MISSION OF PAUL HUNT, THE UN SPECIAL RAPPORTEUR ON THE RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH

ORAL REMARKS TO THE PRESS, FRIDAY 21 SEPTEMBER 2007, BOGOTA, COLOMBIA

Good afternoon ladies and gentlemen. It is a great privilege for me to be here. I would like to warmly thank the Government of Colombia for inviting me. I would also like to warmly thank OHCHR for organising a rich and challenging schedule of meetings, as well as the UN Information Centre for organising and hosting this press conference.

Earlier today I shared with the Government the essential contents of these oral remarks.

You will find in the room a short document, in Spanish, that explains my UN responsibilities as Special Rapporteur on the right to health. It also provides some additional background information.

In brief, I am an independent expert who reports to, and advises, the UN Human Rights Council and UN General Assembly. I am a citizen of New Zealand.

Please note that I am independent. I am not a member of the UN secretariat. I am not a member of the secretariat of the Pan American Health Organisation. As an independent expert, I exercise my professional judgement, without fear or favour, and report to the United Nations.

Early this year, I was invited by the Government of Ecuador to prepare a report on the impact of aerial spraying of glyphosate along the Ecuadorian side of the Ecuador-Colombia border.

By way of preparation, during May I visited New York and discussed the issues with the UN Department of Political Affairs – and I also visited Washington D.C. and discussed the issues with the Organisation of American States, as well as the Pan American Health Organisation (PAHO).

Also in May, I visited Ecuador where I discussed the issues with Ministers, senior public officials, Governors from the northern zone of Ecuador, and the UN Country Team. I visited three communities in the northern zone of Ecuador, as well as many representatives of civil society.

Since I first agreed to undertake a report on this complex issue, I have sought to discuss the issues with the Government of Colombia. And so I was very pleased last month to receive an invitation to visit Colombia. During my visit here, I am meeting with - or have met with – the Vice President, Vice Minister of International Relations, Vice Minister of Health, Director of the Anti-Narcotics Police, UN agencies, and civil society organisations. Tomorrow I visit San Jose.

I take this opportunity to warmly thank all those, including civil society, who are providing me with their time and advice.

I arrived in Bogota yesterday – I depart on Sunday. I have already received a lot of useful oral and written information which needs careful consideration. My meetings continue. In these circumstances, it would be premature for me to express firm views and make final recommendations. They will be in my report to the UN Human Rights Council.

I would like to emphasise that my UN mandate is to look at the human right to health. I am focussing on the aerial spraying of glyphosate, combined with additional components, along the Ecuador-Colombia border. (As a short hand, I will use the term glyphosate for this combination of glyphosate and additional components.) Crucially, I am looking at this issue through the prism of the right to health.

I accept that illicit coca cultivation and production raises very grave and complex issues for the Government of Colombia to which there are no easy answers.

This is not a scientific mission. My colleagues and I are not taking samples or doing laboratory tests. We are discussing and reviewing the existing scientific evidence. In Ecuador and Colombia, we have listened to personal testimonies. And we will critically examine all the material through the lens of the human right to health. Then I will reach conclusions and make recommendations. Others have already done scientific studies – and several more are in preparation. I am not here to add to this on-going scientific work.

The right to health includes both access to medical care and the pre-conditions of health, such as water, sanitation and a healthy environment. Both medical care and the pre-conditions of health are essential in this case.

On leaving Ecuador in May, my preliminary view - based on all the information available to me at that time - was that the aerial spraying of glyphosate along the Colombia-Ecuador border should not re-commence. I formed the view that the scientific studies already identified in earlier reports should be undertaken and completed.

My reasons for this position were these.

Colombia has a human rights responsibility of international assistance and cooperation, including in health. Consequently, as a minimum, Colombia must not jeopardise the enjoyment of the right to health in Ecuador.

In Ecuador, I was provided with credible, reliable testimony that the aerial spraying of glyphosate along the Colombia-Ecuador border may damage the *physical* health of people living in Ecuador. There was also credible, reliable testimony that the aerial spraying may damage their *mental* health. For example, I was reliably informed that military helicopters sometimes accompany the aerial spraying and the entire experience can be terrifying, especially for children, even when the helicopters remain in Colombian airspace.

I took the view that this testimony was sufficient to trigger the precautionary principle – which led to my preliminary position that spraying should cease until it is clear that it does *not* damage human health.

I also took the view that it would be unfair to require Ecuador to prove that the spraying damages human health because I was informed that Ecuador does not have access to essential information that is required to make that assessment. I was informed, for example, that Ecuador does not know the precise composition of the herbicide that Colombia is using. Thus, I took the preliminary position that Colombia has the responsibility to show that the spraying damages neither human health nor the environment.

In summary, when considering Colombia's international human rights responsibilities together with the precautionary principle, I formed the preliminary view that Colombia should not recommence aerial spraying of glyphosate on its border with Ecuador – and that, to ensure conformity with its international human rights responsibilities, Colombia should respect a ten-kilometre no-spray zone along the border.

I accepted that glyphosate is used in Ecuador, but observed that there are distinctions between the Ecuadorian use of glyphosate and its use on the border by Colombia. For example, the Government of Colombia (or others on its behalf) adds some components to the glyphosate, in contrast to Ecuadorian policy and practice. Thus, in my view any suggested equivalence between Ecuadorian and Colombian practice was misleading.

These are some of the facts and preliminary points of view that I came to Colombia to discuss and explore, before taking my final position and submitting my report to the United Nations.

I am very grateful to all those I have met. Without exception, our discussions have been very open and constructive. A number of important points have emerged which I will take into account as I prepare my report.

For example, the Government takes the position that there is no scientific uncertainty about the impact on human health of glyphosate as used in Colombia.

I also note that the Government of Colombia emphasises that, consistent with the principles of transparency and good faith, it has made publicly available the precise composition of the glyphosate, and additional components, that are used in the aerial spraying.

I have also been interested to learn of the opinion of Vice President Santos, which he has expressed publicly, that manual eradication of coca is more effective than aerial spraying.

And I have gained the welcome impression that the merits of effective alternative development - combined with manual eradication – are being increasingly recognised.

Conclusion

The sharp differences of opinion between the Governments of Ecuador and Colombia underscores the crucial importance of independent, reliable studies that have the confidence of both parties and all fair-minded observers.

The glyphosate aerial spraying issue has become deeply politicised. When an issue becomes politicised in this way, human rights are always among the first victims. The health and lives of ordinary people – especially the most disadvantaged and poor – are forgotten or obscured.

It is imperative that when considering this very important issue the human right to health – at root, the well-being of disadvantaged individuals and communities - is placed at the centre of all decision-making.

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