

Global Health in an Interconnected World:

Opportunities and Challenges

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This issue of the Delaware Journal of Public Health is remarkably well-timed, given the pace of change globally and the impact of recent US policy decisions on health in general. Our academic interest in global health always sparks interest, conversation and debate. Perhaps it is because the disciplines of global health—epidemiology, anthropology, clinical & nursing care, health policy, and so many more—are deeply informed by our values and beliefs.

Is it business or personal? Yes. This interplay of beliefs, biases, even morality, is writ large in policy decisions (and responses to those decisions), and writ small in the daily work that many of us do.

The recent (as of January 2025) cuts in global health spending and associated domestic and international research spending seem to set up an unnecessary conflict between doing the right thing and the efficient thing. Many of us spend our professional lives balancing both. “No margin, no mission,” as CFOs around the country are fond of saying. The truly smart among them recognize that without mission, whatever margin remains is like a broken pencil: pointless.¹

How we conduct ourselves is a reflection of the people we are. Are we humanistic, exploratory, kind, empathetic while also being smart and efficient? We have to be, since this work is so important. It is a false choice to either perennially run a financial loss to do the right thing, or to enact draconian, economy-crashing cuts to health and education to be efficient.

A wise mentor used to say, ‘quality costs less.’ This principle was a key part of strategic global health thinking, which informs the basis of much of what we know about global health programming.² By extension, prevention and public health do cost less. As a country, we spend the most per capita (in the world!) on health expenditures, yet our health outcomes are not even in the top 10.³ The reasons are not particularly complex: we spend much less on social expenditures which keep people healthy. This is not due to lacking evidence—in fact, all evidence from the rest of the developed world provides a well-tested recipe for improved health outcomes. What no one has demonstrated (us included), is that a country can have deregulated health and education, absent firearm regulation, high vaccine hesitancy out of choice, low tax rates, AND have great public health.

Public policy means choices, and our national choices have been counter to what we know from the field of health improvement: absence of universal health care; unfettered and essentially deregulated firearm violence (the leading cause of death in US children, shamefully); a lack of central pharmaceutical and device procurement; commercialization of public goods such as Medicaid and education; and tolerance or even encouragement to be anti-science, in favor of biased, poorly-reasoned, illogical or incomplete assumptions about healthcare.

The reasons for this ‘flight from science and reason’ are well-studied across decades, even centuries.⁴ The so-called Middle Ages led to a renaissance in thinking in the 16th century, much of which was fueled by thinkers from the East and West, and which formed the underpinnings of modern science, technology, and education. In more recent times, the growing access to

information means the explosion of misinformation as well. Yet who is to judge what is right? When pressed on having to explain our ‘beliefs,’ we very quickly descend into this thorny briar patch of philosophy. There are indeed no absolutes. No one belief system knows everything. The scientific method is the most tested way of getting to the truth, being favored over rumor, incantations, and unprovable assertions that, when tested, prove false.

A commitment to truth without bias or favor is so foundational that without it, there is no progress. This applies to all spheres of life—personal or professional. The choice to believe ‘anything one wants’ might be one’s individual right, but it stops short of being a logical way to develop health policy, or to be part of an honest discussion in any setting where the objective is learning and improving.

Which brings us back to global health. The ways in which we know how to improve health are under attack, by individuals and systems who offer no evidence, only power and influence. That inherently makes it wrong. My undergraduate alma mater’s motto was ‘Laws without morals are in vain,’⁵ a useful reminder that throughout history, reason, logic, and ethics have all been partners in policymaking. We would be wise to heed that today as well.

It is true that domestic health care costs too much. It is also true that there is overspending in areas. Global health is neither of those; not with all international development spending being less than 1% of the US GDP.⁶ As for US health care, the answers may be politically difficult in the US, although they are not elsewhere. And they involve government as an essential partner in this work.

Now more than ever, we need a public understanding of global health, of the knowledge that helping combat malaria and tuberculosis and homelessness elsewhere is the right thing to do for America. It is a moral imperative, an economically efficient way to improve our own health, and one of the smartest ways to improve one’s standing and leadership in the world. Cutting global health programming because the rest of the government costs so much is like observing one’s child’s bad behavior, but punishing the child closest to you rather than the one who actually deserves it. It doesn’t improve the bad behavior, demonstrates poor judgment, and simply leaves people confused.

Thus, global health in the US is a call for collective wisdom and reasonableness. It asks us to use our common sense and our better natures, as we have done many times in history. Global health is incredibly local: not only to our communities, but to our values as individuals. Valuing truth, justice, and action is one of the most American things we can do. Defending the weak and oppressed against weapons of local and mass destruction should not be a debatable point; it should be a point of honor.

We are fortunate in Delaware to have strong public health through committed individuals, a supportive state government, and incredible health institutions. This is the perfect place and time to test out new models of care delivery, new ways of collaborating, and innovations in public health and population health. We must tell the truth, promote science, evidence, common sense and empathy; and include as many voices as we are able in this conversation.

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