the markets in North America, Europe, Asia, Australia, and the Middle East were more circumspect, this problem would not exist in the first place. Sadly, until the world awakens to the fact that this is indeed a global problem that transcends national and continental boundaries, African nations will be left to stagnate paradoxically in the underdevelopment caused by their abundant mineral riches.
We ride the post bus into Gulu. Some say that the road to Gulu is the most dangerous part of a visit, and riding with the mail is the safest way. When we cross a bridge over a particularly roaring rapid of the Nile, my fellow traveler, Jen, recalls an accident here where a bus spilled over the railing. She laughs when I ask if there were any survivors. Monkeys dart across the road on the other side of the bridge, and we spy a mother baboon posed with her baby. As we approach the north, we see that in some spots the tall grass on the roadside is beaten down. The man in front of us explains that it’s a precaution against LRA ambushes.

When we arrive in Gulu town, we meet our driver who takes us the six blocks between the taxi park and St. Monica’s, a vocational school for girls run by nuns—our home for the next week. During the short ride, we learn that there was an abduction on this road earlier in the morning: five kilometers outside town five children were taken, and two were killed. Welcome to Gulu.

In the shade of the tall trees that line the driveway sit more than 100 children and a few women. These are the children of the students at the school (230 live-in, 50 day students). Many of the boarders were at some point abducted by the LRA and have since escaped from the bush. The children pass the day here under the trees as their mothers learn skills that will hopefully help win food and shelter to sustain their families. In the center of the shaded area is a large, blue tarp crawling with wailing babies. “This is the most crying babies I’ve ever seen in one spot,” Jen says, and we all agree. Today there are 32 babies, but the school can only afford two babysitters, even on a salary of less than $20 per month. Some of the older children—older being four, five, and six—help care for the babies, but there are far too few hands to give sufficient attention. Among the mothers who are currently here and not in class, we meet two of Joseph Kony’s wives (Kony is the commander of the LRA and is said to keep as many as 100 wives). Margaret was Kony’s thirteenth wife; Eveline doesn’t know her number, but she remembers that she was abducted at age 13 and spent 10 years serving Kony’s sexual whims. Margaret has three of his children, and Eveline has two with her; she says that her son is “missing” in the bush. Only the genes of a father, I tell myself, but my mind is boggled when I hold Nancy, Eveline’s youngest, in my arms. We help out with the day care for a bit then head into town.
As we pass a school on the way into town, we hear music and approach to listen. The music teacher invites us in, turning his class into a 40-minute performance for the bazungu drop-ins. First they perform a choreographed dance portraying battle and political conflict between countries—including a fight with wooden guns and bickering among cross-border traders. The dance then shifts to depict a summit of the leaders of East Africa signing a peace agreement. Celebration and free exchange of people across borders follow the signing—this is trade and transport, happy and simple. Here, even song and dance are political. I can’t imagine anything comparable being produced in a primary school in the States. When the dance concludes, the students meet our “thank you’s” with exclamations of “okay please!”

Later on we spend our first evening at St. Monica’s with the night commuters. The term “night commuters” refers to the children of Northern Uganda whose families have not been displaced, and who cannot sleep at home for fear of abduction. Because the LRA has failed to recruit adult soldiers, they have reverted to a longtime policy of abducting children to serve them, both militarily and sexually. It is no longer considered safe for children to sleep in their unprotected villages. In response, various non-governmental organizations have established fenced and sometimes-guarded sites called “night commuters’ camps” where thousands of children come to sleep each night. In addition to the students in dorms, St. Monica’s is home to nearly 400 night commuters.

The girls congregate around us and sing a visitors song, “welcome, welcome, we’re happy to see you!” Then the boys motion us over for one of their favorite night activities—improvised drama. Their play begins with a presidential election; the villagers elect a candidate who is “very poor but loves peace.” In his acceptance speech, “Mr. President” (a.k.a. Stephen) says, “Thank you! I will make the war stop and all the children will sleep at home.” Just after the election, though, the rebels attack (10 boys wielding sticks for guns) and take away the president, then return for everyone who voted for him. The narrator announces that “the play is over because everyone is in the bush.” This is a far cry from the drama games I remember from my childhood.

On Saturday we visit Gusco, one of two rehabilitation and reintegration centers in Gulu. Rescued and returned

“During the short ride, we learn that there was an abduction on this road earlier in the morning: five kilometers outside town five children were taken, and two were killed. Welcome to Gulu.”

children are first taken to the Child Protection Unit (CPU), then to Lacor Hospital for medical examination and treatment (physical only). Afterwards, most are sent to either Gusco or World Vision for a nominal 21-day period, though it often extends much longer based on the child’s status. Our guide, Christine, tells us that currently there are only 53 returned abductees at Gusco, but they have housed as many as 270 in the past. We see a baby wobbling through the yard, swimming in his yellow T-shirt, and learn that he is an unaccompanied child whom the Ugandan military found tied to the back of his dead mother. He has been at Gusco for nine of his 11 months.

Christine shows us inside the girls’ dorm: a UNICEF tent that is luxury housing because it contains bunk beds with mosquito nets (though no mattresses), and right now there is enough room for each girl to have her own bed. Christine introduces us to their newest arrival, another one of Kony’s wives who came back with three of his children. She returns our greetings with a blank stare. Christine says that she’ll be here for a while because “Kony’s girls never recover quickly.” While the children stay at Gusco, the staff tries to determine their home village and identify a remaining family network. This task is difficult because children are taught to assume false names as part of their

All smiles, despite desperate conditions in Pabbo. Forced to rely on the World Food Program for dry rations due to insufficient farming, malnourishment abounds as evidenced by the children’s bloated bellies.
indoctrination in the bush. If the staff can tap any memories at all, they are often limited to the first names of a mother or father and only a very general recollection of where they lived before the bush. In the kitchen, we see a bathtub-sized cooking vat. Christine explains that the children cook together but that many don’t eat for their first few days at Gusco because LRA leaders have told them that the people at Gusco or World Vision will poison them.

We leave Gusco and head to the taxi park to track down a pickup bound for Pabbo, the largest IDP camp in Northern Uganda. The truck is filled with beer and fuel—the most popular products in the camp—so we travel 26 kilometers north perched on the rails. Pabbo is home to 65,000 IDPs. Many of its residents have been there since the camp’s establishment in 1986. Residents are forbidden from venturing more than two kilometers outside the camp. The primary occupation here is “looking for food,” but insufficient surrounding farmland causes most to rely entirely on their monthly World Food Program dry food rations. I later heard someone speculate that 40 percent of the women in Pabbo have been raped, and though my confidence in the accuracy of this statistic is low, the estimate represents a grave circumstance.

Huts in Pabbo are small and packed together. They are perhaps six feet in radius and separated by no more than four feet, just enough to squeeze between them. There is no burial ground, so families must request permission from their section leader to bury their dead in the few empty feet adjacent to their huts. The images are straight out of a CNN broadcast: naked children with bloated bellies; waste-filled ditches weaving between huts; news of a cholera outbreak on the other side of camp. We have a pied-piper effect as we walk through camp with dozens of children trailing us. As we haggle over the price of a truck ride back to town, we see the afternoon convoy assembling to head north. No one ventures north of Pabbo unless they are part of this daily military-escorted convoy; the risk of ambush is too high.

