by Laurie Garrett

In the early 1990's, in the waning days of the Soviet Union, I served as a member of a United States delegation that visited Moscow to talk with the Ministry of Health about health policy. During our visit one of my colleagues, who firmly held down the left wing of our contingent, searched constantly -- and in vain -- for a poster of Lenin to take home. "Lenin, Lenin. He's got to be here somewhere," was his mantra. On our last day in Moscow, several other members of the group arrived back at the hotel and with much fanfare told him that they had found his poster. A street vendor in the Metro had sold it to them. Gleefully they unfurled the life-size portrait -- of John Lennon.

The warp speed transition from the Communist Lenin to the free spirit Lennon in the former Soviet Union is one of several looming threats to the health of humanity that Laurie Garrett details in "Betrayal of Trust: The Collapse of Global Public Health." The book follows her 1994 volume, "The Coming Plague," in which she argued that despite the seeming health of the developed world and the continuing advance of technology, we are in trouble. The robust biology of microbes -- aided by pollution, corruption, war and indifference -- is in a position to put human well-being into reverse quickly and definitively. In "Betrayal of Trust" she applies her thesis to new parts of the globe and argues it on a higher level -- public health, the covenant between the individual and the government in matters of health, is broken. The trust is betrayed.

"Betrayal" is an Imax of a book, with five gigantic screens playing sequentially, presenting pictures of moldering health systems in the former Soviet Union, India, central Africa and the United States, and outlining the substantial threat that bioterrorism poses to the world. These are lurid, disturbing and well-documented images that are not easily dismissed as alarmist. Today's Russia inherited the dilapidated command-and-control system of the old Communist order, replete with poorly trained personnel and a research apparatus tethered to long disproven theories. To that dangerous brew the last decade has added depleted treasuries, corruption, sexual license and the overuse of antibiotics. In consequence, death rates in Russia are rising rapidly and life expectancy is falling. The breakdown of the country's public health infrastructure -- including clean water supplies, surveillance teams, infectious disease laboratories and vaccination programs -- means that scourges like AIDS, diphtheria, typhoid fever and drug-resistant tuberculosis (which is particularly lethal and exportable) are also on the rise.

India and Congo are two other troubling images on Laurie Garrett's big screen. In 1994, plague broke out in Surat, a coastal city on the Arabian Sea north of Bombay. Absent from India for 30 years, it caused panic in both the local population and regional public health authorities. The result was an exodus by Suratis, who fled their homes in epic numbers, and a fumbling, recriminatory response by Indian and World Health Organization officials. After 6,500 documented infections and 56 deaths, organized surveillance and antibiotics stopped the epidemic, but the incident demonstrated the frailty of the country's public health infrastructure. Indeed, privatization and fiscal "reforms" had drastically reduced India's public health spending from the previous decade.

In Congo (formerly Zaire), poverty augmented by kleptocracy -- chronic, systematic government corruption -- makes outbreaks of lethal hemorrhagic fevers locally devastating and globally worrisome. Garrett details a 1995 outbreak of Ebola fever in the city of Kikwit that despite the heroic efforts of doctors and nurses claimed 296 lives, four out of five of those infected. Kikwit dramatized the struggle facing local public health workers in battling an infection that could have gone global.

But it is Garrett's observations about the United States that are the most disturbing. Despite our extraordinary wealth and scientific capability, public health is supported in an erratic and underfinanced way in this country. By most measures, the United States ranks in the lowest tier of developed nations, and death rates are on the rise from infectious diseases. Antibiotics are being overused in ways that guarantee the emergence of "superbugs." Our defenses against bioterrorism are disastrously weak. The fact that more than one in six Americans is uninsured is both part of the problem and a symbol of it. Concepts like sanitary reform and disease prevention that enjoyed more currency earlier in our history have been supplanted by a medical ethic that promotes individualism and medicalization. The result is the world's most expensive health care delivery system and a public health bureaucracy that is ill prepared for the challenges it will face in the 21st century.
Garrett is a journalist by profession but a scholar by instinct. She has a nose for both the lurid and the arcane, leading her to tell her stories at great length and document them profusely. In part this makes for good reading, but at times her insistence on pursuing collateral stories and tangential detail upstages her thesis. One wondered, also, where her editor was when she fell to calling New York City "Gotham" and told us three times how many time zones the old Soviet empire spanned.

Her message, though, is a momentous one that is delivered persuasively. Earlier successes with clean water, vaccines and antibiotics, she argues, have lulled us into complacency about public health and caused us to shift focus and funds from collective well-being to personal well-being, from societal health to individual battles with cancer, heart disease and chronic illness. Yet it is the public health system that stands between us and the biological threats that nature and even vicious human beings may be brewing. "Health, broadly defined, may not qualify as a right for every human being," she concedes. But the essentials of public health, as she eloquently shows, most assuredly are "human rights."

Review by Fitzhugh Mullan, professor of public health and pediatrics at George Washington University, as printed in the New York Times.