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Reader's Guide for *Rx for Survival: Why We Must Rise to the Global Health Challenge*

By Philip Hilts
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Overview

“The most pressing issue of our time is not war or the threat of terrorism, serious as those threats are,” Philip J. Hilts writes in his introduction to *Rx for Survival*. “The tide has begun to turn against us in the fight against deadly diseases and the promotion of general health and longevity.”

Since 1973, a record number of new diseases have appeared around the globe—including HIV/AIDS, mad cow, Lyme, West Nile, *E. coli*, SARS, and avian flu—and many previously “contained” diseases, such as polio and cholera, have resurfaced. At the same time, public healthcare funding in the United States—which reached its apex in 1970, as the global campaign against smallpox was nearing its successful conclusion—has plummeted by more than 50 percent. One of the more significant results of these cutbacks has been a decline in effective disease surveillance, the dire consequences of which were starkly illustrated by the healthcare community’s failure to identify and halt the spread of the HIV/AIDS virus before it reached epidemic proportions in the 1980s.

Rx for Survival opens with a chilling catalog of the many potential epidemics that public health experts fear could dwarf the HIV/AIDS crisis in both scale and deadliness. The increasing globalization of the world economy means that isolated outbreaks can become worldwide epidemics literally overnight; as Hilts puts it, “the transmission of goods and the transmission of disease are inseparable. Historically, they are not just similar to moving from port to port or airport to airport; they are the same events.” The danger is real, but the solution—increased funding for public health programs, especially in developing nations—is met with sharp resistance in the United States, where combating terrorism is the chief political concern and foreign aid is often seen as “pouring money down a rat hole.”

Hilts argues that this resistance is misguided on both fronts. Backed by reports from organizations as varied as the CIA and the Rand Corporation, he makes a persuasive case that improved worldwide health—far from being a distraction from national security concerns—is in fact a key element in building the social and political stability that is essential to snuffing out the root causes of terrorism.

He also counters the perception that foreign aid to developing nations is inherently ineffective, providing examples of cost-effective, nontraditional initiatives that have yielded stunning successes in the fight against public health scourges around the world.

Focusing on four recent campaigns in Asia and Africa, Hilts illustrates the dramatic effect that relatively low-cost—and sometimes amazingly simple—public health initiatives can have on mortality rates and life expectancy. In Bangladesh, local mothers are given the recipe for a homemade medicine that drops the death rate for babies with diarrhea from 50 percent to 1 percent. An ingenious campaign in Nepal recruits grandmothers to distribute Vitamin A in remote villages, cutting the infant mortality rate in half. Unflappably dedicated aid workers in India travel house to house—and hovel to hovel—in an ambitious vaccination drive that aims to stamp out polio, once and for all, in a single day. And in Botswana, where over 40 percent of the adult population is HIV-positive, a privately-funded organization partners with the government to provide lifesaving drug “cocktails,” free of charge, to more than 40,000 patients.

Common to all of these efforts is the willingness of the organizing parties to break from traditional, “top-down” approaches of aid delivery and develop strategies that make indigenous populations active participants in the process. Examining radical breaks from conventional wisdom during past crises, such as the cholera epidemics of the 1800s and the rebuilding of Europe after World War II, Hilts points up both the difficulty of changing engrained practices and the power of committed individuals to achieve the seemingly impossible. His prescription for avoiding the catastrophes that may lie ahead ultimately comes down to maintaining faith in humanity’s ability to meet even the most overwhelming challenges—and acting before it is too late.

Discussion Questions

1. Before reading this book, how aware were you of public health issues in general and the potentially devastating effects of diseases like SARS and avian flu in particular? How do you think the danger from these threats could be more effectively conveyed to the American public?
2. After reading this book, do you agree with Hilts’ contention that health is a more pressing national security issue than the war on terrorism? What proportion of military and homeland security spending would you be willing to divert to public health?
3. In discussing the cholera epidemics of the 19th century, Hilts points out that it took three successive outbreaks over several decades before needed reforms were put into place. Similarly, recent close calls with diseases like avian flu and mad cow have so far failed to inspire desperately-needed public health reforms. Can this pattern of shortsightedness be changed? Do you think it will take a major epidemic to spur government funding for public health initiatives?
4. One of the keys to the successful implementation of the Marshall Plan was the Truman administration’s willingness to credit General Marshall for the proposal, thus avoiding a political battle along party lines. Given today’s ideologically divisive political climate, do you believe that global-health advocates should find a similarly “neutral” third party to deliver their message? What sort of public figure do you think would command the respect of both liberals and conservatives? Does any person or organization in particular come to mind?

