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## Editor's Note

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## EDITOR'S NOTE

The dialectic of disease and wellness is part and parcel of human existence. The first denotes our metabolic (and psychic) brittleness, and the latter concerns our capacity to resist morbidity and maintain physical and mental health.<sup>1</sup> While we often treat globalization, or in Roland Robertson's expression, "the world as a single space," as a novel phenomenon (and there are enough peculiar attributes to give us confidence to do so), there is also a rising realization that its genesis is as ancient as the age when our earliest progenitors left East Africa for other regions of the world. From there and then, though the modalities of the expansion were gradual and diverse, human beings played, and still occupy, the lead in this drama. But we also had important company from the beginning, one that had and still has major ramifications for human health.

Terrestrial life systems could not have become global without humans to assist and accompany them, but the dependence is mutual. As long as we lived by hunting and gathering our food, we never could have become global in numbers beyond the Earth's natural... carrying capacity of four to six million. To grow beyond this limit, humans needed the help of domesticated plants and animals. By living in close proximity with, and eating, these organisms, we came into contact with their parasites; so the globalization of life systems has been, and continues to be, characterized by the coevolution of humans, plants, animals, and disease.<sup>2</sup>

The balance between sickness and health is not only a result of the multi-dimensional interactions between humans, nature, and other living creatures. More to the point, the encounter among humans themselves, particularly in tight corners, and the types of knowledge available and habits and institutions they have created to manage their social relations are equally significant. On both accounts, power has always been key among the common denominators.<sup>3</sup> For what arrangements are prevalent at a specific situation and, to a larger extent, an epoch are crucially consequential elements of the dominant order and the configuration of power that sustains it. Increasingly, this is a nodal point of convergence between physical well-being and basic human rights.<sup>4</sup> What, then, is the relevance of all of this for contemporary international health?

There is hardly any dispute that the ability of humans to fight off infirmity has been strengthened by the onset of science and technology.<sup>5</sup> Gains from such a practical application of human intelligence have been so revolutionary that many observers conclude that we have, at the dawn of this new century, attained a hitherto unknown level of general prosperity and health. Bjorn Lomborg asserts:

We have never lived longer — life expectancy has more than doubled during the past hundred years — and the improvement has been even more pronounced in the developing world. Infant mortality has fallen drastically. As recently as 1950 one in five infants died in the developing countries, whereas only one in eighteen dies today — this is the same proportion as in the industrialized world just fifty years ago.

We are taller and healthier and get fewer infections. There are far more of us, not because we have “started breeding like rabbits, but because we have stopped dying like flies.” At the same time we have more to eat. The proportion of people starving in the world has fallen from 35 percent in 1970 to 18 percent today and is expected to fall further to 12 percent by the year 2010. More than two billion more people get enough to eat and the average calorie intake in the developing world has increased by 38 percent.<sup>6</sup>

The above, largely persuasive account notwithstanding, uneven development persists *within* countries and *between* zones of the world.<sup>7</sup> In those societies where a combination of high incomes, access to public health, and advanced medical science have reduced the incidence of illnesses, as well as extended the span of life, many groups suffer from exaggerated proportions of cancer, hypertension, diabetes, and cardiovascular diseases. For instance, in the United States alone, half a million women die of heart problems every year;<sup>8</sup> and the degree of vulnerability among native peoples, African-Americans, and other less endowed communities is equally worrisome. In addition, novel diseases or variations of the familiar continue to crop up as part of the unintended but deleterious consequences of high living in a pharmacologically dependent hyper-modernity.<sup>9</sup>

In regions outside of the Organization of Economic Cooperation and Development (OECD), the battle for good health is still far from won. Here, many old scourges such as hepatitis, tuberculosis, intestinal parasites, and malaria still torment and, indeed, destroy millions of lives. Furthermore, eight to ten million children around the world are affected by Vitamin A deficiency each year, with a half million likely to

go totally blind. To top it all, the onset of the plague of our age, HIV/AIDS, has ushered in new levels of devastation. With a daily infection rate of around 15,000, over sixty million people carry the virus, which has already taken the lives of more than twenty-two million. From Russia and India to the People's Republic of China, this disease is taking its toll. In India, with the fastest growing infection rate, it is projected that forty million of its citizens will carry the virus by 2010. As for China, a major factor in the spread of HIV, particularly in rural areas, is the practice of illegally selling blood.<sup>10</sup> But it is in the African continent where a combination of unequal development and local neglect have resulted in unprecedented suffering and destruction, with southern Africa the region most affected.

In Africa, it was also long ignored—by African leaders, Northern donors and international financial institutions, which continued to gut African health and education budgets while the body count climbed into the millions. Only in [the] mid-1990s . . . did donors first meet to consider the escalating tragedy in impoverished Africa. And only now, 17 million deaths later, does the world seem finally prepared to muster the resources needed to save the survivors and prevent new infections.<sup>11</sup>

There is no gainsaying that the world's consciousness about the deadliness of HIV/AIDS has risen in the past few years. Nonetheless, that progress is far from enough.<sup>12</sup> As Jeffrey Sachs has recently estimated, Africa alone would need ten to twenty billion dollars annually to successfully confront AIDS and other infectious diseases.

