

## EDITORIAL

### PLAYING WITH FIRE

These past months fires have burned in the rainforests of Kalimantan, Sarawak, Sumatra with a fury that has awoken the world. This is not the first occasion and it is unlikely to be the last, but the scale of this outburst is above and beyond the usual annual burn-off. So too have the fires ravaged the Amazon basin year upon year. These precious lungs of the Earth, the repositories of the greatest biodiversity upon the Earth, these vase arenas of infinite beauty have become recurrent infernos, consuming irreplaceable treasures of nature.

The focus this time has been sharply tuned on Southeast Asia, reeling from currency devaluations, economic downturns, slowing growth, feeling a sense of disappointment that the fast train of economic glory is running low on fuel, now sharing the pall of smog spread widely beyond national borders. Headlines across the world, a rush to lay blame, to condemn, less than modest attempts to contain the flames, physically and politically.

No longer can any one nation hide behind the ruse that others cannot interfere in its internal affairs, for the playing with fire has come to embroil many nations: smog knows no national boundaries. The occasion is one for commiseration, rather than condemnation, but it is also one demanding analysis and projection for the future.

What are the elements in the equation? Some may be readily listed:

- Destruction of valuable rainforest
- Destruction of critical biodiversity
- Denuding of the topsoil essential for agriculture
- Decreased retention of rainwater and decreased transpiration
- Extensive smog endangering shipping lanes and aircraft flight patterns

Then there is the compendium of health hazards, not yet fully documented, indeed not likely to be fully documented, for this smog overlaps the domains created by everyday output of fumes from vehicle exhausts, factories and oil refineries, the symbols of progress. The immediate health impact

has been loosely identified: a great spurt in reported acute respiratory infections, accentuation of obstructive airways disease, rising incidence of asthma. The long term effects can only be surmised at this point: on the changing epidemiology of chronic lung disease, cancer, tuberculosis, allergic syndromes.

Who will pay for the environmental destruction? Who will pay for the loss of biodiversity? Who will pay for the transport accidents? Who will pay for the loss of the earth's lungs? Who will pay for the destruction of people's lungs?

This vast regional tragedy epitomises the severe negative environmental, social and physical health impacts of wanton greed aided and abetted by the grand larceny of free market economic policies. If ever there was a need for evidence of failure of the market mechanism, here these past few months is a massive record on film, on video, in newsprint the world over. The logging and burning free-for-all has been documented beyond all challenge. The market simply does not work to protect even the future target of the wood cutters and the arsonists, let alone the global community's rights.

From the health perspective this tragedy highlights the enormous deficit in health care policy planning. The negative externalities emanating from the destruction of the rainforest simply do not enter into health system projections. The political issues seem far from the aegis of the health ministries, for they are macroeconomic issues, not the routine daily microeconomic matters that preoccupy the few health economists or cost accountants who have a niche in those ministries. This is a grand opportunity for the public health sector to put aside so much of the trivial administrative preoccupations and grasp the opportunity to be front line participants in macro planning in the political economy as a whole: national, regional, global.

It is time for the public health sector to calculate in hard currency the costs of environmental destruction to health: individual, community, nation, region. Here is the chance for epidemiologists to grapple with the marginal effects of the fire-generated smog on the burden of acute and chronic lung

disease as the major fall-out from the pervading smog and to present the bill: to governments, to the loggers, to the arsonists, to the lobbies of power. No longer should the health sector – and the community – pay for the transgressions of the greedy who see rainforests as get-rich-quick mechanisms. This is the opportunity for the health sector to move into the front ranks of economic planning, not as a mendicant but as a champion of more effective equity.

It is easy to preach, but difficult to undo the habits of the ages. In so many spheres the health sector picks up the tab for the excesses of the market. Unless the externalities are taken into account the market will forever pay for only a fraction of its negative effects. Quarterly earnings determine the stock exchanges' health, but they pay little attention to the calculation of real costs, including natural resource depletion, environmental destruction, human resource damage: there is no payment for the future, not even for much of the present real costs (Hurst, 1990; Brookfield and Byron, 1993; Van Dieren, 1995). Yet this is what the free market mechanism backers accept as reasonable return on risk capital. And most of the world sings the praises of the market.

While the environmental lobby has identified the inequity of externalities in economic theory, the health sector generally is still asleep, with its hand outstretched asking for more money – for hospitals, for machinery, for all the paraphernalia of curative medicine. The private health sector in most cases does not even bother to participate in accurate reporting of diseases, so official incidence figures are a misnomer, so that epidemiologic services are bound to record false entities. But incremental awareness is always too late. Health, as a major guardian and sponsor of human resources, must make the huge leap into macroeconomic planning with economic ministries at the head of the political table. The fall-out from the gigantic forest fires in Southeast Asia in 1997 presents a golden opportunity to grasp such a role: to present bills for real costs, to earn a voice in future planning, to identify the health components of agriculture, of manufacturing industry, of transportation, of child labor, of a range of activities in which the market has freedom to destroy as well as to create.

If even the more limited objective could be met – cost accounting of the medical damage due to the fires and their smog and presentation of the bill to

responsible segments of governments and directly responsible private sector companies – it would be a move in the right direction, a starting point for further macroplanning involvement. Just as plagues of infectious diseases can awaken the national and international conscience through fear and desire to institute control, so too the plague of smog can serve to mobilize activity of a somewhat different sort, but with a similar objective, protection of the community interest. Moralising is of limited value, but hard economics is of greater hope. The very concept of *externalities* must eventually be stricken from market economics agendas and the effects incorporated into real accounting and allocation of responsibility for payment. The health sector has a chance to lead the way.

That is the ideal response. However, the forest fire smog haze problem is multicountry in nature. Health authorities have limited options for action in such an arena. But at this moment it is a Southeast Asian problem and can even be defined as an ASEAN problem. ASEAN does have a health ministers' forum, but an annual one, not one easily mobilized for emergent action such as is demanded from the nature of the haze problem. Certainly its component national bodies are constrained by economic ministries in each case, constrained by their limited voice in catastrophe management, totally prohibited from policy development on matters of commerce.

In December 1997 the follow up of the 1992 Rio Environment Summit will take place in Kyoto. Its focus is primarily on fossil fuel emissions rather than forest fires, but the two together make for serious environmental damage and increased disease burden is a common outcome. Thus, overtly or otherwise, health is in the forefront of this debate. The debate will be largely emotional and the resolutions largely political fig leaves (Hon, 1997). What this gathering and its aftermath need urgently is a commitment from the global health sector to record continuously a dossier of effects and costs – social, medical, monetary – of the negative health impact and to present the global bills to the burners of fossil fuels and of rainforests. Of course it needs more than this: development of mechanisms for enforcing payment of the bills, alteration of the economics text books to eliminate the very concept of externalities and their inclusion in basic accounting procedures. If the economics dons will not correct the flaws in their elementary theory it must

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be done for them. This is an immediate, emergent challenge to the health sector.

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