
YALE LAW & POLICY REVIEW

Medicine as a Currency for Peace Through Global Health Diplomacy

Senator William H. Frist, M.D.*

In today's era of globalisation and interdependence there is an urgent need to broaden the scope of foreign policy. Together, we face a number of pressing challenges that require concerted responses and collaborative efforts. We must encourage new ideas, seek and develop new partnerships and mechanisms, and create new paradigms of cooperation. We believe that health is one of the most important, yet still broadly neglected, long-term foreign policy issues of our time. Life and health are our most precious assets. There is a growing awareness that investment in health is fundamental to economic growth and development. It is generally acknowledged that threats to health may compromise a country's stability and security. We believe that health as a foreign policy issue needs a stronger strategic focus on the international agenda.

– Oslo Ministerial Declaration (March 20, 2007)¹

-
- * Senator William H. Frist, M.D., is the Frederick H. Schultz Class of 1951 Visiting Professor of International Economic Policy at Princeton University's Woodrow Wilson School of Public and International Affairs. Senator Frist represented the state of Tennessee in the United States Senate from 1995 until his retirement in 2007, serving as Senate Majority Leader during the final four years of his tenure. He rose to Senate Majority Leader having served less time in Congress than anyone ever to hold the position and was the first practicing physician to serve in the Senate since 1928. Senator Frist wishes to thank Matthew Lehigh and Zachary D. Kaufman for assisting with the preparation of this Essay.
1. Jonas Gahr Støre et al., *Oslo Ministerial Declaration—Global Health: A Pressing Foreign Policy Issue of Our Time*, 369 LANCET 1373, 1373, 1375 (2007), available at <http://www.regjeringen.no/en/dep/ud/About-the-Ministry/Minister-of-Foreign-Affairs-Jonas-Gahr-S/Speechesandarticles/2007/lancet.html?id=466469>.

INTRODUCTION

The twenty-first century has seen the rise of a new nexus, one that generates a remarkable opportunity for medicine and health to serve as a powerful currency for peace. Two trends define this nexus. The first is globalization and all the interconnections this phenomenon has produced among populations previously isolated from one another in almost every regard. The second is a wave of scientific, technological, and public health advances that have dramatically improved our capacity to provide quality healthcare to more individuals here at home—and to others around the globe.

Human history is benchmarked by wars and plagues and is punctuated by seemingly far shorter periods of peace and health. War may arise from causes such as economic and political oppression, an overwhelming sense of despair regarding the prospects for a brighter future, and the belief that physical security is no longer certain. But amidst wars and plagues, societies seem less inclined to fight with one another when they are healthy and hopeful.

Health is a unique vehicle that crosses boundaries in times of war and distress and in times of suffering and turmoil. Working to improve the health of our fellow man sends a message that speaks to our common humanity and serves as a vehicle for peacemakers. It is not only in our national interest to understand this principle, to demonstrate it, and to exploit it; it is in our human interest to do so as well.

Health transcends political and cultural boundaries. Facilitating access to healthcare provides tangible benefits. Chief among them are a better, safer world and a powerful sense of hope. With health comes family. With health comes opportunity. With health comes productivity.

Globalization opens the door more prominently to the role of health diplomacy. In today's era of integration, interdependence, and global connectivity, foreign policy is appropriately being broadened to incorporate health matters more directly and with greater visibility. What happens to a single individual, wherever she might live, can affect not just a local community but the economy and the social fabric of a nation on the other side of the world. In recent times, we have seen the deeply disruptive impacts new health scares such as SARS and mad cow disease can have on travel and trade. We have seen the destructive threat of HIV/AIDS, drug-resistant tuberculosis, and other infectious diseases that do not respect geographical borders.

And the new reality of global interdependence, emerging diseases, potential pandemics, and public health underscores the advantage of identifying shared values and interests among societies around the world. The health of an individual is more directly tied to the health of a community and of populations throughout the world than ever before.

An increasing number of diplomats, scholars, and elected officials have begun to realize that health deserves a prominent place on the international

agenda. Promoting global health has become a transnational strategic concern, generating new alliances and partnerships as nations bridge old divides to conquer new challenges.

The good news is that a growing number of industrialized countries have begun to recognize the economic and security benefits, as well as the humanitarian interests, of assisting developing countries as they build capacity for public health. This new focus on health, if successfully grasped, can harness the advantages of globalization while strengthening international diplomacy and improving physical security for millions across the world.

THE MORAL IMPERATIVE AND THE POWER OF MEDICINE AS A CURRENCY FOR PEACE

Why should a girl born today in Japan be expected to live to the ripe old age of eighty-six² but only to thirty-eight if she were born in Zimbabwe?³ Is there a moral imperative to act if action can readily diminish the disparity?

Dr. Martin Luther King, Jr., reflected, “We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”⁴ Fairness and justice dictate that the extreme health disparities around the world—and the easily and inexpensively preventable diseases that accompany them—be eliminated when the tools to do so are readily available.

According to Save the Children’s *State of the World’s Mothers* report, each day 28,000 children under the age of five years die from treatable or preventable conditions.⁵ In the United States, 7 in 1000 children die before the age of five years, placing our nation among the bottom half of the industrialized world in child mortality.⁶ That number rises to 125 in Iraq and 257 in Afghanistan.⁷ It reaches 282—more than twenty-eight percent of all chil-

-
2. U.S. Census Bureau, International Data Base (IDB)—Country Summary: Japan, <http://www.census.gov/ipc/www/idb/country/japortal.html> (last visited Dec. 14, 2007) (providing life expectancy rates in Japan by sex).
 3. U.S. Census Bureau, International Data Base (IDB)—Country Summary: Zimbabwe, <http://www.census.gov/ipc/www/idb/country/ziportal.html> (last visited Dec. 14, 2007) (providing life expectancy rates in Zimbabwe by sex).
 4. Martin Luther King, Jr., *Letter from Birmingham Jail*, in DOCUMENTARY HISTORY OF THE MODERN CIVIL RIGHTS MOVEMENT 110, 111 (Peter B. Levy ed., 1992).
 5. SAVE THE CHILDREN, STATE OF THE WORLD’S MOTHERS 2007: SAVING THE LIVES OF CHILDREN UNDER 5, at 2 (2007), <http://www.savethechildren.org/publications/mothers/2007/SOWM-2007-final.pdf>.
 6. *Id.* at 42.
 7. *Id.* at 13.

