2007

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Presidential Address for the Faculty Convocation, Georgetown University Law Center, Washington, D.C., March 3, 2010

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Lawrence O. Gostin∗

The first love of my life was my wife, Jean Catherine Allison, from the village of Applethwaite in the English Lake District, where her father was the caretaker for a cottage built by Samuel Taylor Coleridge for William Wordsworth—the Lakeland poets who founded the English Romantic Movement. Born in a working class home in Queens New York, I had never seen such beauty as the green fields and lambs looking outside her window.

From a professional perspective, the first love of my life was mental health. And the two loves are intertwined, as I met Jean while working as the Legal Director of MIND (National Association for Mental Health) in 1974, and some of our most enthralling “dates” (from my vantage point) involved going to high security mental institutions, such as Broadmoor, which housed the infamous “Yorkshire Ripper” as well as the lead character in Simon Winchester’s book, The Professor and the Madman— A Tale of Murder, Insanity, and the Making of The Oxford English Dictionary.

The second love of my professional life was civil liberties, as I became the Head of the National Council of Civil Liberties (NCCL), now called “Liberty”—the equivalent of our ACLU. I led NCCL during its 50th anniversary in the prophetic year of 1984, fittingly so, as George Orwell founded the organization. At NCCL, I became embroiled in politically contentious debates during the era of Margaret Thatcher, with the national miners’ dispute, the troubles in Northern Ireland, and NCCL’s legal representation of a neo-Nazi group called the National Front—the most socially divisive time in contemporary British history.

When I left the NCCL to join the academy – first at Oxford, then Harvard, and now Georgetown, I discovered a third passion—human health and wellbeing. While at Harvard, I became close friends with Jonathan Mann, the head of the WHO Global Program on AIDS who tragically died in the Swiss Air disaster. Jonathan and I devoted our young lives to forming the international health and human rights movement, focusing on the rights to dignity and health in the AIDS Pandemic.

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I left Harvard 15 years ago to come to Georgetown University, formed in the year of our Constitution and established by an Act of Congress. More than Oxford or Harvard, Georgetown embodied my highest ideals of using world-class scholarship to serve the needs of the most disadvantaged. The Jesuit mission of social justice, which permeates our scholarship and teaching, has deep meaning to me. And the Jesuit ideal of “the human being fully alive,” resonates with my view of the salient importance of human health and wellbeing. The ideals of equity and human fulfilment are embodied in the inscription on Georgetown Law’s Edward Bennett Williams Library: “Law is but the means, Justice is the end.”

While at Georgetown, guided by President DeGoia as my inspiration, I transformed my work to focus on global health. When Linda and Timothy O’Neill endowed the O’Neill Institute, it became a turning point in my life. In the inaugural lecture for the O’Neill chair, I aspire to a world that meets the basic survival needs of the world’s least healthy people, proposing a Framework Convention on Global Health. And next week, I travel to Norway for an international conference to establish such a global treaty—the beginning of a dream come true. I owe this, and so much more to this place on a Hilltop that I have come to love like none other.

What was the political philosophy that brought me through a journey that began with the rights of mental patients, to civil liberties and human rights, through to the health and wellbeing of the most disadvantaged? My transformation from a civil libertarian to a sanitarian startled, even dismayed, many of my friends. When I returned to the United States after living in the United Kingdom for 14 years – bringing my lovely English bride and two young boys with me – I was elected to the National Board of Directors and Executive Committee of the American Civil Liberties Union (ACLU). But by the time I wrote the Model Emergency Health Powers Act for the White House after the World Trade Center and anthrax attacks in 2001, ACLU officials were publicly tearing up my ACLU card on national television.

So, why the transformation from a civil libertarian to a sanitarian? In this lecture, I will discuss the evolution of my three passions—mental health, civil liberties, and global health in my personal “Life of Learning.”

Chapter 1: Mental Health is Social Justice

The noted American sociologist Erving Goffman wrote:

Mental patients suffer from elementary and direct assaults upon the self—various forms of disfigurement and defilement through which the symbolic meaning of events in the inmate’s immediate presence dramatically fails to corroborate his prior conception of self.