5. The drop-off in funding for public health in the United States corresponds very closely to the completion of one of the most successful public health campaigns of all time—the worldwide eradication of smallpox. Why do you think that this success failed to inspire continued investment in public health?
6. In discussing the Disability-Adjusted Life Year (DALY) measure of return on investment for healthcare spending, Hilts mentions that investment in end-stage care can cost \$10 million to \$100 million per DALY gained. In light of the much more cost-effective results that can be achieved by focusing on preventing diseases, should public health spending be diverted from programs designed to help patients whose conditions are already terminal?
7. Hilts points out that the new generation of HIV/AIDS drugs, which cost \$10,000 to \$15,000 per year in the United States, could be profitable at a price of less than \$150. Drug manufacturers would argue that this extreme markup is necessary to offset the cost of researching and developing such drugs. Should pharmaceutical companies be forced to offer lifesaving drugs such as these at the lowest possible price? Do you think this would deter drug companies from spending the money needed to make new scientific breakthroughs?
8. *Rx for Survival* gives examples of a new generation of non-governmental agencies (NGO's), such as the Global Fund, which seem to have avoided the problems of previous organizations that aimed to foster worldwide economic development by adopting an approach that is “vertical” rather than “horizontal.” Do you think that US economic aid would be better spent funding these nonprofit institutions, rather than older organizations such as the World Bank and the International Monetary Fund? Or should the United States create its own “Department of Global Development” based on the lessons learned from these new generation of NGO's?

Q & A with Philip Hilts

Does international aid for health do any good? Some critics argue that much well-intentioned foreign aid has been wasted. What are your thoughts on this?

Most of the world's children now get vaccines to prevent six or seven diseases, and these vaccinations save millions of lives every year—that is aid. Smallpox was counted as among the worst of all human illnesses, and it has been eradicated—with aid. Polio has been eliminated from four continents—with aid. Economists now have done the numbers in detail and at length and found that the very best investments governments can make—producing the greatest return to society for each dollar—are investments in delivering specific health treatments, from antibiotics, to vaccines, to rehydration packets to prevent infant death from diarrhea. In the past few years, oral rehydration alone, spread by NGOs from aid programs in Nepal and Egypt, have reduced the number infant deaths from five million a year to two million a year.

A recent research project in the U.S. that sought to identify large-scale successful health projects around the world found dozens and wrote up in detail 17 projects that met the toughest standards. They were large, they addressed the most serious public health problems, they lasted more than five years, they were highly cost-effective (100 to 1 or better in life-years gained per dollar) and most importantly, each had big, measurable gains on direct measures.

What about less specific or high-profile aid campaigns?

Most aid, of course, is not this kind of high-impact, highly reliable aid. Most is political money sent to friendly countries that has no specific goal and no measurable outcome. Also, over the years we have learned how to give aid effectively, something which we learned only after years of attempts and failures in the 1960s to the 1980s. Corruption is no longer an issue because we can monitor the aid and give it not to corrupt governments but to groups that can set goals, do the work, and prove it. Now, the largest organization giving this kind of “smart aid” is the Global Fund to Fight HIV/AIDS TB and Malaria. It demands results, and pulls the money if it does not get them. Further, the projects it supports are proposed by local experts and community leaders, not by politicians or bureaucrats in the wealthy countries.

There is no question that health aid works. It is working now and has saved millions of lives. The problem now is that so little money is given to health with the “smart aid” kind of approach. The great masses of aid over the years went for weapons; the amount that went to good health projects was infinitesimal. For example, American aid to Africa including all development aid, health and otherwise, amounted to about six *cents* per person in 2002, at a time when Americans are spending \$4,500 per person on their own health.

You’ve written extensively about health issues, both in newspapers and in previous books. What draws you to these topics?

The greatest progress in all of human history is progress in health—tripling the length of life for humans and more than doubling the energy we have to do work. As economists have now outlined in detail and analysts in the intelligence community and scholars who study the stability or instability of states have now demonstrated, these are the most basic issues of progress. They come before money and wealth in importance. Economists in the past two decades have demonstrated that building up health in developing countries is the most powerful factor in breaking out of poverty and starting economic growth.

In your book, you say that we have reached a “tipping point” in the fight against epidemic diseases. Can you elaborate on that?

We are now faced with a key moment of decision. The world stands at a point when it is clear that the rise of epidemic diseases will continue, a historical-scale pandemic of influenza is predicted by scientists. This comes at just the moment of increasing political conflict, increasing opposition to some excesses of globalization, and fear of growing inequality around the world.

The outlines of what we need to do have already been laid out by analysts and researchers: to build up disease surveillance and response systems in the U.S. and developing nations and to deliver the simplest and most potent health interventions to developing societies. These are the basis for a forward-looking approach that cuts across political and cultural divides.

How did the collaboration with PBS/WGBH and your book come about?

Several years ago I proposed a NOVA project on treating HIV/AIDS in Africa after I had spent time in Botswana. NOVA was interested, but went a step further, broadening the idea to address issues of health around the globe, rather than just a single disease. I went back to Botswana to follow the delivery of anti-retroviral drugs throughout the country—the first attempt ever in Africa to give the drugs on a large scale, for free, to all those who needed them. When I returned, the planning and fund-raising for a global health series was underway. The producers asked if I would be interested in writing a book that would cover the same issues. I felt that this was a vital, emerging problem and that it was somehow getting obscured by other concerns of war and politics, even though it was an important new approach to those same issues. So I agreed to put together a proposal. The book was to be independent, with its own point of view and its own funding, but would cover the same central problems. I wrote a proposal, and Penguin Press accepted.

