

Politics of International Health

STIA 445

Fall 2005

Wednesdays, 5:15-8:05 pm,

Walsh 498

Professor Lance Gable

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This class will explore the politics of international health. The world is becoming increasingly inter-related; trade relationships are becoming stronger and more intertwined, and travel between nations is fast and easy. The international movement of people and goods across national borders makes the emergence or re-emergence of infectious disease in one country of great importance to its region and the world community. Yet, traditional conceptions of state sovereignty can limit the ability of international organizations and foreign states to intervene.

Health threats can destabilize countries internally (for example, Stephen Lewis, the UN Special Envoy for HIV/AIDS in Africa, has stated that he “wouldn’t discount the possibility, ten to fifteen years down the road, of failed states” as a result of HIV/AIDS) and can strain international relations. States often have powerful political and economic incentives to hide emerging diseases or downplay their importance. On the other hand, providing international assistance for public health disasters can strengthen international institutions and diplomatic relationships, increase stability, and save lives. This class examines international and national structures, relationships, and mechanisms that influence global health.

Course specifics:

Class discussions showing rigorous thought and an informed understanding of the subject matter will be an integral part of the learning process. Please read all of the assigned materials before class to facilitate discussions. Readings marked as optional are not required for class, but students are encouraged to read them for additional information and context. All students will be expected to actively participate in class discussions.

This class will require a **20-page term paper**. Dates for submission of a thesis proposal, outline of the paper topic, and the paper are set forth in the syllabus below. Please review these various dates and requirements concerning the paper writing process. Students will be expected to meet all deadlines.

Students will make a **presentation** in class on a subject related to the politics of international health, which may also be the subject of the student’s paper prepared for the course. Presentations should be thoughtful and well prepared.

Students will be assigned to work with one another as **student peers** during the course of the writing process. Student peers should assist each other with the research and thought processes of their paper topics and be prepared to offer commentary on their assigned peer’s presentation.

Attendance for all classes is strongly encouraged. Students *must* attend classes in which they are presenting or serving as student peers. Each week, students will be asked to submit short written reactions to a question related to the readings.

The **grade** for the course will be based on: class participation (15%), your presentation (20%), your role as a student peer (10%), short reactions to the readings (20%), and the final paper (35%). Class participation will be assessed on a qualitative rather than quantitative basis.

I want to be fully available to help students whenever they need assistance with the content and reading in the class, as well as with the research and writing process. I will hold office hours on Wednesdays from 3:00-5:00 PM at a location to be determined. I am also available to students by appointment. I will be available after each class to answer any questions. My office at Georgetown University Law Center is room 5028 in the Hotung Bldg. (550 New Jersey Ave.). My office telephone number is (202) 662-9281. You can also reach me via e-mail: gable1@law.georgetown.edu.

Class 1: Introduction to Public Health Globalization and Governance (August 31, 2005)

The level of health in a community, society, nation, or the world is a political question; it depends on the amount of resources devoted to prevention and care, and the laws and policies a society (or the international community) is willing to adopt. This class will introduce the major concepts and concerns in public health and the tensions inherent in local and international health policy.

WHO definition of health: <http://www.who.int/about/definition/en>

WHO, THE WORLD HEALTH REPORT 2003 (Chp. 1): <http://www.who.int/entity/whr/2003/chapter1/en>

Allyn L. Taylor, *Governing the Globalization of Public Health*, J. L. MED. & ETHICS (2004).

Derek Yach and Douglas Bettcher, *The Globalization of Public Health I: Threats and Opportunities*, 88 AM. J. PUBLIC HEALTH 735 (1998).

Derek Yach and Douglas Bettcher, *The Globalization of Public Health II: The Convergence of Self-Interest and Altruism*, 88 AM. J. PUBLIC HEALTH 738 (1998).

Class 2: Determinants of Health, Part 1: Economic, Political, and Social Norms (September 7, 2005)

A multitude of determinants affect the health of populations. Economic conditions and political decisions impact health care, services, and outcomes. Social norms influence how societies understand and protect health. This class will examine how these determinants may bolster or undermine health conditions in the population.

Paul Farmer, *Social Inequalities and Emerging Infectious Diseases*, 2 Emerging Infectious Diseases 259 (1996).

Gerard F. Anderson, et al., *Health Spending in the United States and the Rest of the Industrialized World*, 24 Health Affairs 903 (2005).

Milt and Ruth Roemer, *Global Health, National Development, and the Role of Government*, 80 Am. J. Public Health 1188, Oct. 1990.

Michael Marmot, *Social Determinants of Health Inequalities*, 365 Lancet 1099 (2005).

J.P. Ruger, *Democracy and Health*, 98 QJM 299 (2005).

