

DIRECTOR'S REPORT

Justice and Health Conference Commemorates CHPE's 20th Year

Participants and speakers from ten states, the Dominican Republic, France and South Africa gathered to celebrate two decades of the Center's service in an international conference, "Justice and Health through Creative Technologies: Saris, 'Whistles' and Buckets," April 15-17, 2004. The conference, also an official event of Creighton University's 125th anniversary, focused on how effective and affordable health related technologies can help foster healthful communities everywhere, including those whose members are socially marginalized from the benefits afforded others.

The conference featured local and global health concerns and demonstrations of exemplary projects. Speakers from such diverse settings as Creighton-affiliated Institute for Latin American Concern (ILAC), the Carter Center in Atlanta, the Center of Concern in

Washington, DC, UNESCO, along with local Creighton and other professionals involved in projects in Omaha, offered information, perspectives and strategies. All emphasized that while the availability of technologies (e.g., vaccines, AIDS interventions, water purification systems) may support better health for more people, often the poorest and remote regions are left out. Unjust pricing, graft at local sites and lack of mechanisms to assure sustainability and usability of technologies preclude much of the world from realizing technology-enhanced benefits.

Creative technologies mean thinking out of the box and working with potential users in developing, distributing and evaluating them. One speaker noted that vaccination in Bangladesh could prevent four times as many new cases of hepatitis in the United Kingdom as vaccinating in the UK itself. Dr Henk

ten Have, Executive Director of Ethics and Technology at UNESCO, Paris, France, (and former CHPE Senior Visiting Fellow), emphasized on-site education, and Dr Gerald Winslow, Loma Linda University, presented

questions that arose for him in relationship to a Chinese hospital whose goal was the design of an "all-American" hospital.

Saturday's workshop facilitator, Amy Smith, is an engineer from the Massachusetts Institute of Technology who was recently featured in the *New York Times Sunday Magazine* for her service learning classes in "appropriate technologies," i.e., effective, affordable, developed with local participation and sustainable in remote or impoverished areas—whether in the economically developing or developed world. She led participants through the design of a simple technology (a matchstick tower) to illustrate challenges and strategies.

Attendees came away with an increased appreciation of the theological, ethical and social underpinnings that support the development of technologies, as well as motivation to encourage research and education to improve the effectiveness, distribution and evaluation of such products. Moreover, members of the Center were reminded once again that Catholic and Jesuit social justice foundations provide a useful and appropriate framework for inquiry and strategic planning around pressing social issues.



Workshop facilitator Amy Smith announces winners of matchstick building competition.

Ruth Purtilo, PhD
with Helen Shew,
CHPE Conference Coordinator

Global Disparities in Health and Health Care

Professor Solomon Benatar, Director of the University of CapeTown Bioethics Center in CapeTown, South Africa, described a gloomy global picture of disparities in health and healthcare resources. He pointed out that premature mortality and disability rob the lives of many in developing nations. These nations bear major burdens of infectious diseases, notably tuberculosis and HIV/AIDS. Seventy percent of the global burden of HIV/AIDS is in Sub-Saharan Africa and increasing rapidly in south and southeast Asia. Infant and childhood mortality are strikingly higher, and life expectancy is notably lower than in developed nations.

The correlation of health disparities with wealth and poverty is strong and compelling. The healthiest nations are vastly richer than those whose citizens endure high burdens of disease. The richest 20% of the world's population enjoy 83% of the income. Sixteen percent of the world's population live in developed nations and account for 87% of world health expenditures. The United States, with approximately 5% of the world's population, accounts for 50% of health spending. Annual per capita spending on health varies from less than \$15 in the poorest nations to nearly \$6000 in the U.S. Ninety per cent of health research expenditures fund the study of diseases that cause 10% of the global health burden.

Professor Benatar attributes these disparities of health, health care and resource distribution to the values that dominate the policy and politics of developed nations. We have created a "global shopping mall" and "cultural bazaar" that promotes "consumerism as a way of life [that] eclipses other values." This move results in valuing

individualism and private goods and undervaluing — even debasing — public goods. Luxuries for the few are favored over essentials for the majority. He also sees an erosion of professionalism in health professionals as they succumb to the lures of money, fame and lifestyle.



