Global health

From charity to rights: proposal for five action areas of global health

Ilona Kickbusch

Towards a global social contract on health

I believe that we are at a turning point for public health—and that our choices are stark: either we reorient and strengthen public health within both modern and developing societies and institute a resilient system of global governance for health or we will face dire consequences in terms of human, social, and economic development. At present, it is the poorest countries that are paying the price for this negligence—but we have mounting signals that a new health divide is in the making as a large global underclass spreads out around the globe and defies the old definitions of vulnerable groups. Forceful action at nation state level will not be enough—we need nothing less than a new global social contract on health. I was delighted to see the use of that phrase also by Richard Smith, editor of the British Medical Journal in a recent excellent editorial. The drive for such a contract can only be established politically—developed through an ethical and political debate throughout society initiated by outspoken public health professionals, responsible politicians, and a concerned civil society at national and global levels of governance. And maybe this is the time for the respective journals to make this a joint wake up call to our professional community.

We have reached a point where we need to make a choice of what kind of model of global public health we want to promote. It was one of the characteristics of modernity to take health out of the confines of religion and charity and make it a key element of the action of the state and the rights of citizenship. This process, initially within the context of the constitution of the nation state, today needs to go global as a key dimension of global justice. The International Labour Organization with its recent report on globalisation has presented some first steps in this direction. We expect a clear perspective on a new global public health order to emerge from the work of the World Economic Forum. The International Business Forum must be further developed and strengthened. But even more important is to work on new financing models, such as the International Finance Facility or a model package of a global Bismarckian type of health insurance together with the insurance industry and the ILO and the World Bank. There is an urgent need to establish a system to ensure how contributions of the rich world ensure access to health, understanding it as a key dimension of global justice.
becomes a global challenge. As many recent analyses have shown the global institutions have focused on the global public goods necessary to the expansion of trade and commerce but have severely neglected the expansion of social public goods. This is exactly where we are challenged as a public health community today. What we need are public health models that take radically different approaches and question the very premise of what at the global level is a public and what is a private good.

The dangers of "spin": information, science, security, and welfare

Nancy Milio

Restrictions on full and accurate information

The Bush administration may go down in American history as one of the most creative, or devious, (depending on your point of view) in its use or misuse of information. Other nations can take a lesson from its lethal language. The US public has been focusing on a basic ingredient of democracy: truth in government, the practice of transparency and full disclosure. In public hearings before a special national investigating commission on intelligence and the September 11, 2001 terrorist attacks on the US, the government’s practice is found wanting as the public witnessed and listened to the word games of administration officials. The entire history of open information use in the Bush regime is discouraging. The list is long. A few examples:

Going beyond the Patriot Act, (which was passed hurriedly by Congress without debate after September 11 and greatly increased national security agencies’ ability to ensnare on civil liberties), the attorney general recently got what he has long sought, buried in new legislation: an extension of the FBI’s authority to get individuals’ financial records from private organizations ranging from credit card companies and car dealers to jewellers and the Post Office, without normal judicial review or showing “probable cause” of a crime. It also imposes a “gag” order under threat of criminal penalty for anyone who discloses that the FBI has obtained such records. In addition, the FBI is no longer required to report to Congress on how often they use this power.

The Department of Defense now restricts unclassified (non-secret) information on its web site, deleting what it deems is “of questionable value to public” and anything not “specifically approved for public release”.

The US Iraq press office in Baghdad is basically a Republican party operation, run by political appointees who have worked on Bush election campaigns, for the Bush family, or in the administration. Its stated task is to communicate to Congress and Americans the positive side of the invasion, occupation, and reconstruction. It targeted “good news” to US media in selected states prior to the recent Democratic presidential nomination primary elections. By comparison, the British press office is staffed by long time civil servants, not political appointees, who have specialist regional knowledge and language skills; the US has five staff who know enough Arabic to be interviewed on Al Jazeera TV.

For two years Vice President Cheney has fought providing information to Congress and the public on the input of the energy industries in the formulation of the administration's fossil fuel favoured energy policy. The final decision is awaiting resolution by the Supreme Court, whose Justice Antonin Scalia recently went on a hunting trip with the vice president.

The administration understated the cost of the new Medicare prescription drug law for the elderly population and disabled people by $140 billion until after it was passed by Congress, even though a government actuary had provided it with the true cost, which it refused to accept before the legislation was written; the actuary resigned in protest.

The administration’s approach to information is to focus on threat risks but not on the benefits of information to Americans’ security. This is erroneous, according to a new report by the highly regarded RAND Corporation think tank. It says web censorship is pointless because potential terrorists can get more detailed material from other open sources. Meanwhile, the benefits are lost by restricting government information, including better law enforcement, the spread of scientific knowledge, response to environmental risks and collaboration among citizens to prevent them.

