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COMMENTARY

Freedom Dreaming: On "Emerging Frameworks of Health and Human Rights"

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Lynn P. Freedman conceptualized human rights as being rooted in a rejection of the imposition of the will of any one person or group over another. In her paper "Reflections on Emerging Frameworks of Health and Human Rights," published in this journal 30 years ago, she connects health and human rights by viewing both through the lens of advocacy—an activity she views as inherently subversive in how it requires the active challenging of sociopolitical norms that both produce and sustain ill health.[1]

Advocacy is a core component of the work of human rights activists, but what role does advocacy play in the fields of public health and medicine? How do we do the work of dismantling the systems of power that continue to protect the rights of some at the expense of others?

The reproductive justice movement has grown significantly in the three decades since Freedman's article was published. Reproductive justice understands that individual autonomy is in reality not determined by individual predisposition; therefore, the reproductive justice movement seeks to center the experiences of people who have been pushed to the margins and to uncover and dismantle the systems and structures that inhibit and prohibit access to the conditions necessary for equal opportunity to a life of dignity in relation to sexual and reproductive rights.

Key to the foundational framework of the reproductive justice movement is the idea of intersectionality—a demand for continuous analysis of the power asymmetries that produce certain conditions of privilege and systemic exclusion. Factors such as racism, ethnic and caste systems, marital status, migration status, socioeconomic status, sexual orientation, and gender identity and expression are examples of how one's locality determines who is seen as credible and entitled to pronounce on matters such as fertility control, access to contraception, abortion care, and the right to make decisions about one's own body. The freedoms and entitlements as defined under the right to health embrace autonomy as a central principle. However, far too often, state power is executed in ways that erase international human rights laws and accountability mechanisms both within countries and through foreign policy when states provide health aid.

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These realities play out in subnational, national, and international economic and political theaters, with powerful actors such as elite philanthro-capitalists—each with different priority areas—often not speaking to the reality of the people they seek to help.

The emboldened rise of those who oppose the human right to autonomy—the so-called pro-life movement—has resulted in constant assaults on reproductive rights, such as, in the United States, the withdrawal of funding for nonprofits that provide reproductive health care, the "heartbeat" abortion ban, and the mifepristone case. But perhaps the greatest retrogression to the reproductive justice movement yet has been the political environment that enabled the overturning of *Roe v. Wade* in the 2022 *Dobbs v. Jackson Women's Health Organization* decision. These actions are a form of structural violence, as they are enforced and endorsed by the state through the courts and have a disproportionate impact on people from certain races and income levels.

Freedman, 30 years ago, saw the goal of the reproductive rights movement to be to change "whose point of view, whose values, whose experience, [and] whose choices" control reproduction, viewing the battleground of reproduction as a tool of political projects and a weapon of the war of identity politics. Nowhere is this more obvious than in the decades-long crusade to overturn *Roe v. Wade*.

Access to safe and legal abortion is essential not only for approaching gender equality but for erasing racial and ethnic inequities. Restrictions on abortion lead to preventable mortality and morbidity, particularly among those who lack access to quality health care. The *Dobbs* decision disproportionately harms poor, non-white women and non-binary individuals.[2] It also sets a dangerous precedent for human rights protections, signaling a regression in the recognition of fundamental rights and freedoms, and emboldens efforts to erode protections for people pushed to the margins, including LGBTQ+ people, people with disabilities, and racially minoritized groups. In the wake of *Dobbs*, other cases have followed that have pointed to the sociopolitical stakes of major policy actors. In the US state of Alabama, for example, the state supreme court ruled that embryos can be considered people under the law, kicking up a national debate about the ruling's implications for fertility treatments such as in vitro fertilization.[3] This has left many representatives of the conservative right scrambling to find a way to protect the in vitro fertilization procedure, one that has historically been accessed by those of financial means.[4] This necessitates an interrogation of whose rights are being prioritized over whose, and of the ways in which reproduction continues to be a political battleground.

Joseph Amon, in his editorial for the December 2023 issue of *Health and Human Rights*, writes that "certain rights are emphasized while others are ignored or even denied."[5] This is evident not only in the arena of reproductive rights but more broadly in the context of ongoing human rights violations in international conflicts. The conflict between Israel and Palestine is a key example and has had long-lasting implications for human rights. The ongoing fighting in Gaza has drawn international concern due not only to the direct violence being inflicted on innocent civilians but to the severe restrictions on the movement of people and goods. Food, water, and shelter have all been made inaccessible, as have essential services such as schools and medical establishments, violating the most basic human rights, including the right to life, the right to freedom of movement, the right to adequate housing, the right to health, the right to education, and the right to work.