dren—in Sierra Leone, the nation with the world’s highest mortality rate for children under five years of age.⁸ Infant mortality rates are higher than ten percent in thirty-five countries of the world, not just in Africa but also including Bangladesh, Bolivia, Pakistan, Haiti, Laos, and Yemen.⁹ In Africa, 174 of every 1000 children die before reaching five years of age.¹⁰

These staggering statistics are what led me to join with Save the Children U.S. to launch a new campaign aimed at increasing public and private support for efforts that can easily prevent two-thirds of these deaths and save more than six million children around the world each year. We have the knowledge to share childhood vaccines, oral re-hydration therapy, vitamins, and clean water. All are known, proven, and inexpensive solutions to childhood mortality, crying out for action. And in our interconnected world, we have a moral obligation to act.

That moral obligation first drove me to begin traveling to Africa as a member of the Samaritan’s Purse World Medical Mission (WMM), which places more than five hundred American doctors in medical missions around the world each year. During the last decade of annual travels to perform surgical procedures and provide basic healthcare in developing countries, I have witnessed countless events suggesting the potential of medicine to serve as a powerful currency for peace.

For example, for more than twenty years (and until very recently) civil war ravaged Southern Sudan, tearing apart the fabric of society and driving villagers into the bush. In 1998, I took the first of many journeys to the region of Mundri, where years before a well-established village of Lui had existed. Accompanied by a tiny group of faith-based health professionals who had volunteered with WMM, I found a deserted village, a bombed church, and a hospital long abandoned and then surrounded with landmines to ensure that no semblance of society would ever reclaim the once bustling facility. We established a medical facility in an empty school house and began doing surgery on that very trip. We operated by flashlight. For the next two years medical supplies were carried in by single-engine aircraft. For years we flew in at four hundred feet above the treetops so as not to be spotted by those who promoted the civil war.

The doctors, initially all volunteers from America, delivered basic services. They cared. They treated. They saved lives. Slowly but surely trust was re-established. Hope for the future was restored. A community began to grow—first a small church, then a few tables selling maize, then several permanent tukles (thatched mud huts) to house families who had come for

8. *Id.*

9. JONATHAN SACKS, *THE DIGNITY OF DIFFERENCE: HOW TO AVOID THE CLASH OF CIVILIZATIONS* 29 (2002).

10. *Id.* at 106.

care. And then a market, a larger church, next a school. And by my third trip, a full-blown, active market and a bustling school existed. And all fighting had stopped.

Today the town of Lui is a thriving community, and that one-room clinic is now a functioning hospital treating fifty thousand people from throughout Southern Sudan annually and training thirty desperately needed nurses each year. The village is alive. And today the hospital is completely staffed and operated by Africans.

Lui is a single, small example of how health and medicine can counter the destruction of war and sow the seeds of peace and prosperity. But ultimately this kind of effort not only improves health, it exemplifies the tangible benefits of medicine replacing mortars.

WHY HEALTH DIPLOMACY? AND WHY NOW?

Politicians in the United States frequently face one fundamental question from their constituents when debating the merits of international assistance: Why should the typical American be interested in global health? The answer today goes beyond moral imperative and, yes, beyond even charity and humanitarianism.

Today the answer might well begin with self-protection. The world has become a remarkably small place when it comes to infectious disease—and it is continually shrinking. Man can now venture from one side of the world to the other in a single day. And traveling within him can easily be a lethal (but silent) virus. For example, the deadly Ebola virus, historically confined to pockets in Africa with no chance of transmission to America, is now just one international flight away from any city in our country. Viruses, bacteria, and germs know no national borders.

In January 2006, the newly emerged—and almost always lethal—extremely drug-resistant form of tuberculosis (XDR-TB) entered our country from Russia in the person of Robert Daniels. A dual U.S.-Russian citizen, Daniels had undergone treatment in Russia before flying from Moscow to New York and then to Phoenix, where doctors diagnosed him with XDR-TB. And this happened more than a year before Atlanta attorney Andrew Speaker, thought by our Centers for Disease Control to be carrying XDR-TB, re-entered the United States on commercial airlines in spite of medical counsel advising against such travel, potentially exposing hundreds of people to this deadly disease.

The emergence of XDR-TB has set off alarms throughout the global health community. Tuberculosis is reaching emergency proportions in some pockets in the United States. Ruth Levine, a global health policy expert and

Vice President of the Center for Global Development, rated it among the five most pressing global health issues for 2007.¹¹

The potential economic consequences of infectious diseases' mobility in the twenty-first century are staggering. One need only look at the impact of the 2003 SARS epidemic. That incident alone is estimated to have cost the global business community sixty to eighty billion dollars.¹² As Majority Leader I asked our nonpartisan Congressional Budget Office to study the potential impact that a moderate level avian flu pandemic (similar to the flu virus seen in 1917) would have on today's interconnected economy. The report was telling: A three-month pandemic within our national borders would result in a 4.25 percent reduction in gross domestic product (GDP)—a loss approximately equal to the average post-World War II recession.¹³

Globalization has provided a constant string of reminders that the barriers long dividing one people from another have fallen. As we are reminded by the words of Thomas Friedman in *The Lexus and the Olive Tree*, the world is a smaller place:

Thanks to the information revolution and the falling costs of communicating by phone, fax, the Internet, radio, television and information appliances no wall in the world is secure any more. And when we all increasingly know how each other lives, it creates a whole new dynamic to world politics. When it comes to atrocities happening in some dark corner of the world, leaders today no longer have the option not to know, only not to act. And when it comes to opportunities being enjoyed in some bright corner of the world, leaders no longer have the option to deny them to their people, only not to deliver them.¹⁴

In addition to increasing our susceptibility at home to emerging and re-emerging infectious disease due to the ease with which microorganisms can now travel the planet, a failure to address global health adequately creates new security threats for the United States.

