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✓ IS THE "GOOD LIFE" KILLING US? THE GLOBAL POLITICS OF HEALTH

✓ Introduction

There is an irony in public health. On the one hand, there is considerable scope - thanks to medical technology breakthroughs - for people to live longer. And yet the same society that has created the modern science is also eroding the physical and psychological capacity of people to survive. People are being worked to death or digging their own graves with their teeth or allowing their future to go up in smoke.

This article begins with an examination of the changing impact of lifestyle on life expectancy. It then examines how obesity is becoming a major international issue and how its prevalence can be explained partly as a result of economic globalization and technology. It concludes with an examination of the controversy over tobacco and the creation of a new treaty to control tobacco.

✓ The Silent Revolution

One of the 20th century's great achievements was the dramatic increase in life expectancy in the developed western countries. Indeed, increased life expectancy is one of the indicators of a "developed" country. During last century, the average person received as much increased life expectancy as the people in the previous 5,000 years. Around 5,100 years ago people had a life expectancy of about 25 years; in 1900 it was around 50 and in 2000 it was 75 years. This helps explain the concern over old age pensions. When the Germans just over a century ago invented the idea of an automatic government pension for a person reaching 65, very few Germans lived that long and so not much was actually being promised. Now reaching 65 is very common and this has created the concern over the adequacy of pensions.

This progress has come about through advances in clean water and sanitation, medical science, building technology (very few people in a developed country now die in a burning building whereas that used to be a common cause of death) and the creation of safer work places. Additionally government departments took on these measures as a standard item of work. For example, a century ago (with the exception of reticulation of water and working conditions) very

little was being done about these issues by government legislation. Also, these have become lucrative areas of practice for domestic law firms.

Underpinning this progress has been the functional co-operation through international organizations, such as World Health Organization (WHO) and the International Labour Organization (ILO), which have facilitated the creation of common government standards and the sharing of experiences across national boundaries. While the UN's political work in international peace and security is often criticized, one of the UN's greatest – and less publicized – successes has been in encouraging functional co-operation by experts across national boundaries to work on common problems without the usual political disagreements. For example, there has been the WHO's successful international campaign to get rid of smallpox, the first time that an entire disease has been banished from the planet.

In short, life in developed countries today is a lot easier than it was (say) a century ago. People are rarely trapped in burning buildings and they are rarely killed by contagious diseases (such as diphtheria, scarlet fever, poliomyelitis, and measles). But is our lifestyle now killing us?

✓ **Is the Pace of Life Too Fast?**

James Gleick has written about "hurry sickness", which he regards as the defining affliction of the western developed countries. Hurry sickness is encouraged by employers, promoted by advertisers, and inculcated by television and the Internet. Thus, people now "multi-task": children do homework and listen to pop music, adults drive and listen to educational audio tapes, they cook and watch television, they exercise and watch television, and they drive and have telephone conversations at the same time.

But are humans really up to this "multi-skilling"? For example, driver distraction is a leading suspect in a quarter of the US's 6.3 million annual motor vehicle accidents. The newest forms of driver distraction are "telematics" such as mobile phones and palm pilots. Barry Kantrowitz, of the University of Michigan Transportation Research Institute, has warned that even hands-free telematics have problems. Even with your hands on the wheel and eyes on the road, the "cognitive" distraction of simply concentrating on something other than driving can get you into trouble. He says: "The average driver does not have all the training to process all this information safely while en route". There is also the issue of whether mobile phones have a health impact on the brain's health.

Tomorrow often arrives first in California. The "road rage" trend was first noted there. Some Californian cars on the freeways are driven by impatient drivers who shoot at cars ahead of them to speed up the lines of cars. There is now a bumper sticker: "Don't shoot - I'll move over". There have even been reports of helicopter shootings, as passengers become impatient with other helicopters getting to the heliports first.

There are various other forms of "rage" initiated by people impatient with delays. Examples include "telephone rage", as customers are kept waiting listening to music "while your call is important to us" or are led through a complex telephone menu ("press 1 for abc, press 2 for def, press 3 for ghi... press 0 to hear the menu again"). There is also "aircraft rage" as customers are told their flights are delayed or they are "trapped between the Moon and New York City" in a holding pattern waiting for the plane to land.

Meanwhile, the pace of change in business presses ahead. There is now a 24-hour world. The old agricultural idea of work in daylight and sleep at night is now meaningless. A declining number of workers function Monday to Friday 9 to 5. Service providers (such as big law firms) operate around the clock. The global stock exchanges now operate around the clock, with one coming on stream as another closes. Sydney is a favourite location for foreign businesses because computer upgrades and repairs can be done in the European "down time". Mobile phones mean that staff can be accessed at anytime.

Families now rarely gather for an evening meal together. Homes have become motels, where people get their own meals in their own time. People tend to graze (via prepared meals heated in microwave appliances) rather than have more formal meals. Alternatively, they grab a meal at "fast food" outlets.

✓ **The Workplace as a Health Hazard**

Finally, the present era of work may be killing us. The US Department of Labor has reported that murder has become the number one cause of death for women in the workplace and for men it is the third (after machine-related mishaps and driving accidents). The obvious reason for this are the ones often invoked to explain the problems of violence in American society as a whole - more guns and more glory for using them. Taxi-drivers, police officers, hotel clerks, security guards and shop assistants are the most risky occupations, with robbery the most common motive for murder.