When still a very young man, I had the pleasure of having dinner with David Rosenhan, who famously asked, “If sanity and insanity exist, how shall we know them?” He and his associates entered 12 different mental institutions as
‘pseudopatients’, but the psychiatrists failed to discover a single mentally healthy patient. The study is considered an influential critique of psychiatric diagnosis and the dangers of depersonalization and labelling in mental institutions.

In conversation with Rosenhan, it transpired that my experience as a pseudopatient in a North Carolina hospital for the criminally insane took place just months before his well-known study. I was a young Duke Law student who applied for a mysterious summer job. It turned out to be a Justice Department study of the appalling conditions in North Carolina mental institutions. The Justice Department trumped up a charge of rape, and the police took me to Cherry Hill hospital in Goldsboro North Carolina to be assessed to see whether I was sufficiently “sane” to stand trial. It turns out that the psychiatrists questioned my sanity, and so refused to release me.

My first recollection of that experience was when a patient asked, “What you in for boy?”, to which I replied that I was a Duke Law student assessing the reportedly inhumane conditions at the hospital. The patients and staff, predictably, did not believe me, and I spent the next couple of months finding out first hand about the experience of being a mental patient in a “total institution:” the filth, smell, and sweltering heat; the food spoiling and riddled with insects; the toilets situated in the open ward without doors or toilet paper; the isolation of a barred cell every night; and, above all, the mind-numbing tedium of staying in a single ward without any activity or stimulation. But as I reported in my early years in MIND, “After a while, I got used to everything, just like the others. I didn’t notice the food, the bathrooms, the flies, the filth, or the boredom.” I would rock, back and forth, simply staring out the window.

My most vivid memory was the day I was released, with the feeling of freedom and exhilaration, but also guilt, insecurity, and vulnerability. I took a shower and wept for hours.

A couple of years ago, my youngest son Kieran found hidden in our basement a letter that the psychiatrist in charge of my treatment at Cherry Hill Hospital. His observations, more than anything, captured my youthful fire and rebelliousness:

Mr. Gostin arrived at the Forensic Mental Health Unit dressed in dungarees pinned together with visible safety pins, a dirty khaki shirt, and his overall appearance was considerably below the standard set for our patients. During the time Mr. Gostin was on the Unit our treatment programs were virtually at a standstill, … [and he provoked] unusual, unnatural, and dissident behavior by our patients. Mr. Gostin [was] doing harm to the usual tranquillity of the Unit and had succeeded in convincing many patients to question and even denounce our treatment programs and ward routines…. Mr. Gostin has been and continues to be disruptive, time consuming, a nuisance, non-purposeful and unwanted on this Unit.

Eugene V. Maynard, MD,
Forensic Psychiatric Director, Forensic Mental Health Unit,
My experience as a patient in a high security mental hospital was the most transforming of my life. Nothing I have done, or will ever do, will teach me how to feel, viscerally, the suffering of the most vulnerable among us. What I came to understand is that there is more to see in a “total institution” (a mental health, a prison, or even a homeless shelter) than the most dramatic abuses— the unwarranted or disproportionate loss of liberty; the inhumane and cruel living conditions undermining the dignity of the person; the stigma and discrimination leading to gross inequalities; and the poverty of mental health services, leaving the mentally ill without humane care and treatment.

A truly observant advocate sees the loss of a self-worth, the absence of pleasure and comfort, the sheer dreariness of everyday life, and the growing incapacity to lead an independent existence outside of the institutional walls. Goffman refers to these indignities as a process of mortification, where minor gratifications are viewed as privileges—cigarettes, sweets, and newspapers, even toilet tissue; and where punishments serve staff convenience and institutional functioning.