Failed states are countries in crisis where people lack the basic tools they need to survive—including access to clean water, food, and life-saving

11. Posting of Ruth Levine to Global Health Policy, http://blogs.cgdev.org/globalhealth/2006/12/what_2006_means.php (Dec. 26, 2006, 15:02 EST).

12. *Avian Influenza—Are We Prepared?: Hearing Before the S. Comm. on Foreign Relations*, 109th Cong. 3 (2005) (statement of Andrew Natsios, Administrator, U.S. Agency for International Development), available at <http://www.senate.gov/~foreign/hearings/2005/hr051109a.html>.

13. CONGRESSIONAL BUDGET OFFICE, A POTENTIAL INFLUENZA PANDEMIC: POSSIBLE MACROECONOMIC EFFECTS AND POLICY ISSUES 12 (2006), available at <http://www.cbo.gov/ftpdocs/69xx/doc6946/12-08-BirdFlu.pdf>.

14. THOMAS L. FRIEDMAN, *THE LEXUS AND THE OLIVE TREE* 67 (2000).

medications. These countries become the perfect breeding grounds for extremism and terrorism. Extreme poverty in the developing world is increasingly understood in our post-9/11 environment to be a serious global security threat. Why? Because disease and poverty breed hopelessness, desperation, hatred, anger, and instability—all of which fuel the spread of radicalism.

Former Secretary of State Colin Powell captured the very essence of this point: “The United States cannot win the war on terrorism unless we confront the social and political roots of poverty. We want to bring people to justice if they commit acts of terrorism, but we also want to bring justice to people.”¹⁵

In its report, the 9/11 Commission cites education and economic empowerment as key elements in any global strategy to eliminate terrorism.¹⁶ Good health is fundamental to strong economic productivity and stable societies. The commissioners state: “[W]hen people lose hope, when societies break down, when countries fragment, the breeding grounds for terrorism are created.”¹⁷ And in the *National Military Strategic Plan for the War on Terrorism*, released in February 2006, the Joint Chiefs of Staff concluded that American humanitarian assistance is “often key to demonstrating benevolence and goodwill abroad, reinforcing support for local governments and mitigating problems that extremists exploit to gain support for their cause.”¹⁸

Moreover, every outreach for a healthier world is a diplomatic opportunity to combat the global image of an imperial America. At this moment in history, when respect for America and its values is at a low point, our nation could benefit from a positive response to health diplomacy more than ever. Health diplomacy allows us to open our hearts to the rest of the world and nurture the common interests and values that bind us together as human beings, so that the next generation will inherit a safer and better world, not a more divided and dangerous one. Medicine and health truly become a powerful currency for peace and understanding.

-
15. Colin L. Powell, *No Country Left Behind*, FOREIGN POL’Y, Jan.-Feb. 2005, at 28, 30.
 16. THE 9/11 COMMISSION REPORT 377-79 (2004), available at <http://www.9-11commission.gov/report/911Report.pdf>.
 17. *Id.* at 378.
 18. CHAIRMAN OF THE JOINT CHIEFS OF STAFF, NATIONAL MILITARY STRATEGIC PLAN FOR THE WAR ON TERRORISM 25 (2006), available at <http://www.defenselink.mil/qdr/docs/2005-01-25-Strategic-Plan.pdf>.

The statistics speak volumes. Sixty-six percent of Americans believe the global community holds less respect for the United States than in the past.¹⁹ One in two world citizens say the United States plays a negative role in the world.²⁰

At the same time, Research!America, in a survey by Charlton Research Company on Americans' attitudes concerning health, reveals that eight in ten Americans find it important that the United States work to improve health conditions on a global scale.²¹ And ninety-one percent of Americans believe our government should consider investments in HIV/AIDS research high priority.²²

The good news is that policymakers and voters alike have available the knowledge and the tools to act. The heartbreaking health conditions in much of the world cry out for action. The United States should lead the charge, and that leadership should serve as a critical component of how our nation presents itself to the international community.

Historically we have met similar challenges in the manner necessary to present such an image. Our actions have defined American greatness—that which makes our nation stand as a unique actor on the global stage. Americans devoted massive resources to rebuild Europe after World War II through the Marshall Plan. Decades later, beginning in 2003, our government committed and delivered more money than any nation had ever devoted to fighting a single disease when we tackled HIV/AIDS on a global scale. The world saw that same spirit of generosity and compassion on display as our citizens responded with financial assistance, manpower, and expertise to help those devastated by natural disasters such as the 2004 tsunami in Southeast Asia and the 2005 earthquake in Pakistan. It is that greatness by which the world had come to know the United States, and it is that greatness that we should resurrect in the world's eyes by more formally harnessing the influence and power of health diplomacy.

19. PEW RESEARCH CTR. FOR THE PEOPLE & THE PRESS, *AMERICA'S PLACE IN THE WORLD 2005: AN INVESTIGATION OF THE ATTITUDES OF AMERICAN OPINION LEADERS AND THE AMERICAN PUBLIC ABOUT INTERNATIONAL AFFAIRS 10* (2005), available at <http://people-press.org/reports/pdf/263.pdf>.

20. *World View of US Role Goes from Bad to Worse*, WORLD PUB. OPINION, Jan. 22, 2007, http://www.worldpublicopinion.org/pipa/articles/home_page/306.php?nid=&id=&pnt=306&lb=hmpg1.

21. RESEARCH!AMERICA, *ATTITUDES: GLOBAL HEALTH RESEARCH 4* (2006), available at <http://www.researchamerica.org/polldata/2006/globalhealthpoll-2006.pdf> (on file with author).