All of these restrictions on full and accurate information damage civil liberties, respect for government, and ultimately the safety and security, the welfare and health of all who reside in the US, and indeed those in other countries—whether from false rationales for violence or denial of the science behind environmental damage, or of the most efficacious ways to deal with such health issues as HIV/AIDS and birth control.

A prime safeguard against government half truths and misleading information since the early US Republic is an alert, inquiring, and assertive media. But since 1989, the three TV networks’ reporting of foreign news decreased from over 20 hours to less than five hours per week by 2003, as was true of most local newspapers, even though 6 in 10 readers say they are “highly interested” in foreign news. As a result, Americans are using new sources, with large increases in the audiences of the London Economist, the New York Times, Reuters' wire service, and the BBC.

More worrisome is a current report of surveys running from 9 June 2002,
Data, “race,” and politics: a commentary on the epidemiological significance of California’s Proposition 54

Nancy Krieger

The importance of the politics of data for epidemiological analyses

Data for social justice and public health are akin to the proverbial two-edged sword. To the extent we base any of our claims about social injustice in evidence, we must use data—whether of the quantitative or qualitative sort. But data do not simply exist. By contrast with the literal definition of “data” as “that which is given,” data instead are duly conceived and collected, via the ideas and labour of those who would obtain the requisite evidence.1 In the case of epidemiology, moreover, we must often use population data appearing in categories that are far from ideal—precisely because the assumptions of those with the power to shape and accrue the data often differ from those who seek to use these data to illuminate and oppose social inequalities in health.

Instructively highlighting these tensions are issues that recently arose in relation to the California ballot initiative Proposition 54.2,3 Officially designated as the “Classification by Race, Ethnicity, Color, or National Origin Initiative”—but called the “Racial Privacy Initiative” by its supporters (who previously sponsored the successful anti-affirmative action Proposition 209)—Proposition 54 sought to ban collection or use of racial/ethnic data by government agencies.2,4 Under the slogan “Think outside the box,” the initiative’s proponents claimed Proposition 54 would “end government’s preferential treatment based on race, and junk a 17th century racial classification system that has no place in 21st century America.”3

Despite its seemingly “progressive” approach to discounting outdated modes of classifying “race,” Proposition 54 nevertheless was soundly defeated (64% opposed) by a coalition lead in large part by public health advocates and researchers, who exposed how the absence of these data would translate to public harm, especially in relation to public health.2,4 Recognising that not collecting data is a time honoured method of removing a problem from public purview, as if to say: “no data, no problem,” the opponents argued Proposition 54 would effectively whitewash reality—by precluding monitoring of racial/ethnic disparities in health let alone developing programmes or allocating resources to address them.

To understand the conceptual issues at stake, highly relevant for both health research and public health monitoring. Figure 1 diagrams the three contrasting approaches to data on race/ethnicity informing arguments for and against Proposition 54. Tellingly, both proponents and opponents of Proposition 54 condemned racism and unscientific beliefs about “race” as an “innate” characteristic. But, whereas proponents argued that racial/ethnic data should not be collected because “race” is not “real” (that is, not “biological”), opponents countered that this stance patently ignored the social realities of “race”—that is, as a socially constructed category reflecting societal and individual histories of racial discrimination and dispossession.

The contradiction is therefore sharp—and unavoidable—and affects all research using categories that bear the mark of social inequality. Data on social disparities in health have long been disparately interpreted as evidence of:

Policy implications

- California’s Proposition 54 would have seriously harmed efforts to monitor and address racial/ethnic disparities in health.
- Epidemiological analyses should explicitly expose issues of social injustice whenever using social categories linked to social inequality.
Divergent conceptual approaches to racial/ethnic data at play in the debate over death. Millions of people… to live at the edge of bodies and live ones. In fact, that is life for could seem “normal” to walk between dead high mortality rates for various reasons, it in some settings. In countries ravaged by and others are part of the day to day scenario being carried to the morgue, some visitors dedicated for family visits. A dead body, T

Life and death, day after day

The image, a corridor outside a medical ward in a main hospital of an African country, was taken around the time dedicated for family visits. A dead body, being carried to the morgue, some visitors and others are part of the day to day scenario in some settings. In countries ravaged by high mortality rates for various reasons, it could seem “normal” to walk between dead bodies and live ones. In fact, that is life for millions of people... to live at the edge of death.

J Jaime Miranda
International Health and Medical Education Centre, University College London, The Archway Campus, Union Building, 2–10 Highgate Hill, London N19 5LW, UK, j.miranda@ucl.ac.uk

REFERENCES