

## Whistleblowing, Human Rights, and Mental Health/Well-Being: Implications for Advanced Generalist Practice

Keywords: Whistleblowing, Advanced Generalist Practice, Ethics, Rights Defenders, Mental Illness, Special Rapporteur, Human Rights

**Abstract:** Abstract: The Human Rights Triptych, consisting briefly of the U.N. Universal Declaration of Human Rights, at its center; guiding principles, declarations, and conventions on the right panel, and implementation measures on the left, can serve as guidelines for whistleblowers to engage in defending human rights and for states to protect them. Whereas whistleblowing generally refers to those in organizations exposing abuses, this article expands that notion to include unethical practices, in the helping and health professions broadly defined. By way of example, it pays attention to issues pertaining to the promotion of mental health/well-being. With the metaphor of saving victims downstream from a burning ship, this essay contends that whistleblowing, often comes too late. While important to save drowning victims, one must also put out the fire upstream. The whistleblower, referred interchangeably here as a human rights defender, ought to be concerned about ethics, which may be intuitive, but human rights documents elucidate. S/he must be on the lookout for proactive measures to promote mental health, rather than reactive measures alone. Defending human rights, thus is directly consistent with advanced generalist practice can take place at various levels of intervention; the metamacro, macro, mezzo, micro, and metamicro.

### Toward the Creation of a Human Rights Culture

The *Oxford Dictionary of Social Work and Social Care* defines whistleblowing as: “The action of someone in an organization who reveals abusive attitudes and/or practices that are taking or have taken place” (Harris and White, 2018, p.1). The Global Social Work Statement of Ethical Principles, furthermore, assert:

Social work is a practice-based profession and an academic discipline that facilitates social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, *human rights*, [emphasis added] collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. (2018, p.1)

This article argues, in brief, that human rights documents and discourse in general can serve as a theoretic, yet, practical foundation, to encourage and protect whistleblowers to promote social justice addressing, among other things, societal structures to enhance well-being.

In 1998 the U.N. General Assembly adopted the Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms known in brief and more commonly as The Declaration on the Rights of Human Rights Defenders (DRHD). In 2018 the 20<sup>th</sup> anniversary of that document, U.N. Special Rapporteur, Mr. Michel Frost (France) on the Rights of Human Rights Defenders (Office of High Commissioner of Human Rights, 2018) issued a concept note “Raising the visibility of human rights defenders on the occasion of the anniversary of the Declaration on human rights defenders” which states, among other things, “the Declaration has been increasingly under attack.... The vulnerability of the Declaration is also due to the lack of familiarity of many actors with it” (2018, p.1). Among such actors can be included those in the helping and health professions, social work in particular. Yet, it can be broadly defined to include professionals, paraprofessionals, actually anyone who is involved in the care of clients or patients, depending on the context, to promote their well-being both physical and mental, which are interrelated.

This essay then is largely to promote awareness of the DHRD, which provides a clear blueprint to protect those called whistleblowers, who ultimately are those who can also be called human rights defenders. Although whistleblowers most commonly are those that reveal abusive practices in organizations as the above definition suggests, this essay argues that organizations ought to be seen in the broadest sense to include professions, in this instance the helping and health professions, if not also social structures of society at large that hinder societal and individual well-being, thus violating human rights generally. By way of example, this essay will also discuss the 1991 U.N. document Protection of Persons with Mental Illness and for the Improvement of Mental Health Care (PPMI), and the 1990 U.N. Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees Against Torture, and Other Cruel, Inhuman, or Degrading Treatment or Punishment, referred to more commonly as the Principles of Medical Ethics (PME), which enunciate rather concretely, what these violations, (i.e. “abusive attitudes and practices” in the definition above) are in regard to those persons who have a mental “disability,” more accurately perhaps a mental “differing ability.” Those documents in brief, can provide a basis for defending human rights, more commonly referred to as whistleblowing, of people entrusted to the care of those in the helping and health professions.

This article will conclude by looking at implications of this discussion for advanced generalist practice social work/public health model of helping and health care (Wronka, 2017). Such a model calls for multi-pronged levels of intervention that are both proactive and reactive, urging the potential whistleblower who is ultimately a human rights defender, to have a vision, “the vision of the eagle,” as advocated by the great spiritual leader of the Lakota Sioux Crazy Horse (Ta’ Shunke Witko, 2018), himself an early human rights defender, to recognize and intervene in problems before they arise, thus also looking at structural issues.. Therefore, using the metaphor of saving people downstream from a ship on fire upstream, the whistleblower, must also be cognizant of the causes of social and individual malaises.