22. *Id.* at 16.

THE DRAMATIC RETURNS ON INVESTMENTS IN HEALTH DIPLOMACY

Elected officials in Washington, D.C., are also frequently asked why healthcare efforts should focus beyond the exclusive territory of our well-known needs here at home. In other words, why not devote our resources to Appalachia, the Mississippi Delta, or any of the countless other underserved communities in the United States?

Of the more than six billion people in the world, only 4.5 billion have access to basic health measures.²³ When there are inexpensive, proven interventions that can dramatically improve health, the goal should be to distribute them wherever they are lacking. That means not only here at home, but also more broadly across the global community, where the vast majority of those in need live. One-sixth of the world's population—a billion people—live in extreme poverty.²⁴

How expensive are the therapies that can dramatically alter these conditions? In almost all cases, healthcare providers can cure tuberculosis, which kills almost 1.6 million people annually, with an effective six- to eight-month course of treatment that costs as little as sixteen dollars per person.²⁵ We can all but eliminate malaria, which kills one million people per year—mostly children²⁶—through four highly successful interventions: insecticide-treated bed nets, indoor residual spraying, preventative treatment for pregnant women, and treatment for those already infected.²⁷ Purchasing artemisinin-containing combination therapy (ACT), the most effective malaria treatment, costs as little as ninety cents per child,²⁸ and a bed net to prevent infection is available for five dollars.²⁹

Yes, we have disturbing inequities of healthcare in our own country, such as a growing number of uninsured Americans (now more than forty-

23. Worldmapper: Health Service Quality, <http://www.worldmapper.org/display.php?selected=220> (last visited Dec. 14, 2007).

24. SACKS, *supra* note 9, at 106.

25. RESULTS: Tuberculosis and Other Diseases of Poverty, <http://www.results.org/website/article.asp?id=2064> (last visited Dec. 14, 2007).

26. Dep't of Health & Human Servs., Ctrs. for Disease Control & Prevention, Malaria Facts, <http://www.cdc.gov/malaria/facts.htm> (last visited Dec. 14, 2007).

27. One Campaign, Fact Sheet: HIV/AIDS, Tuberculosis, and Malaria, http://www.one.org/aids_poverty/ (last visited Dec. 14, 2007).

28. WORLD HEALTH ORG., FACTS ON ACTs (ARTEMISININ-BASED COMBINATION THERAPIES): JANUARY 2006 UPDATE 4 (2006), http://www.rbm.who.int/cmc_upload/o/000/015/364/RBMInfosheet_9.pdf.

29. CDC Foundation: Malaria, <http://www.cdcfoundation.org/healththreats/Malaria.aspx> (last visited Dec. 14, 2007).

six million) and inexcusable disparities in the availability of quality care among members of our population.³⁰ These challenges are intolerable in the twenty-first century, and our society must accelerate its pursuit of innovative and cost-effective solutions to address them. But for the most part Americans today have access to clean water, are vaccinated against the microorganisms that cause epidemics, and are not threatened with death by malaria, water-borne diseases, or extreme malnutrition.

In stark contrast, disease is hollowing out entire countries throughout the world, claiming as its victims the most productive elements of societies—including teachers and civil servants—with economies plummeting because populations lack access to known, effective, and cost-efficient solutions. In Botswana, approximately seventeen percent of the nation's health-care workers died due to AIDS between 1999 and 2005.³¹ Thirteen percent of South African teachers between the ages of thirty-five and forty-four years are HIV-positive, and that number climbs to twenty-one percent among those aged twenty-five to thirty-four years.³² And projections indicate that the agricultural labor force in Namibia, which HIV/AIDS had reduced by only three percent in 2000, will decline by more than twenty-five percent in 2020 as a result of the disease.³³

UNIVERSAL MESSAGE OF PEACE

Why is health such a powerful and universal message of peace and goodwill? The answer lies in large part with the intimacy of one's health, which touches everyone in a personal way.

Health is a basic need, and the desire for good health is universal. Health holds a unique place in human relationships. The most important and powerful times in family relationships are those of failing health. And the most moving and seminal moments are those of healing and relief from affliction and pain. Healthcare delivery, whether vaccination or treatment for tuberculosis, is closely associated with trust.

Health is the source of the most potent of forces in each human: the fear of death and the desire to preserve our own lives and the lives of those we love. Because health is so fundamental to all humans—of all nations, religions, races, and situations—healthcare communicates a remarkable message

30. KAISER FAMILY FOUND., KAISER COMM'N ON MEDICAID & THE UNINSURED, THE UNINSURED: A PRIMER 3 (2006), available at <http://www.kff.org/uninsured/upload/7451-021.pdf> (on file with author).

31. UNAIDS: JOINT U.N. PROGRAMME ON HIV/AIDS, 2006 REPORT ON THE GLOBAL AIDS EPIDEMIC 95 (2006) (on file with author).

32. *Id.* at 97.

33. *Id.* at 100.

of understanding and human connection across all boundaries and thus provides a unique, heretofore under-applied, tool of diplomacy.

Healing is an unmistakable and universal message of goodwill. It is the direct opposite of aggression and harm. The message and gestures of health and healing do not require explanation. The message is not encumbered by differences in language. And it does not rely on an abstract political concept of educated people to touch the lives of the poor and oppressed.

Healing a sick person typically does not take years. I am reminded of the simple hernia repairs I completed at Lui Hospital in Sudan, procedures that take only an hour but are lifesaving in that particular region because of the high risk of fatal obstruction. The simple act builds trust.

Moreover, sickness can be prevented. Twenty-eight thousand children die every day in the world, but two-thirds of those deaths are preventable with tools that today are proven and inexpensive. And that is fundamentally why public health diplomacy is today, more so than anytime in the past, ripe for use as a currency for peace. Curing the diseases of the world is not just about charity, it is about increasing cooperation and harmony in a global society.

Using healthcare enlivens the diplomacy of inspiration rather than simply intimidation. You do not go to war with someone who has saved the life of your child. What a difference it would make if more people in the world found themselves saying, “The Americans helped heal our children.”

