



Michael J. Dunn, MD

Public health is a global responsibility

*By Michael J. Dunn, MD, Dean and Executive Vice President,
Medical College of Wisconsin*

Commitment to a global economy is a given for most Americans. We expect a world's worth of products and services at our disposal and acknowledge that things made in the United States are just as likely to be purchased a hemisphere away. Unfortunately, thinking globally in terms of medicine is not a given.

Physicians and policy-makers must view medicine as a global commodity and treat public health issues in one nation as if they affect all nations because, inevitably, they do.

The recent outbreaks of severe acute respiratory syndrome (SARS) demonstrate how a public health problem can escalate rapidly on a global scale and require a global effort to combat. The international community reacted admirably to the challenge SARS presented, with at least 10 different countries all performing diagnostic laboratory work with a goal of identifying and treating the illness. Therein lies great promise, but SARS is just one of many diseases recently warranting international medical intervention—West Nile Virus and Hantavirus are already relegated to memory—and the track record for worldly thinking has not been ideal.

A classic example of this is HIV. Had medical professionals considered the bigger picture in the 1950s

when AIDS was known as Slim's Disease in Africa, its impact may have been curbed.

The Medical College of Wisconsin is privileged to have as an academic leader a world-renowned authority on the big picture. G. Richard Olds, MD, Chairman of the Department of Medicine and the Linda and John Mellows Professor of Medicine, is an expert in international medicine, travel health and infectious disease. He is not only responsible for decades of major public health contributions in the world theater, but also for broadening the perspectives of students at the Medical College.

Doctor Olds has monitored the gap between people of the world who are healthy and those who are not. For much of the last century, life expectancy was on an upswing, reducing the disparity between the poorest quarter and the richest quarter of all countries.

The improvement was fueled by the introduction of universal childhood immunizations, proper use of antibiotics, oral rehydration and other child survival strategies. The focus was on sustaining the lives of children 0 to 5 years of age.

But around 1990, although the United States, Western Europe and Japan were enjoying unequaled health care progress, the status of the rest of the world retreated.

Doctor Olds attributes this to several factors.

The AIDS pandemic in Africa plays a major role because the disease not only kills, but kills people in the prime of their lives. Because it also affects infants, AIDS affects the future economic stability of the continent. The disease is also approaching epidemic proportions in China, India and the former Soviet Union.

Adding to the decline in global health are regional wars that amplify diseases attributable to suffering and malnutrition. The collapse of the public health infrastructure of the former Soviet Union is also a major contributor.

The consequent gap in health does not make ours a safe planet, and involvement in worldwide health services, while altruistic by nature, is also in our own best interests.

A tropical disease specialist, Dr Olds' primary interest is improving the quality of life for the 200 to 300 million people affected by schistosomiasis. This infection is caused by worms that penetrate directly through human skin when exposed to snail-contaminated waters.

The parasitic disease causes significant liver and kidney damage in adults and is responsible for growth stunting, anemia and other disabilities in children. The worms' infestation peaks in school-age children.

The average child in Africa is host to approximately 2.5 species of worms.

Doctor Olds' research and efforts are focused on the prospect of de-worming children subjected to this parasite. Personally conducting double-blind, placebo-controlled trials—two in Africa, two in Asia—he confirmed that youths who were treated grew healthier and heartier, had better cognitive function, and performed better in school and at work.

Doctor Olds was recently chosen to serve on both the board of

trustees and the technical committee for the Schistosomiasis Control Initiative (SCI), which just received a \$29.8 million grant from the Bill and Melinda Gates Foundation to implement schistosomiasis morbidity controls in sub-Saharan Africa. The grant will purchase a 10-year supply of the de-worming drugs.

The SCI is now concentrating on distributing the medication. With Uganda already participating, Dr Olds hopes that by the end of the decade every country in Africa will be involved. The SCI, in line

with the World Health Organization, is committed to trying to treat 75 percent of children in countries with high risk of worm infection. For \$3 million a year, the growth and health of millions of children will be improved.

The bottom line is that public health extends beyond our borders. Doctor Olds attests that on a planet as small as this, there is no problem in the world that is not our problem. All medicine is international.



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