### The Human Rights Triptych

It is important to recognize initially where the DHRD, the PPMI, and PME fit into what has been called the Human Rights Triptych, which consists in brief of the Universal Declaration of Human Rights (UDHR), the authoritative definition of human rights standards at its center; guiding principles, declarations and conventions which elaborate upon the UDHR on the right panel; and implementation mechanisms on the left. This discussion should place those documents in context.

Briefly, then, the UDHR, a progeny of the U.N. Charter, is an historical-philosophical-religious compromise. It consists of five crucial notions: (1) human dignity in Article 1, reflecting substantively the Judeo-Christian-Islamic tradition; (2) non-discrimination in Article 2 on the basis of such characteristics as race, gender, national origin, or political opinion integral also to those traditions; (3) civil and political rights in Articles 2–21, such as freedoms of speech, the press, worship, and peaceful assembly reminiscent of the Age of Enlightenment; (4) economic, social, and cultural rights, in Articles 22–27 as rights to meaningful and gainful employment, rest and leisure, medical care, including thus mental health care, security in old age, social protections for the family as the fundamental unit of society, special protections for motherhood and children, education teaching tolerance and friendship, and participation in cultural life, evoking the Age of Industrialization; and (5) solidarity rights, reflecting the failure of domestic sovereignty to solve global problems, in Articles 28–30 calling for a “just social and international order,” intergovernmental cooperation, duties, and limitations of rights, which have given sustenance to rights to peace, a clean environment, humanitarian disaster relief, development, self-determination, global distributive justice, the preservation of the common and cultural heritages of humanity, like the oceans, space, and cultural and religious landmarks, and the promotion of

world citizenship (Wronka, 2017). That human rights are interdependent and indivisible is integral to human rights discourse. What, after all, is freedom of speech to a person who is homeless, lacking access to health care and lives in a world at war?

On the right there are nine major international conventions, which largely elaborate upon rights in the UDHR, considered treaties: Civil and Political Rights (ICCPR); Economic, Social, and Cultural Rights (ICESCR); the Elimination of Discrimination Against Women (CEDAW); the Elimination of All Forms of Racial Discrimination (CERD); the Rights of the Child (CRC); the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW); the Rights of Persons with Disabilities (CRPD); the Convention Against Torture (CAT) and the International Convention for the Protection of All Persons from Enforced Disappearances (CPAPED) (Wronka, 2017). Thus, the UDHR urges “special care and assistance” for motherhood and children (Article 25). CEDAW elaborates that such protections “should be accorded to mothers during a reasonable period before and after childbirth ... wherein working mothers should be accorded paid leave or leave with adequate social security benefits” (Article 10). The U.S.A., which is the primary focus of this article, has ratified ICCPR, CAT, CERD, which, according to the Supremacy Clause of the U.S. Constitution, Article VI, must because they have the status of international treaty, become “law of the land ... and the judges bound thereby” (Weissbrodt, Fionnuala, Fitzpatrick, and Newman, 2009).

Other documents, such as, in brief, the Principles for the Protection of Persons with Mental Illness (PPMI), Principles of Medical Ethics (PME), and the Declaration of Human Rights Defenders (DHRD), the foci of this article are also part of the right panel. Those are in addition to a plethora of others, including, but not limited to: Guiding Principles on Extreme Poverty and Human Rights, Declaration on the Rights of Indigenous Peoples, Declaration on the Rights of Peasants and the Genocide Convention. Regarding the former, the point is that they can inform debates as to what areas of human rights violations a whistle blower, more accurately to emphasize, a human rights defender (to be discussed further below), can provide meaningful participation to eradicate such violations and then how s/he can be protected, while doing so.

