

Human Rights Advocacy and Us, the Next Generation of Public Health Leaders

Hanna E. Huffstetler, BA, Tamira Daniely, Meredith Dockery, Tsion Ghedamu, MSPH, Lenore Hango, BSPH, Ashley Huff, Victoria Matus, BA, Hannah Rice, BA, Sonam J. Shah, Sonam K. Shah, BA, Niharika Soni, and Caitlin R. Williams, MSPH

ABOUT THE AUTHORS

All authors are with the University of North Carolina at Chapel Hill.

See also Watts Isley et al., p. 63, and the Student Perspectives on COVID-19 section, pp. 62–87.

Health is a fundamental human right. As a collective of undergraduate and graduate students working to monitor human rights violations in public health responses to COVID-19, we have seen firsthand how vital human rights advocacy is to advancing the public's health. Through research and study, we have analyzed how human rights advocacy serves as a critical tool for documenting abuses, building coalitions, and mobilizing campaigns for action to prevent disease and promote health. In watching the pandemic exacerbate health inequities, restrict individual liberties, and threaten vulnerable populations, we believe it is essential to share what we have learned and call on others to join us in centering human rights in public health, both for this moment and beyond.

BUILDING ON THE WORK OF PAST GENERATIONS

Since the development of international declarations promoting human rights in the years following World War II, human

rights have been implemented across the globe to advance claims for health justice. Although not all countries have signed and ratified all human rights treaties (notably, the United States has not signed the International Covenant on Economic, Social and Cultural Rights, which formally enshrines the right to health), human rights advocacy has served as a powerful force for advancing health-related human rights. Today's health and human rights movement was built on a foundation of advocacy laid by generations of activists, including students, who came before us. This movement recognizes respect for human dignity as a necessary precondition for realizing health and understands public health and human rights as complementary pathways for promoting human well-being. Yet before the birth of this movement, public health and human rights were seen to be in tension, leading to harms against both health and human rights.¹

In the early years of the HIV/AIDS response, activists fought against public health policies that violated rights,

including named reporting, travel restrictions, and coercive isolation and quarantine. This early advocacy pressed policymakers to adopt measures that balanced both public health and human rights imperatives, opposing health injustice and laying the groundwork to see health and human rights as inextricably linked. In the years since, human rights advocates have gone on to advance a wide range of health determinants—including the recognition of the human rights to water and sanitation, the protection of sexual and reproductive health and rights, and the furthering of a rights-based approach to development—resulting in efforts to realize health and human rights through the United Nations' Sustainable Development Goals.²

THE CHALLENGES OF TODAY AND TOMORROW

Despite these developments, the world continues to grapple with rapidly evolving health challenges, and in the process, some governments have neglected human rights. The current public health landscape is colored by human rights violations in responding to COVID-19, highlighting the health harms of populist nationalism and raising an imperative for human rights advocacy. Our systems were inadequate and unequal before the pandemic, with deeply rooted economic and social inequity and inequality. These inequities are being exacerbated amid the crisis, resulting in public health harms that disproportionately affect marginalized communities.

In responding to the pandemic, governments are implementing policies that fail to realize health-related human rights and, in some cases, inciting direct human rights harms.³ For example, nationalist policies grounded in xenophobia have created a basis for discrimination against

people of Asian descent, migrants, and refugees. Systemic racism has created an environment in which racial and ethnic minorities face barriers to care and are at greater risk for COVID-19 exposure and subsequent morbidity and mortality. Some governments have used the pandemic as a means to entrench discrimination through attacks on marginalized groups, such as sexual and gender minorities, or attacks on specific health services, such as contraception and abortion.

COVID-19 has further placed tremendous strain on health systems across the globe and is compelling governments to make urgent and challenging decisions about how to safely continue essential health programming.⁴ Disruptions caused by the pandemic threaten to unravel years of progress at the intersection of public health and human rights, including work to address neglected tropical diseases⁵; efforts to combat the ongoing epidemics of HIV, tuberculosis, and malaria; and international policy negotiations to address climate change. As the next generation of public health leaders, today's students will play a vital role in catalyzing innovative solutions to existing problems while pressing ahead to face the future.

ADVOCACY AMID THE PANDEMIC

Because of the pandemic, health and human rights advocacy today looks different than before. Amid restrictions on physical organizing and outreach, many advocacy groups and organizations have adapted in unique and creative ways. In the absence of exclusionary physical spaces, it is easier than ever to become involved in public health policymaking. Getting and staying informed is a key first step. From there,

documenting and reporting human rights abuses remains critical. For example, our team is monitoring human rights violations in domestic public health responses to COVID-19, with the goal of supporting future research and advocacy to mitigate human rights harms in the context of public health emergencies. Online advocacy and digital organizing are essential tools for translating such monitoring efforts into policy change as well as forming and mobilizing coalitions. Advocacy organizations also need financial and in-kind support to sustain the work they do in raising awareness and building support for health and human rights causes.

As engaged advocates, we can urge policymakers to act on key issues. Our team has done this by participating in social media campaigns, marching, signing petitions, and developing written communications directed at key political and university leaders. We urge advocates to continue to center the experiences of those most marginalized and affected while applying a trauma-informed approach.⁶

This advocacy can be mentally, emotionally, and physically demanding. It is critical that student advocates strike a balance between fighting for rights and attending to our own personal well-being. Burnout is a real and present threat, with unaddressed primary and secondary trauma contributing to hopelessness and depression.⁷ Doing what we can to eat well, stay active, get enough rest, and maintain healthy relationships will help sustain us and support our long careers to realize justice in public health through human rights.

CONCLUSIONS

Building a brighter and healthier future will take all of us. Drawing from the

efforts of those who came before us, our generation must become human rights advocates to achieve the promise of health for all. The COVID-19 pandemic has provided an important opportunity to cultivate a practice of human rights advocacy, but these skills will serve us beyond the current moment and remain important for the rest of our lives. Our advocacy may look different from that of previous generations, but these innovative methods provide powerful tools for effecting change in public health. We hope this editorial serves as an invitation to other students to join us in the struggle for justice in health. We need the fire of all the visionaries, revolutionaries, and radical dreamers to fuel this movement and realize a future for health and human rights. *AJPH*

CORRESPONDENCE

Correspondence should be sent to Hanna E. Huffstetler, Graduate Research Assistant, University of North Carolina at Chapel Hill, Gillings School of Global Public Health, 135 Dauer Dr, Chapel Hill, North Carolina 27514 (e-mail: hhuffste@live.unc.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

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