Speaker Solomon Benatar speaks on international health and justice.

Benatar proposes that these disparities of income and well-being threaten the long-term self interest of developed nations. They carry the risks of economic instability, the growth of terrorism, the spread of infectious diseases by easy global travel and degradation of the global environment.

But all is not inevitable gloom and doom. Professor Benatar holds out a glimmer of hope and prescribes a course that may alleviate the disparities and result in a more just distribution of health and health care. He asks us to "expand the discourse on ethics and human rights" to include interpersonal, public health and international ethics, to balance "individual rights with collective rights and responsibilities" and to add "global health responsibilities" to our considerations and actions. He urges promotion of respect for *all* human

life, *universal* human rights, responsibilities and needs. We should strive for reduction of inequities, wider freedom and democracy. We should foster environmental ethics and a strong sense of solidarity with all peoples. To achieve these ends will require "new concepts of international finance" and "transformative" political leadership inspired by an "ethics of conviction." New approaches to development are essential; a moral global economy is required.

Richard L. O'Brien, MD, FACP

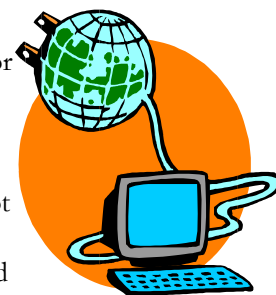
Join the Conference Follow up On-line Interactive Discussion

You are invited to participate in an ongoing discussion featuring several key topics introduced during the conference. Hosted by the Center for Health Policy and Ethics, the format is similar to an online class "discussion thread" in which individuals can respond to an already existing topic on the Forum or post

a new topic for discussion.

You need not have attended the

conference to offer ideas, interests and concerns regarding the design and allocation of health technology resources or to become a part of these important discussions. Minimal registration to participate. For more information see justiceandhealth.org. If you have further questions contact hshew@creighton.edu.



Biomedical Research, Yes...But for Whom and for What?

During his 2000 address at Santa Clara University to the delegates from the 28 US Jesuit colleges and universities, Father Kolvenbach, Superior-General of the Society of Jesus, reminded the audience that no research is ever value free. Researchers must therefore always ask themselves: “For whom? For what?” Those who have chosen to work at Jesuit colleges and universities may be expected to answer this question in the tradition of the Society of Jesus. “By preference, by option, the Jesuit point of view is that of the poor,” whereby the “poor” include all fellow human beings who are indigent, discriminated, marginalized, vulnerable or otherwise suffering from injustices. “[Such a] commitment to faith and justice entails a most significant shift in viewpoint and choice of values.” To adopt “the point of view of those who suffer injustice,” requires that “the real concerns of the poor find their place in research.”

It is therefore no coincidence that the recent CHPE sponsored conference on “Justice and Health Through Creative Technologies” opened with a presentation by Rita Colwell, PhD, immediate past Director of the National Science Foundation and Chairman of Canon US Life Sciences. Dr. Colwell presented the audience with a sweeping overview of the major public health threats that the world faces today. The recent SARS outbreak shows that old challenges, such as science’s inability to discover quickly the biological identity of infectious microorganisms before they reach epidemic proportions, are becoming a problem of the past. But at the same time, widespread worldwide air travel opens up venues for pandemics never before encountered. And even though microbes do not discriminate, the reality

is that the poor around the world, and particularly in developing nations, continue to be hit hardest by these illnesses.

This injustice challenges clinicians and health policy makers alike. But it also challenges bench researchers: for whom and for what is all of this research done? Are the health care needs of the world’s marginalized and poor on the global biomedical research agenda? Dr. Colwell and her colleague, Dr. Anwarul Huq, who would address the audience the next conference day, showed how



The sari that brings health

bench researchers can answer this question positively. Water-borne diseases such as cholera continue to affect the health of people in the poorest parts of the world. Drs. Colwell and Huq developed a simple yet effective way of reducing cholera infections: straining impure water through an old sari folded several times.

