Afghanistan’s Health and Human Rights
The Taliban’s War on Women

By Holly J. Burkhalter

Over the past twenty years, international human rights monitoring organizations have developed significant expertise in documenting violations of civil and political rights, such as torture, murder, and unjust imprisonment. The task of these organizations has been to identify the violator (government authorities in most cases) and propose remedies aimed at stopping the abuses.

But when it comes to monitoring the other half of the international “bill of rights” — economic and social rights — human rights activists have often been at a loss. The Universal Declaration of Human Rights, whose 50th anniversary we celebrate this year, pledges all governments to uphold the proposition that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services...” But how can we fairly hold governments, particularly poor ones, to such obligations, or the even more explicit standards articulated in the International Covenant on Economic, Social, and Cultural Rights? How do we condemn them for failing to provide shelter, work or health care? Who are the violators? What is the remedy for their lapses?

Physicians for Human Rights (PHR) recently released the findings from the first study on women’s health and human rights in Afghanistan the organization conducted in early 1998. We found that the violator in this case was all too obvious, and so was the remedy for ending grave abuses. The Taliban, a repressive political and military regime that has imposed a strict interpretation of Islamic law on most of Afghanistan, has committed violations against women that span the human rights spectrum. Their depredations of civil and political rights include beatings, arbitrary arrest, torture, unjust imprisonment, and cruel treatment for both men and women. The Taliban’s explicit violations of economic and social rights include an outright prohibition on the education of girls and the employment of most women.

PHR’s findings are a wake-up call to the world, given that the entire country has fallen under Taliban rule during the past year, and the same severe prohibitions on women’s mobility, education, and access to work and health care promulgated in Kabul (the capital), have now been imposed in the northern cities.

In extensive interviews conducted with Afghan women from all walks of life and ethnic groups, Physicians for Human Rights found that the Taliban’s rule has had a deleterious impact on women’s health in the following five ways.

First, by prohibiting women from working, the Taliban have deprived women of the means to feed themselves and their families. Poor to begin with, Afghan women are now destitute and vulnerable to disease, particularly the widows and their children.

Second, the Taliban have largely denied women access to proper health care. They have prohibited women from using most hospital and clinic facilities, and those reserved for use by women are squalid and grossly inferior. Male doctors are prohibited from attending to unaccompanied women, and even when the women are chaperoned by male relatives, physicians (nearly exclusively male since the Taliban prohibited women doctors from practicing medicine) rarely touch or examine the women’s faces or bodies.

Third, Afghan women are required to wear a burqa (a shroud-like head-to-toe garment which covers every inch of their skin and includes a thick mesh cloth for their eyes and mouth) which is itself a health hazard—impairing women’s peripheral vision and making breathing difficult.

Fourth, Afghan women are subjected to human rights abuses, including vicious beatings, if they violate the Taliban’s strict dress codes or edicts requiring the presence of chaperones.

Lastly, Afghan women are experiencing epidemic levels of severe depression, anxiety, and, in some cases, Post-Traumatic Stress Disorder as a result of their strict segregation from society and the Draconian limits placed on their mobility and access to education, jobs, and health care.

The story of the Taliban’s destruction of women’s health and human rights begins with the takeover of Kabul in September 1996. The regime’s first official acts were to require all women to wear the shroud-like burqa; to prohibit women from working, girls under eight years old
from going to school, and females from moving outside of their homes without an immediate male family member as an escort. Prior to Taliban rule, women played prominent roles in the health professions, in government, and in teaching.

The Taliban’s astonishing animus against women is illustrated vividly by the regulations they promulgated and enforced on access to health care. In January 1997, Taliban officials announced that hospitals would be segregated by gender.

In September of that year, the Ministry of Public Health ordered all hospitals in Kabul to suspend medical services for women. Female medical workers were banned from working in the city’s 22 hospitals, and the temporary Rabia Balkhi structure (a 35-bed facility with no clean water, electricity, surgical equipment, X-ray machines, suction, or oxygen) was designated the sole “hospital” for women.

PHR’s Health and Human Rights Survey Findings

In May of 1998, Physicians for Human Rights designed a lengthy survey and deployed a public health specialist, Ms. Zohra Rasekh, to administer it. Ms. Rasekh surveyed 160 Afghan women (half residing in Kabul and the other half newly arrived refugees in Pakistan) and collected an additional 40 case testimonies. She also interviewed humanitarian assistance providers, health personnel, and other experts in Afghan history, culture and politics.

