ASBMUN 2025

ECOSOC Topic 2 Research Report

American School of Bombay

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Edited and revised by the ASBMUN Secretariat.

Forum: ASBMUN 2025

Committee: United Nations Economic and Social Council

Topic: Combatting Medical Exploitation and Human Rights Violations in Conflict Zones and LEDCs.

Chair: Miraya Shah

Letter from Student Officer

Greetings, delegates! Firstly, I would like to welcome you all to the annual ASBMUN conference! My name is Miraya Shah and it is my utmost pleasure to serve as your Deputy Chair for this year's simulation of the United Nations Economic and Social Council (ECOSOC).

The United Nations Economic and Social Council (ECOSOC) is a crucial and pivotal committee at the heart of United Nations operations; it focuses on advancing the three dimensions of sustainable development - social, environmental, and economic. ECOSOC is vital in addressing medical exploitation and human rights violations in conflict zones and Least Economically Developed Countries (LEDCs). In a world where access to healthcare is unequal, this crisis demands global attention and cooperation. As members of an international and interconnected community, we must recognize the immense impact of human rights abuses on vulnerable populations and the impact of fraudulent medical practices. By taking a closer look at ECOSOC's initiatives, we can better understand the momentousness of ethical medical practices, humanitarian aid, and solutions that follow set guidelines. Nourishing and strengthening global healthcare systems - especially in LEDCs and vulnerable populations - and ensuring liability in these regions is an ethical mandate and a necessary step toward worldwide justice and stability.

Considering the critical nature of the agendas being discussed, every delegate of the United Nations Economic and Social Council must remember that the decisions they take will have far-reaching consequences and that the opportunity afforded here is to potentially change the world profoundly.

Through the course of the three days of this conference, we trust that you all will discharge your duties aptly and have loads of fun in the process! Never forget that this conference aims to enhance your understanding of the situation worldwide in the most interesting and enjoyable way possible! We look forward to seeing you all in committee and presiding over your deliberations! Good luck!

Miraya Shah

Deputy Chair of ECOSOC

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Definition of Key Terms

Less Economically Developed Countries (LEDCs)

LEDCs refer to countries that are less economically developed than other countries. These nations face circumstances such as but not limited to lower income levels, lower Human Development Index (HDI) scores, and limited industrialization.

Vulnerable Populations

Vulnerable populations allude to groups of people who have a higher risk of exploitation and abuse, specifically groups like women, children, those with disabilities, and elderly persons, particularly in conflict settings.

Conflict Zones

Conflict zones refer to areas that face armed conflict, and the area's social, political, and economic structure has been severely disrupted, leading to increased vulnerability in the people.

Genocide

Genocide refers to the mass killing of a distinct religious group, ethnicity, minority, etc.

Humanitarian Aid

Humanitarian Aid is a type of relief available to populations affected by any disruption, mainly conflict remains. All people have access to humanitarian aid, regardless of their race, ethnicity, age, gender, or even their political affiliation.

Non Consensual

Non Consensual refers to an act not agreed to by one or more of the people/parties involved.

Introduction

As of February 2024, between 70% to 80% of health services in Sudan became inaccessible or purposeless due to the attacks on the health infrastructure. Medical facilities are often made targets of

planned attacks during conflicts. Understanding why medical exploitation and human rights violations occur in conflict zones and Less Economically Developed Countries (LEDCs) calls for understanding and defining these terms and what they entail.

Sustainable Development Goal 16 (SDG 16) aspires to promote peace, justice, and strong institutions by ensuring the protection of human rights and access to justice for all individuals alike. Addressing the crisis at hand will help combat the goal of achieving all SDGs by 2030. However, it is a far more significant challenge to reach this target when, in conflict zones and LEDCs, medical exploitation and human rights violations are still present due to corruption, the absence of legal accountability, and weak institutions. Medical exploitation plays a massive role in undermining SDG 16 because of war-torn settings and LEDCs' corrupt governments and armed/rebel groups. Along with this, the lack of legal and general oversight of these laws continues to go unchecked. As mentioned earlier, settings like this often ignore individuals' rights to healthcare and legal protection or don't allow them access to the two. More often than not, medical exploitation leads to the public's distrust of healthcare systems and international aid organizations.

With the theme of this year's conference being Peace, Justice, and Strong Institutions, the aim of this committee and the aims of present and participating nations is to create concrete solutions and plans to combat medical exploitation and human rights violations to allow for justice for combat zones and LEDCs—not just having policy discussions. In doing this, ECOSOC can ensure peace, justice, and strong institutions worldwide.

