



Health and National Security

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My interest in the subject of health and national security was stimulated by recent events in two of the larger member countries of the Pan American Health Organization. First, in December 1994, after years of stability and spectacular economic growth, the Mexican economy seemed to go into free fall, and its currency suffered a series of ever-greater devaluations. I am not an expert in this field, but I was struck by how deeply the rest of the world experienced the aftershocks of the crisis. I also came to appreciate the fact that some fundamental aspects of a nation's well-being are not in its own hands. As the crisis took hold, international market forces determined the course of the domestic economy, apparently wresting from the Mexican Government control over one of the traditional ingredients of a nation's security.

The second event occurred in 1995, when I read the Canadian Government's response to the recommendations of the Special Joint Parliamentary Committee reviewing its foreign policy. The Government pointed out clearly that there were new rules in the foreign policy arena: the Cold War was over, and Canada needed to devise a new approach for protecting its security. The country's foreign policy actions now would be informed by a concept of

shared human security, as the world was too interdependent to retain a narrow view of national security. By the same token, the policies that other countries adopted in the field of health and the environment also would affect Canadian security. As the Minister of Foreign Affairs said in the House of Commons:

While the geopolitical upheavals of recent years have greatly reduced the immediate threats to our security, we must now, paradoxically, expand our definition of this concept. Today, security is no longer defined in terms of ideologies or boundaries. Environmental deterioration, massive uncontrolled migrations, international crime, drug trafficking, AIDS, overpopulation, and underdevelopment are the names of today's threats. Our security requires a deeper awareness of them.

Both these events caused me to reflect on the changing perception of national security and the changing view of health in our world today. The definition of national security that held sway up until recent times had remained intact for centuries. As articulated about 20 years ago by M. H. H. Louw, it was

the condition of freedom from external physical threat which a national state enjoys; and this relative security derived from three conditions: first, the deterrent effect of the state's alliances; next, the international environment that would deter an aggressor; and finally, the state's own intrinsic capacity to resist aggression.

Based on an address delivered by the Director of the Pan American Sanitary Bureau at the University of the West Indies, Kingston, Jamaica, on 27 March 1995.

But with the dramatic changes in the political landscape that occurred in the last five years, the concept of national security has approached the Canadian Government's pronouncement. Robert Reich, in his book *The Work of Nations*, describes the growing interdependence of individual and commercial interests:

[A] nation sacrifices a bit of security when it becomes dependent on foreigners for anything. Complete security is equivalent to autarky. But autarky deprives a nation's citizens of all the advantages of economic interdependence with the wider world.

The concern with national security is perhaps felt most acutely in small states because of their vulnerability. I. L. Griffith, in his analysis of security in the Caribbean, points out that the military, political, and economic dimensions are the most critical. There is a growing realization that national security depends in great measure on domestic stability, which is in turn heavily influenced by human development — embracing economic, environmental, health, and political concerns. This wider view of national security led Griffith to conceive of it as the protection and preservation of people's freedom from external military attack and coercion, as well as freedom from internal subversion and from the erosion of cherished political, economic, and social values. The importance of these social values has been considered in almost every high-level political meeting, at the subregional, regional, and global levels.

One might attempt to outline a very crude historical sequence of the issues perceived to affect national security, as follows: Early thinking about national security gave primacy to a nation's ability to resist armed aggression; in time came an appreciation of the importance of domestic freedom and ensuring that citizens could earn a decent living; more recently, the world has woken to the need to preserve the environment

and its biological diversity as ingredients of national security. I wish to highlight health as another factor important for that security.

The Evolution of Interest in Public Health

By "health," I refer mainly to public health. Concern for the health of the public has evolved over the last 150 years, and appears to have come full circle. The famous public health physician C. E. Winslow described three phases of public health concern and, to some extent, practice. The first phase (1840–1890) saw the flourishing of empirical sanitation and the appreciation that diseases could be caused by a wide range of social and environmental conditions. Health was improved by building water and sewerage systems, constructing proper housing, and providing adequate food. This approach to sanitation was not entirely altruistic, however. As W. H. Welch, one of the pioneers of American public health teaching, explained: "merely from a mercenary and commercial point of view it is for the interest of the community to take care of the health of the poor."

