

WORKING ACROSS BORDERS

THE YALE GLOBAL HEALTH JUSTICE PARTNERSHIP

BY MARK TEMELKO

It's a cold day in December, and nearly two dozen student and post-graduate fellows from six of Yale University's professional schools have gathered at the Law School for a colloquium lunch with faculty members to discuss the work of global health justice, an emerging discipline located at the intersection of law, public health, and policy advocacy. The event is part of the programming and coursework organized by the Yale Global Health Justice Partnership (GHJP), a new collaborative effort between Yale Law School and the Yale School of Public Health (YSPH).

The members of the group introduce themselves and their different school affiliations, as do the GHJP's three faculty co-directors: Amy Kapczynski '03, associate professor of law; Alice Miller, assistant clinical professor in the YSPH and adjunct associate professor at YLS; and Gregg Gonsalves, a Law School lecturer and a leading HIV/AIDS activist.

Gonsalves, the moderator for the day, introduces the guest speaker, Dr. Albert Ko, professor of epidemiology and medicine at YSPH. Dr. Ko's presentation, "Urban Slums and Social Equity: Sewers, Rats, and Favelas in Brazil," recounts his research in

Brazil on the history of leptospirosis, an infectious disease whose emergence is directly tied to the development of slum settlements and the synergistic influence of poverty, geography, and climate.

The summary of his work provides a starting point for a general discussion about the interdisciplinary issues of global health justice. As Ko describes it, "This is work that began as a public health initiative, but in the end it evolved into a social justice issue." After outlining the epidemiology of leptospirosis, a life-threatening bacterial infection spread by rats, Ko goes on to describe how his work to understand and limit the spread of the disease led him into intellectual disciplines that were at the periphery of his professional training, particularly at the intersection of health and law. One example Ko provides is how community organizers trying to combat leptospirosis and other diseases worked to invoke the Brazilian constitution and its guarantee of universal access to public health and sanitation.

In the conversation spurred by Ko's presentation, the student and post-graduate fellows raise a variety of questions and offer multi-disciplinary perspectives on the work of global

health justice. The discussion ranges widely but always returns to how to approach large-scale problems that combine issues of law, social science, clinical medicine, public health, and moral philosophy.

As Gonsalves concludes the discussion, he reminds the student and post-graduate fellows that one of the goals of the GHJP is to prepare a variety of professional disciplines with the interdisciplinary perspectives to address these emerging problems. "We want to build a community that is focused on issues of global health justice," Gonsalves says, "and we view you as colleagues who are helping to shape the collective thinking about these issues, and the training that is necessary to address them."

Building a Shared Understanding

As Miller explains, the GHJP began as an organic process of interdisciplinary collaboration between faculty at the Law School and the School of Public Health—and has grown into something larger with the support of leadership from both schools. "The work that combines public health and law is not familiar to the majority of practitioners within each discipline," says Miller. "A lot of the credit for the work we've been able to accomplish goes to the deans of the schools—Robert Post at the Law School and Paul Cleary at the School of Public Health. They were there at the very first meetings when we started to talk about how the partnership might function. We were discussing the global implications of redressing the harm to miners with tuberculosis, silicosis, and often HIV in Southern Africa—and Dean Post and Dean Cleary jumped right in. You could see their enthusiasm.



SOUTH AFRICA

Yale students from the Global Health Justice Partnership in South Africa, with their colleagues from the Swaziland Migrant Mineworkers Association (SWAMMIWA). Left to Right: Seyward Darby ('13 MA, Yale Jackson Institute for Global Affairs), Ryan Boyko (YSPH PhD candidate), SWAMMIWA General Secretary Vama Jele with two ex-miners from Bulembu Asbestos Mine Committee, SWAMMIWA President Christopher Mdluli, Rose Goldberg '15

"There's a real interest and need among law students to be able to work with quantitative methods and data, and to think about how other disciplines produce evidence." *YLS Professor Amy Kapczynski '03*

To have that kind of commitment between schools at the highest levels of leadership speaks to a real interdisciplinary strength and vision."

