

Awakening To Global Health

It's been lonely in the tropical medicine trenches, but more and more Americans are discussing and growing passionate about the need to improve global health.

BY CLAIRE PANOSIAN DUNAVAN

PREFACE: What we used to call “international health” (suggesting something that went on “over there”) has now been renamed and reenergized as “global health.” Travel, communications, and the resurgent power of microorganisms make the health of populations in Asia or Africa mainline concerns in the United States. Both epidemiology and humanitarianism argue for a global view of world health. In her essay, tropical medicine specialist Claire Panosian Dunavan discusses the path that led the United States to this new level of awareness about the importance of world health and the realization that, as she puts it, “the health of others touches all of us—eventually.” Twenty-first-century America is the beneficiary of growing numbers of immigrants and their children, many of whom are health workers. Aisha Saad came to the United States from Egypt as a child and is now majoring in environmental health science at the University of North Carolina at Chapel Hill. Her experiences on returning to Cairo for a summer to work in a public hospital give her a new view of global health—and her role in it.

NOT LONG AGO, the personal assistant to an actress left me a voicemail message. In the past, I had provided travel care—vaccines and malaria pills, treatments for pesky rashes and other overseas ills—to the actress, her husband, and members of their entourage. Two or three years had passed since our last visit, but, of course, I remembered the glamorous crew. The aging celebrity—still beautiful. The business-tycoon husband who adored and indulged her. And, last but not least, the butler, secretaries, and other helpers who kept the couple’s lives running in true, Hollywood-fairytale style.

As an occasional doctor to the household, I even knew bits and pieces of its *Upstairs, Downstairs* dramas. Some staff members—for various reasons—didn’t last. But something in this assistant’s voice told me that she was a seasoned pro. It was respectful, yet it carried a subtle force. She was accustomed, I sensed, to asking favors on behalf of her famous employer.

“Dr. Panosian, could you please call the Mexican authorities...or the World Health Organization?” Pregnant pause. “Pauline [not the actress’s real name] believes there is an outbreak of dengue hemorrhagic fever near the construction site of her new villa on the coast of Mexico. One of her workers there is in the hospital. He has been diagnosed with dengue, malaria, and an amebic liver abscess.”

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Ah, voicemail. In the privacy of my office, it allowed me to mull over the request—and quietly stew. Right, I thought. Because Pauline says so, I should rustle up an international *force majeure*? What proof does she have? No doubt the local hospital was doing its best, but, as a twenty-five-year veteran of infectious diseases and tropical medicine, I found the idea of three concurrent blights in one person a little hard to swallow.

As for a surge of dengue on the Mexican Riviera, I recalled no recent postings on the electronic reporting system ProMED, the *Daily Variety* of global disease trackers—but it was certainly possible. The mosquitoborne virus is ubiquitous in the Caribbean basin. Pauline's best action, I thought to myself, would be to tell the foreman to eliminate buckets, jugs, and other water-containing breeding sites around the new mansion.

My initial pique relieved, I moved on to other voicemail messages. Before long, however, I found myself returning to the message. Finally, a small, still voice in my head reminded me of something I should have recalled from the outset.

When I first studied tropical medicine decades ago, the field had passionate devotees, but few outside the specialty—especially lay Americans—knew much about it. Today, it seems, public awareness of global health has hit an all-time high. Of course, the altruism is mixed with self-interest—that's a given. At the same time, international public awareness is a key (*the* key, some might argue, after cold, hard cash) to tackling and conquering scourges among the world's poor.

Here at home, whether an interest in global health wells up in a Hollywood darling, a service organization, or a school group, it can create ripples. So can modest donations, as I first learned as a 1950s schoolchild. Not only did collecting coins for the March of Dimes fuel some fledgling philanthropic instinct on my part, it connected me on a human level to America's fight against polio.

Pauline was worried about dengue, malaria, and food- and waterborne ills? Bravo. I might not be able to help her *trabajador*, but I could certainly stoke her knowledge and concern. Soon, I returned her assistant's call—not with a final verdict on the worker's illness or the private phone number of someone influential (for the question about a possible dengue outbreak, I steered her to the Centers for Disease Control's Division of Vector-Borne Infectious Diseases), but as a fellow global health advocate.

Inner Awakenings

WHEN PEOPLE ASK ME HOW I GOT INTERESTED in tropical medicine, I'm never quite sure how to answer. When I was growing up, perhaps it was my father's bottle of quinine in our family medicine chest—a silent reminder of his World War II brush with malaria. As he lay ill in a South Pacific hospital tent, my father watched other malaria victims die. As a supply officer on Guadalcanal, he also saw chronic malnutrition and parasitic blights among the

island's natives.

