# PEOPLE'S RIGHT TO SAFETY

In May 2002, the 6th World Conference on Injury Prevention
and Control was held in Montreal, Canada. An outcome of that con-
ference was the finalization of a draft charter on the People's Right
to Safety (previously adopted by participants of the 5th World
Conference in New Delhi). We recognized that this issue of *Health
and Human Rights*, with its special focus on violence, health, and
human rights, provided a fitting opportunity to bring together a
group of health and human rights experts with diverse opinions and
perspectives on the value of recognizing this new right.

With an introduction and response by Dinesh Mohan
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# INTRODUCTION: Safety as a Human Right

*Dinesh Mohan*

O n 10 December 1948, the General Assembly of the
United Nations (UN) adopted and proclaimed the Universal
Declaration of Human Rights (UDHR).[1] Article 3 of this
Declaration states, "Everyone has the right to life, liberty
and security of person." The UDHR also contains within it

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rights that relate specifically to the ability to live in good health. The legal obligations of governments under international human rights law have been used effectively all over the world in many arenas: the rights of the child, the rights of women, the rights of workers, and the rights of people in development in general. These rights have been elaborated on and strengthened in international human rights instruments, such as the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child, the Declaration on the Elimination of Violence Against Women, and the Employment Policy Convention (Convention No. 122).[2]

By adopting these conventions, declarations, and charters, individuals, civil society groups, and citizens' organizations are able to demand safer products, safer working and living conditions, and a safer environment in which to live. In response, governments and courts in many countries have instituted safety standards, legislation, and enforcement mechanisms. These efforts to make life safer are not, however, based on the same principles and theories as those used to control malnutrition and infectious and contagious diseases. Most efforts to promote safer products are correctional measures rather than policies based on a principle of rights. Although the right to a life safe from debilitating injuries may seem implicit in the right to life, decision-makers and the public at large have yet to use this right to influence policy in this respect. Therefore, it has become necessary to promote in clear and explicit terms a right of people to live in a world safe from harmful injuries as a fundamental human right.

## The Need for a Right to Safety

The demand for establishing a right to safety emerges in a society where people feel the need for a norm on which to base an actionable claim for protection from physical, social, or emotional harm. This need is also strengthened when societal agreement and action take hold. In the past, people used products and lived in homes and in an environment that they themselves, or local communities, participated in creating, and they blamed themselves if they suf-

fered harm or injury from such arrangements. Modern systems, however, do not allow us to live in isolation or independently of others. Normal activities continually preclude individual choices. For example, most of us cannot choose the time at which we travel to work or the road we use to do so. Most of us live in homes that are designed and built by others and use technologies manufactured by powerful organizations not necessarily under our control. And we dare not guess the hazards found in chemicals and other products we purchase. This is a new development in human history, and for this reason we have to develop a new regimen of rights that protect us from unreasonable harm.

Systems that ensure a life safe from injury cannot be put in place without a societal and political understanding of the ethical and moral responsibilities of the state and civil society to ensure all individuals a right to life, according to currently available knowledge and technology. This need for a right is strengthened by research that has revealed severe limits to ensuring individuals' safety by "educating" them, and that there is a wide variation between people's knowledge and their actual behavior.[3] This is particularly true for those situations in which we cannot specifically select the people who will be involved in certain activities, such as domestic work, use of the roadways, and in most of our work environments. In addition, on any day, the population in those situations might include individuals preoccupied with any of the following:

- Those who cannot concentrate on the job at hand because they have suffered a recent, personal loss or disappointment—such as death of a loved one, loss of a job, failure in an important examination, monetary loss, and the like.
- Those who are preoccupied with problems in personal relationships with a spouse, parent, sibling, or close friend.
- Those who are taking medications or drugs that alter behavior and perceptual abilities, or those who are under the influence of alcohol.
- Children whose cognitive and motor skills make it difficult for them to understand or follow instructions given to them.
- Elderly people whose motor and cognitive functions are

impaired.
- Psychologically disturbed persons who may not be able to func◄ tion as desired but who cannot be excluded from participating in a specific activity.

If we estimated the percentage of individuals who might fall into one of the above categories on any given day, that estimate would amount to a significant proportion—possibly as high as 20 to 30%. These individuals cannot always be identified or prevented from participating in these activities. Moreover, they have a right to lead healthy lives and thus must operate in environments that give them a reasonable opportunity to do so.

Therefore, we have a social and moral responsibility to design our products, environment, and laws so that people can easily and conveniently behave in a safe manner without sacrificing their right to earn a living and fulfill their other societal obligations. Systems must be designed safely, not only for "normal" people but also for those who might belong to any of the groups listed above. Such designs, rules, and regulations would reduce the probability of people hurting each other or themselves, even when someone makes a mistake. Such changes will take place in a systematic manner only when safety is recognized as a fundamental right of communities and is not dependent only on the goodwill of powerful institutions. Perrow states this issue forcefully: "Above all, I will argue, sensible living with risky systems means keeping the controversies alive, listening to the public, and the essentially political nature of risk assessment. Ultimately, the issue is not risk, but power; the power to impose risks on the many for the benefit of the few."[4] A People's Right to Safety is likely to help us move in this direction.

