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Response to Nef - 2

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Response

Marie Thorsten

In this Roundtable on Global Health, Professor Nef's presentation may be called "global" in two different ways. First, it is global in the sense that it contextualizes health concerns of the Latin American and Caribbean (LAC) region into the Western hemisphere, and the world as a whole. Second, it is global in the sense of its multi-dimensional, systemic, *globally* all-inclusive approach.

I address my comments to a longer version of Nef's paper, which I read prior to this presentation. I find his work to be a Perfect Storm — perfect in its comprehensiveness, stormy in its lack of a single lifeboat to guide one through the maelstrom. Nothing is left out in this bold demonstration of the global structures and local conditions churning the vicious cyclones of poverty and lack of adequate health care. How, then, to respond to this already compelling, comprehensive, and ambitious endeavor—in which the storm itself is clearly the leading star?

If you will again pardon my Hollywood methodology, I will try to locate the narrative's embedded prequel and sequel. The *prequel*: what kind of studies or social attitudes precede and provoke Nef's systemic analysis? The *sequel*: what are the unfinished threads left dangling in the narrative, that will keep us returning to the inquiry and *meditating* — to use our symposium terminology — on its most productive themes?

By *prequel*, I refer to the mono-variable studies that draw simple lines of cause and effect. "Global Health," following other forms of policy discourse, involves story-telling. It usually weaves together variables, metaphors, heroes, villains, images, and user-friendly story lines of decline or hope, doomsdays or heydays, precision targets or collateral damage.[1] Stories gel in the minds of pundits, politicos, and average persons, influencing which newspaper pages they will turn; what actions, plots, and endings they have come to expect; what policies they will support; and whose side they will be on.

The variable of poverty, above all, often appears in popular media and policy discourse as the world's oldest insoluble dilemma. Once upon a time, poverty came into this world and it has stayed here happily ever after. A voyeur of poverty images might say, "This story about poor people sure is interesting. I'm glad I'm not one of them. Now I can go to sleep." The end.

Nef is responding to such clear weather prequels, where poverty lives happily ever after, and the reader, happy to be different from *Them*, closes the story in compassion fatigue. Instead, it is Nef's intention to draw the wealthy, educated reader directly into the *public* of public health, the *security community* of "health security"—and into the eye of the storm of global inequity as well. We become part of the community of impoverished people whose lack of adequate health care he decries. Hence, the thesis of *mutual vulnerability*: as in the "body" metaphor we address in this symposium, the vulnerability of one part affects the functioning of another. As Nef warns: with increasingly hyperactive circuits of trade, communication, and social interaction, "health insecurity in the poorer countries of the South can pose a potentially destabilizing role in the seemingly secure and developed societies of the North." We cannot stand by as noncommittal voyeurs to members of our own community.

Another kind of mono-variable study looks at singular explanations of poverty usually found in modernization stories, or, as Nef puts it, "conventional theories concentrating on 'natural' geographical, technological, population, or cultural factors." I am particularly impressed with the way Nef draws attention to two such "usual suspects." First, it is important for a non-Latin American specialist such as myself to understand that the region is hardly unendowed with resources. On the contrary, Nef informs us that the Latin American region is blessed with rich forests, fuels, and fresh water. Lack of resources cannot be the singular cause of poverty. Second, I appreciate his points on literacy and tertiary education. So often, these vital statistics are named as a panacea to any sort of social ailment, especially poverty. But Nef correctly points out that "education per se is not directly a predictor of better health or generalized well-being." Education leading to the domestication of good subjects as opposed to the empowerment of good citizens cannot be presumed to be an automatic alleviator of poverty.

The departure of Nef's essay from these types of mono-directional analyses I have identified as "implied prequels" cannot be understated. It is a tremendous contribution to present the topics of poverty and health security in a turbulent paradigm that, in Nef's prose, "emphasizes the interconnectedness among ecology, economy, society, polity, and culture"—reflecting and again producing problems of unequal distribution of wealth and the means to overcome such

inequity. In this situation, neither well-intended research studies nor aid alone can hope to break the deep-rooted patterns of inequity.

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As concerned citizens, scholars, and policymakers, however, we would be truly lost at sea if we could not at least try to direct some of the traffic in these vicious cycles. Here I wish to cull from Nef's essay his implications for what a sequel to addressing systemic inequities might look like from the viewpoint of the healthier and wealthier classes of the Western hemisphere. The points are the same nodes of globalization that we discuss in many fields of international inquiry today: that the world is becoming more interconnected as a result of various linkages well-known to all—trade, travel, and telecommunications. In terms of health, we know that microbes do not show their passports at security checks. Regarding human rights, people of many citizenships increasingly welcome the idea that nation-states cannot abuse their citizens under the pretense of absolute sovereignty.