The trust established through healing and the delivery of medicine and the understanding that comes from the one-to-one connections and person-to-person intimacy of medicine set the backdrop for peace and understanding. If we remove disease from our neighbor’s struggles, then our own security is bolstered. And through medicine, health, and saving lives, we secure a future with potentially fewer enemies with whom to struggle.

Health diplomacy—built upon the compassion and generosity of those who employ it—helps undermine the support of the extremism and radicalism that is spreading so insidiously around the world. Medicine is a currency that overpowers division and hatred. It can foster peace and, as a by-product, radically change America’s position, credibility, and respect throughout the world.

The Pew Global Attitudes Project reflects that reality. Eight of the ten countries in which respondents held the most favorable view of America are in sub-Saharan Africa. As Michael Gerson noted, “It is not a coincidence that American bilateral assistance to African countries over the past six years—to fight AIDS, malaria and poverty—has quadrupled.”³⁴

34. Michael Gerson, Op-Ed., *One Tool America Needs*, WASH. POST, Aug. 1, 2007, at A17.

CLEAR DEMONSTRATIONS OF AMERICA'S LEADERSHIP

Though most policy discussions of U.S. leadership typically begin with government investment and programs, what is so uniquely American is the sheer magnitude of investment by the U.S. private sector: individuals, foundations, and corporations. According to the Hudson Institute, in 2005 Americans contributed \$95.2 billion to improving the standard of living in developing countries. That statistic covers only private giving and does not include the \$27.6 billion directed toward international development by the federal government.³⁵

Among the countless sources of that charitable giving, private and volunteer organizations contributed \$16.2 billion. Religious causes provided \$5.4 billion. Corporate giving totaled \$5.1 billion. Institutions of higher education allocated \$4.6 billion, and foundations produced an additional \$2.2 billion (nearly fifty-five percent of which benefited efforts to improve health in the developing world).³⁶

Charitable foundations in the United States tripled their total giving between 1995 and 2005, and over eighty percent of that money is focused on international assistance.³⁷ Global health accounts for a third of such giving.³⁸ The Bill and Melinda Gates Foundation alone has contributed almost \$8 billion over the past seven years on global health programs, and its endowment has grown to more than \$34 billion.³⁹

Overall the United States contributed nearly \$123 billion through government aid and private giving in 2005, which is 0.98 percent of the gross national income. Such a rate places America's giving higher than that of fifteen of the twenty-two nations surveyed by the Hudson Institute and well above countries such as the United Kingdom, France, Germany, and Japan.⁴⁰

On a more personal level, I have seen firsthand the application of this currency for peace in the wake of natural disaster. The Indian Ocean tsu-

35. HUDSON INSTITUTE, CTR. FOR GLOBAL PROSPERITY, *THE INDEX OF GLOBAL PHILANTHROPY 12-13* (2007), <http://gpr.hudson.org/files/publications/IndexGlobalPhilanthropy2007.pdf>.

36. *Id.* at 14, 18.

37. Laurie Garrett, *The Challenge of Global Health*, FOREIGN AFF., Jan.-Feb. 2007, at 14, 19.

38. *Id.*

39. Fact Sheet—Bill & Melinda Gates Foundation, <http://www.gatesfoundation.org/MediaCenter/FactSheet/default.htm> (last visited Dec. 14, 2007).

40. HUDSON INSTITUTE, *supra* note 35, at 16-17. Countries ranking ahead of the United States were Sweden, Netherlands, Luxembourg, Norway, Denmark, and Canada. *Id.*

MEDICINE AS A CURRENCY FOR PEACE

nami, the most destructive in history, released the energy of twenty-three thousand Hiroshima-caliber atomic bombs on December 26, 2004. Seven days later I was in Sri Lanka visiting makeshift clinics and the earliest response efforts. My focus was on public health, clean water in particular. I watched with pride from the ground as American military helicopters loaded with life-saving supplies descended to fulfill the dire needs of the families of the more than 170,000 who had died and the 127,000 still missing in that country alone.

The United States was the first major nation to enter Sri Lanka to provide relief, and our country embraced the challenge with vigor. We responded, and the people of Sri Lanka understood and deeply appreciated our efforts. It was expressed again and again to me personally, and subsequent surveys of local populations reflected the overwhelmingly favorable image of the United States as a by-product of these aggressive and visible actions.

In his March 1, 2007, testimony before the House Armed Services Committee, Chief of Naval Operations Admiral Mike Mullen said:

Perhaps the most tangible application of Navy's global reach and persistent presence in building partner capacity was last year's five month deployment of the hospital ship MERCY in the summer of 2006 to the tsunami-affected areas in South and Southeast Asia In an August 2006 public opinion survey, conducted by Terror Free Tomorrow, Indonesians and Bangladeshis overwhelmingly indicated their support of this humanitarian mission. In Indonesia, 85% of those aware of MERCY's visit had a favorable opinion, and in Bangladesh this figure was 95%. Further, 87% of those polled in Bangladesh stated that MERCY's activities made their overall view of the United States more positive.⁴¹

HEALTH AND MEDICINE AS TOOLS OF PUBLIC DIPLOMACY

The concept of medicine as a prominent and more formal part of public diplomacy is relatively new. Infant nutrition and medical care have not been traditional State Department portfolios.

As a physician in the United States Senate aware of the new potential provided by advances in public health and globalization, I worked with my colleagues to modernize our approach to foreign policy and to boost the importance of using medicine as a currency for peace by passing the Paul

41. *CNO's Posture Hearing: FY 2008 Budget: Hearing Before the H. Armed Servs. Comm.*, 110th Cong. 13 (2007) (statement of Admiral Michael G. Mullen, Chief of Naval Operations), *available at* http://armedservices.house.gov/pdfs/FCNavy030107/Mullen_Testimony030107.pdf.

