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Surgeon General's Column

The world cannot be allowed to exist half healthy and half sick.

— Leonard Scheele

Last month, I wrote about the devastating toll AIDS has taken on our country and the tragic loss in human life and monetary resources it is inflicting on the world. This message was never clearer than when I toured South Africa last month as part of the delegation assigned to assist with the binational meeting between Vice President Al Gore and South African Deputy President Thabo Mbeki to discuss the South African - U.S. Partnership Into the New Millennium. But AIDS is not the only global health problem we face.

Never before has the health of the populations of the world been more inextricably linked from one nation to the next than it is today. Today's epidemic easily could become tomorrow's pandemic, and we must be more committed than ever to maintaining a public health perspective on matters pertaining to global health. In an effort to stay on top of our global public health concerns, we are concentrating our efforts as primary initiatives: polio eradication, emerging and reemerging infectious diseases, tobacco use prevention and control, and violence and injury prevention.

Polio Eradication

Of all our global health concerns, polio eradication is one of our most hopeful areas. Although we are on the verge of full global eradication within the next 3 years, we cannot afford to relax our efforts. Instead, we must strengthen institutional commitment and work even

harder than ever to mobilize the resources needed to fill the gap in global funding. We are in close collaboration with the World Health Organization, Rotary International, and the World Bank, as well as the Group of Eight (G8), the White House, and the National Security Council to reach full eradication of this disease. By continuing steadfastly on the path already started, we will see the day – not too far in the future – when polio will have gone the way of smallpox in the world.

Emerging and Reemerging Infectious Diseases

Among the areas we are most concerned about are HIV/AIDS, tuberculosis, malaria, bioterrorism, and food safety, which pose the greatest risk for emerging and reemerging infectious diseases (ERIDS).

Every day 2 million people travel across international borders. Along with the benefits of faster and easier international travel also come greater threats to global health through the spread of infectious diseases. Since 1995, nearly half of all measles cases reported in the United States were introduced from other countries, and the last three measles outbreaks here originated in another country. Each year, the strains of influenza that affect the U.S. population occur first in other parts of the world.

In 1997, 39 percent of all tuberculosis cases reported in the United States were in foreign-born patients; in California, the rate approached an alarming 67 percent. In this decade alone, nearly 88 million cases of tuberculosis have been re-

ported throughout the world, which will result in 30 million deaths.

Combating ERIDS calls for international cooperation. For example, following the embassy bombings, we have been working with Kenya and Tanzania to ensure an emergency medical response system and a safe blood supply, and we helped establish the South Asian Infectious Disease Network. Our plans include collaboration with the World Health Organization under the Roll Back Malaria project and continued cooperation working on tuberculosis and bioterrorism under the Gore-Primakov Commission.

Food safety is also increasingly a global issue. The proportion of the food consumed in the United States but produced in another country continues to rise. In fact, 40 percent of fruits, 8 percent of vegetables, and 60 percent of seafood eaten in America come from abroad. By the same token, we transport a significant amount of food abroad. The risk of contamination through improper food growth and handling increases whether we are importing or exporting food.

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