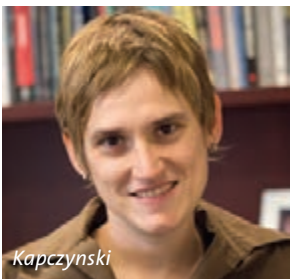
As the GHJP faculty co-directors began to meet with student fellows, it became clear that ideas about evidence and methods were places where the assumptions of students from law and health could benefit from collaborative dialogue. "One thing we've noticed," Kapczynski says, "is that there's a real interest and need among law students to be able to work with quantitative methods and data, and to think about how other disciplines produce evidence. Lawyers have traditionally had a particular conception of evidence, and it's increasingly important for students to become literate in how scientific models of producing evidence work. Public health students offer an understanding of those methods that is invaluable for law students. Conversely, the issues of accountability and reparations that are raised by law students help inform the traditional perspective of public health research, which is not inherently designed to affect policy."

The Work of Collaboration

Offered once a year, and by application only, the Global Health and Justice Practicum is the clinical component of the GHJP. In addition to seminar discussions, the twelve students are assigned to a specific project. Last year's clinic students included members of the Law School, YSPH, and the Jackson Institute for Global Affairs. Next year's pool of clinic applicants will draw from an even broader collection of Yale's graduate and professional schools: the Graduate School of Arts and Sciences, Medicine, Nursing, Art, Divinity, and Management.

Among the four clinic projects last spring, one team helped to create a comprehensive research agenda regarding compensation for South African mine workers with occupational lung disease, including a policy paper analyzing South Africa's statutory compensation system for occupational lung disease, comparing it to other compensation structures around the world, and offering recommendations and insights for policy reform.

Another team worked with members of the U.S. Congress and experts in the field to create a roadmap for U.S. legislative



Kapczynski

efforts to support effective, sustainable, and accountable intervention in the work to eliminate obstetric fistula, a complication of childbirth, seen predominantly in Africa and some parts of Asia, which has devastating physical, psychological, and social effects on women and their families.

A third team studied the intersection of human rights, intellectual property law, and access to medicines—particularly the potential for human rights laws, norms, and frameworks to improve access to medicines by addressing patent barriers to affordable medicines. They mapped the potential of human rights law both nationally and internationally to make patent law more responsive to health, and presented their report at a meeting they convened of leading access to medicines advocates from around the world. The work they proposed will be

taken forward in part by one of the graduating clinic students, who has just been awarded a Yale Gruber Fellowship to spend a year developing a litigation strategy with a key non-governmental organization (NGO) advocating for better access to medicines.

A fourth team, in collaboration with the Transnational Development Clinic (a clinic of the Law School's Jerome N. Frank Legal Services Organization), examined the accountability of the United Nations for the cholera epidemic in Haiti since the 2010 earthquake. Their report, "Peacekeeping without Accountability," was co-authored by clinic students Rosalyn Chan MD, MPH '13, Tassity Johnson '13, Charanya Krishnaswami '13, Samuel Olikier-Friedland '14, and Celso Perez Carballo '14. The report has been widely cited in numerous publications,

including the *New York Times*, the *Washington Post*, the *Atlantic*, and *Slate*. (See page 5 for more about the report.) Also released in Haiti, the report continues to generate interest and open doors for communication with key actors in the Haitian, U.S., and other governmental, inter-governmental, and NGO structures. The clinic will continue this coming year, as advocacy efforts toward redress have widened, including an emerging collaboration with two members of the YSPH—Virginia Pitzer, an assistant professor, and Joe Lewnard, a PhD student—to develop a mathematical model to evaluate the potential benefits of screening peacekeepers to prevent future cholera outbreaks.

"One of the fascinating moments in the clinic was when we were discussing Haiti," says Gonsalves. "The perspective of the law students began with accountability and negligence—and they were interested in whether peacekeepers should have been screened for the disease before coming to the country and whether screening should be mandatory going forward for missions of this sort. Rosalyn Chan, an MD and an MPH student, pointed out that it was unclear whether the current diagnostic tests for cholera would be capable of that kind of screening. So, it became really apparent to everyone that the language of negligence and culpability could only take us so far, and that we also, as a group, needed to understand the epidemiology of cholera—its biology, diagnosis, and treatment—to make an informed policy recommendation."

Kapczynski explains how this exchange across disciplinary borders generates important synergies. "We spend a lot of time in our clinic thinking about how the different perspectives of our disciplines inform our approach to the problem. From a health perspective, you might look at a problem and immediately address prevention and treatment. From a legal perspective, you might think about liability and prosecution. We're interested in putting those perspectives together—and using each one to open up a broader conversation by engaging the other perspective. We're able to start thinking broadly about how law and health can work together to affect those circumstances at a structural level."

