

Interview - Lawrence Gostin

Written by E-International Relations

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E-INTERNATIONAL RELATIONS, MAY 12 2016

Lawrence O. Gostin is University Professor at Georgetown University, where he directs the O'Neill Institute for National and Global Health Law and was the Founding O'Neill Chair in Global health Law. He is Professor of Medicine at Georgetown University, Professor of Public Health at the Johns Hopkins University, and Director of the Center for Law & the Public's Health at Johns Hopkins and Georgetown Universities.

Professor Gostin is the Director of the World Health Organization Collaborating Center on Public Health Law & Human Rights. He also serves on the WHO Director-General's Advisory Committee on Reforming the World Health Organisation. Besides holding numerous numerous international academic professorial appointments, Professor Gostin too holds numerous editorial appointments in leading academic journals throughout the world. He is the Health Law and Ethic Editor, Contributing Writer, and Columnist for the *Journal of the American Medical Association*. He is also Founding Editor-in-Chief of *Laws*, and was formally the Editor-in-Chief of the *Journal of Law, Medicine and Ethics*.

Where do you see the most significant research occurring about the global impact of epidemics like Ebola and outbreaks like the Zika virus?

There was so much we didn't know when Zika and Ebola hit: no good diagnostic tests, no good treatments, and no vaccines. And core health system capabilities were lacking such as surveillance, laboratories, and personal protective equipment. For Zika, we lacked understanding of the link between the virus and adult and fetal neurological abnormalities. Most of this was due to lack of research and development. The main reasons for lack of investment and interest from pharmaceutical companies and government was that the incentives weren't in place. These were episodic outbreaks that were unpredictable with uncertain markets and health impacts. We need to reshape the incentives for research and development for potential emerging diseases.

How has the way you understand the landscape of international public health changed over time, and what (or who) prompted the most significant shifts in your thinking?

I wrote an autobiographical article entitled, *From a Civil Libertarian to a Sanitarian*. It takes my journey from the Legal Director of the National Association of Mental Health in the UK and the head of the UK's civil liberties union (National Council of Civil Liberties) through to my transformation first to AIDS, then public health, and now global health. Why the transformation? The main reason is that global health aligns much more with my core passions—health with justice. Global health impacts many more people than domestic concerns and there are vast injustices and health inequalities between the rich and poor within and among countries.

The international response to Ebola has been widely criticized as being slow and insufficient. Do you think we have overcome those problems in addressing the Zika virus outbreak?

We are doing better, particularly the World Health Organization. WHO quickly declared a public health emergency of international concern and has been deeply engaged. But the Achilles flaw for both Ebola and now Zika is the absence of adequate funding. In the US, Congress has refused to appropriate President Obama's supplemental budget request for Zika, which is a mistake with deep political and moral dimensions. In my testimony before

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Congress, I said there would be a high price to pay when women holding their babies born with microcephaly appear before Congress. And WHO has done no better with its financial mobilization. So again we are way behind the curve, and we will pay a price in human health and wellbeing.

How do you think the Zika virus will affect Latin American lives and economies, especially with the growing concern of athletes and spectators about the coming Olympics in Brazil?

Historically, countries in the midst of epidemics experience major losses in GDP. For Brazil, already teetering on the economic edge, the loss of economic productivity will be high, probably a loss of over 5% of GDP or more. The Olympics are a problem for Brazil economically, with loss of tourism and loss of reputation. But the Olympics will have an amplifying effect as travellers return home infected with the Zika virus.

Do you think the way Ebola was – and Zika now is – covered by the media aids relief efforts? Would you change any aspect of media coverage about Ebola and now, Zika?

The media hasn't done a good job with either disease. They have fanned the flames of fear, which could lead to overreaction. But they haven't shown what we can do to protect ourselves and the cost of doing so. In short, it has given politicians a free pass. The political class often either under or over-reacts to health hazards. An example is the length of time the US took to allocate funding for Ebola, which was spinning out of control in West Africa. And now, Congress is entirely refusing to authorize funding for Zika. For over-reaction, consider the destructive quarantines introduced in the states during Ebola. In these cases and many more the press simply fails to hold them to account.

What are your thoughts on the economic, political and religious significance of Zika affecting mostly women and their children (as opposed to MERS or Ebola, which can affect anyone)? Does this change the international approach to Zika relief efforts?

I said there was a deep moral dimension to Zika. There are several reasons for this. First, there is deep injustice as Zika disproportionately impacts the poor, particularly impoverished women. The poor don't always have screens for their windows and air conditioning that can protect them. And they live in neighborhoods with more garbage that provide breeding sources for Aedes species mosquitos. Second, Zika will affect the next generation of infants and children. There is nothing that instills dread in women and families more than the prospect of a baby with severe developmental disabilities. Third, while many governments advise women to postpone pregnancy, they also don't give women affordable access to reproductive services, such as contraceptives and safe early term abortions. This is particularly true in Latin America where there is a restrictive culture and laws inhibiting reproductive freedoms and rights.

Would you characterize the role of groups like Medecins Sans Frontieres in combatting epidemics the equivalent of a much-needed international standing “reserve” of healthcare professionals?

Yes, but it is entirely unfair to make MSF responsible and give them that burden. All the global health commissions have recommended a Global Health Workforce Reserve under the umbrella of WHO, and I support that strongly.

What is the most important advice you could give to young scholars of global health law?

I would advise them to have passion for reform and compassion for the poor. And fierce advocacy for the public's health, with particular attention to the most marginalized populations.

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This interview was conducted by Atrin Toussi. Atrin is an Associate Features Editor at E-IR.