In this number

A tale from Russia . . . and beyond

In this issue, a paper from Vassiliy Vlassov asks if there is epidemiology in Russia. The answer he gives using some empirical evidence on the lack of use of some epidemiological tools is indeed worrying. In his words "Epidemiology in Russia remains in an archaic state of science" or "I regret that epidemiology in Russia is more dead than alive". The diagnosis of the accompanying editorial from Laurent Chenet and Maria Telishevska is not more optimistic. They comment on various deficits of Russian health statistics that make difficult even the use of mortality by cause of deaths. They still see in the Russian health statistics machinery the influence of the Soviet state and its tremendous opacity. The prospects for improvement in the near future are not very positive in their view, they finish their editorial stating "old habits die hard."

But the phenomena we are tackling here are not just Russian, we have heard similar tales in other countries of Eastern Europe, and beyond. I had the opportunity in a Tenpus mission during the 1980s to discover how all the departments of public health in Hungary had two sections, one on hygiene and one on marxism-leninism!

The history of public health, like the history of any civil service, has many situations in which there was a conflict between the interest of the party in power and the health interest of the population. This is not exclusive of the Russians. In Spain, Franco's dictatorship completely

demolished both the public health services and the academic departments of public health. Similar situations were produced in Germany by the Nazis and in other countries under authoritarian regimes both in history and today. The common core of all these actions against epidemiology and public health relies on its role as a tool for social accountability. When the health situation evolves in an unpalatable way for governments the temptation for censorship appears.

What can be done then? Firstly, make all these conflicts visible and discuss how to reframe the situations in a more democratic way; this is why we are publishing the Russian case in this issue of the journal. Secondly, look for new relations between the state and the services of public health based on the notions of independence and professional competence. Thirdly, maybe we should ask that the statistics on human health are given the same importance as given to the statistics on money. There is a global consensus for the need of a refined and sophisticated statistical system to facilitate economic development, but health development is impossible without appropriate health statistics as a part of a wider social accountability process.

CARLOS ALVAREZ-DARDET
Editor