The second phase, around the turn of the century, witnessed the introduction and acceptance of the germ theory of disease and the growth of bacteriology. Care of the public's health was therefore viewed primarily in terms of killing germs.

The third phase, which Winslow, writing in 1923, dubbed "the new public health," emphasized personal hygiene and the medicalization of preventive care. In most countries, public health authorities came to be viewed as poor relations within the overall health establishment family.

Over the past 25 years, the concept of what constitutes caring for the public's health has been intensely reexamined, the value of the health of the people has been reassessed, and a serious effort to separate out the determinants of that health has been

undertaken. This has led to a reaffirmation of many of the principles developed and accepted 150 years ago. One might call this flurry of activity "the fourth wave."

Links between National Security and Health

Having outlined some of the elements of national security and briefly sketched some of the current thinking on what determines the state of a nation's health, let me try to establish the linkage between the two. First, the health of the population is an essential resource for the domestic stability of the nation. Obviously, a healthy population represents the human capital necessary for productivity. In any discussion of the human resources required for progress, health and education stand out as the two most important elements.

There was a time when the benefits of investing in education were quantified in economic terms, but the arguments for investing in health were cast as moral and ethical issues. Now, there is a growing body of empirical evidence that shows the economic return from improving health. In a seminal study on investing in human resources conducted for the Inter-American Development Bank, Behrman demonstrated that such investment can improve productivity and income distribution. Especially in poor countries, the economic gains from investing in health and nutrition may be greater than those from investing in education.

Behrman goes on to point out, however, that a country's epidemiologic situation will determine where the investment must be made. It is now standard dogma that public investment should target areas with higher social benefits, and that those health interventions with the highest positive externality content should be the ones provided by the State. These include most health promotion and disease prevention activities.

If governments accept that domestic stability is a matter of national security and that economic health is one determinant of that stability, if they accept the logic of the economic returns from health investments,

The Determinants of Health

The seminal work on the determinants of health came out of the United States of America and Canada. The work of Blum and the Lalonde report on the health of the Canadian people are the most widely known. Further amplification by Evans and Stoddart questioned the relationship between health care and health status and showed how the public policy debate that focuses on the former needs to be modified.

The determinants of health include the physical and social environment; biology, which includes genetic endowment; individual and collective behavior; and health care, which is the least important. Nevertheless, the role of the healer should not be minimized. Sound reasons have been given to support the thesis that the individual care physician makes a significant contribution to the public's health, but that the impact has been obscured by the lack of suitable indicators.

One of the more fascinating findings of recent studies is the existence of a social class gradient in relation to health outcomes, even among strata that cannot, by any stretch of the imagination, be called poor. This social gradient may have expressions in biological responses that are health promoting or disease provoking. It is a universal finding that the overall health of the population depends not so much on the average income but on the equality of income distribution in a country.

This search for the principal determinants of health status is not some abstruse, recondite philosophical exercise. It is fundamental to the understanding of how a large part of a country's social policy is structured.

and if there is no evidence to refute the demonstrated relative importance of the determinants of the population's health, then one can logically ask why governments continue to place resources predominantly in health care, and why Ministries of Health still concern themselves primarily with the care of the individual.

The answer is complex. One reason is that health, as such, does not rank high on the popular agenda, which views health primarily according to the mechanical model of care and repair espoused by traditional care givers. The media and influential persons decry the perceived deficiencies in individual care and paint the government as a hard-hearted villain if it does not respond by opening new care facilities.

A second and thornier aspect is that discussion about investment in care often centers on the perception that salaries of health professionals drive expenditures, which introduces class arguments that are counterproductive to fashioning logical national policy.

Much of the debate on health expenditure in developed countries concerns the increasing fraction of the national wealth being spent on health care — for example, 14% of GNP and rising in the United States of America. Most countries now accept that they cannot sustain increases in health care expenditure that rise faster than the rate of inflation. The long-term consequences for the national economy and internal stability are obvious.