The results of the study indicate that the Taliban’s rise to power in Afghanistan has had devastating consequences for women’s health and human rights. The survey showed that an alarming 71% of participants reported a decline in their health over the past two years. A majority of respondents (77%) reported poor access to health care services and an additional 20% reported that they had no access at all. Some 53% of the women described occasions in which

Excerpted Testimonies of Women Interviewed

**The Taliban’s War on Women: The Health**

“The Taliban beat my husband and myself, because we were working in the same clinic, and they wanted me to shut down the clinic and not work. When I tried to reason with them, they beat me and told me that they would hang me if I showed up again at the clinic.” [As a consequence, the couple shut down the clinic and fled to Pakistan.]
- An Afghan physician

An Afghan physician describing her jailing by Taliban authorities: “One day [in June 1997] a few other Afghan women colleagues and I were stopped [by Taliban police] on the way to work, and our driver was questioned. Then all of us were jailed for three days. They made us feel that if we were caught again, the punishment would be severe. That was it for me. My husband and I decided to leave Kabul and come to Pakistan.”

An Afghan pediatrician reported: “Four months ago, two of my former colleagues were injured in a car accident. One had trauma of the neck and the other was also seriously injured. They were refused treatment at five hospitals because they were female.”

“Eight months ago, my two-and-a-half year old daughter died from diarrhea. She was refused treatment by the first hospital that we took her to. The second hospital mistreated her (they refused to provide intravenous fluids or antibiotics because of her Hazara ethnicity, according to the respondent). Her body
they were seriously ill and unable to seek medical care.

Participants in the survey also reported extraordinarily high levels of mental stress and depression. Eighty-one percent reported a decline in their mental condition; others met the diagnostic criteria for Post-Traumatic Stress Disorder (42%) and major depression (97%) and also demonstrated significant symptoms of anxiety (86%). Twenty-one percent of the participants indicated that they had suicidal thoughts “extremely often,” or “quite often.”

These shocking mental health statistics are explained by women’s depression and anxiety stemming from enforced segregation, denial of the right to work, and inability to receive medical care. Women interviewed by PHR noted profound depression resulting from the prohibition on their daughters attending school, diminishing hopes that their children might have a better life. Anxiety that the women expressed was based upon realistic fears that they might be subjected to human rights abuses by the Taliban authorities, usually for dress code violations or for walking without a male chaperone. An astonishing 68% of survey respondents reported that they or a family member had been detained in Kabul by Taliban religious police or security forces. Fifty-four percent of those detentions resulted in beatings, and 21% led to other forms of torture.

The Taliban’s practice of summoning Kabul residents to witness Sha’ria (Islamic law) punishments handed down by its Kangaroo courts, including beheadings, floggings, amputation of limbs, and hangings, further traumatize the population, the younger generation in particular.

Women interviewed by PHR’s Zohra Rasekh reported difficulty forgetting past trauma. Examples include the terrible suffering during the Soviet occupation, injuries from mortars, rockets, and landmines during years of civil war in the mid-1990s, and the insecurity of theft, murder for the Physicians for Human Rights Report:

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was handed to me and her father in the middle of the night. With her body in my arms, we left the hospital. It was curfew time and we had a long way to get home. We had to spend the night inside a destroyed house among the rubble. In the morning we took my dead baby home but we had no money for her funeral.”

“But even [when a woman is accompanied by a male chaperone] the treatment is limited to office consultation and over-the-clothing examination. Male doctors are not allowed to do surgical procedures, even if a patient’s life is at stake.”

“I was inside a taxi with my sick father, taking him to a hospital. I didn’t have a burga on, since I did not even own one. The Taliban police stopped the taxi and almost beat my sick father and the driver. The taxi driver begged them to let us go, since he had a sick man in his car. They verbally insulted me and told me to go home and cover my face before taking my father to the hospital. I had to go home and borrow my neighbor’s burga. Only then could I take my father to the hospital. I don’t have a brother, and my only uncle is an amputee. Thus I have to be the one to take my father to the doctor.”

“My mother’s aunt, an elderly woman, was flogged by a Taliban militiamember because her ankle was showing. She was beaten with a metal cable, and her leg was broken. She is here in Pakistan now for treatment.”
and rape during the breakdown of civil authority during the period from 1992-1996.