Despite the flows of e-mail messages, microbes, and codes of morality (the readily convincing signs of globalization), however, we are still constrained by the human-made institutions of society and governance that help us make difficult choices in a troubling and turbulent world. Globalization is not something blowing in the wind. The burden to make choices is ours. To proceed beyond the perfect storm, I suggest further *meditations* on the following points as sequels to Nef's text.

The *bête noires* that surface and dive throughout the storm are the structural adjustment imperatives enforced by global financial institutions and legitimized by intergovernmental "summitry politics." Structural adjustments require states to cut back social spending in order to obtain and repay loans, exacerbating vicious cycles of dependency, social neglect, and poverty. Further privatization of health care emerges, some might say, as the invisible hand "solution." Yet linking health care to the market removes the "public" from public health and the guarantee of health as a human right rather than as a consumer product. The problem of structural adjustment deserves a more prominent *room of its own* in Nef's essay, as well as a sequel that links it to *anticorporate transnational social movements.* (I refer, of course, to the movements misnamed by the mainstream mass media as *anti-globaliza-*

tion, and synecdochally misrepresented as anarchists throwing stones at McDonald's.)

The more prepared and proactive protesters are those who campaign for specific changes in the way health for the poor is treated under global privatization, a.k.a. neo-liberalism. Among such campaigners is the NGO Doctors Without Borders (MSF), which has been directing a "Campaign for Access to Global Medicines." As MSF points out in its recently released study, "Fatal Imbalance," in the last five years, eight of the world's eleven largest pharmaceutical companies have directed no research activity into cures for diseases that affect the poor. Instead, they are driven to produce profit-making pharmaceuticals and direct research into further enhancement of life for those whose lives are already enhanced.[2] Might such active campaigning bring increased awareness, as well as action, to demonstrate that the health needs of the poor, in any country, should not be neglected?

While many of us are skeptical of treating basic-needs health as a consumer product, I don't think we should close the door on efforts by private corporations to move into the public sphere and develop generous foundations and grants that will assist various public health endeavors. Perhaps we can make room to argue for a reevaluation of the public sphere, of health as a public good, and of the myriad types of organizations, whether public, private, federal, or community, that can help distribute that public good.

Another fascinating possibility for a sequel is to connect the global impact of transnational social movements with the local movements that Nef calls the "survival strategies" of communities: their various forms of critical pedagogy, political action, and community health maintenance using synergies of indigenous and alternative therapies. To the extent that such strategies move beyond "survival" to genuine empowerment, they represent, as Nef suggests, alternative forms of "localization" than the "municipalized" fragmentation of national health enforced by structural adjustment.

This discussion of local and global health movements brings me to the most problematic subplot of my imagined sequel: picking up from the closing line of Nef's essay that argues for a "security community at all interrelated levels," from household to global, that will help resolve problems of poverty and global health. The light shines brightly on this ideal, but, *post-9/11*, I am not sure where the illumination is leading us.

In the old era, pre-9/11 and post-Cold War, progressive globalists refashioned "security" in a variety of ways to suggest a peace dividend that would enable state security regimes to convert guns into butter; ergo, health security, cultural security, human security, and so on.

Nef speaks of health security communities. But in Security State Redux, we are witnessing the revitalization of a "public health" in which the "public" threatens to become exclusionary as much as inclusive. As contributions to the American Red Cross went up, other contributions went down. As attention to America's suffering went up, attention to AIDS in Africa went down, and so on. Security State Redux is corralling resources around the unknown health threats to *Us*, taking attention away from a host of other known threats to *Them*.

Compassion fatigue has become compassion frugality, as if compassion were an endangered zero-sum resource. Giving resources across borders might mean losing what we need for ourselves. Public health is eliding with national security, humanitarianism with militarism, transnationalism with nationalism, food with fire.

Pre-9/11, the rigid categories of identity and binary opposition that once kept people distanced from one another physically and psychologically were becoming increasingly ambiguous. At that time, and at the time of Nef's writing, I, too, might have been optimistic for opening more interrelations among security communities. Now, there are increased pressures to locate and secure collective identities — not all of them taking forms conducive to global citizenry.

If we can still speak of *security communities* beyond *security states*, prospects for them to interrelate, and to recognize their mutual vulnerability across several bodies politic, seems more important than ever. This is a sequel on which we all must meditate.

Notes

Deborah Stone, *Policy Paradox: The Art of Political Decision Making* (New York: W.W. Norton, 1997), pp. 137–187.

Médecins Sans Frontières, "Report shows Near Empty Pipeline of Drugs for Diseases of the World's Poor," 9 October 2001. Online at: http://www.msf.org/content/page.cfm?articleid=D58A538D-879C-4569-9307BB7D86F91357.