Increasingly over the past two decades, governments around the world have been telling their citizens that the old era of looking to the state to resolve public policy problems is over. This experiment in reducing social aspirations has been closely associated with the globalisation process. At its crudest, the argument is that unless citizens work harder and longer, other workforces in unspecified but distant lands will be more competitive than they. Pressure to hold or reduce public spending such as on health and welfare and to increase efficiency quickly follows. World competitiveness league tables are routinely published judging national economies against each other. A certain public policy neurosis has been observable even within developed economic blocs such as the European Union and certainly in Britain. More sophisticated analyses, associated with, but not the prerogative of, the cultural theorists of post-modernity, argue that because barriers between nations are changing, a fundamental restructuring of the state is underway. Far from the state being reduced, as the ideologues of the New Right sought from the 1970s, it is in fact being re-oriented—"re-engineered" to use the vernacular—from being a provider of welfare and health services to become a facilitator and safety net of last resort. The British prime minister, for instance, having borrowed the "new" in New Labour from the "New" Democrats in the USA, is borrowing again when attempting to articulate a Third Way in politics, an alternative to the statist of socialism/social democracy and the injustices associated with unfettered New Right belief in markets. The dream is for welfare to work programmes to replace welfare. Public health specialists should keep close attention on these issues. There are good grounds for concern, and not just about budgets. A restructuring is underway. Food and health policy is a particularly pertinent area to watch. Dietary patterns are already experiencing rapid change. Its most obvious expression is the "burgersisation" of food culture, but behind that is a comprehensive restructuring of world agricultural markets introduced by the 1994 GATT. In the process, food security, a health goal beloved since the 1974 World Food Summit, is redefined as reliance on farm and traders and companies’ expansion, since the BSE debacle in 1996, a sneaking feeling has emerged that public health improvements undoubtedly benefit international food and in return weak labelling information was supposed to give the consumer power to decide which product to buy: the sausage with 40% meat or one with less. Consumers have some difficulty with labels as a means for translating health desires to dietary reality, and the general model of consumer sovereignty and awareness has many critics, particularly from the consumer movement.

In the name of removing barriers to trade and ensuing efficiency, national food inspection systems were harmonised and border inspections reduced. Goods were to be judged safe at point of production and sale. A concept of “due diligence” was introduced under which companies are obliged to be able to show that they have done their best to achieve the highest practicable standards. While these improvements undoubtedly benefit international food traders and companies’ expansion, since the BSE debacle of 1996, a sneaking feeling has emerged that public health protection has perhaps been treated too lightly. How can a government really instil a health education message when its budgets are tight (to keep a rein on welfare and to enhance international competitiveness) and when a multinational corporation can spend vast sums on TV advertising to encourage brand recognition? This is already seen to be very effective.

The question public health proponents need to ask now is: if they were ministers in a cabinet, which brief would take primacy: health or international trade? Until a crisis—as happened with BSE and its apparent transfer to humans—the answer is obvious. Trade and finance carry more clout. But can we afford for public health to be a bolt-on extra? Surely, not. It is time to argue for a better way.

A first task is to accumulate the evidence and to enter the arguments about globalisation with policy makers and, above all, the public. They, after all, are the citizens who vote. In the case of infectious diseases, the case for tough protection is strong. The World Health Organisation (WHO) has long argued the case for concern about diphtheria, cholera and diarrhoeal diseases, tuberculosis, viral...
hepatitis, AIDS, and more.25 The baseline is cause for concern enough. Ten per cent of the population of industrialised countries suffer foodborne diseases annually. With tourism on the increase, the 600 million people who travel abroad each year run an estimated 20–50% risk of contracting a foodborne illness.26 While concern about the health impact of this flow of people is growing, less attention has been accorded to the rapid rise in the distance food travels because of mass food systems.27 In the UK, for instance, the distance food travels between producer and consumer has risen by 30% in 15 years.28 A mass food system increases the chance of problems when there is a breakdown in health controls.

A second challenge is public health governance. The debate about the WHO is welcome.29 30 Some humility is in order. In most countries, the medical professions have some kudos but even their capacity to influence governments is severely weakened if national governments’ role is partly to facilitate removal of public protection powers. One public health person’s good regulation is a food magnate’s unnecessary burden on business.31 The 1994 GATT set up the World Trade Organisation (WTO), which has considerable force in relation to national state affairs. The WTO, already distant from world citizenry, now celebrates its proximity to major companies.32 The processes unleashed by globalisation have increased inequalities. A new world class structure is emerging, where rich and poor within a country may have a lifestyle more in common with that of their equivalents in other countries than with their countrymen. Twenty years ago, the combined incomes of the richest fifth of the world’s people were 30 times greater than the poorest fifth. Today their incomes are over 60 times greater. The rise in numbers of billionaires that have benefited from free market deregulation of the global markets is now put at 358. They are collectively worth some $762 billion, which is approximately equivalent to the combined income of the world’s poorest two billion—that is, well over a third of world population.33

Despite such power, it is possible to achieve modern, tough but fair public health legislation and monitoring. The UK food and health movement has been successful in building pressure to change legislation on food safety, for example. It is possible to wrest public support for regulation and intervention despite political and commercial opposition.34 In the USA, after scandals about food import safety standards, the government is now seeking extra funds from Congress to toughen border food inspections. The case can be won, even within commerce, that tougher standards cost in the short-term, but pay in the long term.

Globally this task is awesome. The GATT, like many international agreements, was at pains to create a new global system to harmonise food standards. Food standards are international agreements, were adequate.35 Yet the corporate food giants who already dominate food intervention despite political and commercial opposition.25 In the USA, after scandals about food import safety standards, the government is now seeking extra funds from Congress to toughen border food inspections. The case can be won, even within commerce, that tougher standards cost in the short-term, but pay in the long term.

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The new globalisation, food and health: is public health receiving its due emphasis?

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