Simon Water for the Poor Act of 2005,⁴² which requires that access to clean water become a cornerstone of America's foreign assistance efforts.⁴³

More than one billion people across the globe cannot easily or reliably obtain clean drinking water. One-third of the world's population—2.6 billion people—lacks access to basic sanitation.⁴⁴ Millions of children die each year as a result of these conditions, and experts predict they will only continue to worsen.⁴⁵ By 2050, twenty-five percent of the world's population will live in a country suffering from either chronic or recurring water shortages.⁴⁶ We have the tools to assist, and we must act.

As Majority Leader, I worked to promote our nation's leadership in the global battle against AIDS. The same HIV virus that is destroying lives in communities throughout America right now is also threatening to wipe out entire generations in other parts of the world. The same prevention, care, and treatment that are reversing the heartache and death and destruction in American homes can do the same for millions of others around the globe.

In January 2003, President George W. Bush announced a fifteen billion dollar, five-year commitment to combat global AIDS.⁴⁷ The President's Emergency Plan for AIDS Relief (PEPFAR) was not only the largest single commitment to combat one disease in the history of global health, the plan also transformed the way Americans and the world viewed the United States. PEPFAR harkened back to the days when the United States boldly faced down enemies beyond the military arena. It once again demonstrated the greatness of America.

HIV/AIDS killed three million people in 2006 alone.⁴⁸ The global HIV pandemic disproportionately strikes the poorest of the poor, and Africa is the hardest hit continent in terms of HIV/AIDS infections. More people die every single month in Africa from AIDS than died in the entirety of the 2004

42. U.S. Dep't of State, Paul Simon Water for the Poor Act 2005, <http://www.state.gov/g/oes/water/> (last visited Dec. 14, 2007).

43. *Id.*

44. CTR. FOR STRATEGIC & INT'L STUDIES & SANDIA NAT'L LAB., ADDRESSING OUR GLOBAL WATER FUTURE 19 (2005), http://water.csis.org/050928_ogwf.pdf.

45. *Id.*

46. *Id.*

47. Press Release, White House, Fact Sheet: The President's Emergency Plan for AIDS Relief (Jan. 2003), <http://www.whitehouse.gov/news/releases/2003/01/20030129-1.html>.

48. UNAIDS: JOINT U.N. PROGRAMME ON HIV/AIDS, AIDS EPIDEMIC UPDATE 1 (2006), http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf.

Asia-Pacific tsunami.⁴⁹ Neither is to be diminished, but the scale of the still-growing world AIDS crisis is staggering.

The disease typically strikes the middle aged, which only exacerbates the catastrophe by leaving innocent children in its wake. There are twelve million AIDS orphans in sub-Saharan Africa today, and that number will climb to eighteen million by 2010.⁵⁰

Societies are being crippled by the loss of their most productive members. Poor countries are losing their police, teachers, doctors, and nurses. Businesses are losing their employees. Governments are losing their civil servants. Families are losing their breadwinners. Annual GDP growth rates in many countries are two to four percent lower than would be realized if AIDS were not so prevalent.⁵¹ Life expectancies tumble to less than forty years of age in some countries⁵² as compared to seventy-eight years in the United States.⁵³

Recognizing that this disease is preventable and treatable using proven, cost-effective strategies, the United States has led the fight to reduce its devastation through PEPFAR and multilateral programs like the Global Fund to Fight AIDS, Tuberculosis, and Malaria.⁵⁴

The United States currently contributes nearly one-quarter of all government-appropriated global health funds and has provided nearly one-third of the resources for the multilateral Global Fund.⁵⁵ In 2003, only one hundred thousand HIV-positive Africans had access to antiretroviral medi-

-
49. COMM'N FOR AFRICA, *OUR COMMON INTEREST* 22 (2005), http://www.commissionforafrica.org/english/report/thereport/english/11-03-05_cr_report.pdf.
 50. UNICEF ET AL., *CHILDREN ON THE BRINK* 10 (2004), http://www.unicef.org/publications/files/cob_layout6-013.pdf.
 51. Simon Dixon et al., *The Impact of HIV and AIDS on Africa's Economic Development*, 324 *BMJ* 232, 232-34 (2002), available at <http://www.bmj.com/cgi/reprint/324/7331/232>.
 52. U.N. DEV. PROGRAMME, *HUMAN DEVELOPMENT REPORT: CULTURAL LIBERTY IN TODAY'S DIVERSE WORLD* 141-42 (2004), available at http://hdr.undp.org/reports/global/2004/pdf/hdro4_complete.pdf (on file with author).
 53. U.S. Census Bureau, *United States IDB Country Summary*, <http://www.census.gov/ipc/www/idb/country/usportal.html> (last visited Dec. 14, 2007).
 54. See generally *The Global Fund To Fight AIDS, Tuberculosis, and Malaria*, <http://www.theglobalfund.org> (last visited Dec. 14, 2007).
 55. *The Global Fund To Fight AIDS, Tuberculosis, and Malaria, Pledges* (Dec. 3, 2007), <http://www.theglobalfund.org/en/files/pledges&contributions.xls>; JENNIFER KATES & ERIC LIEF, KAISER FAMILY FOUND., *DONOR FUNDING FOR HEALTH IN LOW- AND MIDDLE-INCOME COUNTRIES, 2001-2005*, at 2 (2007), <http://www.kff.org/hiv/aids/upload/7679.pdf>.

cines.⁵⁶ Today an additional two million people around the world, most of them in Africa, are now receiving treatment.⁵⁷ And more than two-thirds of these individuals are benefiting from American taxpayer funds through PEPFAR and the Global Fund.⁵⁸

What is remarkable about PEPFAR is not just that it provides hope and healing in a time of death and fear, but that it does so without a single hint of political calculation. Even among the United States' most bitter critics, PEPFAR is not accused of being a Trojan horse for some sinister agenda. It is not conditional on political responses and trade-offs. It is a clear and indisputable act of caring. And the impact is saving lives and generating economic growth (and thus jobs), both of which contribute to the stability and security of civil society.