Background Information

Medical Exploitation refers to the illegal or deceitful use of an individual's body, tissue, or medical information for research, personal gain, or profit, usually without the individual's consent. It often leads to physical or psychological harm to the victim. Medical Exploitation includes illegal acts such as organ trafficking, egg trafficking, unethical drug testing and sales, non-consensual medical experiments, and illicit transplants.

Human Rights Violations occur when a victim faces acts that violate the fundamentals of life or human rights. Human rights are the fundamental freedom and human dignity that all individuals have. These human rights are given to all individuals, regardless of their religion, sex, race, or any other status. Human Rights Violations can be committed by two groups of people: state and nonstate actors. State actors refer to people tied to the government, like the police or the military. In contrast, nonstate actors refer to people who aren't connected to the government but still greatly influence the public. Examples of nonstate actors include rebel organizations, corporate organizations, and even NGOs. Some examples of human rights violations in conflict zones are genocide, mass ethnic killing, child soldiers, sexual

violence, and denial of humanitarian aid.

LEDCs and conflict zones are where medical exploitation and human rights violations most often occur. These places have political instability, economic hardships, and weak governance, creating an ideal setting for abuse. In these areas, healthcare infrastructure usually has the bare minimum funds and becomes a target during conflict. This leads to a lack of oversight and leaves vulnerable groups at risk. Armed groups and unethical medical systems exploit the vulnerability to encourage organ trafficking, nonconsensual medical trials, and denial of basic healthcare. For example, Yemen's ongoing conflict has weakened the access of its population to humanitarian aid, forcing desperate individuals to turn to medical providers on the black market. Similarly, in South Sudan, public healthcare systems have collapsed due to instability. This collapse has led to the flourishing of human trafficking and illegal and unethical transplants.

Major Countries and Organizations Involved

United Kingdom

The United Kingdom has given a significant amount to addressing human rights violations and medical exploitation in conflict zones and LEDCs as a permanent United Nations Security Council member. They have helped address this issue by providing humanitarian aid and building international partnerships, among other things. As a Security Council member, the United Kingdom has supported multiple resolutions focused on protecting medical facilities in conflict zones and ensuring access to humanitarian aid for distressed people. The government in the United Kingdom has also funded organizations focusing on anti-trafficking ideals, along with those working toward solving the issue of illegal organ trading and unethical medical practices, especially in conflict-torn areas. Organizations such as the Department of Health and Social Care (DHSC) and many others have worked with international organizations such as the World Health Organization (WHO) to improve humanitarian aid access and reduce unethical medical practices in regions facing instability and vulnerable situations. It has also contributed to solving this issue by using its strong legal framework to take legal action against offenders of the Modern Slavery Act of 2015, which prohibits unethical medical experiments and forced organ harvesting. However, many reports indicate that British scientists and pharmacies conduct unethical medical practices. For example, in the early 1960s, a young and ambitious epidemiologist named Peter Elwood started looking into a significant cause of ill health worldwide. Anaemia. He thought about how bread had been fortified with iron, and since giving tablets through GPs wasn't working and giving him the results he strived for, he came up with the idea of radioactive chapatis. In the small town of Coventry, he found 21 Indian women who knew little to no English, and every day, someone would deliver a packet of chapatis filled with radioactive isotopes. They were to be only consumed by them and no one else in

the house. This experiment lasted for approximately 2 years, with the participants not having any clue of giving consent to participate in this experiment.

Guatemala

Guatemala is an important country in this topic, serving as a case study in discussions of medical exploitation and human rights violations. An essential and infamous example of Guatemala and medical rights exploitation in the nation was the U.S.-led syphilis experiments that lasted for 2 years (1946 to 1948). In this experiment, American researchers purposely infected Guatemalan prisoners, soldiers, and psych patients with syphilis and other sexually transmitted diseases (STIs) without their knowledge, let alone their consent. They performed this experiment in an attempt to study the disease and the treatments for it. This violation of medical rights and ethics shows the patterns of exploitation in LEDCs, which have low oversight, vulnerable populations, and weak healthcare systems. In recent years, Guatemala has continued to face extreme human rights issues. The country has been dealing with issues such as violence against children and women, discrimination against indigenous communities, and human trafficking. For example, between the mere years of 2018 and 2024, more than 14,000 girls gave birth, all under the young age of 15, and many of the births were a result of sexual violence. These victims face considerable barriers to accessing education, healthcare, and justice, especially in rural areas where stigmatization and systemic neglect are prevalent.