On Sunday evening we visit the Médecins Sans Frontières (MSF)-run night commuters’ camp at Lacor. The camp coordinator, Nickson, meets us at the gates. He takes us into the counseling center to tell us about the camp before giving us a tour. There are currently about 3,000 children sleeping here. Nickson says that because “security is more okay … kids get comfortable and not so many are coming.” When security is bad, 6,000 sleep here and an additional 6,000 stay in the adjacent hospital grounds. Thirty-two caretakers look after children divided among 17 tents by gender and age. There is an age cap of 16, and the 14- to 16-year-old girls and boys sleep on opposite sides of the camp. All of the caretakers double as primary school teachers. MSF pays them about $80 per month to stay here from 6 p.m. onwards, four times per week. Compared with the $20 that the babysitters at St. Monica’s receive, an $80 salary here seems like a cozy deal. But for those of you with teaching experience, imagine a full day of instruction in a class of more than 100 students (class sizes have ballooned because of school closures in response to abductions), then arriving at 6 p.m. to spend the night with more than 3,000 children under your care. MSF operates in consideration of the “pull factor”: the provision of amenities that would attract children for reasons other than security. With campers in the thousands it would be impossible for the staff to deal with children who otherwise would have stayed in secure home situations. A pull-free environment means no food (many
children don’t eat until lunch at school the next day), no beds, no mattresses, and no blankets. Kids typically bring their own blankets in empty grain sacks that they then spread over the floor as a layer of insulation. MSF provides only the tent, which they spray monthly to guard against mosquitoes. But using the word “only” doesn’t do them justice; this is a remarkable operation. As we leave, Nickson says, “What really needs to be studied, what no one is talking about or even really thinking about, is what we will do when there is no war.”

We return to Gusco on Tuesday afternoon for their regularly scheduled traditional dance. The boys form one line, gourds and bouquets of wire in hand. The girls, dressed in traditional skirts and waist wraps, form a line facing them. Two drummers station themselves in the middle. A gorgeous girl—one of the counselors, I suspect—enters no man’s land armed with a whistle to be our dance leader. The boys begin to drum, pulse, and sway; a rich vocal melody accompanies them. With a blow of the whistle, our leader demonstrates the first move, and the dancing begins. The movement changes with each tweet, and I do my damnedest to follow suit. With a prolonged blow of the whistle, the leader runs down the line of girls, cueing us to dance to the boy of our choosing and show him our moves. If he likes what he sees, he will escort his suitor back to her place in line. I bust a move for the head boy, and he gallantly escorts me back despite my poor execution. We dance furiously for the next 90 minutes. Movements evolve, leaders switch, and rhythms alter, but enthusiasm for the courtship dance remains constant. These moments of twisting hips, pulsing shoulders, and dripping sweat are the peak of our visit to Gulu. When darkness begins its descent, we bid adieu, making promises of return that we yearn to fulfill.

On our last night in Gulu, we hand out paper and crayons with requests for drawings of Gulu. Stephen turns up to present his school drawings, bidding me to “take these, they’re the best. I want you to know me always.” He has signed each drawing “Mr. President.” Other drawings depict everything from houses and families to jarring images of men with guns shooting in the foreground of burning villages. Each time I receive one of these drawings, the other children shake their heads and click with disapproval, “enh, enh, enh.” Some laugh, but not happily.

Tonight everyone gathers together to sing, not just the usual group of girls. We sing each song twice, “Goodbye to You” hitting harder now than on other nights. With the repertoire complete, I head for bed. On the way out, there is a flurry of address exchanges. The suggestion of a continuing connection makes me smile.

In the morning, we leave for the post bus back to Kampala as the night commuters file out along the driveway on their way to school. While we head for hot showers and Indian food at expat restaurants, they will go to school then return to St. Monica’s tonight, and the tonight after that, and every tomorrow’s tonight. Nineteen years of this war and counting. ■

The LRA’s war continues in full force. They hide alternately in southern Sudan and in the Democratic Republic of the Congo. The ICC has issued its maiden indictments, calling for the arrest of Kony and four top commanders (one of who died prior to the unsealing of the warrants). However, warrants are not accompanied by the military might to fulfill them. As the world gambles to see whether this shot at justice can bring peace in the midst of war, atrocities against civilians continue. With heightened security risks and a campaign of violence targeting NGO workers following the release of warrants, the proximity of peace in Uganda remains uncertain.

To find out more about Uganda, please read our Spring 2005 issue at sixdegrees.stanford.edu

Stephen, a.k.a. “Mr. President” (at right), brandishes the sugarcane gun he uses in the night commuters’ dramas, simulating ambushes and abductions by the LRA. Beside him stands one of 400 other children who take refuge at St. Monica’s.
In the mid-1990s, laboratory tests of a drug known as Tenofovir, manufactured and sold as Viread, by Gilead Sciences in Foster City, California, achieved a 100 percent success rate in preventing the spread of the simian version of H.I.V. in monkeys—demonstrating a promise to far outstrip any existing AIDS prevention treatment. Spurred by this success, Gilead—which had sold Tenofovir for many years as a standard antiretroviral therapy for AIDS sufferers—began laying the groundwork for human trials of Tenofovir as a prevention, rather than a treatment, for H.I.V./AIDS. The plan was to test the drug’s effectiveness at preventing infection in areas of the world where transmission was rampant and traditional prevention methods—namely condoms and other forms of physical barriers—were ineffective at stopping the sexual spread of the disease.

In 2004, the first of these studies ground to a halt. A National Institutes of Health-backed trial of Tenofovir among prostitutes in Cambodia was cancelled by the Cambodian Ministry of Health after a wave of dramatic protests conducted by ACT UP Paris, a radical activist group. Arguing that the test was a human rights violation because Gilead was neglecting to provide sufficient prevention education in the interest of its research, ACT UP demonstrators led sex workers in storming the International AIDS Conference in Bangkok. Displaying signs reading “Tenofovir me fait vomir”—Tenofovir makes me vomit—and “Sex workers infected by Gilead” (both false, especially due to the preventative nature of the drug), the protesters demanded that Gilead and its financial backers agree to pay the lifetime medical costs of anyone who contracted AIDS during their trials, and because the studies were placebo-controlled, there was a virtual guarantee that many would. The company refused to do this, and the Cambodian tests ended, although they remained slated to begin in several other countries in Africa and Southeast Asia.

The enormity of the global epidemic casts the controversy in sharp relief: the death toll from H.I.V./AIDS has been approximately 20 million in the last 24 years, and today 40 million people worldwide are infected. If Tenofovir has anywhere near the effectiveness in preventing human transmission as it did in simian trials, the rewards—both financial and humanitarian—would be enormous. A preventative pill can be taken at any time of the day, unlike condoms. Particularly when paired with other widely used once-a-day pills like contraceptives, an affordable AIDS prophylactic could halt the progress of AIDS in the space of a few generations. But do the ends justify the means?

Gilead’s research hinges on the prerequisite that participants who have first tested negative for H.I.V. continue to work in an environment that exposes them to the virus. Using a placebo-controlled test, the drug’s effectiveness is determined according to the difference between the drug’s performance and the performance of a sugar pill. In the case of the prophylactic Tenofovir, positive

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Testing Tenofovir
the ethics of preventative AIDS drug testing among Cambodian sex workers
by Melissa Fusco

This past summer, I worked with Agnieszka Jaworska, a professor of philosophy at Stanford, searching for cases of ethical mistreatment in clinical trials for experimental medications. In particular, she was looking for cases involving patients whose conditions had improved while they were on an experimental medication, but who could not afford the drug once the trial ended. Did drug manufacturers, who relied on these participants to obtain FDA approval for their products, owe participants continued health care and access to their pharmaceuticals? While researching this larger controversy, I discovered a more extreme form of the problem—specifically, the human trials of a prophylactic AIDS drug. Surprisingly, the clinical testing of prophylactic medications is regulated by few guidelines and even fewer ethical standards, despite the fact that prophylactic treatments currently represent the best hope in the battle against AIDS.