Lynch J, Smith GD, Harper S, Hillemeier M, Ross N, Kaplan GA, Wolfson M. *Is Income Inequality a Determinant of Population Health? Part 1. A Systematic Review*. Milbank Quarterly 82 (2004).

Class 3: Determinants of Health, Part 2: Religious and Cultural Values, Demographics, and Health (September 14, 2005)

Cultural and religious values have significant impact on the acceptability of and support for government health policies and individual health practices and decisions. In addition, changing demographic brought about by economic and scientific changes affect the health of populations and the political decisions made about providing health services.

Lesley Stone, Lance Gable, and Tara Gingerich, *The Global Impact of Religion and Health*, in *When the Right to Health and the Right to Religion Conflict: A Human Rights Analysis*, 12 MSU J Int'l Law 247 (2004), excerpts.

Daniel A. Salmon et al., *Health Consequences to Religious and Philosophical Exemptions to Vaccination Laws*, 281 JAMA 47 (1999).

James Colgrove and Ron Bayer, *Could It Happen Here? Vaccine Risk Controversies and the Specter of Derailment*, 24 Health Affairs 729 (2005).

Harold Lentzer and Elsie Pamuk, *Health Consequences of Population Changes in Asia: What are the Issues?*, Asian MetaCenter Research Paper Series No. 6, July 2002.

Garrett Hardin, *The Tragedy of the Commons*, 162 Science 1243 (1968).

Class 4: Health as a Human Right (September 21, 2005)

Special Guest Speaker: Javier Vasquez, Human Rights Lawyer, Pan American Health Organization
*** Paper topics are due.**

Major international treaties protect human rights and include provisions on the right to health and the right to benefit from scientific advancement. This class will examine the international human rights framework and the effect it has on achieving health theoretically and practically. We will also discuss the mechanisms in place to enforce human rights and their effectiveness.

Charter of the United Nations: <http://www.un.org/aboutun/charter/>

CESCR, *General Comment 14: The Right to the Highest Attainable Standard of Health*:
[http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En?OpenDocument)

Lesley Stone, et al., *The Right to Health for Individuals and Populations: A Right in Search of Systematic Meaning*. DRAFT – DO NOT REPRODUCE OR CITE WITHOUT PERMISSION OF AUTHOR.

Alicia Ely Yamin, *The Right to Health Under International Law and Its Relevance to the United States*, 95 AM. J. PUB. HEALTH 1156 (2005).

Jonathan M. Mann, *Medicine and Public Health, Ethics and Human Rights*, HASTINGS CENTER REPORT, May/June 1997.

Lawrence Gostin, *Beyond Moral Claims: A Human Rights Approach in Mental Health*, 10 CAMBRIDGE QUARTERLY OF HEALTHCARE ETHICS 264 (2001).

OPTIONAL READING:

Covenant on Civil and Political Rights: <http://www.hrweb.org/legal/cpr.html>

Covenant on Economic, Social, and Cultural Rights:
http://www.unhchr.ch/html/menu3/b/a_ceschr.htm

Class 5: Transnational Law and Health Governance (September 28, 2005)

International legal documents and governing bodies address the right to health in a variety of texts and contexts, but with mixed efficacy. This class examines the international legal framework, with a focus on the history, organizational structure, powers, and major projects of the World Health Organization.

Ilona Kickbusch, *The Development of International Health Policies—Accountability Intact?* 51 SOC. SCI. & MED. 979 (2000).

Laurie Garrett, *A Snail-Like WHO Needs a Shakeup*, LOS ANGELES TIMES, May 25, 2005.

Lawrence Gostin, *The International Health Regulations and Beyond*, 4 LANCET 606 (2004).

Gregory F. Jacob, *Without Reservation*, 5 CHI. J. INT'L L. 287 (2004).

Jennifer Prah, *What Will the New World Bank Head do for Global Health?* 365 LANCET 1837 (2005).

OPTIONAL READING: *Selections from Gian Luca Burci and Claude-Henri Vignes*, WORLD HEALTH ORGANIZATION, Kluwer Law International (2004).

Class 6: Impact of International Trade on Health (October 5, 2005)

Special Guest Speaker: Professor Robert Stumberg, Georgetown University Law Center

International trade opens markets up to potentially harmful goods or services (such as tobacco or alcohol) and trade treaties often require change to national policies (including health policies) that are deemed to be trade barriers. This class examines how international trade directly and indirectly affects health through intellectual property law, anti-protectionist policies, and globalization.

Ellen R. Shaffer, et al., *Global Trade and Public Health*, 95 AM. J. PUB. HEALTH 192 (2005).

Richard Feachem, *Globalization is Good for Your Health, Mostly*, 323 BRITISH MED. J. 504 (2001).