1.a The Anti-Psychiatry and Deinstitutionalization Movements

Goffman’s *Asylums* was published around the same time as Michel Foucault’s *Madness and Civilization*. The work of Goffman, Foucault, and Szasz is sometimes credited with ushering in the anti-psychiatry and deinstitutionalization movements in the mid to latter part of the century. The truth is that the three had highly disparate theories and ideologies: Szasz was a libertarian who saw psychiatrists as pseudo-scientists and state agents undermining liberty; Foucault was a theorist who saw “madness” as a target of power exercised through the disciplinary institution of the asylum; and Goffman was a sociologist who saw psychiatrists as powerful and controlling, and mental institutions as dehumanizing the “inmate” population.

Deinstitutionalization – the mass closure of mental hospitals – was a complex phenomenon. In the United States, deinstitutionalization resulted from an unnatural alliance between civil libertarians (who were suspicious of psychiatric expertise) and economic conservatives such as then Governor Reagan (who were concerned with the high costs of large Victorian institutions). The tragedy, of course, is that when mental hospitals were closed, nothing was put in their place, with the result that the mentally ill are now often abandoned in homeless shelters or in prisons. The mentally ill suffer profoundly when abandoned on the streets where we avert our eyes and walk around them as if they were not there; or within the walls of a prison, where they often find themselves in solitary confinement due to the inability to comply with prison disciplinary rules. I think that Bo Bert, the Yale scholar and humanist, put it best when he said that the promises of a better life for persons with mental illness “were dishonored in actual practice and were virtually fraudulent at inception.”

While at MIND, I had the great fortune of working with Franco Basaglia, the esteemed founder of the popular grassroots Italian coalition of mental health professionals,
Psichiatria Democratica. Basaglia said freedom of the mentally ill must coincide with freedom of the entire community. In lunatic asylums he saw guards, chains and padlocks, segregation, straightjackets, electric shock treatment, and lobotomies. Basaglia’s Law, passed in 1978, phased out mental institutions and, although inconsistent in implementation, created community-based facilities and gave subsidies to families for home care. During a conference organized by Basaglia in Bologna, my most vivid memory was my 18 month-old son Bryn being passed around among a joyous audience of recently freed mental patients. Oddly, I did not worry. What I saw in the audience were gentle souls savouring freedom and friendship. Rather than a politics of fear, Basaglia practiced a politics of humanity and social inclusion.

1.b That American Lawyer

The Times of London wrote of my early years at the National Association of Mental Health in England and Wales (MIND):

The first time American-born Larry Gostin addressed a meeting in England the chairman told the assembled psychiatric worthies that he was disappointed in his appearance… It was a clear pointer that the British psychiatric establishment felt they could take anything this small, intense “colonial” campaigner cared to dish out. They were wrong then – within half an hour the audience had left in protest – and they have been wrong since.

While at MIND, we developed a strategy of bringing a series of cases before the European Court of Human Rights, where we won landmark rulings on the rights of the mentally ill. In my first case, X v. the United Kingdom, I vividly recall loading my box of dog-eared index cards for the oral argument into a beat-up van driving to Strasbourg, France. When I saw the government, represented by the legendary legal giant Harry Woolf (then Attorney General who later became the Lord Chief Justice of the United Kingdom) and an entourage of expert lawyers, emerging from a Mercedes with suitcases of documentation, my heart palpitated. Lord Woolf brilliantly argued the government’s case, but afterward came up to me and uttered these gracious words: “You gave me a rather a bloody nose today son.” And for a very young American civil rights lawyer in awe of the man and his station, it is a moment I have never forgotten. And we did win that case, and went on to win several that changed the landscape of human rights throughout Europe.

Goffman and Foucault illustrated through thick description of total institutions that mental patients live “careers” of indignity. My experiences at MIND reinforced his powerful narrative. When I was at MIND offices at 22 Harley Street, London, I read daily dozens of letters sent by persons with mental illness in prisons, hospitals, nursing homes, and the community. One case stands out among the many that shocked the conscience—Adrian Clarke. Most of the letters I received were scribbled and barely decipherable. But one day in 1977 I read a letter with an official seal and an urgent request. The European
Commission of Human Rights wrote asking me to visit Mr. Adrian Clarke who was placed in solitary confinement at Broadmoor.