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results would require a significant difference in infection rates between the control group and the group that actually receives the medication. In laboratory trials, researchers simulated H.I.V. infection by injecting live virus into the bloodstream of test monkeys. But due to the obvious ethical objections to reproducing this method of infection in humans, the high-risk environment for H.I.V. infection in which Cambodian prostitutes work took the place of the simian injection.

Humanitarian advocates argue that while there is an undeniable net benefit to the search for a drug that can stop the spread of AIDS, proof of a prophylactic’s effectiveness will come only at the cost of documenting the preventable infection of participants in the placebo-controlled trial. This cost represents the lives of women who must become infected with H.I.V. in order to gather scientific data—data that can only go toward prevention rather than a cure, and that will not benefit participants if they constitute the unfortunate part of the statistic representing infected placebo-takers. Participants in the trial improve their chances of staying healthy, but only at the risk of becoming infected, making them the sacrificial means to an end for a drug company who offers no guarantee of infection prevention and no promise of treatment or support for those who become ill.

ACT UP Paris, also responsible for halting trials in Cameroon, criticized Gilead for taking advantage of the desperation of those at high risk. By holding trials in Africa, “Gilead and the [Gates] Foundation know that they will find women willing to let them carry out a trial at minimal cost.” They contend that the attempts to lower infection rates amongst the control group are nothing more than cursory (i.e., insubstantial). Drug companies rejoin that all trial participants are better off than nonparticipants. As long as the infection rate of the placebo group remains lower than the infection rate of the population at large, participants cannot claim that they are being victimized. In response to mounting criticism, Ward Cates, the president of the North Carolina-based nonprofit which oversees the foreign trials, emphasized that “even those who received placebos in such studies were less likely to become infected than the general population because they also received counseling and condoms.”

In response to further criticism for not providing enough services to participants in the Tenofovir trial, Cates asserted that more counseling and medical attention would have constituted a “research bribe” (i.e., coercion of participants by monetary or medical incentives), and thereby violate a guideline of ethical clinical trials.

Dr. Anderson Sama Doh, who headed the Cameroon trial, candidly summarized the benefits of running tests on third world populations, saying, “If you carry out studies in a low-risk population in the West, you have to use a larger group of people over a longer period to get results.” For many local doctors in the third world, emphasizing the attractiveness of the research environment in their countries is a matter of good science combined with the pragmatics of salesmanship—urging that tests be carried out as quickly as possible in whatever environment is most conducive. In addition to possibly circumventing infection for the subgroup participants who are actually taking Tenofovir, these doctors can hope that after the drug is approved, their country will end up high on the “at price” list for pharmaceutical companies who regularly ship drugs to the world’s poorest countries at minimal cost.

"Particularly when paired with other widely-used once-a-day pills like contraceptives, an affordable AIDS prophylactic could halt the progress of AIDS in the space of a few generations. But do the ends justify the means?"
Compounding the ethical equation, the revocation of what little or cursory services the participants had while in testing poses additional concerns. As found by a February 2005 news report from Cameroon, a trial of Tenofovir by sex workers in Douala was halted suddenly after nine months, leaving participants stranded, behind on their checkups, and without their promised stipend.\textsuperscript{4} An AllAfrica News correspondent sent to cover the story spoke to one of the prostitutes lined up outside the shuttered clinic, who reported that she “was happy to have fallen under the control group, [meaning] that she was to consume the drug, but go in for protected sex” while “others were to go in for unprotected sex while taking the drug daily.” She also admitted that she was so suspicious of the drugs she had been given—because “they were not sold in a pharmacy”—that she had taken them only erratically and sold some of her condoms on the black market. Unfortunately, this intermittent use of drugs encourages the development of mutant strains of the virus, becoming both an ethicist’s and a clinician’s nightmare.

Underlying the Tenofovir testing controversy is the conflict of relative and absolute standards. Though the credo of human rights is predicated on the basic equality among humans and human entitlements, the stark realities of the first and third worlds speak otherwise. The monetary compensation for participants in the Douala trial—if the study had not been cancelled and the participants had been paid regularly—was roughly $4.\textsuperscript{5} This amount of money, combined with the access to counseling and care at the ratio of one doctor and five counselors for 400 patients,\textsuperscript{6} would never be acceptable in the United States or any other country of Douala, any chance at reducing their risk to AIDS was a chance worth taking. Yet, for French protestors, the idea that subjects should be encouraged to indulge in high-risk behavior constitutes a violation of human rights.

The participants in the Tenofovir trials are undeniably among the poorest, most vulnerable, and most victimized in the world. The picture looks no cleaner when one considers that in the other camp are wealthy first-world pharmaceutical companies who can afford lavish promotional accommodations, tours for wealthy doctors and policymakers, and splashing their names and logos across hundreds of buses transporting attendees of the International AIDS Conference in Bangkok in 2004, but who claim that the “guarantee lifetime medical care would drive the cost of the study so high that it would become impractical.”\textsuperscript{7} Still, drug companies cannot be expected to single-handedly reverse the staggering economic and quality-of-life imbalance between the third world and the first. Nor should the French activists feel that they have won a moral victory—ACT UP cannot have intended to abandon participants mid-trial without testing, medical care, or preventative barriers. What can be agreed upon is that the international humanitarian community continues to be haunted by the specter of patient X who is infected and left to fend for herself in a country with no health insurance and no economic resources to care for its H.I.V.-positive citizens.
Here, in brief, are the human rights issues examined in this issue of *Six Degrees*. It is our aim to select articles that cover a large part of the globe. Please turn to the topics’ respective page numbers to learn more.

**Conflict Diamonds**
Sierra Leone, Liberia, Angola, and the Democratic Republic of the Congo have all experienced the ravages of “conflict” diamonds. These gems that symbolize romance and marital bliss in the West at the same time constitute the currency used by rebel groups, terrorists, and corrupt leaders in a number of African countries. Still, regulating the trade of diamonds alone will not end these wars. 

**Uganda**
Now in its nineteenth year of civil war, Uganda remains torn by the human rights abuses of Joseph Kony and The Lord’s Resistance Army. The author recalls her experiences with children in Gulu, “night commuters” sleeping in NGO-run dormitories who still find the hope to play, act, dance, and sing despite the constant threat of abduction and conscription by the LRA.

**Death Penalty**
Working at the Innocence Project, the author witnessed firsthand the myriad flaws in our judicial system, from case overloads to incompetent defense lawyers to racist juries. How, then, can we put convicts to death when the grounds upon which they were convicted are so shaky? The world is moving towards abolition of the death penalty, and the U.S. is in a position to tip the balance either way: on which side will we land?
Clinical Trials
Trials of the AIDS-prevention drugs Tenofovir by sex workers in Cambodia and Cameroon catalyze ethical protest and debate. Is the manufacturer, Gilead Sciences, helping its participants by providing potential AIDS prevention, condoms, and limited medical services, or is the company exploiting women at high risk for H.I.V. contraction for the sake of scientific data?  

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Nepal
Primary health care centers are a key part of Nepal’s grassroots health care system, intended to provide care at the village level. Many centers suffer from near inaccessibility, lack of resources, and increasing worker-villager tension. The Maoist rebellion that draws its strength from rural areas and deep seated problems in governance make addressing these issues much more complex.  

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Tibet
Dr. Tseten Sadutshang received the Unsung Hero of Compassion Award from His Holiness the Dalai Lama. Dr. Sadutshang sat down with Six Degrees to discuss his work in India, where he has established a network of hospitals and health clinics to serve the refugee Tibetan population there. This community suffers from many unique problems because of the utter lack of health care available to them in Tibet.  