The left panel on implementation consists briefly: of the periodic filing of reports by countries roughly every five years on progress toward compliance with ratified documents; taking part in the Universal Periodic Review (UPR) where every U.N. member country’s human rights practices, which can be defined not only by conventions, but also, by declarations and guiding principles come before the Human Rights Council every four years; the appointing of special rapporteurs who report on select themes, such as on Human Rights Defenders (2018), eradication of extreme poverty (2017), privacy (2015), contemporary forms of

slavery (2014) and democracy and a just equitable order (2012)); world conferences, such as on: Climate Change (2017), Indigenous Peoples (2014), and Water (2013) generally with follow-ups every five years; and select countries' situations, such as by special rapporteur on extreme poverty Philip Alston on extreme poverty in the United States (2017). Regarding mental health in the United States, Philip Alston stated, *inter alia*:

Poverty, unemployment, social exclusion and loss of cultural identity also have significant mental health ramifications and often lead to a higher prevalence of substance abuse, domestic violence and alarmingly high suicide rates in indigenous communities, particularly among young people. Suicide is the second leading cause of death among American Indians and Alaska Natives aged between 10 and 34 (pp. 16-17).

The point of these implementation measures, ultimately, is a creative dialogue with member states, relevant U.N. bodies, and civil society, where positive aspects and select concerns are discussed openly, and hopefully, in a spirit of humility and dignified compromise, as the social activist, Mahatma Gandhi advocated should we desire a socially just world (Duha, 2018).

#### On the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (PPMI)

With this understanding of the PPMI seen within the context of the Human Rights Triptych it is important now to elucidate select themes of that document, which can serve as guiding principles, for the potential defender of human rights. Seeing whistleblowing thus as a human rights activity should also strengthen and give further credibility to the act of whistleblowing.

Select principles of the PPMI then, which the potential whistleblower, ought to be aware, include, but are not limited to, the following principles: (1) diagnoses should not be made on the basis of nonconformity with moral, social, cultural, political or religious beliefs prevailing in the person's community; (2) patients should be cared for as far as possible in the community which s/he lives; (3) treatment ought to be suited to the patient's cultural background; (4) medication should never be administered for the convenience of others or for punishment; (5) patients shall never be invited or induced to waive the right to informed consent; (6) treatment shall be based on an individually prescribed plan, discussed with the patient, reviewed regularly and revised as necessary; (7) disclosure of treatment

shall be in language understood by patients; (8) right to full respect in the facility; (9) practices, such as sterilization, forced and exploited labor are prohibited; (10) patients have the right to procedural safeguards; (11) criminal offenders shall receive the best available mental health care; and (12) standards must be in accordance with internationally accepted standards, such as the Principles of Medical Ethics, discussed below. To view the PPMI in its entirety go to: <http://www.un.org/documents/ga/res/46/a46r119.htm>

On the Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees Against Torture, and Other Cruel, Inhuman, or Degrading Treatment or Punishment (PME)

Here are select themes from the PME, which also ought to be considered as human rights violations worthy of defending.

Select human rights principles then include, but are not limited to: (1) protections for one's mental and physical health for those detained or not detained to be given equal status; (2) complicity in cruel, inhumane, or degrading punishment should not be active or passive; (3) the purpose of relationship with health personnel must be solely to evaluate, protect, or improve mental or physical health; (4) the interrogation and certification of prisoners or detainees must not adversely affect their mental or physical health; (5) detainment shall present no detriment to the mental or physical health of the prisoner; and (6) public emergency or any ground whatsoever shall not justify violation of these principles. To see the document in its entirety, go to:

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/MedicalEthics.aspx>

On the Declaration on the Right and Responsibility of Individuals, Groups, and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms (DHRD)

Should the human rights defender then wish to draw attention to violations of principles in the above document, s/he would obviously need protection. The DHRD has articulated rather well, such protections. It is extremely important to protect defenders as they can suffer mental anguish, if not physical abuse. as those in power to whom the actions are intended, often ostracize, if not shame them, for their actions. Indeed, throughout history the world has seen many suffer for their alleged "insolence," when all they were doing was speaking truth to power. The classic story is that of Socrates being forced to drink hemlock, which led to his death, only because he challenged the priests and judges, obviously viewed as an act of disobedience, to describe holiness and justice respectively. Also, because there are no protections, people may tend to exaggerate, as did the Pastor Samuel

Parris, during the time of the Salem Witch Trials. He suspected the victims of the alleged witches were faking, but provided testimony anyway, apparently, for fear of reprobation from the community almost literally “hell-bent” on a search and destroy mission of witches (Bednarski, 1970). Should there have been protections, outcomes would have been much different; Socrates’s life prolonged and lives saved from witch hunts. In modern times, Edward Snowden, who blew the whistle on the U.S. government’s breaching of privacy, thus defending this very important human right, was forced to seek haven in Russia for fear of retribution in the United States (Edward Snowden, Whistleblower, 2014; Snowden, 2019). Similarly, Wikileaks has faced reprisal for its leaking of extrajudicial killings in war time. Indeed, Chelsea Manning, who had handed over reportedly secret documents to them, had been ordered to go to jail for her unwillingness to testify against Wikileaks (Fortin, 2019).