The health care system in Gaza also faces significant challenges, having reached crisis shortages of supplies and personnel. Such violence can be understood only in the framework of the uneven application of human rights. Again, whose rights matter? Discourse about Palestinians has historically treated Palestinians as almost subhuman or even non-human, effectively making the human rights paradigm inapplicable to them. This stripping of Palestinian human rights happens not only in discourse but in state-sanctioned and state-sponsored violence. This prompts us as people in the health and medical fields to ask ourselves, What systems and

structures do we have to act, meaningfully, as a field? The international community as a whole, including nation-states and civil society organizations, must work together to uphold international humanitarian law and human rights standards and to alleviate the suffering of innocent civilians in Gaza.

South Africa offers us an opportunity to learn from the violence on autonomy in the context of an apartheid regime and efforts toward resolution after its dissolution. Apartheid, the institutionalized regime of racial segregation and discrimination that lasted from 1948 to 1994, remains one of the most egregious violations of human rights in modern history. Founded on the ideology of white supremacy, apartheid systematically dehumanized Black South Africans and enforced harsh racial segregation laws, institutionalizing discrimination in all aspects of life, including housing, education, health care, employment, and public amenities. The apartheid state sponsored the forced removal of millions of Black South Africans from their homes and communities and implemented a series of laws, such as the Group Areas Act and the Native Land Act, aimed at forcibly relocating them to designated areas known as "homelands" or "townships," which made up only 13% of the country's land yet housed 80% of its population.[6] These forced removals resulted in the destruction of vibrant communities, the loss of livelihoods, and the dispossession of ancestral lands, perpetuating lasting cycles of poverty and marginalization.

Pass laws and the Suppression of Communism Act sought to control Black South Africans' movement and activities by requiring them to carry identification documents—known as "passes"—at all times, violating their right to freedom of movement. These South Africans were not allowed to participate in the country's political life, and they were prohibited from performing mass gatherings. Brutal tactics, including arbitrary arrests, torture, and extrajudicial killings, were used to suppress dissent and maintain the status quo. Although apartheid officially ended in 1994, its legacy continues to reverberate in the sociopolitical fabric of the country, and we can learn from South Africa's efforts at justice and redress.

The country's Truth and Reconciliation Commission (TRC), established in 1995, was built to gather evidence and uncover information from both victims and perpetrators, rather than prosecuting individuals for past crimes. The TRC faced a number of challenges, including a lack of political support among all parties to the conflict, and noncooperation from the highest level of military command. In addition, the TRC's key weakness was its failure to examine the policies and political economy of apartheid. Therefore, the impact of Apartheid's policies was not sufficiently examined. Perpetrators, or the "trigger pullers," were the focal point of accountability efforts, while those who benefited from apartheid evaded responsibility through the TRC's efforts.

In a world where justice evades and multiple crises continue to rage, we are reminded that the slogan "leave no one behind" rings hollow for millions around the world. These millions of people who suffered from colonialism and racism are still reeling under the crushing weight of what is their daily lives, and they have a right to remedies and reparations.

In the context of a global system of governance predicated on deeply unequal hierarchies, the importance of human life has been based on a person's race, gender, sexuality, ability, religion, age, and wealth, to name a few. In fulfilling my mandate as United Nations Special Rapporteur on the right to health, I use an anti-racist, anti-colonial analysis and employ intersectional frameworks to advocate for substantive equality to achieve health equity and the highest attainable standard of the enjoyment of the right to physical and mental health for all.

Inspired by Lynn P. Freedman in my work as a medical doctor, I see clearly the intersection of medicine and law, viewing my practice of medicine in itself as a way of defending the human rights of those affected by structural inequalities and those experiencing intersectional and multiple forms of discrimination.

I believe that intersectionality is the bridge to justice. We are not inherently vulnerable—situations of injustice are what make us vulnerable. To

correct that, we have to be committed to ending the systems of oppression that create those situations. This can be done only through an unwavering commitment to social justice, reproductive justice, economic justice, and racial justice. And the tools we have to get to justice are human rights.

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