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He wanted power. He wanted fame. He wanted to be re-elected. The only remaining question was how to gain the support of the public. Perhaps lofty promises would do the job. In Nepal, the tale of empty, undelivered promises is an old one that has been repeated time and time again. Kamlesh Kumar Sharma of the Nepali Congress political party, however, went one step further. His strategy did not include just promises, but decisive action. He decided to install a Primary Health Care Center (PHCC) in his constituents’ community in order to win its votes. Unfortunately, he failed to realize that the site he had chosen had no electricity or water supply and, most importantly, was not accessible to the larger community because there were no roads into or out of the area. Yet the decision was made, the PHCC was installed, and Kamlesh Kumar Sharma got what he wanted: re-election in 1996. As for the PHCC, he left it to rot.

The Struggle for Health in Nepal

by Sahaja Acharya
Primary Health Care Centers are a part of the Nepali government's integrated approach to decentralized health care services. There are three levels of organization within the district health care system: sub-health posts, health posts, and PHCCs. Sub-health posts are managed largely through community participation with the help of one auxiliary health worker, one village health worker, and one mother-child health worker. They are located in each Village Development Committee (VDC), which looks over the development of approximately three villages. Health posts, on the other hand, cover nine VDCs and also provide the services of a health assistant. Together with health posts and sub-health posts, PHCCs are supposed to provide villages with essential drugs, family planning services, immunization against major infectious diseases, and information on health issues, nutrition, and sanitation.

What distinguishes PHCCs from health posts and sub-health posts is that they are required, in theory, to have one doctor and three in-patient beds. In reality, however, neither a doctor nor three in-patient beds is present. Many other essentials, like drugs and immunizations, are also unavailable. To further complicate matters, the Maoist rebels have decided to demonstrate the government's weakness by rattling this shaky health care system. Nepal's local health care system was teetering on bridge before, hardly able to balance on its own; the recent insurgency and political turmoil have exposed it to new forces, shaking the foundations of this bridge and threatening its collapse.

The “People’s War,” or the Maoist insurgency, was declared officially in 1996. During its initial stages, Nepal’s government, at the time a constitutional monarchy, largely ignored it. The insurgency was based in the remote western districts of Rolpa and Rukum, which have always been neglected by the government. Due to this neglect and the discrimination faced by women and lower castes such as the Kham Magars, it was easy to mobilize support against the government. The insurgency spread rapidly to other parts of Nepal, especially after the Royal Massacre of 2001, when the Crown Prince Dipendra allegedly shot his parents, his siblings, and other members of the Royal family before shooting himself. The crown then passed to Gyanendra, the brother of the previous king. After handpicking three different prime ministers in a period of two years, His Majesty Gyanendra concluded that the political parties were unable to fight corruption, deal with the insurgency, and hold elections on time. Therefore, on February 2, 2005, the king staged a coup. Despite increasing international pressure to reinstall the parliament and restore certain civil and political rights, His Majesty Gyanendra remains an absolute monarch.

I had been following the political developments in Nepal for several years. But the news reports always seemed superficial; I was often left with more questions than answers from these melodramatic portrayals of the situation in Nepal. The Maoist rebels were always ruthless, bloodthirsty savages; the king was always the oppressive violator of human rights; and the politicians were the defenders of democracy, shown protesting wholeheartedly on the streets. But the reality in Nepal cannot be divided into black and white, good and evil; there are many subtle factors beneath the surface that need to be acknowledged and explained. One small aspect of this political struggle, which I became interested in, was how the Maoist insurgency affected the accessibility, human resources, drug and vaccine supplies, and infrastructures.
of PHCCs. To study this, I went to the district of Kapilvastu, where the Maoists had damaged the largest number of health posts and sub-health posts. I found that the dynamics within the health care system—among the Maoists, government officials, and local communities—are incredibly intricate. The challenges facing PHCCs are not due to a single culprit but are the product of misunderstanding, malevolence, neglect, and dependency. Nonetheless, without peace and a certain degree of political stability, it will be difficult to improve health care services, or even to protect them from further damage.

The PHCC in Harnampur, Kapilvastu district is an island in the middle of a sea of rice. Fortunately, a meter-wide meandering, dirt path through the rice fields allows one to drive up to a certain point. After that, the only choice is to walk between the paddies. Despite the difficulty in access, the PHCC is responsible for providing services to 22 villages, including Pipara, a village located 22 kilometers away. Therefore, it is not surprising that when I asked villagers in Pipara whether they sought health care in Harnampur, laughter was their only response. One villager, Vicky Chaudary, explained, “For minor illnesses I go to private clinics that are located a walking distance away. They are expensive but what can I do?” Out of the 10 families asked, six claimed to go to nearby private clinics that are run by health workers. Others go to hospitals in urban centers. No one mentioned Harnampur.

Although providing easy access to health centers has always been a challenge, the Maoist insurgency has made it even more difficult to build roads and connect villages to the PHCCs. The Maoists continually hamper development projects in an effort to cut off the “arms of the state” and show the people that the government is no longer in charge. But the villagers largely blame the government for not providing their community with roads. Since the health workers are the only representatives of the government in the area, they are expected to build the roads for the community, a task that clearly does not fall within their realm of responsibility. Because the villagers’ expectations are so high, there is an increasing amount of tension between the local community and the health workers. During a community meeting, I asked the villagers why they hadn’t decided to build the roads themselves since they were the ones who would benefit, and sharing the costs would make it more feasible financially. After a minute of silence, one man spoke up. “Yes,” he admitted, “we could do that.” Perhaps community-run development projects would be more effective and less susceptible to Maoist influences.

Accessibility is not the only problem—infrastructure also suffers severe shortcomings. The PHCC consists of a miniature one-story building with three small rooms and an open verandah in front. All three of the health workers there sat on plastic chairs on the verandah and placed all the medical supplies on the only hospital bed in front of them. “Even if we did have three beds, where would we keep them? There is no room for us even to sit!” exclaimed Min Kumari Gurung, one of the auxiliary nurses. The limited space also means that the health workers had no place to sleep and most of the time found themselves sleeping on the verandah or on the roof.

The Maoist insurgency, however, most seriously affects human resources. It has always been difficult to recruit doctors and nurses in rural areas. Due to today’s security situation, they are even less willing to work in remote places, and they have good reason to be concerned. Maoists have verbally harassed workers and repeatedly threaten to close down the PHCC in Harnampur if a doctor doesn’t show up soon, because they claim that there is no point of a PHCC without a doctor. They also tore apart

Oddly, I did notice that there was an electricity pole two to three kilometers from the health center, but the supply had not been distributed to the area, and no one seemed to know why.”

A 70-year-old terminally ill man lies at home unable to travel to the PHCC for treatment given the lack of roads and transportation. Even if travel were possible, the PHCC with its one patient bed and few supplies would offer very little help.
the board that hung on the entrance of the center because it had the words “Shri Panch Sarkar” (His Majesty the King) inscribed on it. Still, they have not stolen any medical supplies or physically harmed any of the health workers since the Maoists themselves are in need of health services. These services are provided to everyone, regardless of whether the person is a Maoist or not.

When I asked why the government has been so unresponsive, Ms. Gurung said, “They are scared. Nobody wants to come here even though they know of our problems. We have sent letters to the district’s capital explaining our situation, but we never get any responses.” I then asked whether there were many Maoists in the area. After an awkward silence, she looked me in the eye and said in flat tone, “Look around you. There might be a few Maoists here right now.” Of course, nobody from the crowd of patients and villagers surrounding me came forth.