When I arrived at Broadmoor, his psychiatrist, refused permission to see him, saying that he was too dangerous. After threatening litigation against the hospital, I was permitted to enter his isolation room. The stench was so overpowering that I could hardly breathe. The room was filled with pots of urine, and faeces were caked on the walls. Clark was crouching in a corner, naked and cowering. The room had only a tiny translucent window with bars, with little light, and no ventilation. He had been confined there for 5 weeks and allowed out 20 minutes in every 24-hour period.

Vindictively, the chief psychiatrist, peeved at my interference with his clinical discretion, locked me in the ward, the most secure and dangerous ward in all of this famous hospital for the criminally insane. Little did he know that I was greeted by the patients as a hero, and felt in some strange way as if I were at home and among my friends.

**Chapter 2: Standing Up for the Rights of All**

“You owe me three farthings say the bells of St. Martin’s.” It was curious but when you said it to yourself you had the illusion of actually hearing bells, the bells of a lost London that still existed somewhere or other, disguised and forgotten.

That was George Orwell’s vision of 1984—an image of the ordinary person whose life and thoughts were so intruded upon by government that he, and his country, lost its individual identity.

When I left MIND, I embarked on the greatest challenge of my lifetime—an American civil rights lawyer leading the oldest and most esteemed civil liberties organization in Europe. I had the good fortune to lead the National Council of Civil Liberties (NCCL) as it celebrated its jubilee year in 1984—the 50th anniversary of a venerable national organization. The NCCL was formed in the crypt of St. Martin-in-the-Fields prompted by concern over police handling of hunger marches.

Although I am the son of a shop steward, I believe that civil liberties are a politically neutral pursuit. This belief resulted in a momentous clash of ideals about the direction of NCCL in its jubilee year. And this clash ultimately resulted in my public resignation from the organization I loved. If reforming the Mental Health Act and bringing human rights cases to the European Court were dreams come true, my years at NCCL was a harsh disillusionment about the nature of people and society.

2.a **The golden age of liberty**

The launch of the Liberty Campaign in NCCL’s jubilee year was one of paradox. The sense of history and mission was palpable. NCCL could boast a heritage that included
HG Wells, E.M. Forster, Aneurin Bevin, A.A. Milne, and Bertrand Russell. But a *Times* editorial expressed an abiding concern: “It is worrying for the public and self-defeating for the NCCL when organizations for whom the word ‘liberty’ has a peculiar political meaning. Mr Larry Gostin, the fluent New York lawyer who took over … made plain his wish that NCCL ‘gain a wide and substantial following from all parties, classes and races.’ He must be held to that undertaking.”

Although I tried mightily, I was not to keep to that promise, despite forming the All-Party Parliamentary Civil Liberties Group—a bipartisan committee of Parliament dedicated to the preservation of civil rights and liberties. Margaret Thatcher’s Home Secretary, the Rt. Hon. Leon Brittan, chaired the first meeting of that group, signifying its political and symbolic importance at the time.

2b  *The National Miners’ Dispute: “The Liberty Man Takes His Leave”*

The National Inquiry into the Miners’ Dispute proved to be the most politically charged issue of the Thatcher era. The NCCL supported the vast majority of my committee’s report, but this sentence caused a furore:

> We have identified the freedom to travel unhindered as a fundamental liberty; this is equally so whether the purpose is peaceful picketing, taking part in a demonstration, or simply going to work.

On 28 February 2005, NCCL’s Executive Committee passed a motion “regretting” that the report “unnecessarily damaged the miners’ cause.” At the time, I wrote, “We are neither pro labour nor pro trade union, any more than we are anti police or anti government. We are pro civil liberties for all.”

*A Guardian* editorial framed the question as “Mr. Gostin’s sad choice,” of whether to stay and fight or resign. I decided to resign to establish the precedent that human rights are universal. All the members of the National Inquiry resigned with me that day. And the *Times* headline read, “the liberty man takes his leave.” My heart aches just thinking about that day.