President Bush's leadership on HIV has motivated and inspired other world leaders, both of donor and recipient countries, to stand up and act. It has become one of the most powerful and successful diplomatic initiatives in recent history. Not only has it saved an untold number of lives, it has demonstrated leadership and a message of the good will of the American people.

PEPFAR unabashedly addresses a deadly disease, reverses its devastation, and provides hope. At a time when the global media has demonized and vilified the United States in response to interventions in the Middle East, PEPFAR is a crystal clear and noble demonstration of the true character of the American people.

GROWING SUPPORT FOR HEALTH DIPLOMACY ON THE INTERNATIONAL AGENDA

Global health issues now occupy an important place on the G-8 agenda. As host of the G-8 summit in 2006, Russia demonstrated strong leadership in pushing for greater global cooperation on health by launching what is intended to be the first of a series of annual meetings of G-8 health ministers. The recent St. Petersburg G-8 summit also won a pledge from leaders for greater cooperation in responding to health emergencies, improving disease surveillance, and monitoring and increasing public awareness of efforts to combat disease.

56. WORLD HEALTH ORG. ET AL., TOWARDS UNIVERSAL ACCESS: SCALING UP PRIORITY HIV/AIDS INTERVENTIONS IN THE HEALTH SECTOR, PROGRESS REPORT, APRIL 2007, at 15 (2007), http://www.who.int/hiv/mediacentre/universal_access_progress_report_en.pdf.

57. *Id.* at 15.

58. Press Release, The Global Fund to Fight AIDS, Tuberculosis, and Malaria, United States Government, Global Fund Collaborates to Treat 1.58 Million People Living with HIV/AIDS (June 1, 2007), http://www.theglobalfund.org/en/media_center/press/pr_070601.asp.

The Oslo Ministerial Declaration—issued by the foreign ministers of Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand in March 2007⁵⁹—is another historic step toward the inclusion of global health in foreign policy. Among a number of pledges, the ministers agreed to increase awareness of the common vulnerability in the face of transnational health threats, to bring health issues more fully into foreign policy discussions, and to strengthen commitment to global action.⁶⁰

Successful health diplomacy requires such high levels of engagement among governments in order to improve the way international decisions are made and funded and also to help build healthcare delivery capacities in the developing world. Foreign policy experts are not usually public health experts, but policies need to be based on sound public health analysis.

A concerted effort by the industrialized world to use healthcare as a currency for peace will also mean strengthening partnerships among ministries of health, other ministerial portfolios, science, research institutions, schools of medicine and public health, and other disciplines impacting local and global health. In May 2007, I led a delegation from the Center for Strategic and International Studies to Russia to co-chair a global health conference with St. Petersburg State University (SPSU) Rector Ludmila A. Verbitskaya. As I noted in a recent article concerning the vast potential for improving relations between the United States and Russia through collaboration on health, SPSU has created Russia's first course of study to earn a master's of public health degree.⁶¹ Rector Verbitskaya has utilized a multifaceted approach that draws faculty from across the university's academic departments, receives support from multiple government ministries, and nourishes partnerships with non-governmental organizations (NGOs) and other research institutions.⁶² This multidisciplinary approach must be adopted at both the national and international levels in order to maximize the success of efforts to improve global health.

Finally, health diplomacy can mean building a culture of discourse and collaboration between governments and those NGOs that operate at a grass-roots, community level and have the greatest access to people in need. Even the best-intentioned and best-resourced governments cannot tackle global health threats alone. NGOs maintain special relationships and strengths and occupy a unique space in promoting public health. Governments must find ways to support that space in constructive ways and to engage those organi-

59. Støre et al., *supra* note 1.

60. *Id.*

61. William H. Frist, *Improving Russian-U.S. Collaboration on Health*, WASH. Q., Autumn 2007, at 10, available at http://www.twq.com/07autumn/docs/07autumn_frist.pdf.

62. *Id.*

zations in order to provide better healthcare to those in need and to close disparities among global populations.

Protecting the fundamental opportunity for life among the world's citizens provides opportunity for discussion, collaboration, partnership, alliances, and diplomacy built around health, which ultimately touches every individual in every nation. Such alliances must reflect a respect for national sovereignty and a sense of shared responsibility. Doing so will demand full transparency, accountability, and equity. Health thus becomes an understood and natural entry point to initiate dialogue across borders, contributing to building trust among parties on other issues.

Historically, health and formal foreign policy were only loosely linked, generally around issues of prevention of the spread of outbreaks of infectious disease. But the twenty-first century's deep interconnections between health, economic development, trade, the environment, social development, human rights, climate, and security mean that global health has a profound impact on all nations throughout the world regardless of their economic development. Today no nation can separate itself from cross-border risks.

That realization is making an impression here at home. No longer are Americans closing their eyes to the crises developing countries face. Data released in August 2007 by the ONE Campaign reflect this truth. The survey, which was conducted in New Hampshire and echoed in other ONE Campaign polling, found that more than nine in ten Democrats and eight in ten Republicans believe the United States has a moral obligation to work to fight treatable, preventable diseases, particularly those that target children.⁶³ Americans are clearly ready for a new approach to foreign policy, and health diplomacy offers a way forward.

The ONE Campaign has initiated a grassroots initiative to ensure that the next American president is committed to strengthening our security and saving lives by supporting real solutions to address global disease and extreme poverty. Millions of Americans are adding their voices to the ONE Vote effort in a way heretofore unseen in presidential elections. Republicans and Democrats, faith leaders, students, moms and dads, policy leaders, and national security experts have all come together not only to raise the visibility of global disease and poverty but to urge our nation to lead the way in conquering these challenges.

The principal driver of this new focus on global health has been and continues to be the relentless, devastating, global spread of HIV and the resultant hollowing out of entire segments of societies over just the past twenty-five years. Advances in travel, trade, and communication have further sharpened this new focus.