The insurgency also affects drug and vaccine supplies. Centralization of the budget since the escalation of the insurgency reveals government fears that decentralized money could possibly go to the Maoists. This leaves the PHCCs with only a limited budget that covers the salaries of the health workers. Consequently, no money is supplied to buy drugs that are out of stock, and the annual supplies never last the entire year. At a time when Japanese encephalitis is ravaging certain portions of southern Nepal, Mr. Pandey said, “We did receive [a] few encephalitis cases, and the best we could do was refer them to hospitals in Gorakhpur, India. We have no idea whether these patients survived or not.” Aside from the shortage of drugs, without electricity, even providing immunizations becomes a complicated process. Since there is no refrigerator in which to store the vaccines, iceboxes are brought from the capital of the district, Taulihawa, by bicycle. This takes approximately two hours and these iceboxes only last for two days. After that, the peons have to rush back to Taulihawa to bring back more vaccines. Supplying the center with electricity so that vaccines can be stored in a refrigerator would require permission from the Maoists, an extremely difficult task in today’s situation. Oddly, I did notice that there was an electricity pole two to three kilometers from the health center, but the supply had not been distributed to the area, and no one seemed to know why.

Besides the PHCC in Harnampur, there is one other PHCC in Kapilvastu district, located in Maharajgung. It was constructed using foreign aid and was much larger. It has quarters and bathrooms for its health staff, running water, electricity, and is also accessible by car. Even with all these facilities, however, due to the limited budget, there

“During a community meeting, I asked the villagers why they hadn’t decided to build the roads themselves since they were the ones who would benefit [...] After a minute of silence, one man spoke up. ‘Yes,’ he admitted, ‘we could do that.’”

“We never discriminate,” said Mahesh Kumar Pandey, who is in charge of the PHCC. Not only are doctors and nurses absent, government officials also avoid the area. The official elected to represent Harnampur, who is called the Sacheb, has not been seen for the past two years.
is no money to pay for the electricity bills or to repair the damaged water pump. Also, since the position of a doctor has been empty for the past three years, the in-patient room and beds are left unused. Furthermore, some of the villagers accused the head health worker of diverting drugs to his own private clinic nearby. He directs most of the patients to buy drugs there. I had no means of verifying these claims of corruption, though many villagers clearly resented the fact that they are forced to buy drugs from someone they consider a crook. This creates, as in Hamamapur, tension between the health staff and the community.

The similarities between the PHCCs emphasize an important point: financial resources by themselves are not sufficient to stabilize the teetering bridge. The misunderstandings between communities and health centers must be mitigated, and the community must be integrated into development efforts. This can be done through an elected group of representatives from VDCs. Representatives would be able to present their villages’ concerns with regard to health in relatively small group settings. This group could also overlook the process of creating any new PHCCs in the area so that Mr. Sharma’s blunder is not repeated, so no new PHCCs arrive without water, electricity, or even road access. Although in principle the local community is supposed to take a vote to decide where the new PHCCs are placed, this process is often neglected and thus could be reinforced by the elected committee. It is also important to install an accountant in each PHCC and publicize the budget to increase transparency. These measures would make PHCCs more responsive to the people’s needs and increase public confidence, thereby decreasing the susceptibility to Maoist influences. This strategy deals with all the appropriate actors; nonetheless, its potential to improve the health care system is limited by the on-going insurgency.

As I boarded the bus to leave Kapilvastu and head back to the capital, Kathmandu, the voices of the people I had met buzzed in my head. I carried with me bits and pieces of their frustration and anguish. For the bridge to be stabilized, the external stress must be removed—that is, the conflict must be settled. Establishing citizen committees is a stopgap, but peace is the only real cure for Nepal’s ailing health care system. The effects of the insurgency and the democratic rollbacks in Kathmandu undoubtedly pervade all aspects of Nepali society. Health care is but an example. But the Nepali people in Kapilvastu and throughout the country deserve basic drugs and the care of doctors, just like they deserve a score of other human rights and civil liberties that have been stolen by Nepal’s fighting, militarily and politically. For now, though, all I have are these stories; stories to open the eyes of the rest of the world, stories to remind the Nepali government of its own problems, stories to remind the Nepali people of the desperate need for cooperation, and stories to remind myself of my own responsibility to the beautiful place I call home.

**Children bear the brunt of the health system’s dearth of resources.** Even basic utilities like electricity and water are absent in many health centers. In order to provide immunizations, clinics must continually cart in iceboxes by bicycle.
In 1949 the People’s Republic of China began its invasion and occupation of Tibet, its rule extending through today and causing the death of 1.2 million Tibetans (one-sixth of the total population) due to persecution, imprisonment, torture, and famine. The spiritual and temporal leader of Tibet, His Holiness the Dalai Lama, in this context fled into exile in northern India in 1959, where he established the Central Tibetan Administration (also known as the Tibetan Government-in-exile). Approximately 85,000 refugees followed him out of Tibet into northern India, Nepal, and Bhutan. In the years immediately following this mass exodus, His Holiness and the Government-in-exile sought to consolidate the refugees into cohesive communities, providing food, shelter, education, medical care, and the means to develop economic self-sufficiency. It was hoped this would facilitate the preservation of language, tradition, and national identity during their stay in exile.

Now, nearly half a century later, the Tibetan refugee community remains a vibrant, surviving entity, numbering more than 125,000, despite the continuing occupation of their homeland. Since 1959, 54 Tibetan refugee settlements have been established in India, Nepal, and Bhutan with the aid of host country governments, the United Nations High Commission for Refugees, foreign donor agencies, and the work of Tibetans. The heart of the community lies in Dharamsala, India, where His Holiness resides and the Central Administration is based. The creation of a health care system constitutes a key development in the infrastructure of the refugee community, also providing a unique example of its capabilities. Since its inception in 1981, the Department of Health has established Primary Health Care Centers in almost every Tibetan settlement in India and Nepal. In addition to these units managed directly by the Department, another important institution is Delek Hospital in Dharamsala. The hospital was founded in 1971 and is directly responsible for providing health care services to all 19 settlements in Himachal Pradesh state of northern India. Although it falls under Department of Health auspices, administration and funding are entirely autonomous through income-generating projects such as a store and outside donor funding.

sixdegrees feature interview

Dr. Tseten Sadutshang

an unsung hero of compassion and the personal physician to His Holiness the Dalai Lama

interview by Yangchen Chagzoetsang
Six Degrees: Can you tell me a little about your background and positions?

Tseten Sadutshang: I studied medicine in India, in a city called Pondacheri. I think I was interested in medicine starting from high school when I read a novel by A. J. Cronin, who wrote about the life of a doctor. That was quite inspirational for me; my parents were also very supportive of that interest. So it was a combination of those two that drove me into seeking this career.

I was born in Lhasa in 1952, and after crossing into India in 1959, I was raised mainly in Kalimpong and Darjeeling during my high school years. After that I went into medical school.

Right now I have the responsibility of being the director of a hospital in Dharamsala. I am also involved on the clinical side of taking care of the patients in the hospital. I am also a board member of the traditional medical council called the Menzikhang. I am also a board member of the central council of traditional medicine that actually oversees policies of traditional medicine in the entire Himalayan belt. And I’m also one of the personal physicians to His Holiness the Dalai Lama.

SD: What are some of the greatest obstacles in your work with the hospital right now?

TS: One of the biggest obstacles is a lack of human resources; we have too few people who are getting the right kind of education to meet our needs in certain specialties. We also face another global problem, which is the migration of educated personnel from countries like India to the West. Therefore, it makes it very difficult for us to groom and mold young professionals into taking a major role in the development of programs and infrastructure that we are trying to achieve.

Secondary to that is lack of material resources or funding. Then of course trying to look after a very transient population, a displaced group of people, is very difficult. There is so much movement of this population, even within India itself, or back to Tibet from India, or from India to Nepal. There is a lot of movement of a population that is unstable, and trying to provide medical care for this kind of society is a very challenging task.

SD: What influenced your decision to work with the refugee community?