Similarly, Dr. Donald Hopkins, Associate Executive Director, Health Programs at the Carter Center, talked about the importance of research to the Global Guinea Worm Eradication program. This effort to eliminate Guinea worm disease that is led by the Carter Center, has as its main objective the elimination of this disease around

the world. So far, through the development of a “pipe filter” as a kind of straw used to drink water from a container, the program has succeeded in eliminating 98% of the world’s cases. The success of this effort is of vast importance to the health and well-being of millions of people in developing nations.

Brilliant solutions such as these could only have come about because the researchers were appreciative of local wisdom about disease prevention of the local residents, sensitive to cultural reservations, aware of the economic and social context of the end-users and cognizant of modern insights in microbiology. Thus they provided an inspiring example for faculty members at Jesuit colleges and universities, and for all other researchers concerned about global health care disparities, a way to operationalize Kolvenbach’s call: “[Build] an organic collaboration with those in the church and in society who work among and for the poor and actively seek justice. ... [Be] involved together in all aspects: presence among the poor, designing the research, gathering the data, thinking through problems, planning and action, doing evaluation and theological reflection.”

Jos V.M. Welie, PhD

Calendar of Events

15th Annual Women & Health Lecture

Marion Field Fass, BA, ScD, Department of Biology, Beloit College, Beloit, Wisconsin.

“Deciphering the AIDS Epidemic”
Wednesday, September 8, 2004
Creighton University Skutt Student Center Ballroom,
Reception 7:00 pm, Lecture and Discussion 7:30 pm

Local Heroes Featured at Conference

Mark Goodman, MD, Theresa Townley, MD, Linda Ohri, PharmD., and Archana Chatterjee, MD, PhD, all foster a more healthful local community while helping to rectify injustices. Each is involved in endeavors targeting groups at risk of exclusion from health resources. Dr. Goodman discussed his experience in Showak, Sudan, where he directed refugee clinics, in his presentation, "A Preferential Option for the Poor – in Action." The obstacles he faced there honed his skills for redressing the difficulties encountered by any community group burdened by poverty and threatened by disease.

Drs. Townley and Ohri responded to the Carter Center's Dr. Donald Hopkins' presentation, "Building Blocks for Creative Technology: Challenges and Solutions." Dr. Townley spoke about her work with Doctors Without Borders with whom she worked for three years in Liberia, South Sudan, Macedonia and Kosovo. Dr. Ohri described her involvement with the Metro Omaha Immunization Task Force that helps to eliminate vaccine-preventable diseases in the children of the Omaha area.

Dr. Chatterjee's talked about her work

in public health — particularly the health of children — in her presentation, "Opportunities on the Home Front." Dr. Chatterjee discussed the barriers to immunization and provided additional information about the Immunization Task Force Metro Omaha. Her goals for the future include the development of a speaker's bureau for community education about immunization, organization of a state-wide immunization conference and promotion of a state-wide computerized immunization registry. An additional project is a website created in collaboration with the Metro Omaha Medical Society that offers answers to questions about immunizations.

These "local heroes" are to be commended for their efforts to improve the health of the least advantaged of our community.

**Winifred J. Ellenchild Pinch
RN, EdD, FAAN**

FOCUS

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Honors

Dr. Bela Blasszauer, former Senior Visiting Fellow, was awarded the Gold Merit Cross of the Hungarian Republic on March 15, 2004. Dr. Blasszauer built the field of bioethics virtually singlehandedly in Hungary, despite pressure from the communist regime and corruption in the healthcare system in his home country.

Heartfelt congratulations, Bela!

Transitions

Rita Nutty, Manager of CHPE for nearly ten years, completed her work with us May 15th. Rita will take some time to spend with her family. We appreciate the good work she has done for all of us here.

Marybeth Goddard, formerly Senior Administrative Assistant, will succeed Rita as Manager of the Center and Chris Karasek will succeed Marybeth. Congratulations to Marybeth and Chris.

CHPE extends our thanks and best wishes to Rod Nairn, PhD, former Center Associate and Senior Associate Dean of the School of Medicine. Dr. Nairn will join Dr. Roy Wilson, recent past VP of Health Sciences and Dean of the School of Medicine, at Texas Tech University Health Sciences Center.

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