

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Lee, K; Bradley, D; Ahern, M; McMichael, AJ; Butler, C (2002)
Globalisation and health - Informed and open debate on globalisation
and health is needed. *BMJ (Clinical research ed)*, 324 (7328). 44; au-
thor reply 45. ISSN 0959-8138 DOI: <https://doi.org/10.1136/bmj.324.7328.44>

Downloaded from: <http://researchonline.lshtm.ac.uk/16950/>

DOI: [10.1136/bmj.324.7328.44](https://doi.org/10.1136/bmj.324.7328.44)

Usage Guidelines

Please refer to usage guidelines at <http://researchonline.lshtm.ac.uk/policies.html> or alternatively contact researchonline@lshtm.ac.uk.

Available under license: Creative Commons Attribution Non-commercial
<http://creativecommons.org/licenses/by-nc/3.0/>



Letters

Globalisation and health

BMJ 2002; 324 doi: <http://dx.doi.org/10.1136/bmj.324.7328.44> (Published 05 January 2002) Cite this as: BMJ 2002;324:44

Informed and open debate on globalisation and health is needed

Kelley Lee, senior lecturer (kelley.lee@lshtm.ac.uk), David Bradley, professor, Mike Ahern, research assistant, McMichael, professor, Colin Butler, PhD student

Centre on Globalisation, Environmental Change and Health, London School of Hygiene and Tropical Medicine, London WC1E 7HT Tony

National Centre for Epidemiology and Population Health, Australian National University, Canberra, Australian Capital Territory 0200, Australia

School of Public Health, La Trobe University, Melbourne 3057, Australia

Gorway Lodge, Walsall WS1 3BB

Institute for Global Health, University of California, 74 New Montgomery Street, Suite 508, San Francisco, CA 94105, USA

53C Darnley Road, Hackney, London E9 6QH

William Harvey Hospital, Ashford, Kent TN24 0LZ

Agencia Regional di Sanità Toscana (Regional Health Agency of the Tuscany Region), Via Vittorio Emanuele II 64, I-50134 Florence, Italy

Health Systems and Policy Department, School of Public Health, Free University of Brussels, CP597 Route de Lennik 808, B-1070 Brussels, Belgium

EDITOR—We live in extraordinary times, but not for the reasons that Feachem celebrates in his eulogy on globalisation as “mostly good for your health.”¹ An informed, inclusive discussion of globalisation's merits and demerits, including its impacts on human health, is needed, given the increasingly polarised nature of this debate. The mass demonstrations of anti-capitalist protesters at major international meetings, most recently at the G8 summit in Genoa, Italy, communicate the angst felt by many for the human, social, and environmental consequences of the kind of globalisation we are experiencing today. But the violence that has accompanied these demonstrations has undermined and confused the protestors' message.

For the health community, a fuller review of the evidence begins with a disentangling of globalisation as a complex web of cause and effect.² Both sides of the debate have abused the term as a catch all to explain many natural and human induced changes. Defining globalisation as openness does not capture the multiple, often contradictory, forces at play. Globalisation can

also be defined as processes that are changing the ways in which people interact across boundaries, notably physical (such as the nation-state), temporal (such as instantaneous communication via email), and cognitive (such as cultural identity). The result is a redefining of human societies across many spheres—economic, political, cultural, technological and so on. As such, globalisation affects the health of different people in very different ways. How good or bad globalisation happens to be for you will be influenced by socioeconomic status, sex, education, age, geographical location, and other factors.

We are only beginning to understand these interconnections, but existing evidence about the adverse health impacts of globalisation cannot be readily dismissed.³ The role of global environmental change on diseases such as malaria, dengue fever, and cholera has been well documented. The alarming rise of tobacco related diseases has followed recent global economic policies.⁴ The claim that globalisation will ultimately bring greater wealth, and thus better health, is open to challenge. What is needed is a comprehensive examination of the data bearing on each of the many components of globalisation, an assessment of the risks and benefits of each component, and innovative policy responses enabling us to act appropriately when choices are possible, and to adapt to changes that are inevitable.⁵ To do otherwise will reinforce a simplistic debate that is not only widely divided already, but will ultimately fail to benefit the health of all people.

References

1. Feachem RGA. Globalisation is good for your health, mostly. *BMJ* 2001; **323**: 504–506. (1 September.)
2. Lee K. *Globalisation and health: An introduction*. London: Palgrave (in press).
3. Intergovernmental Panel on Climate Change. *Third assessment report*. Cambridge: Cambridge University Press, 2001.
4. Yach D, Bettcher D. Globalisation of tobacco industry influence and new global responses. *Tobacco Control* 2000; **9**: 206–216.
5. Weisbrot M, Naiman R, Kim J. *The emperor has no clothes: declining economic growth rates in the era of globalization*. Washington, DC: Center for Economic and Policy Research, 2001. (CEPR briefing paper.)

Challenges of globalisation deserve better than simplistic polemics

David Legge, associate professor

Centre on Globalisation, Environmental Change and Health, London School of Hygiene and Tropical Medicine, London WC1E 7HT

National Centre for Epidemiology and Population Health, Australian National University, Canberra, Australian Capital Territory 0200, Australia

School of Public Health, La Trobe University, Melbourne 3057, Australia

Gorway Lodge, Walsall WS1 3BB

Institute for Global Health, University of California, 74 New Montgomery Street, Suite 508, San Francisco, CA