TS: Ever since I was in medical school I felt very committed to working in my community. I felt that there were too few people to help make a difference in providing health care in this situation. I think my father was a great influence on me too; he had put in more than 40 years of service to the Tibetan community. His work was very inspirational, and just living that life in Dharamsala itself was very inspiring, very meaningful. It was a great stimulation to keep on working, seeing that the needs are so great and that it’s a situation where if you left the job you would be abandoning something very precious. So there is always the motivation to just keep on going—if you can’t make a difference now, when can you make a difference, is the question.
SD: What would you say is particular or unique about working with the Tibetan-Indian diaspora?

TS: I think there’s nothing unique. Just working with the Tibetan community, I feel it’s my responsibility. It’s like a family, I think: if you belong to a particular family, you owe your family something because they’ve given so much to you, so I just feel that I owe a lot to my community for what I am. There are so many things my culture, my society has given me, and the only way to repay them is to help those people in that society who are in trouble or who are facing great difficulties. I think it’s another way of repaying my kindness to the society that has given me so much.

SD: What are some of the adaptations or innovations you’ve had to make?

TS: There are some things you can try and help adapt, but when a population is moving in and out, you cannot overcome all the problems arising from this situation. One way is by connecting with other health care institutions that also belong to our Tibetan Government-in-exile. There is some sort of a network that is there, in place that helps to cross-refer people back and forth. But once they get out of that system, then it’s very difficult actually to track where people are going. So within the community network system, if the system is efficient, we are able to help people despite them being very mobile and an unstable population.

We have about 19 settlements in Himachal, most of which are quite far-flung. The furthest is about 500 kilometers from Dharamsala. All of them are served by community health workers who man their clinics in the settlements. Besides that, we have traditional medicine clinics in some of the settlements. We serve as a referral center for these clinics too; if they have difficult patients, they can communicate to us through the phone or they can send the patients directly to us. And we have connections with certain tertiary care centers, and so we serve not just as a reference center for those smaller clinics in the 19 villages, but we also serve as a resource for directing patients to certain tertiary care centers we have built relationships with. Therefore the care goes beyond our doorstep.

SD: How does the refugee hospital work?

TS: The hospital is actually self-funded in the sense that it doesn’t receive any funds from the Tibetan Government-in-exile. We do our own fundraising through private donors as well as donor organizations or project donors. We also have income-generation projects like renting out part of our buildings or gaining interest on corpus funds that we have accumulated in the past. The hospital charges are very minimal: for example, it would cost less than one U.S. dollar for an in-patient bed, inclusive of food, with three meals a day. The cost of a consultation would be about one-eighth of a dollar. Besides just these user fees, we don’t charge for many items in the hospital—once a patient is admitted, for instance, charges are only made for procedures and medication, no consultation fees, no nursing fees, etc. Fees are waived for newcomers [from Tibet] for the first six months; there are no fees charged to all government officers; we charge only 50 percent for residents of the old people home in Dharamsala. We don’t charge anything for people who just can’t pay, whether they be Tibetans or Indians or foreigners. We do get foreigners who sometimes can’t pay in Dharamsala, so we end up with a significant number of people who just can’t pay despite the hospital charges being so minimal.

SD: How large is the refugee flow from Tibet into India? Do they face any specific problems?

An elderly inpatient at Delek Hospital. The hospital doesn’t receive any public funding from the Tibetan Government-in-exile, but it still strives to keep the costs for patients low—often less than $1 for a bed and three meals per day.
TS: The highest mobility in the population is with the newcomers from Tibet. An average of about three to five, six thousand Tibetan refugees arrive each year, and almost all of them come through Dharamsala because that’s the place where they would initially come to obtain the blessings of His Holiness. It’s also the place that will decide where these refugees will be provided an education or a place to live, the place where everyone ends up before they are sorted out. We get some health issues with them that we don’t see with the larger population, especially Tibetans who have been in India for many years. A lot of that has to do with hygiene; the Tibetans from Tibet are usually not used to the warm weather, so their hygiene is relatively poor; many of them are also uneducated; many have never been vaccinated, also. We might have adults suffering from childhood diseases. Lately we’ve been seeing much more tuberculosis in the newcomers from Tibet. There’s much more smoking by newcomers than Tibetans in India, because of the influence of the popularity of smoking amongst the Chinese. Then, of course, the difficulty that newcomers face in adjusting to climate and food in India also is another factor, so they’re under a lot of stress! And having left their family and separation anxiety... So it’s a very vulnerable population we have to deal with, both physical and psychosocial.

SD: What the Tibetans in India are suffering from may be a mirror of what’s happening in Tibet.

TS: As I said before, some of these people have never even been vaccinated before. Some very basic health requirements are not being met. We’re seeing a lot of sexually transmitted diseases also in the Tibetans from Tibet—there seems to be lack of knowledge of diseases like this. What we are afraid of is the spread of H.I.V. infection from Tibet. Poor hygiene is also a reflection of basic lack in the standard of living in Tibet. So it seems to us that the situation in Tibet, particularly amongst those who are coming from the rural areas, has a very poor standard of living. Health infrastructure is very poor in those areas. Whether there is a political neglect of the large majority of Tibetans in Tibet, especially in the rural areas, is probably a big reality. There’s a reflection there that there is a neglect by the Chinese government of Tibetans living in areas where there are no Chinese, only Tibetans living. The health care infrastructure seems to be very weak.

SD: Where did the need to establish this hospital for the Tibetan community come from? Were Indian hospitals not sufficient? Was there a need to specifically serve the Tibetan population?

TS: Well I think that the Tibetan Government in Exile took up the responsibility of building several Tibetan hospitals and clinics because it would be easier to access. The Tibetan hospitals would serve the needs better in the sense that they would understand the problems better. There are many Tibetans who can’t speak the Indian language, and it’s not just a question of language, it’s also taking a basic interest in the unique health problems of the Tibetan community. There is more focus and more effectiveness if a separate Tibetan health infrastructure is set up. That doesn’t mean that we’re not dependent on the Indian government setup or the Indian private system setup also, because we don’t have the resources to really build the larger infrastructures of tertiary care centers like we have in India with the government or with the private setup. So we do utilize the Indian private and government systems, but for primary care I think we’re quite self-sufficient from the Tibetan side.

SD: How do you feel about receiving the Unsung Hero of Compassion Award?

TS: In some ways, I would have preferred to remain unsung I think! And in some ways, now that I’m a sung hero, it’s good because there are more people recognizing what our society is going through. So I think that is the plus point of being given this recognition. And of course, the greatest privilege is for me to receive this from no other than His Holiness.
Holiness, which makes it more special for me. The issue is that there are many more deserving people than myself to receive this award.

SD: How is it being one of His Holiness’ personal physicians?

TS: Well, I can say that it’s not easy to work as a physician for him, not that I think that he’s a difficult person. It’s such an honor and a privilege to be so closely associated with such an extraordinary human being. But the responsibility is so great that there are many, many anxious moments of really wondering how best one can serve him, not just for the Tibetans’ sake, but for the entire world. A tremendous amount of pressure in trying to do that, especially with a person who always wants everything done in such a simple way, without making a fuss over him. And how can we not make a big fuss over such a big person? So that’s the contradiction, I think. Just being close to him is a great opportunity to improve oneself in all aspects.

SD: What encouragement or advice would you give to students right now?