Additionally, there have been reports of documented episodes in which Indigenous people utilizing public healthcare services experience discrimination and abuse from healthcare providers. This defeats the purpose of a human rights-based approach to public and private healthcare that nurtures respect and distinguishes within Guatemala's healthcare system. These historical and ongoing issues highlight the importance of more substantial international healthcare and human rights regulations, moral integrity in medical research, and legal liability to prevent human rights violations and medical exploitation in Guatemala and similar LEDCs and conflict zones.

Sudan

Sudan has been tackling the issue of human rights violations and medical exploitation, which were aggravated by occurring conflicts and frail healthcare infrastructure. The prolonged civil war between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) has dramatically undermined the country's medical care systems, leaving crucial medical services unavailable to a vast number of patrons. As of February 2025, reports indicate that there have been more than 540 attacks on healthcare facilities alone since the start of the conflict in April of 2023. These attacks have resulted in the death of a minimum of 109 healthcare workers, with many others left injured or captured. The intentional attacks on medical facilities have triggered a fragile and dire health crisis, leaving millions of

victims of all types of attacks without the basic necessary care that they require. The conflict has also led to a humanitarian emergency, with approximately 11 million people in urgent care of healthcare services. WHO has underlined the many challenges of demolishing healthcare infrastructure and the barriers from humanitarian aid, which have collectively increased the population's suffering.

Along with the deterioration of healthcare services, Sudan faces prevailing problems related to human trafficking and medical exploitation. Endangered groups, significantly internationally displaced people and refugees, are at a higher risk of exploitation in ways like organ trafficking and forced labor. The United Nations Office on Drugs and Crime (UNOCC) has revealed events where victims were rescued from perpetrators whose real intention was to exploit them for one of many possible options, underlying the ongoing threat of human trafficking within the nation. The combination of armed conflict, attacks targeted toward healthcare infrastructure, and large amounts of human trafficking highlights the critical need for international help and interference. Prioritizing the protection of medical infrastructure, ensuring the safety of the workers, and implementing laws against human trafficking and exploitation is a crucial step toward combatting the humanitarian crisis in Sudan.

Pfizer

During a severe meningitis outbreak in 1996 in Kano, Nigeria, Pfizer conducted a clinical trial to test its experimental antibiotic, Trovan. The trial involved around 200 kids, half receiving Torvan while the other half receiving ceftriaxone, an essential treatment for meningitis. Notably, the ceftriaxone was said to be lower than the amount documented, increasing concerns about the ethics of the study. Statements emerged that Pfizer did not get informed consent from parents or guardians of the children. Reports hint that families weren't aware that their children were part of an experimental trial and study, and tested alternatives were available through organizations like Médecins Sans Frontières. The outcomes from the trial were devastating, with 11 children dead, five of which received trovan, and six who were given ceftriaxone. Other children experienced extreme health issues, some of which included paralysis and organ failure. A following Nigerian government report named the trial as an "illegal trial of an unregistered drug," condemning Pfizer for conducting the trial without proper regulatory approval or compliance with fundamental ethical standards. Legal battles followed, with the government and impacted families filing lawsuits against Pfizer. 2009, Pfizer settled with Kano State, stating they would pay $75 million to address the claims.

Along with that, compensation for individual families was to be $175,000 who had lost their children during the study. This incident had long-lasting repercussions for Pfizer and contributed to the shared public wariness in medical interventions and casing for hesitancy when administering vaccines in the nation. It highlights the importance of ethical standards, consent, and oversight in clinical trials and studies, especially in unprotected populations and regions with insufficient resources.

Relevant UN Resolutions

- Security Council Resolution 2664 (2022) **(SC/RES/2664)**

Implemented by the United Nations Security Council in December of 2022, resolution 2664 creates a humanitarian exception across all UN sanction regimes, such as asset freezes. This exemption allows funds, goods, and services to be provided for distributing humanitarian assistance and supplying basic human needs without infringing asset freeze measures. The resolution ensures that sanctions do not impose critical humanitarian aid activities, permitting organizations such as UN agencies, international organizations, and NGOs to operate fruitfully in sanctioned regions. Remarkably, while this exemption pertains universally, its operation to the ISIL (Da'esh) and Al Qaida sanctions regime was initially set to end in December of 2024. Still, subsequent actions have lengthened the applicability forever.

