The great divide: socioeconomics and healthcare

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In a world where infectious diseases play a major role in the healthcare systems of both countries abroad and our homeland, there tends to be an implied "great divide" between the "haves" and the "have-nots." Socioeconomics is an important factor in determining whether a country is receiving proper healthcare and adequate supplies for the future. Personal economics in relation to healthcare is an issue that often inspires a debate that focuses on the AIDS epidemic in Africa; however, socioeconomics also has a key function in the provision of aid for many other diseases globally. Not only does the allocation of money, or lack thereof, affect the current status of disease worldwide, but it also can be the determining factor in whether an emerging disease, such as Avian Influenza, will mushroom into a global pandemic.

As previously stated, there have been many setbacks in the war waged upon AIDS in sub-Saharan Africa because of the current lack of financial stability within that region of the continent. There is a direct correlation between finances and Africa's struggle with plaguing disease. By the end of 2005, we will see the failure of one of the most ambitious AIDS-fighting campaigns to date: "3 by 5," sponsored by the World Health Organization. This program's initiative is to boost production and supply of antiretroviral treatments (ARTs) in some 60 healthcare facilities within the region. The main reason for the failure of such projects is due to the lack of a substantial infrastructure within the continent. Underpaid and unmotivated healthcare workers and a diminishing national monitoring system are two contributing factors leading to the demise of the healthcare systems in sub-Saharan Africa. Both of these issues are directly related to the financial problems at hand within the majority of countries within the region (Brown & Brown).

Although Africa is currently being devastated by AIDS on numerous fronts, world powers such as the United States continue to experience declines in infection rates in conjunction with an increased supply of ARTs for those infected. According to a study done by Harold Jaffe for Science magazine, the number of Americans who consider AIDS to be the "most urgent health problem facing [America] today" has declined from 38 percent in 1997 to less than 17 percent in 2002. In addition to that, the national budget for the Center for Disease Control in Atlanta, Georgia, has raised its annual budget only 5 percent between 2001 and 2004, which is less than the rate of inflation (Jaffe). The strongly established economic system in the United States has helped bolster a healthcare system in which antiretroviral drugs are administered to the majority of the cases of people living with HIV/AIDS. The financially lucrative healthcare system of the United States is the essential polar opposite of countries such as Botswana that are overwhelmed with AIDS infection rates nearing 40 percent of the overall population.

Approximately 500,000 Americans have died due to AIDS-related illness since its discovery in 1981 (Jaffe). However, the more than 15 million people who have died in sub-Saharan Africa due to AIDS complications dwarf that statistic beyond sight ("Avert"). The enormous chasm between these two figures is a clear demonstration of how an established socioeconomic system goes hand-in-hand with the ability to properly execute the treatment of disease via the healthcare system. This statistical evidence resonates throughout the globe and is reiterated in countries like India, where it is predicted that between 20 and 25 million Indians will be living with AIDS by 2010 ("Impact"). It is evident that before countries make a plea for medical supplies and vaccinations, they should request significant help in establishing a fully functional infrastructure so they can utilize the resources provided.

As with AIDS, emerging diseases such as Avian Influenza have the power to devastate nations with less than satisfactory healthcare and financial resources. Avian Influenza particularly has the ability to devastate nations where populations live closely together, such as in Vietnam. Diseases for which there are no vaccinations raise particular concern for healthcare systems because often patients flood into hospitals and clinics where all the medical staff can do is provide beds for them on which to die. Now that the fear of a global outbreak will be worldwide, the hoarding of retroviral drugs, like Tamiflu, has become a practice of world governments ("Hording"). The obvious and major problem of such stockpiling is that the countries actually trying to control the disease are those that do not have the financial resources to buy antiretroviral drugs. This
skewed scheme not only hurts the underprivileged countries dealing with the disease, but also the countries stockpiling the drugs because, if left untreated, Avian Influenza could potentially become a pandemic.

The dangers of the bird flu are numerous and catastrophic if left unrecognized. Since the bird flu is a type A strain of influenza, it is hard to recognize the typical flu-like symptoms as being this strain outside of a laboratory. In addition, the influenza virus lacks the ability to correctly error-proof its duplication, thereby creating a mutated version each time it replicates. This constant mutation is what makes it so hard for scientists to properly predict a correct combination of drugs to create a vaccination. It is estimated by the CDC that it would take approximately four months to make a vaccine for Avian Influenza after it has made the leap from an avian disease to a virus that infects human beings. Both the World Health Organization and the Center for Disease Control are doing much research on the disease and its means of transmission.

Not only does Avian Influenza pose a risk to the health of the world, but it also could devastate the world economy. It is estimated by the World Bank that between the years of 2003 and 2004, the country of Vietnam had to destroy approximately 45 million birds resulting in a loss of about 45 million dollars. Not only does the disease hit the poultry sector hard; it also severely damages the attractiveness of the country in regards to tourism. Travel restrictions instated by a country can cause major damage to the gross national product because not only are local businesses losing tourism dollars, the exportation of products that make the country significant amounts of money might be prevented. Control of this virus is neither an easy nor inexpensive process. Depending upon the efficiency of the program, the Vietnamese government is prepared to spend anywhere between 30 million and 105 million dollars to ensure the management of the disease (Dinh et al). Unlike the United States of America, where the president can request 8 billion dollars for Avian Influenza protection, Vietnam and other poor Asian countries cannot deal with the financial impact of a global pandemic.

It is also pertinent to mention that while countries like Vietnam and Thailand are lacking the proper measures to secure their country’s well-being, the President of the United States, George W. Bush, recently requested 7.1 billion dollars in funding from Congress for Avian Influenza research. Of that gigantic request for funds, only 251 million dollars is going to the training of physicians in foreign countries ("Avian Bill"). The largest portion of the congressional request, 2.6 billion dollars, will go to the rapid creation of a vaccination for the virus itself (Brown). Though this is essentially securing the homeland, President Bush is also sending the message that he does not believe that the virus is a global problem. By donating only a small portion of the allotted amount, our government is essentially fueling the fire. If President Bush were to request more funding for foreign governments we might possibly be able to nip the disease in the bud. Starting in the country of origin and the countries where the disease is manifesting itself only makes sense. Concentration on the root of the problem before letting it come to our shores would be the most direct and secure way to avoid a potential global pandemic.

It is obvious that socioeconomics plays a large role in the way that countries are able to function and manage disease. It is a global issue when countries are left to deal with epidemics on their own because these epidemics could potentially become an international medical cataclysm. There is a direct correlation between proper healthcare and financial stability. The socioeconomic ramifications are far greater when there is no support being given by governments that are in an obvious position to help. There is never going to be an end to epidemics worldwide if the country of origin of the disease cannot be helped. There is much responsibility from the global community to realize that what causes one country pain and devastation will eventually cause the world harm. Instead of focusing on sending supplies and funds, world governments should be worried about establishing financial stability across the globe and instituting a sturdy base for countries to start handling their own problems. Once we realize that we are all citizens of a world village then the sooner we can realize the true problems facing our society and our planet.

Works Cited