Phillipe Cullet, *Patents and Medicines: The Relationship between TRIPS and the Human Right to Health*, 79 INT'L AFFAIRS 139 (2003)

Class 7: The Influence of National Health Agencies and Non-governmental Organizations (NGOs) on Health Policy (October 12, 2005)

This class will examine the influence of National Health Agencies and NGOs on health. National Health Agencies have enormous influence over health policy in their countries. We will discuss the powers and infrastructure of these agencies as well as issues related to sovereignty, regulation, and health outcomes. NGOs interact in significant ways with national governments to produce and implement health policies. We will examine the influence of NGOs on government decisions; the role funders play in international health policies; and the effect of ideological motivation on health policy.

Selections from Andrew Green and Ann Matthias, NON-GOVERNMENTAL ORGANIZATIONS AND HEALTH IN DEVELOPING COUNTRIES.

Too Much Help, 69 CANADA & THE WORLD BACKGROUNDER 30 (2003).

Mark DeHaven, et al., *Health Programs in Faith-Based Organizations: Are They Effective?* 94 AM. J. PUB. HEALTH 1030 (2004).

Editorial, *Bill Gates: A 21st Century Robin Hood?* 365 LANCET 911 (2005).

Bill Powell, et al., *After the Flood*, TIME, Jan. 10, 2005.

HANDOUT: Non-governmental organizations working with health

Class 8: Emerging Infectious Diseases and the HIV/AIDS Epidemic (October 19, 2005)
Special Guest Speaker: Rudolf V. Van Puymbroeck, Lead Counsel, Public Health and HIV/AIDS, The World Bank

The taboo nature of the activities (sexual behavior and intravenous drug use) that spread HIV/AIDS has led to widespread denial of its existence by some governments and communities, especially in developing countries. This, combined with apathy and “funder burnout” on the part of the world community, has fueled the spread of the disease. This class will examine the impact of the HIV/AIDS epidemic around the world, as well as tensions between proven harm reduction strategies (such as condom promotion and needle-exchange programs) and policies based on religious or moral beliefs. These tensions continue to hamper effective interventions.

Infectious diseases are among the leading causes of death and disability worldwide. This class will also examine the drastic impact an influenza, SARS, or Ebola pandemic would have on the world, and how governments can prepare for such an epidemiological disaster. We will also analyze the profoundly different approaches taken to respond to different disease threats.

Lawrence Gostin, *The Global Reach of HIV/AIDS: Science, Politics, Economics, and Research*, in THE AIDS PANDEMIC: COMPLACENCY, INJUSTICE, AND UNFULFILLED EXPECTATIONS (2003).

Laurie Garrett, *The Lessons of HIV/AIDS*, FOREIGN AFFAIRS, July/August 2005, 51.

David Fidler, *Fighting the Axis of Illness: HIV/AIDS, Human Rights, and US Foreign Policy*, 17 Harvard Human Rights J. 100 (2004).

David M. Morens, Gregory K. Folkers & Anthony S. Fauci, *The Challenge of Emerging and Re-emerging Infectious Diseases*, 430 NATURE 242 (2004).

David P. Fidler, *The Return of “Microbialpolitik,”* FOREIGN POLICY (2001).

André-Jacques Neusy, *Pandemic Politics*, FOREIGN POLICY (2004).

Michael T. Osterholm, *Preparing for the Next Pandemic*, FOREIGN AFFAIRS, July/August 2005.

Sharon LaFraniere and Denise Grady, *Stalking a Deadly Virus; Battling a Town’s Fears*, NEW YORK TIMES, April 17, 2005, A1.

John Paluzzi and Paul Farmer, *A Tale of Two Viruses: Social Responses to AIDS and SARS*, 10 BROWN J. WORLD AFFAIRS 199 (2004).

OPTIONAL READINGS:

UNAIDS, 2004 REPORT ON THE GLOBAL AIDS EPIDEMIC (Chp. 2 and 3):
http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_00_en.htm

Helen Epstein, *God and the Fight Against AIDS*, NEW YORK REV. BOOKS, Apr. 28, 2005.

Class 9: Chronic Disease and the Regulation of Health Behaviors (October 26, 2005)

*** Thesis Statements Due**

Chronic diseases comprise an increasing threat to global health. Traditionally, the effects of chronic disease were thought to be important only in affluent countries—the reality is that their prevalence continues to grow all over the world. The policy responses to chronic diseases are necessarily different from infectious conditions, and often involve the use of law and policy to regulate health behaviors. Government bodies may attempt to influence health behaviors through a number of approaches, including direct regulation, financial incentives, social pressure, the use of regulation of speech, among others. This class will examine the political components of the regulation of health behaviors, focusing on tobacco control, injury prevention efforts, harm reduction strategies, and efforts to reduce chronic conditions like obesity.

