

dignity and empower the agency of all those affected by poverty and disease. It must involve local, regional, national, international, transnational, and global actors to act in solidarity with those who suffer. And it must mobilize Catholics at every level to act for the global common good by affirming health care as a Christian duty and a human right and by adopting the option for the poor as the first step toward global health justice. ■

NOTES

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3. "Gaudium et Spes," in Austin Flannery, ed., *Vatican Council II: The Conciliar and Post-Conciliar Documents*, vol. 1, Costello Publishing, Northport, NY, 1975, paras. 24-26.
4. Pope Paul VI, *Populorum Progressio*, 1967, paras. 76-78.
5. See UN Development Project, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, January 2005 (www.millenniumproject.org/orunmp.forumone/eng_html_03.html) accessed June 2005.
6. Pope John Paul II, quoted in Catholic Health Association, *Genetics, Science, and the Church: A Synopsis of Catholic Church Teaching on Science and Genetics*, St. Louis, 2003, p. 7.
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8. Pope John Paul II, *Evangelium Vitae*, 1995, para. 88.
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10. "Vatican Condemns AIDS Drug Firms," BBC News, January 29, 2004 (<http://news.bbc.co.uk/2/hi/europe/3442217.stm>).

Global Health as a Factor in Economic and Social Stability

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As health care costs soar to new heights and the federal deficit continues to grow, it begs the question: With 47 million uninsured Americans, why does the U.S. government choose to allocate valuable tax dollars to fight diseases largely found in developing countries? In FY 2005, the President proposed and Congress approved spending \$89 million on malaria alone.¹ Yet, the all-too-familiar argument suggesting the moral imperative of the United States as one of the most prosperous, influential, and outspoken nations to lend a helping hand is not sufficient in this increasingly interconnected world. It is within the context of this interconnectedness that we must view the current global health crisis beyond unidirectional models of cause and effect. We must understand that the success of the global economy and international security are rooted in how we address poverty and poor health. We are at the critical point of needing to ask ourselves what we may lose by not address-

ing global health and poverty issues, and what can we do about this increasingly troublesome situation right now?

Despite the benefits of the globalization of economies and increased free trade, not all boats have risen with the tide, as evidenced in the rise in infectious disease epidemics and childhood mortality, specifically in developing countries. Of particular concern are children in poor communities who, according to UNICEF's State of the World's Children 2006 report, have been identified as an absolutely critical target in tackling the greater Millennium Development Goal agenda.² Within this new global economy, goods and infectious diseases are equally transmissible, as seen in the HIV/AIDS epidemic and the imminent threat of avian influenza. Moreover, the emergence of new diseases such as ebola virus and the reemergence of more historic, and presumably long-resolved human plagues like polio, are causes for alarm.

THREATS TO SECURITY

Beyond the basic threat of disease transmission, infectious diseases, poor health, and poverty may also brew threats to security by promoting instability in developing regions. Social unrest and disparities in income and access to public goods and social services, including health care and education, may be underlying connections between hotspots for

extremism, which have challenged the security of the United States. Furthermore, good health directly affects the gross domestic product (GDP) by increasing the productivity of the worker. Poor health and continued disability and death promoted by infectious diseases pose a major threat to the long-term economic success of nations.³ As Jeffrey Sachs has eloquently stated time and again, effective disease control promotes economic development, which, in turn, will have a positive impact on stability and goodwill.⁴

RETURN ON INVESTMENT

Given what we know about the importance of good health and effective disease control in our interconnected world, it is troubling that there remains so much to be done to adequately address global health needs. Doing so is absolutely critical if we are to avert the greater political, economic, and social train wreck that we know lies somewhere ahead in the not-so-distant future. Contributing to the frustration here is that we know how affordable disease control around the world can be. The potential return on investment for money spent to address health needs is tremendous. In 2002, the World Health Organization released figures that show how an investment of \$66 billion per year would return an economic benefit of more than \$360 billion per year by 2015-2020 throughout the world.⁵ If the United States were to declare war on infectious diseases in developing countries, more than 13 million lives, the majority of which being children, could be saved annually.⁶

However, it is well known that 90 percent of the world's resources are spent on 10 percent of its diseases. Most investments in research and development go to treat Western, revenue-generating diseases such as cancer, neurological disorders, heart disease, and sexual dysfunction. We

The next installment of "Thinking Globally," to be published in the July-August issue of *Health Progress*, will feature the Hospital Sisters Mission Outreach, based in Springfield, IL. This program distributes donated medical equipment and supplies—much of it recycled from U.S. health care facilities—to clinics and hospitals in developing countries, expanding health care to people in need.



Courtesy of Hospital Sisters Mission Outreach

have seemingly ignored the fact that tuberculosis, for example, is the number one infectious killer in the world, claiming more than 3 million lives annually. President Bush's President's Malaria Initiative and President's Emergency

Plan for AIDS Relief, both unveiled in 2005, are good steps towards addressing global health needs. Yet, in order to combat poor health, poverty, and consequential global instability, we need to do more. The irony of this situation is that most of the diseases suffered in the developing world, such as the neglected tropical diseases (NTDs)—which refer to a group of 13 major disabling and poverty-promoting conditions and are the most common chronic infections of the world's 2.7 billion poorest people—could be easily treated or prevented,

and as such would prove very cost-effective in reducing or preventing extreme poverty, loss of life, and economic and political instability. An integrated approach to the treatment and control of seven of the 13 NTDs, for example, has been utilized to great success by the neglected disease partnerships of the Global Network for Neglected Tropical Disease Control at a cost of only \$0.50 per person per year. In addition, the overarching gap in health care and research spending poses a threat to our ability to find long-lasting tools, such as vaccines, to eliminate diseases that cripple economies and nations.⁷

WINDOW OF OPPORTUNITY

So why is global health important for U.S. policymakers, and why should taxpayers be concerned about health care and infectious diseases beyond our borders? While the altruism and conscience of the American people is not in doubt, we must also recognize the benefit of a proactive, rather than our usual reactive, approach. In this increasingly interconnected world, the very threats that once seemed so far away are now looming on our doorstep. Furthermore, the relationship between social welfare and economic, social, and political stability—of a local, regional, and international kind—cannot be ignored. It would be a tragedy of historical and massive proportions if we fail to act firmly right away, especially since we know that solutions are available, accessible, and affordable.

The key toward achieving our goal of lasting peace and stability has been in front of us for quite some time. At this

very moment, the American people and our leaders, in cooperation with leaders and peoples around the world, have a unique and critical opportunity. The price of letting this chance to improve the health of our brothers and sisters around the world pass us by will be far more costly than anything we could ever have imagined ■

For more information about the Global Network for Neglected Tropical Disease Control, visit <http://gnntdc.sabin.org>.

NOTES

1. United States Agency for International Development (USAID) report on the President's Malaria Initiative funding for 2005. This report can be found online at www.fightingmalaria.gov/funding.
2. United Nations Children's Fund (UNICEF), *State of the World's Children 2006*. This report can be found on the UNICEF website at www.unicef.org/sowc06.
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