**Humanitarian Assistance**

One of PHR’s troubling findings was the impoverishment suffered by families (particularly those headed by widows, who are said to number 30,000 in Kabul alone) as a result of the Taliban’s prohibition on women working. Women who once held good jobs as teachers, doctors, or nurses are now on the street begging in order to feed their children. The extensive humanitarian assistance provided to Afghanistan apparently fails to reach many of those who are most in need. Only 6% of the 160 women PHR interviewed had received any foreign aid at all. A partial explanation may follow from the Taliban’s prohibition on women entering humanitarian groups’ offices and distribution sites.

International humanitarian groups have had a difficult time meeting the needs in Afghanistan in other ways as well. Last June the Taliban ordered the closure of over 100 schools for women and girls in Kabul run by humanitarian groups. An official pronouncement declared that girls over eight years old may be educated in the Koran or not at all. In July, the Taliban ordered foreign workers to relocate to a ruined facility lacking electricity on the outskirts of Kabul as a means of controlling their activities and their access to the Afghan people. Most humanitarian groups, including some who had worked in the country for many years, saw no option but to turn their operations over to local staff and leave Afghanistan.

**Recent Abuses**

Since Physicians for Human Rights published its report in August 1998, Afghanistan’s agony has worsened. By the end of the summer, the Taliban had triumphed over its military rivals, the Northern Alliance, and consolidated control over the remaining one third of the country. News reports filtering out from the cities of Mazar-I-Sharif and Bamiyan indicated that victorious Taliban fighters committed large scale atrocities against the civilian population in those cities, who are largely of a different ethnicity than the Pashtun Taliban.

*Los Angeles Times* reporter Dexter Filkins received eyewitness reports from refugees indicating that the Taliban killed thousands of unarmed ethnic minorities. Human Rights Watch researchers who interviewed refugees in Pakistan, newly arrived from the northern areas in Afghanistan, also obtained extensive testimonies as to the killing of unarmed men, women, and children of Hazara ethnicity. Rupert Colville, spokesman for the Office of the U.N. High Commissioner for Refugees in Islamabad, stated that as many as 6,000 Hazaras in the city of Mazar-I-Sharif may have been killed by Taliban soldiers. Mr. Colville continued by claiming that, “What the refugees are saying is extremely consistent, and in our view it is very credible. On the first day [of the Taliban’s entry into Mazar-I-Sharif] there was a kind of frenzied killing spree of everybody and anybody who was on the street, including animals.”

Within a few weeks of the Taliban’s military victory, the United States bombed a site in Afghanistan, where the Saudi terrorist, Osama Bin Laden, reportedly maintained a terrorist base. The action was in response to the terrorist bombing of two U.S. Embassies in Africa, for which the U.S. held Bin Laden responsible. Within days there were reprisals against U.N. personnel in Afghanistan, one of whom was killed and two injured. Virtually the entire expatriate community, including employees of non-governmental organizations, withdrew from Afghanistan. The security situation deteriorated further when the Government of Iran, a close ally of the defeated Northern Alliance, threatened Afghanistan with war following the Taliban’s execution of eight captured Iranian diplomats.

**The United Nations and the Taliban**

Following the bombing of Bin Laden’s sites and Afghanistan’s continued refusal to extradite Bin Laden for prosecution for terrorist acts, the Taliban’s international reputation continued to deteriorate. In September of 1998, a bid by the Taliban (supported by Pakistan) to be recognized by the General Assembly of the United Nations went nowhere. Furthermore, potential corporate benefactors, notably UNOCAL, announced a withdrawal of support for a pipeline through Afghanistan.

The United Nations, under the auspices of the so-called Six Plus Two Group (which includes the U.S., Russia, Pakistan, China, Iran, Tajikistan, Turkmenistan, and Uzbekistan) continues to negotiate with the Taliban over the return of U.N. foreign staff to Afghanistan. Lakhdar Brahimi, the Secretary General’s special representative for Afghanistan and the group’s chief negotiator, has been in the region several times in recent months. He has reportedly achieved an agreement in principle by the Taliban to accept several different U.N. human rights monitoring efforts in Afghanistan, though they have agreed to nothing on paper. Unofficially, the Taliban has indicated that it will permit the introduction of as many as twelve “civilian” monitors for purposes of documenting current abuses (particularly against ethnic minorities) and investigation of past massacres in Mazar-I-Sharif (both those committed by the Taliban in August and killings two years ago in which Taliban militia themselves were the victims.) The Taliban also agreed to the posting of a gender rights specialist, already deployed in Islamabad.