Derek Yach and Robert Beaglehole, *Globalization of Risks for Chronic Diseases Demands Global Solutions*, 32 *Perspectives on Global Development and Technology* 213 (2004).

Derek Yach et al., *The Global Burden of Chronic Disease*, 291 *JAMA* 2616 (2004).

Abdesslam Boutayeb and Saber Boutayeb, *The Burden of Non-Communicable Disease in Developing Countries*, 4 *International Journal for Equity in Health* (2005).

Garrett Mehl, Heather Wipfli, Peter Winch, *Controlling Tobacco: The Vital Role of Local Communities*, *HARVARD INTERNATIONAL REVIEW* (Spring 2005) 54-58.

Selections from Daniel Wolfe and Kasia Malinowska-Sempruch, *ILLCIT DRUG POLICIES AND THE GLOBAL HIV EPIDEMIC: EFFECTS OF UN AND NATIONAL GOVERNMENT APPROACHES*, Open Society Institute (2002).

Class 10: The Ethics and Politics of International Health Research (November 2, 2005)

Cutting edge science challenges societies with difficult questions regarding human dignity as new research areas (e.g., cloning and stem cell research) enter the international debate. This class will examine how research conducted in developing countries by entities from developed countries pose political and ethical dilemmas. Additionally, we will address the political dimensions that affect research funding decisions.

Chris Beyrer and Nancy Kass, *Human Rights, Politics, and Reviews of Research Ethics*, 360 *LANCET* 246 (2002).

Leslie London, *Ethical Oversight of Public Health Research: Can Rules and IRBNs Make a Difference in Developing Countries?* 92 *AM. J. PUB. HEALTH* 1079 (2002).

Jonathan Shaw, *Stem-Cell Science: When medicine meets moral philosophy*, *HARVARD MAGAZINE*, July/August 2004.

Editorial (Marcia Angell), *Investigators' Responsibilities for Human Subjects Testing in Developing Countries*, 342 *NEW ENGLAND J. MED* 967 (2000).

CLASS EXERCISE: Case Studies on Ethical Issues in International Health Research

Class 11: Health and Global Security (November 9, 2005)
*** Outlines of Paper Due**

This class will explore both the effects of disease on political stability and national security, and effects of military and civil conflict on health.

Lincoln Chen and Vasant Narasimhan, *A Human Security Agenda for Global Health*, in GLOBAL HEALTH CHALLENGES FOR HUMAN SECURITY (2003).

Laurie Garrett, HIV AND NATIONAL SECURITY: WHERE ARE THE LINKS? Council on Foreign Relations (2005), Executive Summary and Recommendations, pages 9-13, 57-59. Full report is available at: http://www.cfr.org/content/publications/attachments/HIV_National_Security.pdf

Ezekiel Kalipeni and Joseph Oppong, *The Refugee Crisis in Africa and Implications for Health and Disease: A Political Ecology Approach*, 46 SOC. SCI. MED. 1637 (1998).

Joanna Santa Barbara and Graeme MacQueen, *Peace Through Health: Key Concepts*, 364 LANCET 384 (2004).

Class 12: Bioterrorism, Natural Disasters, and Complex Emergencies (November 16, 2005)
Special Guest Speaker: Professor James G. Hodge, Jr., Johns Hopkins Bloomberg School of Public Health

This class will focus on the threats to health posed by bioterrorism and natural disasters. The ability of societies to prepare and respond to these types of events and other complex emergencies may have consequences for population health, civil liberties, and international relations.

Laurie Garrett, *The Nightmare of Bioterrorism*, FOREIGN AFFAIRS, January/February 2001.

Robert Gould and Nancy D. Connell, "The Public Health Effects of Biological Weapons," in *War and Public Health*, Barry S. Levy and Victor Sidel, eds., (Oxford: Oxford University Press in cooperation with the American Public Health Association, 1997).

Lawrence O. Gostin, *Public Health Law in an Age of Terrorism: Rethinking Individual Rights and Common Goods*, 21 HEALTH AFFAIRS 79 (2002).

Paul B. Spiegel, *Differences in World Responses to Natural Disasters and Complex Emergencies*, 293 JAMA 1915 (2005).

Anthony Costello and David Osrin, *The Case for a New Global Fund for Maternal, Neonatal, and Child Survival*, 366 Lancet 603 (2005).

CLASS EXERCISE: Dark Winter

Class 13: Peer Assistance with Papers (November 23, 2005)

Class 14: Student Presentations (November 30, 2005)

Class 15: Student Presentations (December 7, 2005)
*** Final Papers Due**