Minding the health of humankind requires the full attention of all of our public and private institutions — from the family unit to local, national, regional, and global structures. Moreover, we now have better instruments to gauge where we are on this issue. According to a recent and comprehensive report, the World Health Organization has proposed *five* measures to distinguish between success and failure: (a) life expectancy, (b) health fairness across various populations within a country, (c) rated performance by people of their health care system, (d) fairness in responsiveness among different groups in the same country, and (e) fairness among groups of the proportion of income devoted to health care. It is instructive to note that, according to the WHO Report, China is ranked number 144, a country which barely a decade and a half ago had a public health care system. Most of that structure has withered away and, therefore, increasingly people pay

for almost all treatments. The country was listed as number 188 in the equity of financing. For the United States, a country that outspends the rest and is placed among the leaders in average health indices, its overall rank is number 37. The main reasons for such a low score include the failure to extend good health care to a significant portion of its people, as well as a chronic inability to balance the costs fairly. Both the Chinese and the United States' policies are pregnant with immediate lessons for all countries and communities.

## II. The Roundtable

We start the proceedings with an attempt at stock-taking by **Hiroshi Nakajima**. He addresses central issues that range from life expectancy and the effects of globalization to the place of science and culture in the promotion of health. This opening essay is followed by an examination by **Devra Lee Davis** and **Hillary J. Stainthorpe** of the relationships between industrial ecology, health, and viable strategies for a balanced development. Among their conclusions is the imperative of addressing the intimate relationship between technology and health policies. **Inés Tófaló** agrees with the bulk of the Davis/Stainthorpe propositions. However, she underscores the complications, some unintended, inherent in the meeting point of economic production, regulation, and health policy. The second commentary is from **Terry Boychuk**. He refocuses our attention on the significance of demography and major social changes that accompany industrialization and city life.

The next discussion is introduced by a major essay from **Jorge Nef**. With emphasis on the political economy of health in the vast zone of South America and the Caribbean, he stresses the affinities between health and strategies of societal development. In response, **Anthony Agadzi-Naqvi** acknowledges the value of structural analysis but reminds us of what he calls "common sense solutions" to the search for individual and community health. **Marie Thorsten** joins the conversation by bringing in the efforts of non-governmental organizations and social movements that challenge policies undermining the well-being of people around the world.

The third session is organized around the presentation of **Rosalind P. Petchesky**. Her essay speaks to a number of propositions that are tied together by concern about the neo-liberal economic/social agenda, the well-being of women, and the possible consequences of the ghastly events of September 11. **Mary Robison** stresses the damage

done to women by the global economy, diversity of circumstances notwithstanding, and the efforts at local levels to assuage poverty and disease. **Janet Serie** provides an insightful contribution by inquiring about possible ways in which "poor nations with heavy economic and disease burdens" may create a different polity that accents curative approaches to health care. Furthermore, she challenges often-practiced epistemologies that "compartmentalize" the application of one's intelligence. It is Serie's thinking that such modes of knowing have direct consequences for the full health of women, in particular.

The final panel is spearheaded by **Ronald Bayer**. Concentrating on AIDS/HIV, Bayer illuminates the historical evolution of the ways that disease has been addressed. His central concern is the interface between AIDS and inequality. **Louisa E. Chapman** identifies six items that seem to stand out in the essay. Her intention is to remind us of the multiple effects of AIDS, including the possible contradiction between an "economy of lives" and an "economy of dollars." **Harry N. Hirsch** concludes the Roundtable. His response urges us to focus on both issues of injustice and the role of sex education in the making of a "real, living" and healthy community.

The theme for the 2002 International Roundtable is "Prometheus's Bequest: Technology and Change."

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## Notes

1. Horacio Fabrega, Jr., *Evolution of Sickness and Healing* (Berkeley: University of California Press, 1997). See also, William H. McNeill, *Plagues and Peoples* (New York: Anchor Books, 1976).
2. Robert P. Clark, *Global Life Systems: Population, Food, and Disease in the Process of Globalization* (Lanham: Rowman & Littlefield, 2000), pp. 3–4.
3. Sheldon Watts, *Epidemics and History: Disease, Power and Imperialism* (New Haven: Yale University Press, 1997).
4. Jonathan M. Mann, et. al., eds, *Health and Human Rights* (London: Routledge, 1999). Also, Jennifer Leaning, et. al., eds., *Humanitarian Crises: The Medical and Public Health Response* (Cambridge: Harvard University Press, 1999).
5. Roy Potter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W. W. Norton, 1997).
6. Bjorn Lomborg, *The Skeptical Environmentalist: Measuring the Real State of the World* (Cambridge: Cambridge University Press, 2001), p. 87.
7. Paul Farmer, *Infections and Inequalities: The Modern Plagues* (Berkeley: University of California Press, 1999).
8. Karen J. Carlson, Stephanie A. Eisenstat, and Terra Ziporyn, *The Women's Concise Guide to a Healthier Heart* (Cambridge: Harvard University Press, 1997).

9. David B. Morris, *Illness and Culture in the Postmodern Age* (Berkeley: University of California Press, 1998).
10. Elisabeth Rosenthal, "AIDS Finally is Described by the Chinese as Epidemic," *New York Times* (15 December 2001): 45.
11. Michael Fleshman, "Drug Price Plunge Energizes AIDS Fight," *Africa Recovery* 15, nos. 1–2 (June 2001): 11.
12. Mary Caron, "The Politics of Life and Death: Global Responses to HIV and AIDS," *World Watch* 12, no. 3 (May/June 1999): 30–38.