

Advocating for global health rights takes courage

Internship report by Adrienne Walters

In around August 2012, I received an email alerting me to the Castan Centre for Human Rights Law Global Internship program. By November 2012, I found myself transposed from the slowness and oppressive heat of Darwin just before the wet season, to the chaos, passion and cold of Delhi's winter to spend three months working with the United Nations Special Rapporteur on the Right to Health, Mr Anand Grover.

Mr Grover is an impressive but humble man, managing to do the work of three highly skilled and experienced people. In addition to his Special Rapporteur role, Mr Grover is the Director of Lawyers Collective, a not-for-profit legal centre that he co-founded in 1981 to provide legal assistance to marginalised and disadvantaged sectors of Indian society. He also maintains his own practice as a Senior Counsel, regularly appearing in superior courts around India.

In his capacity as Special Rapporteur, Mr Grover does not shy away from controversy. The role of Special Rapporteur provides space for fierce criticism that is not always possible within United Nations agencies. Each Special Rapporteur is appointed by the UN, but works independently of the UN and does not receive an income from the UN. Mr Grover has embraced his independent but high profile role since his appointment in 2008, tackling a range of issues that are divisive in many countries, including the criminalisation of abortion, sex work, same-sex consensual relationships and barriers to accessing medicines caused by patenting regimes.

In my role assisting Mr Grover as the Special Rapporteur, I worked on a range of health-related issues, including reproductive and sexual health rights, the criminalisation of homosexuality, discriminatory treatment of minority groups in the provision of underlying social determinants of health, the disclosure of health information without consent and the impact of free trade agreements on access to medicines. I drafted Urgent Appeals to governments after receiving complaints about a range of right to health violations from individuals or non-government organisations. I prepared speeches on the adverse consequences on women's sexual and reproductive health rights caused by the criminalisation of abortion and on the relationship between the right to health and sustainable development. I also provided feedback on a report arising from a project in Mumbai aimed at reframing the health system response to sexual assault victims towards a more rights-based approach.

A key aspect of my role was to assist Mr Grover's two talented research assistants with the drafting and editing of three reports for the UN General Assembly and the UN Human Rights Council. One report examined right to health concerns arising from the Japanese Government's response to the Fukushima nuclear disaster in 2011. These related to the coordination of evacuation orders, setting of safe radiation exposure limits, long term testing of children for radiation-related illnesses, planning for decontamination activities and access to compensation. I was surprised to learn that the human health effects of exposure to low-dose radiation are still largely unknown, imposing an obligation on the Japanese Government to

monitor the long-term health of those exposed to radiation, particularly children.

The second report examined barriers to affordable medicines. This report did not focus on barriers caused by patent laws, as Mr Grover had previously reported on this issue. Rather, issues relating to local production, registration, medicine pricing, procurement, distribution and medicine quality were examined.



Adrienne enjoying some of the local cuisine

The third report focused on right to health violations experienced by low-skilled migrant workers, particularly those deemed "irregular". Despite negative public perception, these migrant workers often commence the migration process in a relatively healthy state. The report focused on the complexity of circumstances and experiences confronted during the migration process, including xenophobia in host states, which result in many migrants experiencing poor health outcomes. The report highlights the fact that migrant workers are relied upon in industries that are associated with high occupational risk and inadequate regulation, such as construction and sex work, and are often systematically exploited and abused by recruitment agencies and employers.

It was a great honour to work with Mr Grover in his capacity as Special Rapporteur. I felt particularly fortunate to be based in the Delhi office of the Lawyers Collective, and I was privileged to also engage with Lawyers Collective's Women's Rights Initiative, who were collating a report on the impact of India's domestic violence laws, which were introduced in 2005. During my time in India, a brutal gang rape in December 2012 sparked unprecedented outrage and protest about gender inequality and sexual violence towards women in India, with calls for changes to sexual assault laws and court procedures, greater police accountability and better security for women on public transport. The Women's Rights Initiative was a key stakeholder in an inquiry that led to a 600-page report, and while many of their recommendations were ignored, the recent passing of new laws in India represents a small step towards greater gender equality.

I would like to thank Mr Grover and his Special Rapporteur team, the staff at Lawyers Collective, Monash University and the team at the Castan Centre for the opportunity to undertake this internship.