63. Memorandum from Peter D. Hart Research Assocs. & McLaughlin & Assocs. to ONE Vote 08, at 1 (Aug. 7, 2007), <http://www.one.org/documents/NHpollo80907.pdf>.

But as Laurie Garrett, Senior Fellow for Global Health at the Council on Foreign Relations, appropriately warns, a focus on a single disease, no matter how successful and effective, is alone insufficient:

[T]he health world is fast approaching a fork in the road. The years ahead could witness spectacular improvements in the health of billions of people, driven by a grand public and private effort comparable to the Marshall Plan—or they could see poor societies pushed into even deeper trouble, in yet another tale of well-intentioned foreign meddling gone awry. Which outcome will emerge depends on whether it is possible to expand the developing world's local talent pool of health workers, restore and improve crumbling national and global health infrastructures, and devise effective local and international systems for disease prevention and treatment.⁶⁴

The universality of health, along with the other basic needs of water, food, and freedom from disease, fuel the current explosion of interest in global public health. Ill health threatens survival, and in this ever-smaller world, leaders seek alignment of national interests (a healthier population is more productive and leads to more economic growth and prosperity) with regional and global interests (disease knows no borders, rapid travel encourages spread).

Although health has long been noted as a key element of any strategy aimed at development and combating poverty, the link between health and security has been understood only more recently. Terrorism's recent rise to new prominence, which feeds on internal instability and hopelessness, has led to an understanding of the contributory role of extreme poverty and lack of basic health.

Moreover, true health security demands defense against internal and external public health risks and threats. And such threats can occur either naturally (such as pandemics, like avian influenza) or intentionally (such as bioterrorism, like anthrax mailings). Global health security is only as strong as its weakest link. This reality leads to the alignment of mutual interests among responsible countries and should bring about a shared commitment to improving global health conditions.

An important corollary to the understanding that it is in the self-interest of every nation to play an active role in a strong global health system is that each country must have within its own borders a responsible and responsive health sector, including workforce, research, infrastructure, health information systems, and capacity.

64. Garrett, *supra* note 37, at 16-17.

TAKING THE NEXT STEPS

As global health continues to climb the foreign policy agenda, a number of actions can be taken to increase its effectiveness. For example, the global response to HIV, initially narrowly focused on the development of effective and cost-effective medicines, has now shifted to infrastructure and capacity.

The international response to natural disasters like the 2004 tsunami opens the door to broader health surveillance and more seamless communication. SARS taught us the importance of international cooperation among scientists to identify the source of an infection and to develop a vaccine. And the fact that the potential vaccine for HIV will in all likelihood ultimately emerge not from a single country, but from a collaborative, global network of research, investigation, and clinical trials, underscores the international interdependence required to achieve better health.

The more recent understanding of climate change is evolving to focus on the associated changes in disease outbreak and the potential for pandemics. And the threat of avian flu, in this age of rapid travel and just-in-time delivery of treatment, has demanded a worldwide surveillance structure and efficient international response plan unimagined in the past.

Other emerging infectious diseases cannot be controlled without cross-border cooperation and response. Increasingly in conflict regions of the world, health will be seen as an effective entry point to initiate dialogue across borders and to gently crack open the door to help prevent conflict and resolve existing disputes, building trust and legitimacy.

Where do we as a nation go from here? We face two possibilities. If the United States does not proactively facilitate an environment of better health, clean water, and hope for the world's extreme poor, either *no one else will*, which is tragic given that we have many of the proven and cost-effective tools that work, or *someone else will*, which could prove extraordinarily dangerous in this fragile world. Castro, for instance, has engaged in health diplomacy for the past fifty years, and hundreds of thousands of health workers who were trained in Cuba are now stationed all over the world. Likewise, Hamas and Hezbollah invest heavily in clinics, hospitals, and medicines because they recognize that health breeds loyalty and hope.

General Jim Jones, recently retired Supreme Allied Commander Europe and former Commandant of the United States Marine Corps, speaks eloquently of what he has been told again and again by Africans in need: "At the same time that the U.S. comes in and tells us wisely what should be done, China comes in and does it."⁶⁵ That eye-opening statement makes apparent why it is incumbent upon us to act.

65. Discussion with James L. Jones, President and CEO, Inst. for Energy, U.S. Chamber of Commerce, in Wash., D.C. (Apr. 3, 2007).

We cannot allow countries in direct security and economic competition with America (or terrorist organizations seeking to harm the United States and our allies) to use health diplomacy as a means of building new alliances, attracting new followers, or otherwise strengthening their position vis-à-vis our nation. Our country has long stood as a beacon of freedom for the world. Repressive communist regimes and the leaders of terrorist movements stand diametrically opposed to our vision for the twenty-first century. Standing pat while allowing them to advance radically different agendas through health diplomacy—a tool readily available for our own use in strengthening old relationships and forging new partnerships throughout the world—is unacceptable.

The United States must seize the mantle of utilizing global health as a vital diplomatic instrument to strengthen confidence in America's intent and ability to bring long-term improvements to citizens' lives among our partners, especially in the developing world. Recent federal investments in global health, most notably PEPFAR and the malaria initiative, have been historical achievements that have benefited from an exceptional bipartisan consensus. They provide an invaluable asset that can and should be a foundation for rebuilding America's standing in low- and middle-income countries.

I am deeply committed to this effort. As a doctor, I have traveled around the world treating those in need, and I have seen firsthand healthcare's unparalleled ability to forge strong, lasting bonds. As a Senator, I fought to expand our government's use of health diplomacy. These experiences have cemented my desire to forever transform the way in which the United States addresses foreign affairs by ensuring healthcare becomes a vital tool in our foreign policy. The medical knowledge and resources America can bring to bear on these entirely preventable diseases offer us a unique opportunity. What we accomplished in Lui can be repeated in communities throughout the world if we show the courage and wisdom to take action.

The fight for global health can be the calling card of our nation's character in the eyes of the world. We have the opportunity to become heroes in countless societies by increasing what we know and sharing what we have learned.