Notwithstanding the welcome new attention to human rights and monitoring in Afghanistan, it remains to be seen whether U.N. monitors will ever arrive on site. At the time of this writing, the United Nations continues to suspend the return of its international staff to Afghanistan because the Taliban has not yet conducted a satisfactory investigation and response to the killing of one Italian and two Afghan U.N. employees last year. Until that issue and other security concerns are resolved, the U.N. will continue to operate its programs through local staff.
“Debates about Islam and human rights continue in many Islamic societies around the world today, but that has nothing to do with what is happening in Afghanistan today. As even the most conservative or radical Muslims around the world know, most of the policies and practices of the Taliban government documented in this report have no Islamic justification whatsoever. Human rights organizations like Physicians for Human Rights are condemning these policies and practices from a human rights point of view. Unless Muslims do the same from an Islamic point of view as well, the Taliban will get away with their false claim that these heinous crimes against humanity are dictated by Islam as a religion.”

(From a Forward by Abdullahi An’Naim, Professor of law, Emory University, written for PHR’s report, The Taliban’s War on Women)

While monitors will wait in the wings, outside the country.

Physicians for Human Rights has urged the U.N. to make the return of its staff to Afghanistan conditional upon the regime’s acceptance of both human rights monitoring, and an immediate end to gender discrimination in access to work, education, and health care.

Recommendations

The U.S. Government is clearly aware of the Taliban’s gross abuses of human rights and their extreme discrimination against women. Secretary of State Madeleine Albright visited an Afghan refugee camp in Pakistan in 1997 and denounced the Taliban’s restrictions on women’s mobility, health and education. Albright and her deputy for South Asian Affairs, Ambassador Karl F. (Rick) Inderfurth, have made it clear that the U.S. will not recognize the Taliban as the government of Afghanistan under present circumstances. However, the international community may have more leverage than it has used to date. First, the Taliban is desperately seeking international recognition, which would bring with it foreign aid and prestige. It should be made plain by the U.S. and every other country in the world that no such recognition will be conferred upon the Taliban given its human rights record. Members of the Taliban government should also be pressured by denying them visas to travel to the U.S. unless they are participating in good faith in U.N.-sponsored peace talks.

Second, the Taliban’s abuses are so vast that something more than routine condemnation is in order. The United Nations should create a formal commission of experts to thoroughly investigate reports that the Taliban engaged in an extermination campaign against ethnic minorities in recent months. The Genocide Convention makes it plain that attempts to eliminate “in whole or in part” persons of the basis of their race or ethnicity constitutes genocide, which is the gravest crime known to humanity. If such an investigation confirms what refugee and journalistic accounts appear to suggest, then the world should stand ready to create an international tribunal to try the Taliban for the crime.

Enforcing accountability for crimes perpetrated by the Taliban is complicated by Taliban alliances in Pakistan. The Taliban have been and continue to be strongly supported economically, militarily, and politically by Pakistan. Indeed, news reports have indicated that hundreds of Pakistani “Taliban” members (ethnic Pashtun natives of Pakistan who share the Taliban’s rigid political views) rushed to fight alongside their Afghan brethren during the recent fighting in the north. To date, the international community has been remarkably indulgent of Pakistan’s support for the Taliban. Given the Taliban’s association with international terrorism, drug production and, of course, its appalling human rights record, the U.S. and its allies should turn their attention to Islamabad. Every form of assistance, including the transport of weapons and fuel, must be ended and all Pakistani military and intelligence personnel must be withdrawn from Afghanistan immediately. The Clinton Administration might also signal to the business community that investment in Afghanistan or Pakistan is unwelcome at the present time.

The Role of the Health Professional Community

The international medical community has a significant role to play in highlighting those practices which have placed women at greatest risk: the prohibition of appropriate health care. Health professional associations and student groups can pass resolutions at professional meetings, urging the U.S. Government to make human rights and women’s rights in Afghanistan a top priority and to stigmatize and isolate the Taliban, and its ally, Pakistan. They can further help by urging their representatives in the House of Representatives and the Senate to pass legislation aimed at strengthening humanitarian aid programs for Afghan women and girls in refugee camps in Pakistan, and restricting U.S. investment in Afghanistan and Pakistan until the latter ends its support for the Taliban.

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REFERENCE