TS: My only advice is that whether they go into medicine or other fields, I think our planet is at a stage where many of our lives are so strongly driven by outside circumstances and outside materialism that we need time and interest to evolve ourselves from the inner side. That really means development of our basic human qualities, which are so badly neglected. I think we must pay much more attention to that to be able to utilize our outside resources, which are growing by the day. Step back for a moment and take time to nurture that inner quality inherent in all of us.
Many human rights crises have their 15 minutes and then fade away from the world’s consciousness. But universal abolition of the death penalty has had as many rebirths as deaths in the court of public opinion, and its verdict seems unlikely to come any time soon. Capital punishment’s contradictory rationale—enacting justice by committing the same act it seeks to punish—ensures that its existence will never go unchallenged. Execution as an acceptable and state-sanctioned act thrusts a mixed moral message into the public arena that no amount of pragmatism is able to stifle. From its inception in the days of Hammurabi’s civil code to its monopoly over punitive measures in the Middle Ages, its potential as a deterrent to prospective criminals has appealed both to the masses and authoritarian leaders. Yet since 1767, when the Italian jurist Cesare Beccaria disputed the efficacy and principles of what he called “a war of a whole nation against a citizen,” ignoring the death penalty’s vulnerabilities has become impossible. Even in the eighteenth century it was clear that enforcement was unjust and unbalanced. A pan of capital punishment’s long history reveals a pattern of leniency towards the rich, the targeting of ethnic and religious minorities, and its widespread use by governments as an arbitrary and oppressive device—today, this trend has yet to be broken.

Currently, a Western Europe more united than ever has had treaties and conventions abolishing the death penalty in effect for nearly half a century. The continent’s resolve on this issue is expanding rapidly, and it is stipulating that prospective entrants to the European Union show their commitment to human rights by first abolishing their death penalties. One of the European Union’s requirements for Turkey to enter is that it conform to certain institutions, including abolishing capital punishment, as a sign that it maintains a modern system of human rights recognition. Meanwhile, countries throughout Asia and Africa are in legislative limbo and have varied justifications for the use of capital punishment, such as to reduce crime and crack down on drug users.

Since 1981, the United States has had the ignominy of being the only Western nation left that executes its own; it joins the ranks of China and Iran in forming a six-nation bloc that constitutes 90 percent of executions around the world. Our country stands alone as the only nation to consistently execute minors and to commute death sentences in only a minute number of cases. Egregious human rights violators, such as the government in the Congo, have more stringent requirements on their citizens but commute the majority of their death sentences. Also exhibiting its striking lack of clemency or reform, the United States has had only a six-year respite since the Furman decision in the 1970s and only sporadic moratoria in response to public revelations of errors in capital cases. There has never been a concerted, serious effort to consider an America without the death penalty—all this in the face of 116 inmates exonerated since the death penalty was restored in 1976, 58 percent of who are black. For every
eighth inmate executed, one inmate is freed.\(^5\)

Despite the disheartening domestic situation, a recent study released on October 24 indicates that the worldwide trend is steadily moving towards abolition. With Liberia’s abolition in September 2005, the count of countries that have abolished capital punishment versus those that have retained it is 139 to 57—the most resounding margin in nearly three decades.\(^6\) Still, China seems unlikely to reverse its policy, and the United States’ other brethren in this practice are the likes of Iran and Saudia Arabia. But the rest of the world is far from the morally disapproving arena that the death penalty opposition paints it as. In reality, the globe is stratified into pockets of support and resistance to the policy, and abolition by the United States could be a decisive step towards sounding the death knell for capital punishment.

My foray into public interest law this past summer was through the Houston base of the Innocence Project, which was spawned at Cardozo Law School in New York in 1992 and has since spread to several other states. I entered the field with trepidation because almost every account I had heard of legal projects investigating claims of innocence were cynical and dismissive, despite the Houston program’s accounting alone for three exonerations in the last few years. The work was dreary, as I expected. Long hours spent going through the repetitive rigmarole of reading inmates’ letters, scouring the appellate decisions and investigative documents for new evidence, and finding signs of truly poor representation, or unjust juries or judges, yielded little for months. Yet as the cases that I reviewed accumulated, disturbing trends that signaled something more than a few judicial gaffes began to emerge.

Almost invariably, the inmates had to resort to reading legal books in jail and familiarizing themselves with prominent legalese—most commonly “insufficient counsel” and “reasonable doubt”—so they could dispose of their public defenders and argue their appeals themselves. The inmates’ ethnicities were remarkably varied, but nearly 60 percent were Latino or African-American. High school completion was a credential that only two inmates I reviewed had. Most were lower-class or working-class men in their twenties or forties, accused by either an ex-girlfriend or policeman who had been searching for a suspect for only a day or two after a given crime.

I did not deal with death row cases, but the facts I saw about the inmate population in general corroborated the worst I had heard about the judicial system. Overworked or under-qualified judges, barely certified and unmotivated public defenders, dubious convicting evidence brought forth by overzealous or callous enforcement officials like jailhouse snitches, and overwhelmed court dockets added up to routine oversights. While many of the claims they brought forth were spurious and transparent lies, the majority of inmates were plaintive, confused, and utterly helpless. Some inmates had written at least a letter a month, many every week, to organizations like ours that were unable to devote more than 10 or

Activists from Amnesty International stage a demonstration to protest the federal execution of Juan Garza. The signs around their necks symbolize the racial misrepresentation on Death Row. At the time, more than 80 percent of prisoners sentenced to death were ethnic minorities.
The case against the death penalty is compelling enough without invoking the spiritual or moralizing arguments that are justifiably brought against it. Delving into the inequalities and flaws of the capital punishment system is a rich though depressing endeavor. A government rarely institutes a policy that is unaligned with its general philosophy; the sordid history of capital punishment has never been able to free itself from racial, class, and ideological biases. America’s racist past, which allowed legal discrimination until the 1960s, casts doubt on the objectivity of its juries—usually a random sampling of the population—and its judges—nearly all white. In 2003, the proportion of African-Americans on death row was 40 percent—more than three times their 12 percent representation in the general U.S. population. Though African-Americans and whites are homicide victims in an equal number of crimes, since the 1976 reinstatement, 80 percent of people executed for crimes with white victims were African-American, and all-white juries convicted one in five black defendants who were sentenced to death.

The discretionary role endowed not only to prosecutors, who must decide whether to pursue the death penalty instead of life imprisonment, but also to judges and juries, leaves the policy ripe for case-by-case decisions and discrimination.

The justification that countries employ when defending capital punishment is that it provides a deterrent to criminal behavior. This destructive, unsubstantiated theory is almost single-handedly responsible for maintaining capital punishment worldwide. Yet most governments that identify deterrence as the foundation of their policy don’t bother to verify this assertion. Thankfully, social scientists and conscientious lawyers alike have taken up the mantle of proving or disproving deterrence. Death penalty diehards champion Issac Ehrlich’s mid-1970s study that for every one execution, seven to eight murders were reduced. Since then, there have been supporting and negating studies with more sophisticated analyses, but Roger Hood’s comprehensive 1996 study showed that states that had imposed the death penalty versus those that had not had no discernible difference in murder rates. If anything, in fact, the institution was correlated with a higher murder rate. There are conflicting data on the topic as of today, but when the major justification for government action and public opinion in support of capital punishment is at best unproven, no legitimate basis for its bloody reign remains.

Beginning with Wisconsin and Michigan in the 1850s, abolition of the death penalty around the globe began in earnest. The United Nations issued moratoria without real power of enforcement in 1960 and several more times since. But the documents that paved the way for much of the momentum that has been building since the middle of the twentieth century were the European Convention on Human Rights signed in 1950 and the International Covenant on Civil and Political Rights adopted by the United Nations in 1966, both of which were more concrete and widely accepted treaties than the Universal Declaration of Human Rights, whose diction they borrowed. The bold move to codify what had been a trend in countries that had the death penalty on the books but rarely used it set the groundwork for the international legitimacy of abolition because it became linked directly to human rights. The Human Rights Commission of the United Nations found in the spring of 1999 that the groups targeted for the death penalty, the conditions of their trials, and the varying, bestial methods of execution constituted a human rights violation, and it obtained consensus on a moratorium that could turn into abolition. The abolishment of capital punishment soon became an international norm of sorts because it was deemed a clear violation of human rights. Today, the Council of Europe’s participant states have all either abolished the death penalty or have put a moratorium on it.