As in the previous two documents, here are select themes of the DHRD, a document which should be better known in the helping and health professions, as Mr. Frost the Special Rapporteur had urged, on the 20<sup>th</sup> anniversary of that document. It should thus provide a good and solid framework to protect those who have the courage to speak out when noticing human rights violations.

Select principles of the DHRD are: (1) each State has the prime responsibility to protect and promote human rights and to create all conditions necessary in social, economic, political and other fields and legal guarantees to ensure that all persons have such rights; (2) all individuals (alone or in community with others etc.) have the right to peaceful assembly, to join and communicate with governmental and non-governmental organizations; (3) all individuals have the right to publish, impart and disseminate to others information about fundamental human rights and to draw attention to those matters; (4) all individuals can submit to governmental agencies criticism and proposals for improving their functioning and to draw attention to aspects that may hinder or impede the protection of human rights; (5) all individuals have the right to an effective remedy, such as prompt review in a public hearing before a competent authority and to receive redress and any compensation found forthcoming; (6) all individuals shall have unhindered access to international bodies; (7) the State shall conduct a prompt and impartial investigation if there is reasonable ground to believe a violation has occurred; (8) all professionals must comply with relevant national and international standards of occupational and professional ethics so as not to violate human dignity and rights; (9) the State shall protect the human rights defender against any violence, threats, retaliation, de facto or de jure adverse discrimination, pressure or any other arbitrary action as a consequence of his or her legitimate action; (10) the State shall provide and full and equal access to international documents, such as periodic reports; (11) lawyers, law enforcement, the armed forces and public officials shall

have appropriate elements of human rights teaching in their training; and (12) calling for international cooperation to combat mass fragrant and systemic violations resulting from apartheid, racial discrimination, colonialism or foreign domination. To view the document in its entirety go to:

<https://www.ohchr.org/Documents/Issues/Defenders/Declaration/declaration.pdf>

Briefly then, the human rights defender to promote mental health/well-being has a number of principles, often felt intuitively, but which the PPMI and the PME elucidate, that can serve as standards to draw attention to human rights violations, which actually are abuses as cited in the initial definition. Thus, by way of example, if an Indigenous person, an Inupiat, has a presenting problem of being excessively withdrawn and the treatment team urges assertiveness training, such a prescribed plan could be described as a kind of colonialism, mirroring a rather Eurocentric society, and antithetical to community ethics, such as the Inupiat value “to avoid conflict” as one of essential core ethical principles as adopted by the Inupiat Illitqusiatic movement (NANA.org, 2019, p. 1). Such a treatment plan would thus be antithetical to the fact that treatment ought to be suited to the patient’s cultural background, as asserted in point three in the PPMI as stated above, as well as, antithetical to point twelve of the DHRD above calling in brief for cooperation to combat violations resulting from foreign domination or colonialism. Also, the Medical Whistleblower Advocacy Network, citing in part mass shootings, has called attention to the relationship between some psychotropics (Zoloft, Prozac and Paxil) and suicide and homicide (2019). Needless to say, but the pharmaceutical industry is one of the most profitable industries since World War II, strongly suggesting the need to call attention to the abuses of a system that places a priority on narrow definitions of profit, rather than the fulfillment of fundamental rights, such as the right to life (Gil, 1992, 2013) Calling attention to these matters, among others, would mean that the state and the helping and health professions would need to protect rights defenders in ways that would not lead to violence, threats, retaliation, or any other arbitrary action as a consequence of action, as enunciated in the DHRD and mentioned in point nine above.