Another way in which national health is important for national wealth deserves mention. Travel is one of the world's fastest growing businesses, and tourism has become vital for the economic survival of many countries. There is now very good evidence that the health of the people and their place — both in physical and environmental terms — is a major factor in drawing visitors to a particular spot. Epidemics or fear of epidemics have devastated the

economies of tourist areas.

Ill health, together with poverty, environmental degradation, and social marginalization, has rendered countries insecure. These four grim, galloping horsemen frighten the rulers of many countries, even more so because they ride in unison. Proof of the vicious circle of poverty and the destruction of the environment comes from every corner of the world.

History offers plenty of examples of how ill health can lead to the fall of nations. As I wrote in an article about the interface of the Aztec empire and the Spaniards in the area of health:

History showed disease as the fifth column of the Spanish conquest. It was germs and not guns which made Tenochtitlan fall before Cortes: in spite of his technological advantage he was on the verge of defeat until a massive epidemic, probably of smallpox, decimated the Aztecs, and he entered a capital city reeking with the stench of death his musketeers and bowmen had not caused.

National security also depends on a State's alliances. It is a foreign-policy canon that these alliances are driven by mutual interest areas, and health can be a powerful one. The countries of the Americas have acted in concert to address common disease problems, with brilliant results — for example, the elimination of smallpox and recently the interruption of transmission of poliovirus. But the Health Initiative of Central America, which was called "Health, a Bridge for Peace," comes closer to the popular concept of national security. The security of those countries was strengthened by the peace that was, in some measure, favored by the interactions that took place in the name of health.

Futurologists differ about the scenarios that will unfold in relation to global security. There is no shortage of pessimism. Kaplan, in a widely quoted article, predicted global decay, a world "riven by dis-

ease — with increased erosion of nation states and international borders,” and a complete collapse of national security. One of the frightening consequences of such a scenario for developed countries is the prospect of hordes of immigrants from overpopulated nations pressing upon their borders.

Not everyone shares that apocalyptic view. I believe the models predicting societal collapse do not take full account of the world's social and human resources. Nevertheless, one result of this general concern was the convening of the World Summit on Social Development in Copenhagen in March 1995 “to give social development and human well-being the highest priority both now and into the twenty-first century,” according to its Declaration. The Summit emphasized that people's health must be at the center of that well-being and one of its major determinants. Attention to health and well-being, which goes beyond concern about the international spread of disease, will be key for ensuring the global security that is essential to the security of modern states.

The Position of PAHO

Why should the Pan American Health Organization be concerned with national security? PAHO has a constitutional responsibility to assist the countries of this hemisphere in their efforts to combat disease, lengthen life, and promote the physical and mental health of the people. The Organization was created out of a desire of the nations of the Americas to try to work together to solve common problems. When one looks at the health problems that affect our people, one is struck by the inequalities that exist among and within countries, both in disease burden and in access to the means to promote health. Inequity in health is only one facet of the inequity in other spheres that threatens national security.

Over the years, many approaches have been pursued to solve the health problems of the Americas, with several successes. We embraced the worldwide cry for “Health for All” and tried to put in place the elements of the primary health care strategy. In September 1994, the Ministers of Health assembled at the XXIV Pan American Sanitary Conference approved a set of five strategic and programmatic orientations to steer our work in the next four years: health and human development, health systems and services development, health promotion and protection, environmental health, and disease prevention and control. These orientations will guide our technical cooperation with the countries.

We must seek allies in our efforts to have health recognized as important to well-being and to see this acknowledgment reflected in the public agenda. First, we need an informed citizenry. The current public understanding of health is inadequate and is inevitably linked to discussion of the costs of the health system, which are mostly for repair and rehabilitation. We also need all sectors of government to become aware of the real importance of health to the body politic and of their role in securing it; for that reason, I have begun efforts to have Heads of State dedicate time in their cabinet deliberations to discuss health.

Perhaps the allies whose help I need most are those in my own profession. I would like to see physicians take the lead in advocating a new vision of health as a positive resource at the very heart of well-being. I would like to see my colleagues promote fearlessly discussion of the kind of public policy and popular involvement that would channel national resources most appropriately for promoting and maintaining the public's health. It is a worthy effort—one critical to the preservation of national security—and my Organization and I personally will do everything possible to stimulate that debate.

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