**Chapter 3: A Global Plan for Justice**

When I returned to the United States and my academic career at Harvard and now Georgetown, I began a third phase in my career devoted to the health and wellbeing of populations and social justice for the systematically disadvantaged—in AIDS, diseases of poverty, chronic diseases, bioterrorism, and global health.

Human health has foundational value, with special meaning and importance to individuals and the community as a whole. Health is necessary for much of the joy, creativity, and productivity that a person derives from life. Individuals with physical and mental health recreate, socialize, work, and engage in family and social activities that bring meaning and happiness to their lives. Perhaps not as obvious, health also is
essential for the functioning of populations. Without minimum levels of health, people cannot fully engage in social interactions, participate in the political process, exercise rights of citizenship, generate wealth, create art, and provide for the common security.

Despite the transcending value of health, unconscionable inequalities exist everywhere. The global burden of disease is not just shouldered by the poor, but disproportionately so, such that health disparities across continents render a person’s likelihood of survival drastically different based on where she is born. These inequalities have become so extreme and the resultant effects on the poor so dire, that health disparities have become an issue no less important than global warming or the other defining problems of our time.

Consider our own city. Here in the District of Columbia, a black unemployed youth and has a lifespan 32 years shorter than a white corporate professional; the HIV/AIDS prevalence rate in Southeast DC is higher than in many cities in Sub-Saharan Africa. Take a ride on the Red Line Metro: for every stop from the impoverished Southeast to the affluent Northwest, the surrounding population lives 3 years longer.

Now consider two children—one born in Southern Africa and the other in North America. The African child is 65 times more likely to die in the first two years of life; if she lives to child-bearing age, she is 100 times more likely to die in labor; and overall she will die 30 years earlier than the American child. As little as one concrete example offers a sense of perspective on the global health gap between the rich and the poor. In one year alone, 14 million of the poorest people in the world die prematurely, while only four million would have died if this population had the same death rate as the global rich.

The international community could dramatically reduce the unconscionable health gap between the world’s rich and poor through a “Global Plan for Justice”—an international compact among states, industry, philanthropy, and civil society The Global Plan for Justice – being published simultaneously in the Lancet and the Harvard Law & Policy Review, will be launched next week by the government of Norway.

The Plan offers an innovative, bold approach to global health governance that places social justice at the heart of the enterprise. It does not take advanced biomedical technology, huge financial investments, or complex programs. Just as industrialized countries profoundly reduced the prevalence of disease during the Progressive era late through sanitary measures applied to water, food, pests, and the environment, so too can this be accomplished at relatively low cost in the world’s poorest regions—if only it could rise on the political agendas of the most powerful countries.

Georgetown’s Mission

We say here on the Hilltop, “We are Georgetown.” What we mean is that our faculty and students use world-class scholarship and education in service to others. From peace and security, the environment, and poverty through to finding essential medicines and vaccines, we strive to improve human wellbeing. President DeGioia’s innovative
initiative called “Reflective Engagement” symbolizes our commitment to impactful scholarship and teaching.

John Ruskin, the Nineteenth Century British scholar whose work ranged from art history, literary criticism, and mythology to the pervasive health hazards of the industrial economy, captured better than most the essential message I would like to leave for the incredible women and men of Georgetown University:

I desire, in closing the series of introductory papers, to have this one great fact clearly stated. There is no wealth but life. Life, including all its powers of love, of joy, and of admiration. That country is richest which nourishes the greatest number of noble and happy human beings; that man is richest, who, having perfected the functions of his own life to the utmost, has also the widest helpful influence, both personal and by possessions, over the lives of others.

Ruskin’s ideal of a life well lived is exemplified by our remarkable colleagues now holding the Vicennial Medal and the high honor of Georgetown’s 1789 Society. I feel humbled to be among my dear friends who have exhibited through your remarkable careers such clarity of vision and generosity of service—women and men who literally have changed the world. We rejoice in a lifetime of learning in your honor. It is a beautiful evening on the Hilltop.