The Collapse of Global Public Health and Why
It Matters for New York

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Modern public health was invented in New York City. The science and policies that form the core of public health arose in London, Paris, Berlin, and Boston at the end of the 19th century, but it was in New York City that bands of sanitarians, germ theory zealots, and progressive political leaders created the world’s first public health infrastructure. From its inception, New York City was a global trading post, its very survival dependent on its multilingual, diverse population. New York City surpassed colonial competition by opening its harbor to ships and immigrants from all over the world. In so doing, New York City also opened itself up to the world’s diseases. The city had only two options: close itself off and suffer economically or open its arms to the world while creating systems within the city to control disease. For 200 years, New Yorkers fought off epidemics and pestilence. Vital statistics, clean water, pasteurized milk, mass vaccination, less-hazardous workplaces, public sewers—these were hallmarks, achieved one agonizing step after another, of New York’s public health system.

To be effective, a 21st century public health infrastructure can no longer be confined to New York City, Los Angeles, or the United States. It has to be global in scale. The measures that ensured longer lives for New Yorkers at the dawn of the 20th Century must be implemented planetwide a century later if disease in one earthly ecosphere can be held at bay. Such a global public health infrastructure must embrace not just the essential elements of disease prevention and surveillance that were present in wealthy pockets of the planet during the 20th Century, but also new strategies and tactics capable of adjusting to global changes. The collapse of governments, war, poverty, environmental damage, population pressure, and failure to maintain the public health infrastructure are to blame for the remarkable declines in health and life expectancy seen in many parts of the world.

DEFINITIONS

The legitimacy of public health suffers because of the lack of a clear definition. Public health is a negative. When it is at its best, nothing happens. There are no epidemics; food and water are safe to consume; citizens are well informed regarding personal habits that affect their health; children are immunized; the air is breathable; factories obey worker safety standards; there is no class-based disparity in disease or life expectancy; and few members of the public go untreated when they

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develop addictions to alcoholic or narcotic substances. In the absence of failures in these areas, politicians faced with budget crises or dictators eager to expand their local and regional power may feel justified in slashing government health budgets. Public health systems are extremely fragile and are among the first government functions to suffer under societal stress. Even if epidemics emerge, such as human immunodeficiency virus (HIV), Ebola, pneumonic plague, or drug-resistant tuberculosis, national leaders are often insulated from the danger because they typically are wealthier than the imperiled citizens and have access to elite health coverage.

Struggling for a definition of public health, the Institute of Medicine (IOM) arrived at the following: “The committee defines the mission of public health as fulfilling society’s interest in assuring conditions in which people can be healthy.” In other words, no agreement was reached as to what constitutes “public health” other than ensuring that people are healthy. In the absence of a coherent definition of the discipline, it is no wonder its advocates struggle to defend their budgets and policies. During the 1980s, the IOM found that every state lost funding and personnel in all areas except provision of clinical health care. Such vital services as drinking water and food quality control, environmental and occupational health, laboratories, and disease control lost money and personnel.

In March 1999, the Centers for Disease Control and Prevention conducted a public opinion poll; 57% of questioned Americans cannot properly define public health, even when given clear descriptions from which to select. Most said that they had “negative evaluations” of the public health system, and the survey group said contaminated drinking water, toxic waste, air pollution, bacterially contaminated food, and pesticides, respectively, represented their greatest health fears.

PUBLIC HEALTH AND MEDICAL CARE

The IOM also found it difficult to distinguish medicine from public health. Although the two pursuits classically share few interests and often are in direct conflict, political pressures over the course of the last half of the 20th century have blurred the borders between the two. In the United States, “public health” has become, incorrectly, synonymous with medicine for poor people. Few Americans at the millennium think of public health as a system that functions in their interests. Rather, it is viewed as a government handout for impoverished people.

Racial discrepancies are severe in public health. US public health has a truly sorry racial legacy that has never been successfully addressed. African Americans and, to a lesser degree, Hispanics and Native Americans are severely alienated from the system and are least likely to participate in population-based control efforts, such as mass immunizations, HIV education campaigns, sexually transmitted disease (STD) efforts, and well baby programs.

In New York City before World War I, New York Public Health Commissioner Dr. Hermann Biggs and colleagues demonstrated that public health not only had little to do with organized medicine, but also might often be antagonistic to physicians. Public health opposed schemes that placed individual health in primacy over the good of the public as a whole. Biggs battled doctors over the naming of tuberculosis patients. For example, doctors wanted discretion for wealthy clients, whereas Biggs demanded safety for all New Yorkers. Public health fought on behalf of the community, placing special attention on the poorest, least advantaged elements of that community for it was amid conditions of poverty that disease usually arose.