## People's Right to Safety

Awareness of the above facts and of our responsibility to move toward a world in which the right to a safe life must be ensured for all resulted in a preliminary workshop on a People's Right to Safety. The workshop, which was held in association with the 5th World Conference on Injury

Prevention and Control in Delhi, India, in March 2000, was organized jointly by the Transportation Research and Injury Prevention Program (TRIPP) of the Indian Institute of Technology, Delhi, and the South Asia Forum for Human Rights (SAFHR). Following discussions at the workshop, all conference participants adopted the Delhi Declaration on a People's Right to Safety on 8 March 2000.[5] This first declaration endorses the notion of safety as a human right and as an important policy tool for injury control and safety promotion. It outlines further steps that need to be undertaken to develop a charter on a people's right to safety.

The draft was circulated to all participants and put up on both the TRIPP and SAFHR Web sites for discussion among human rights groups.[6] Based on comments received on the Delhi Declaration, a draft convention on a People's Right to Safety was prepared.[7] This draft was discussed at a pre-conference workshop on a People's Right to Safety on 11 May 2002 held before the 6th World Conference on Injury Prevention and Control.[8] Workshop participants finalized the draft, which was circulated to all conference participants for comment. Those comments were then used to finalize the draft, which the conference participants then adopted as the Montreal Declaration: People's Right to Safety at the closing session.[9]

The Declaration (which can be read in its entirety at the end of this section) is now available for discussion and refinement. A "right" to safety can be possible only when a relationship exists between those who use and those who provide a product or service. The relationship between the state and its citizens is enshrined in each country's constitution, most of which ensure that its citizens have a right to life. It is this right to life that is translated into a right to live free from debilitating injury. Similarly, when a private corporation sells goods or services, the buyer assumes that no harm will come from using those products. Finally, all the UN human rights agreements signed by different countries bring the relevant international responsibilities into focus. The Montreal Declaration only makes these implicit agreements explicit. This can help individuals and communities understand that a right to safety is as valid as a right to clean

air or a right to live free of small pox. For injury control to be taken seriously as an international public health issue,[1] the Montreal Declaration needs to be recognized as a starting point for establishing a people's right to safety as a fundamental right endorsed by individual states and through the UN.

## Discussion

There is general agreement on the urgent need to control morbidity and mortality, especially because injuries are ranked as one of the highest causes of years of life lost in most countries around the world.[10] Proponents of the right to safety, however, differ on the priorities for action: the relative role that organizational structures and powerful elites play in producing hazardous systems; the effectiveness of approaches that give priority to technological fixes over behavioral change; the relative roles of interventions by the state and government and by civil society organizations; and the need for creating regulations, setting standards, and ensuring police enforcement. It is very difficult to resolve these issues in the absence of a basic ethic that gives a strong underpinning to the debate. Current efforts to reach consensus on a document that spells out the rights of people to live lives safe from harmful injury are expected to help reduce the differences in ideologies and priority setting.

## References

1. Universal Declaration of Human Rights, adopted by the General Assembly on 10 Dec. 1948, UN Doc. GA/RES/217 A (III).
2. United Nations, International Human Rights Instruments, available at www.unhchr.ch/html/intlinst.htm.
3. L. S. Robertson, *Injuries: Causes, Control Strategies and Public Policy* (Boston, MA: Lexington Books, 1983).
4. C. Perrow, *Normal Accidents: Living With High Risk Technologies* (Princeton NJ: Princeton University Press, 1999).
5. Delhi Declaration on People's Right to Safety, adopted at the 5th World Conference on Injury Prevention and Control, New Delhi, 8 March 2000, and Injury Prevention Program, Indian Institute of Technology Delhi, available at www.iitd.ac.in/tripp/righttosafety/deldeclaration.pdf.
6. Draft Convention on People's Right to Safety, available at www.iitd.ac.in/tripp/righttosafety/DRAFT% 20CONVENTION%20 PRTS%2020020417.htm.2002.
7. See note 6.

**8.** Sixth World Conference on Injury Prevention and Control, 2002, available at www.trauma2002.com.

**9.** Montreal Declaration: People's Right to Safety, available in its entirety at the end of this section and at www.iitd.ac.in/tripp/righttosafety/ Montreal.%20declaration%2015-05-02.htm.

**10.** C. J. .Murray and A. D. Lopez (eds.), *The Global Burden of Disease* (Cambridge, MA: Harvard University Press, 1996).