### Implications for Advanced Generalist Practice Social Work/Public Health

Roughly, the Advanced Generalist Practice Social Work/Public Health approach to eradicating social malaise and promoting mental health/well-being, calls for multi-pronged interventions. In brief, this approach advocates interventions from the meta-macro to the meta-micro levels. Keeping in mind then the metaphor of the burning ship upstream, the question might be what caused the fire in the first place. Was it global warming or climate disruption? The meta-macro is also called a global intervention in that it recognizes that the entire world



is interrelated and echoes the words of Dr. Martin Luther King: “Injustice anywhere is a threat to injustice everywhere. We are caught in an inescapable network of mutuality... Whatever affects one directly, affects all indirectly.” (King, 1963, p.1)

Thus, in regard to promoting mental health/well-being, helping and health professionals must be cognizant of global issues that may have led to social and individual malaises and intervene accordingly. An argument could be made therefore, that neoliberalism and populism has taken over the world, movements that are laudatory of free market capitalism, which necessitates a certain number of unemployed, thus violating principles of the Universal Declaration of Human Rights, as well as the U.N. Charter which calls, *inter alia*, on states to provide for “higher standards of living, full employment, and conditions of economic and social progress and development.”

Furthermore, such far right government leaders, indicative of this populism, such as Trump in the USA, Bolsonaro of Brazil, Duterte of the Philippines, and Modi of India ought to be called out for abuses of human rights, such as (respectively) the taking away of children from their parents at the US/Mexican border; the wanton development in the Amazon rainforest; the extrajudicial killings in the drug wars in the Philippines; and the urging of India to become a Hindu state. All those actions violate fundamental human rights principles, such as special protections of the family, rights to self-determination and a clean environment, the right to life, and the right to worship alone and in community with others.

Another case in point is that of violence and suicide, the ultimate manifestation of mental illness which can be seen as a function of hopelessness and failure to work can lead to despair and extreme poverty. In that regard then the helping and health professional would need to work toward implementing the U.N. Charter and the UDHR, which would have ramifications to combat neoliberalism and populism as indicated by the elected far right leaders discussed above. The relationship between unemployment, underemployment, lack of collective bargaining and violence as a case in point, has long been established (Gil, 1973; 1992). Indeed, the United States has experienced a rather long recession recently with declines in union membership and work as described by the United States delegation to the drafting committee of the Universal Declaration of Human Rights which they stated ought to be socially useful, contributing to the development of the union personality and increasing purchasing power (Wronka, 1998) Indeed then, it may be no coincidence that “Adults are increasingly dying ‘deaths of despair’ which the Center for Disease Control defines as those from drugs, alcohol, or suicide... that’s almost 2.5x the number in 2000” (cited in Ryan-Mosley, 2019, p.57). While not immediately apparent perhaps, the human rights defender, would need ultimately to blow the whistle and call their profession to

task for failure to have such a global vision. Indeed, only five percent of professional social work programs tend to have a global vision in them (Campanini, 2019).

The macro level of intervention, a whole population approach, might attempt to prevent mental illness by teaching children ways to cope with stress constructively, rather than resorting to drugs, if not despair. Professionals thus ought to play a major role in developing, if not teaching, such curriculum. An advanced generalist practitioner ought to be fully aware of the importance of such an intervention. Failure to provide for such an approach would be fodder for the human rights defender. The mezzo level calls for at-risk interventions, given that the aforementioned approaches may not have been successful. Generally, for instance, it is disruptive children that get referred for help, even perhaps given medication, not so much to help them, but rather for the convenience of others in violation of the PPMI. Here, too, the professional must be on the lookout for such violations and take constructive action as necessary.

The micro level calls for clinical interventions for individuals whose symptomology is fully blown and require counseling to deal with problems in their everyday lives, which appear to them as unsurmountable. Various clinical interventions are available ranging from play therapy, cognitive behavioral therapy, and/or insight oriented psychotherapy. In this regard the potential whistleblower ought to heed some of the principles of the PPMI, making sure that such clinical interventions, for example, are appropriate to a person's cultural background. The meta-micro speaks in essence to the healing powers of the everyday life and the importance of non-professional treatment modalities, such as alcoholic's, emotion's, and depression's anonymous. The principle of treatment in the "least restrictive environment" in the PPMI speaks in large measure to this level of intervention so that patients can have reasonable access to individuals, such as family members and friends, who can have a positive influence on them. Here, again, failure to abide by such a principle is grist for the professional to defend the patient's human rights.

In conclusion, seen within the context of the Human Rights Triptych, human rights documents, such as the U.N. Principles for the Protection of Persons with Mental Illness (PPMI) and the Document on Human Rights Defenders (DHRD) can serve as effective guidelines for the whistleblower and governments and other entities to protect them. Ultimately s/he is defending human rights, and in order to promote mental health and well-being, a major focus of this article, s/he ought to engage in multi-pronged interventions directly consistent with Advanced Generalist Practice Social Work/Public Health.

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