The Work Ahead

Next October, the GHJP is co-sponsoring a conference with the Law School's Information Society Project, hosted jointly by Yale Law School, Yale Medical School, and the Yale School of Public Health, entitled "The First Amendment and the Public's Health." The first of its kind, the conference will gather leading scholars, key policy makers, and top experts in law, public health, and medicine to investigate a broad range of complex constitutional issues raised at the intersection of medicine, public health, and the First Amendment. The panels will address emerging issues such as food and drug regulation, behavioral marketing in the context of obesity, tobacco, and food policy, the regulation of professional conduct, First Amendment theory, and the intersection between science and democracy.

JUSTICE, ACROSS THE DISCIPLINES

As the GHJP continues to confront issues of health justice, part of the ongoing work of the clinic is to create a common language with which to evaluate the terms at the heart of their mission: what do we mean by "health justice"?

"When you start to think about justice in the context of health, there are so many ways in which well-intentioned changes in health systems can go right or wrong.

One of the questions in our final seminar is, 'How do you evaluate success—according to what template?' **From a public health perspective, success can look quite different than from the legal perspective.** Even if it's the law reform you worked for or the result you hoped for your client, if it doesn't produce long-term, accessible outcomes, it's may not be a success in health justice terms.



Litigation as a form of relief tends to be highly individualized—and sometimes, but certainly not always, results in productive systemic reform. But the tools of public health can be specifically mobilized for systemic reform, and can produce the data that make visible the effects of, and the specific mechanisms of, methodologies that tend to lead to system change: its goal is to ensure that the health of entire populations improve. For law students, striving to have a victory for a single client is challenging enough, and may be their primary focus. But in the current understanding of global public health, if you haven't changed the numbers significantly, then you haven't had a public health success. You have to think about how you evaluate success, and how the tools of public health and law tend to handle it differently, and what happens when you put the two different versions together."

Alice Miller, GHJP Co-Director

"I came of age in the darkest years of the AIDS epidemic in New York City and watched a generation of my peers die because those in power thought some people were expendable and disposable because they were gay men, drug users, sex workers, or from poor communities.

The AIDS epidemic was and is absolutely governed by politics. President Reagan's first major speech on the disease didn't happen until 1987, six years after the epidemic began and had already killed thousands. However, the story of AIDS is also the story of political and social mobilization of those very same marginalized groups. The tide turned in the fight against the AIDS epidemic because people made claims to citizenship, claimed a set of rights that they saw as denied to them.

Many will say there is no such thing as social and economic rights—the right to health care or AIDS treatment, to social services such as housing, or prevention methods such as clean syringes or condoms. Part of the work of the GHJP is about showing how social and economic rights are essential to the success of public health and in the pursuit of global health justice far beyond HIV/AIDS—for every infectious disease, for each non-communicable illness, for violence and injury."

Gregg Gonsalves, GHJP Co-Director

website To read more, visit www.yaleghjp.org/



HAITI

Evel Fanfan (left, in white shirt) speaks into a microphone at a protest rally. Fanfan is an attorney and president of Association des Universitaires Motivés pour une Haiti de Droits (AUMOHD, or Association of University Students Committed to a Haiti with Rights); he organized the protest to coincide with world water day. His shirt reads, in Creole, "UN: Cholera is a crime against humanity."

The conference is part of the planned evolution of the GHJP's work. While the partnership has had some substantial accomplishments in its first two years, the three faculty members see room for growth. Their plan is for the clinic to eventually become a yearlong class, with visiting fellows collaborating with students for longer periods of time, and building a capacity to take on projects that are currently beyond the scope of the clinics.

The project also aims to develop fellowship opportunities for students intending to pursue teaching and advocacy work, to help address a critical gap in the pipeline for Yale students interested in careers in global health justice. In addition, the GHJP plans to develop more programmatic work and original research in three areas that are of critical importance to global health justice, and where the GHJP has particular expertise: at the intersection between information policy and health; sexuality and health; and infectious disease and human rights.

As Miller explains, "Yale is well positioned to meet a growing demand for practitioners and leaders of global health justice—to meet the global demand for scholarship, research, and activism that moves across the boundaries of law and health." Y