- Security Council Resolution 2728 (2024) **(SC/RES/2728)**

United Nations Security Council Resolution 2728 was adopted in March of 2024 and requires an immediate ceasefire in the Israel, Hamas, and Palestine war during the sacred month of Ramadan, directing the creation of a lasting and maintainable peace. The resolution also calls for the infinite release of all captives and highlights the importance of unrestrained humanitarian access to address critical medical and additional needs.

- Security Council Resolution 2286 (2016) **(SC/RES/2286)**

Implemented unanimously by the United Nations Security Council in May of 2016, resolution 2286 strongly denounces attacks against medical infrastructure and medical providers in conflict zones. The resolution urges that all participants in armed conflicts fully adhere to their responsibilities under international law to protect all medical personnel, medical infrastructure, and humanitarian workers engaged in medical duties. It highlights the need for liability for the perpetrators of such attacks. It urges safe and unobstructed passages for medical and humanitarian providers to assist victims and those requiring it.

Security Council Resolution 2474 (2019) **(SC/RES/2474)**

Resolution 2474, unanimously adopted by the United Nations Security Council in June 2019, tackles the critical problem of persons who are reported missing during armed conflicts. The resolution encourages parties to armed conflicts to take all necessary measures to prevent persons from going missing, diligently search for them, and aid the return of their remains. It highlights the importance of notifying and documenting the personal information of apprehended individuals, including prisoners of war. It calls for thorough, prompt, effective, and equitable investigations into cases of missing individuals.

The resolution also emphasizes the necessity of protecting, collecting, and managing essential data on missing persons, guaranteeing safe and unrestricted access for humanitarian personnel part of the search and identification attempts, and reinforcing the role of such efforts in creating a sense of confidence between opposing parties and advancing the peacebuilding process.

Timeline

1946 - 1948	The USA conducts unethical medical trials in Guatemala, infecting prisoners and psych patients with syphilis.
1950s - 1970s	The UK performed the “radioactive chapati” experiment on 21 Indian women without their knowledge and exposed them to radioactive isotopes.
1996	Pfizer conducted their medical trial on around 200 children without their parent's or guardians' consent to test a drug called Trovan, leading to deaths and disabilities amongst the children.
2005	Reports of illegal organ trafficking surface, targeting impoverished groups in LEDCs, specifically in South Asia and Eastern Europe.
2014 - 2016	The West African Ebola outbreak exposed medical exploitation due to experimental drugs being tested on affected populations.
2016	UN Security Council Resolution 2286 adopted.
2017	The Yemen Civil War led to severe humanitarian crises, including blockages in medical supplies.
2019	UN Security Council Resolution 2474 was adopted.
2022	UN Security Council Resolution 2664 was adopted.
2022	UN Security Council Resolution 2728 was adopted.
2023 - 2024	The Sudan conflict leads to a shutdown of 70% - 80% of medical infrastructure.

Possible Solutions

The question of “How should we as a global community react and respond to human rights

violations and medical exploitation in conflict zones?" is complex and multi-faceted. Influential and important organizations like the United Nations and other international human rights organizations play a significant role in helping answer the question. Possible solutions include:

- Healthcare Access

Improving healthcare access means improving response teams and medical infrastructure in conflict zones in LEDCs. This can be done by creating clauses that talk about the creation of treaties and organizations targeted to create international medical response teams with multiple bases near conflict-torn areas.

- Security for healthcare providers and medical facilities

A multi-faceted approach is necessary to enhance security for healthcare providers and medical facilities. This may include implementing layered physical security systems with surveillance and restricted access, as well as robust cybersecurity measures such as micro segmentation and multi-factor authentication. Training staff in trauma-informed care and adopting advanced technologies like AI for predictive threat detection are also crucial. By integrating these strategies, healthcare facilities can protect patients, staff, and sensitive data effectively.

- Legal reforming

Strengthening International laws and treaties would majorly impact how emerging issues are tackled and dealt with. Clearly describing and giving examples in treaties will help create strict guidelines. Also, creating laws that keep perpetrators accountable for their actions is essential, and holding said perpetrators responsible for those laws is equally important as having them. Providing resources to strengthen and train local law enforcement would help assist in keeping perpetrators accountable in their specific areas, addressing violations and exploitation, and helping bring justice to victims of human rights violations and medical exploitation.

- Public Awareness

Raising public awareness on the issue, specifically in LEDCs and combat zones, is essential for tackling the problem. Increasing public awareness through NGOs and other organizations will apply pressure on government officials to strengthen the protection of human rights, along with teaching potential victims what to do in certain situations and what are possible

outcomes of falling for tricks that put them in dangerous situations and violate their rights as an individual, and exploit them - medically, sexually, and in any other way.

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