But this battlefield still has many monumental showdowns left, implying that abolition is far from inevitable. For every instance of conscientious government officials dissenting and attempting to reverse policy, such as in India recently, there is a restoration of the death penalty, such as the Philippines’ struggle to bring it back for use in trials of accused terrorists. In the United States, only just recently did the Supreme Court decide to forbid the

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**Pending executions in the United States**

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Daryl Atkins</td>
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<td>Paul Reid</td>
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By the year’s end, the United States will have executed 63 individuals in 2005—22 from Texas alone. Source: Amnesty International USA.
execution of offenders less than 18 years old. And, while prominent legal figures such as Justices Anthony Kennedy, Sandra Day O’Connor, and Stephen Breyer call upon international law for “enlightenment,” conservative stalwarts like Justice Antonin Scalia and Attorney General Alberto Gonzales vociferously oppose invoking it in U.S. courts. The slippery slope that frightens many officials and citizens alike is that foreign opinion can influence U.S. courts, and perhaps one day attempts to globalize law may lead to the establishment of universal rights that many Americans oppose.

Recently, renowned judges from around the world gathered at Stanford to reaffirm the conclusion that more and more interstate cases are being referred to an increasing number of international judicial institutions in the name of objectivity. The consequences of U.S. judicial unilateralism lie not only in deciding whether or not to execute offenders. Just this October, the International Criminal Court, which the United States does not recognize, took the revolutionary step of issuing arrest warrants to violators of crimes against humanity—a charge that broadens the power of the ICC to intervene in cases in which a government is doing little or nothing to protect its citizens. Without aggressive U.S. involvement in these worldwide efforts, human rights courts will lose their legitimacy, and the United States will lose its reputation as an advocate of humanitarianism.

Still, the trend in the United States, with regard to the death penalty at least, appears positive. The past two years have yielded judicial reversals on the execution of the mentally retarded and juveniles, reflecting public distaste for these practices. The Supreme Court will also rule on cases relevant to the death penalty when it decides the constitutionality of military tribunals, which allow executions. President Bush has actually advised Texas courts in a recent decision to reconsider cases of foreign defendants “in light” of the International Court of Justice’s request to review the cases of more than 100 foreign nationals on death rows who were not advised of their rights under the Vienna Convention. As the use of DNA evidence has become standard procedure, and as prisoner advocates increasingly rely on it to pursue exonerations, the abolition movement has gained momentum—in fact, 2004 saw the fewest executions in almost a decade.

As the only real superpower in the world, the United States should be doing more to ensure that human rights violations do not go unpunished. By overturning a deeply flawed system, capital punishment is at its lowest in 27 years, the United States is missing an incredible opportunity to stop alienating itself from the rest of the world.

Failing to cast a deciding vote in ending the unjust and outdated practice of execution places the United States among some of the most notorious offenders of human rights in the world. That is not a class that the greatest democracy in the world should be content to sit in.

"Raped or murdered white bodies have had and continue to have a greater exchange value than bodies of color. People are more likely to get the death penalty if they kill a white person. The U.S. has become a pariah state in the world because of its retention of the death penalty.”

- Prof. Angela Davis, UC Santa Cruz

To find out more about human rights issues surrounding the death penalty, please read our Winter 2005 issue and our interview with Professor William Abrams in Fall 2004 at sixdegrees.stanford.edu

Activists implore then-Governor Bush to stop the execution of a juvenile offender. Gary Graham, who was executed three days later, was 17 at the time of his alleged crime.
AIDS

4 “Cameroon; After Minister’s Suspension: Aids Drug Test Participants Stranded,” Africa News, 8 February 2005.
5 Africa News: “She also said she had since October [between October and February, five months, should have been FCFA 13,750] received FCFA 4,500 [S9] only despite the promises that they would be given a monthly allowance of FCFA 2,750 for being on the list of samples.”

Conflict Diamonds

7 Id.
11 Id.
12 Id.
13 Id.
14 Id.
18 “Rich and Rare are the Gems they War,” supra note 11.
20 Id.
21 “The Kimberley Process Scheme to End the Trade in Conflict Diamonds,” supra note 9.
23 “The Kimberley Process Scheme to End the Trade in Conflict Diamonds,” supra note 9.
25 Id.
27 The Kimberley Process Certification Scheme, supra note 32.

“Trading Diamonds in Belgium,” supra note 36.


Nepal

This Nepali phrase translates to “His Majesty the King.”

Death Penalty


Many students who have published in Six Degrees traveled abroad to explore human rights issues through research, hands-on community development, and activism. Below is a short listing of fellowship and internship opportunities through which you can become involved around the world.

**Fellowships**

Opportunities for Graduating Seniors:
- **John Gardner Public Service Fellowship**: Work with a mentor in a government or a non-profit agency to help foster professional growth and development in the area of public service
- **Tom Ford Fellowship in Philanthropy**: Explore philanthropic work by working with a mentor at a U.S. foundation
- **Dr. and Mrs. C. J. Huang Teaching Fellowship**: Teach in a rural setting in China

Opportunities Open to all Undergraduates:
- **East Palo Alto Social Venture Fellowship**: Develop and implement a public service project in East Palo Alto (deadline April 6)
- **Eben Tisdale Fellowship**: Work in Washington, D.C. with the high-tech industry on public policy decisions
- **Stanford in Government Fellowship**: Gain exposure to public policy through internships*
- **African Service Fellowship**: Work on social and economic issues in southern Africa*
- **Public Interest Law Fellowship**: Intern in the area of public interest law, related to the death penalty and youth advocacy*
- **Stanford Pride Fellowship**: Promote activism in the gay, lesbian, bisexual, and transgender communities*
- **Urban Summer Fellowship**: Intern with organizations focused on urban planning, community organization, and architecture*
- **Haas Summer Fellowship**: Develop and implement a community service project*
- **Donald A. Strauss Scholarship**: Get funding for a service project

For more information on summer and post-graduate opportunities through the Haas Center, visit [http://haas.stanford.edu](http://haas.stanford.edu), e-mail fellowships@haas.stanford.edu, or call 650-725-7339. All application deadlines are February 9 unless otherwise noted. (* indicates a nine-week course with a $3,000 stipend)

**Internships**

- **Center for Constitutional Rights**: The Ella Baker Internship Program encourages law students to become tomorrow’s “people’s lawyers” and activists. Contact Nardos Lemma at nlemma@ccr-ny.org
- **International Rescue Committee**: Conduct legal research and draft memoranda on international law and humanitarian aid in New York. Visit [www.theirc.org/index.cfm/wwwID/1864/topicID/60/locationID/0](http://www.theirc.org/index.cfm/wwwID/1864/topicID/60/locationID/0)
- **Médecins Sans Frontières (Doctors Without Borders)**: Volunteer as a medical worker in the field or at the New York and Los Angeles-based offices. Visit [www.doctorswithoutborders.org/volunteer/office/index.cfm](http://www.doctorswithoutborders.org/volunteer/office/index.cfm)
- **Toledo Institute for Development and the Environment (TIDE)**: Work on projects that promote sustainable development and assist local cultural groups through outreach programs. Visit [www.tidebelize.org](http://www.tidebelize.org)

Additional internships can be found through Global Action Network at [www.globalactionnetwork.org](http://www.globalactionnetwork.org)
as free citizens in a political democracy, we have a responsibility to be interested and involved in the affairs of the human community, be it at the local or the global level [...] if we don’t fight hard enough for the things we stand for, at some point we have to recognize that we don’t really stand for them.

-paul wellstone