In your reporting you frequently focus on international terrorism. What is your greatest fear about terrorism in the fight against disease?

Experts are clear on several points about the dangers that lie ahead: we cannot predict which place in the world will produce a regional or world crisis. But we have had more political disruption and war in the past two decades than we have since the end of World War II. At the same time globalization is moving forward rapidly and in many places is perceived to be simply a scheme in which the rich nations continue to fleece the poor ones.

People become alienated and attack the legitimacy of the system itself when they feel left out, or abused. It is not so much that terrorists themselves have a sense of injustice that moves them; more important, trouble is multiplied when communities feel that inequality and injustice are real, and so they turn a blind eye to extremism. They may not endorse it, but they will not oppose it directly because it appears to be an understandable response to a system that is not working.

One might argue that the terrorist attacks on the World Trade Center took healthcare issues “off the table,” politically speaking. What can we do to put them back at the center of the international discussion?

Not long before 9/11, American intelligence leaders warned that health issues, both at home and abroad, are among the most important of all issues to national security. First, because America had let its public health surveillance and response system deteriorate badly, and we have become vulnerable to new diseases and emerging diseases to a degree we have not been vulnerable in decades; second, because deteriorating health conditions in developing nations lead to economic and political instability. That means these countries are vulnerable economically and are breeding grounds of terrorism.

There have been several groundbreaking reports linking health and national security from the most prominent organizations and experts in health and international policy in the United States, including: the *National Intelligence Estimate* for 2000 which stated that the threat of emerging disease should be first priority in national security and American foreign policy; the six-year project called the *State Failure Task Force Report*, which said that the most sensitive measures of whether a nation will fail are health measures, and that health failures can and do threaten the stability of countries; the several reports from the National Academy of Sciences that emerging diseases, and a likely pandemic of influenza, threaten the nation's security and stability, and the Rand Corporation's reports, including the 2002 book *The Global Threat of New and Emerging Infectious Diseases: Reconciling U.S. National Security and Public Health Policy*.

In your book, you discuss the immense damage done to the public image of pharmaceutical companies in recent years. Do you think that this has contributed to American apathy towards public health issues in general?

I think most of the apathy comes from success. We have done very well, we are comfortable, and so it is easy to quietly let the whole edifice deteriorate when there is no crisis to spur us into building or repairing. In history and in human behavior, it seems natural to have swings of attitude—public-spirited years give way to profit-taking and self-concern, until crisis reminds us that our greatest progress comes from giving, not taking, or at least from a balance. In this way, too, the pharmaceutical companies forgot their basic bargain with society and appeared so greedy and uninterested in the public's health that after decades in which the companies were held in high regard, they suddenly found themselves out in the cold.

The spread of disease was a major concern in the wake of Hurricane Katrina. What is your assessment of the healthcare community’s response to that disaster? Were any lessons learned?

What has happened with Katrina was predictable, and for years reports and pleas have been made to invest in our communities, not keep cutting budgets for vital infrastructure and services. We cut them when things are going well and feel like we can get away with it. We can’t. Public health funding has been slashed for two decades. Money to prevent breakdowns and prepare for disasters has been cut dramatically from anything that is not defined very narrowly as “terrorism.” But disasters come in many forms, and after the near miss of SARS and anthrax and the hits of 9/11 and Katrina, we should by now be seeing a pattern. We need to tend to basics—both America’s public health readiness and the health systems of places that might be the sources of disastrous epidemics, or alternatively, might be the source of economic growth and partnership if they are doing well. We need to be ahead of the game, not cleaning up after failures. We don’t know yet all the public health failures during Katrina; we do know that doctors and hospitals were unable to cope, and the failures will ripple out for months and years.

What do you hope will be accomplished by the publication of *Rx For Survival* and the broadcast of its companion series on PBS?

If we want to steer globalization, build a broad prosperity, and avoid disease and social catastrophes, we need to start with the basics. The object is to get the discussion going, to put some of these issues on the agenda in America. The discussion has already started, and in other nations the commitment has already been made. Now is the time to put the debate near the top of the agenda in America.

We need a broad approach to the future, one like the vision behind the Marshall Plan in which we led with our best impulses and found that it worked both to our advantage and those of our partners. The Marshall Plan began in 1948 after three years of regular aid to Europe failed and disruption and poverty were increasing. It sent massive grants to Europe steadily over several years—more than \$200 billion in current dollars, many times the amount of money we give now to all developing nations. The money went as grants, not loans. Countries getting the money chose their own most important needs and designed their own programs. Enemies were included rather than left out of the projects. The project was said to be foolhardy because it wouldn’t do any more good than the aid already given and that corrupt leaders would misuse it. But the project went forward and the result was what has been called the largest and most successful aid project in history and the single most important factor in preventing Europe from becoming a collection of third-world nations and instead creating the European renaissance that we now take for granted. Then it was 13 countries in a devastated Europe. Now it could be 30 countries in the developing world.



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