Years later, in Haiti, I would undergo a similar awakening. During that summer as a volunteer health worker, I witnessed every kind of infectious misery in my hospital's dirt-floored waiting room. Grandparents with rusty sputum and tubercular coughs. Children with swollen bellies, flaking skin, and mustardy diarrhea. Infants dull-eyed with malarial anemia—and, sometimes, malaria-choked brains.

Those stories and scenes never left me, despite the passage of time and other medical encounters here and overseas. Fast-forward a dozen years, and I was back in my hometown of Los Angeles. First at a county hospital—a modern-day melting pot—and then at my university hospital, I diagnosed, treated, and taught about tropical diseases. In the late 1980s, when I launched a second career as a medical journalist, I also tried, whenever possible, to report and write about them.

Some editors were interested, some were not. I didn't blame them; I knew the plethora of competing health issues. But, deep down, I also wondered: Were my interests—and those of tropical medicine colleagues—really that irrelevant to twentieth-century life in the so-called developed world?

Tropical Medicine And The Media

ONE OF LIFE'S JOYS IS MEETING A KINDRED SPIRIT—an event that often occurs out of the blue. Take, for example, my first encounter with Jon Cohen. A *Science* magazine writer who had recently been on assignment in Africa, in 2000, a feverish Cohen showed up in my clinic worried that he might have malaria. Although his workup proved negative, I discovered that my new patient sure had a handle on the parasite—especially its continuing toll on the African poor. Wow, I thought, this guy really gets it.

Of course, Cohen was not just any science reporter. Having covered the HIV/AIDS epidemic from its earliest days, back then, he was already a savvy global health “watcher.” Today his perch is not so lonely. In the past several years, original reporting on health and development by U.S. journalists has blossomed.

Encouraging this work benefits the entire global health community. Accordingly, the American Society of Tropical Medicine and Hygiene (ASTMH) recently created an annual communications award. When asked to tap two professionals to serve on its judging panel, I immediately thought of Cohen. My other pick was Susan Okie. A longtime physician-journalist at the *Washington Post* and now a contributing editor at the *New England Journal of Medicine*, Okie and her husband—a malaria vaccine researcher—once lived in Kenya.

The five members of the ASTMH communications award committee embody a wealth of experience from the trenches. And yet each of its members—medical scientist and medical journalist alike—has been struck by the passionate, growing reporting from the field now marking this genre.

Consider a 2003 award-winning series in the *Boston Globe*. “Lives Lost: None of

Them Had to Die” examined health conditions in eight poverty-stricken sites worldwide, starting with a lesson in global health math: “Yesterday, 24,000 people worldwide could have been saved with basic care. The same number could have been saved the day before, and the day before that. In all, over the last year, 8.8 million lives were lost needlessly to preventable diseases, infections, and childbirth complications.”

Among the landmarks of 2005 was a six-hour public television series covering global health from vitamin A to vectorborne disease. Because the producers and sponsors of *Rx for Global Health* designed the programs for double duty in the classroom, the rich video archive—along with a companion book and lesson plans—is now reaching high school and college students throughout the country.

In 2006 two veteran *New York Times* reporters teamed up for “Diseases on the Brink.” Five in-depth stories on polio, guinea worm, trachoma, lymphatic filariasis, and measles constituted the initial series published in March and April (installments on iodine deficiency and integrated disease prevention in children followed later in the year). In addition, many of the photographs accompanying the articles (for example, those depicting the swollen limbs of Haitian filariasis sufferers or scarred, sightless eyes of trachoma victims in Ethiopia) were seemingly unprecedented for a major U.S. newspaper.

These examples are just a few standouts. Other major dailies and popular magazines are sending reporters to the front lines to cover HIV/AIDS, malaria, tuberculosis (TB), and emerging diseases such as avian flu, SARS (severe acute respiratory syndrome), and Marburg virus. And on television, it’s no longer unusual for shows from *60 Minutes* to *Animal Planet’s The Most Extreme* to feature segments about scourges such as sleeping sickness and malaria (in 2006, female mosquitoes carrying drug-resistant *Plasmodium falciparum* malaria won honors as the world’s “most extreme” animals).

Once in a while, an innovative media project will even marry a global health luminary with a crew of Young Turks from Hollywood. Economist Jeffrey Sachs recently joined forces with the producers of *Running the Sahara*, a feature documentary about three ultra-marathoners crossing a 4,000 mile swath of desert from Senegal to the Red Sea. Together, Sachs and the execs are promoting “H2O Africa”—a clean-water charity campaign. Principals in LivePlanet, the company that conceived the film and the global water effort, are actors Matt Damon and Ben Affleck.

The days when mass media coverage of global health was largely confined to images of famine and war—or even ground-breaking fund-raisers such as George Harrison’s 1971 Concert for Bangladesh or Bob Geldof’s 1985 Live Aid concert—are past. Today, if the preceding examples are any clue, the public is demanding, and the media are delivering, far meatier fare about diseases, demographics, and concrete global health solutions.

The President’s Malaria Initiative

THIS PAST DECEMBER, AS I LEAFED THROUGH the Sunday newspaper, something caught my eye. “Laura Bush’s Next Campaign” read the modest headline on the *Parade* magazine cover featuring comedian Ben Stiller. On page 12, amid ads for Paxil and Nutri-System, were two more headers (“We Can Save These Children” and “Laura Bush joins a campaign to protect babies in Africa”). Thus began a brief report about an ambitious plan to halve malaria deaths in African children by 2010.

The goal itself was no surprise. The White House first announced the President’s Malaria Initiative (PMI) in 2005. A five-year, \$1.2 billion program designed to blanket fifteen countries in Africa with four malaria-fighting tools (indoor residual house spraying, insecticide treated-bed nets, artemisinin-based combination treatments, and intermittent doses of sulfadoxine-pyrimethamine in pregnancy), the PMI has not yet expanded into all target sites, but so far it’s on track. No, what was surprising wasn’t the PMI’s worthy objectives, but its wooing of hometown America in a Sunday supplement.

A few days after the *Parade* article ran, a White House–organized “Malaria Summit” took place in Washington, D.C. The three-hour program, held at the National Geographic Society headquarters, highlighted recent antimalaria efforts by U.S. churches, businesses, and charitable organizations. In addition, a children’s choir from Durban, South Africa, sang; youngsters from Newark, New Jersey, performed; and a Kenyan schoolgirl’s prize-winning essay (“Malaria! What Is It?”) appeared in the program. Professional basketball players, inspired in part by veteran sports writer Rick Reilly (his powerful *Sports Illustrated* column, “Nothing But Nets”—about mosquito nets—ran in May 2006), spoke from the podium alongside representatives from the World Health Organization, the World Bank, the Bill and Melinda Gates Foundation, African ministries of health, the United Way of America, and Exxon Mobil Corporation.

What exactly did Malaria Summit organizers hope to gain from the star-studded rally? As far as I can tell, more partners and contributions to a new, nonprofit malaria coalition. “Do Your Part. One Bed Net. 10 Dollars. Save A Life,” read the home page at <http://www.malarianomore.org>. Hmmm, I thought, when I saw it for the first time. Sounds a lot like a twenty-first-century, inflation-adjusted March of Dimes to me.

To be honest, ever since the December showcase, the notion of a popular awakening to malaria has tantalized me. At the same time, I can’t help but weigh some facts and questions. Polio was paralyzing people here at home when FDR created

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the March of Dimes; malaria, on the other hand, is a far-off scourge. Are Americans really prepared to dig into their pockets and “do their part” to fight it? As for Congress, will “compassionate conservatism” (or whatever the next administration chooses to call it) vis-à-vis malaria, HIV/AIDS, or any other disease that disproportionately afflicts the global poor, truly sustain efforts over the long term? Finally, despite massive contributions by private foundations, will federal dollars for global health ever come close to traditional foreign aid? And while we’re on that subject, where do our current foreign aid dollars go, and what do they buy, anyway?

These are healthy questions for a twenty-first-century citizenry to ask its government—and itself. If people power against malaria, HIV/AIDS, and other global scourges prompts the debate, so much the better.

Awake And Connect

A COUPLE OF YEARS AGO A UNIVERSITY COLLEAGUE, Tom Coates, and I decided to launch an evening journal club around global HIV/AIDS and other diseases of the tropical poor. Now, once a month, we e-mail research studies, policy reports, and popular articles to a growing audience of students and postgraduate trainees, medical and nonmedical faculty, and even a few friends outside the university. Alternating meeting sites between our two houses, we serve up salad, pasta, and soft drinks—and let the conversation rip.

The feedback has been great. But attendees aren’t the only ones learning and gaining from the new forum. Tom and I enjoy the diverse mix of people and perspectives as much as if not more than do the twenty to thirty folks who show up each month. We also draw inspiration from them.

Perhaps it’s the buoyancy I feel after one of our journal club sessions—and the data-dense yet truth-hungry times in which we live—that makes me think we could be ready for a modern-day Chautauqua movement around global health. The original Chautauquas appealed to nineteenth-century Americans hungry for culture and education; at the same time, they provided a one-of-a-kind populist forum in which to discuss pressing social issues of the day: women’s suffrage and child labor, for example. Today’s Chautauquas—or, if you like, public seminars on global health—could serve similar ends.

The health of others touches all of us—eventually. Looking back, I realize that this was the true lesson of Pauline’s SOS call. By the way, I’ve talked to her several times recently. Although her worker recovered from his illness, Pauline is now asking tough questions about health conditions in neighboring migrant labor camps. She’s also eager to join more global health discussions—starting with next month’s journal club.