But also there are the increasingly harsh work environments and a continual wave of layoffs, which have made workers feel dispensable. People get upset when there are no raises and then there are layoffs but the CEO gets a \$50,000 bonus. This growing disparity plays into this atmosphere of violence. Making workers even more desperate is the prospect of finding positions with lower pay, fewer benefits and little job satisfaction.

Traditionally, it has been assumed that the victims were the blue-collar workers in the manufacturing industry. Jill Andresky Fraser has argued that the new victims of the hazardous workplace are white-collar workers, who are working harder in a "sweatshop" situation in order to achieve greater corporate profits. These are people working longer hours than ever before (such as being vulnerable to being contacted via pagers and mobile telephones). The rise of the

flexible workplace, with companies seeking to have jobs done "just in time" has meant that people have to work flexible hours to meet the changing demands. Juliet Schor in the early 1990s correctly predicted that Americans would be working longer hours in 2000 than they did in the 1920s, when the eight-hour day became the norm.

To sum up so far, there has been progress in combating contagious diseases and making buildings and workplace safer. But new health problems have emerged.

✓ Obesity as an International Issue

It is an irony that, with so many people in the world going without food and the United Nations having 2004 as the International Year of Rice to draw attention to the importance of rice, one of WHO's main issues is now to do with over-eating. But, then, some of the developing countries – which are normally seen as the ones with the lack of food – may also contain citizens who are over-eating.

While a whole group of causes of death has been reduced, a new group has emerged: "lifestyle diseases". Obesity is now a major problem underpinning such causes of death as heart attacks and strokes. Obesity cost the United States 12 per cent of the national health care budget in the late 1990s (US\$118 billion), more than double the US\$ 47 billion attributable to smoking. About 3,000 people were killed on September 11 – 100 times that number (about 288,000) died in 2003 from overeating. It is possible that obesity will be the most important reason why we cannot push the silent revolution even further.

The world has come a long way since 1954, when Ray Kroc, who made his living selling milkshake machines, began hearing stories about a very successful hamburger stand in San Bernardino, California. This popular restaurant had eight milkshake machines in operation (making 40 milkshakes simultaneously). He travelled to the place and met the owners Mac and Dick McDonald. He noted the quality of their food. He devised a scheme whereby the lessons of the manufacturing world in factories could be applied to the restaurant business. His methods included standard food production, uniform systems for food preparation and the creation of clean locations for consumers.

Perhaps the fast food industry has become too successful, too much part of the western way of life. In much the same way as lawyers have done well out of suing the tobacco industry for its unhealthy products, so they are now turning their attention to fast food. In the US, where there's smoke, there's a lawyer. Now they are examining the litigation opportunities in fast food. This coincides with various official reports on the risks of obesity, especially in children. Burger overload may become yet another symbol of how consumerism is killing us.

✓ **The Causes of Obesity**

A major cause of obesity has been the progress made in the increased cultivation of food. More food is being grown than ever before. In all developed countries more food is being grown by fewer people. Thanks to improvements in technology (such as the chemical industry and fertilizers) food is now being grown on previously marginal or unproductive land. The “green revolution” has done the same thing for rice in developing countries. Meanwhile, the increasing numbers of democracies is a good sign because there has never been a famine in a society with a free media. At the prospect of a looming food shortage, food can be transferred across the country or across national boundaries.

Progress in free trade has also increased the supply of food. While much remains to be done to increase foreign access to the American and European Union food markets, more food is now crossing national boundaries than ever before. Food is cheap and plentiful. Probably never before have so many people in so many developed countries been able to afford so much food.

Another area of progress is in the overall quality of life. Thanks again to improvements in technology, most people in developed countries no longer have to do the harsh physically-intensive work that their forebears did. “White-collar” workers now outnumber “blue-collar” in all developed countries. Very few young people will ever work on a farm or inside a factory or coal mine. This progress also applies to life at home, where so many gadgets have improved life, such as the availability of motorcars, washing machines, spin driers and remote control of television channels. Economic globalization and free trade are taking these improvements into the former developing countries, such as eastern Europe, the Asian “tigers” and China.

✓ **The Downsides to this Progress.**

The disadvantage to all this progress is that it is contrary to what the human body is used to. Humans have evolved over the millennia to cope with feasts and famines. Humans are designed to gain weight during the good times to tide them over the bad times of food shortages. This survival factor is built into the genes. Millennia ago, people who did not fatten up during a good harvest died out in the subsequent famines, and so the present humans are the descendants of those survivors who could store fat.

The problem is that we are now living in perpetual good times. There are few shortages of food. Any looming shortage can be solved by importing foods because of the improvements in free trade and international transportation. Meanwhile, some of the other forms of technological progress have created other problems. Modern technology is labour-saving and so humans are not burning off the calories they used to do so when walking to school or work, working on farms, factories and coal mines, and doing household chores. Harsh, labour-intensive daily work used to make people fit and lean (but also wore them out to an early death).

“Passive overeating” comes about through eating food that is too rich in fat and sugar. It may be that people are not necessarily eating more food in terms of absolute weight of food but what they are eating is too loaded with too much fat and sugar, such as “fast food”. It is too energy dense for the type of work and lifestyle that they now have. “Fast food” would have made more sense a century ago when there were greater opportunities to burn off the extra calories.

✓ **The Battle over Obesity**

WHO now has obesity on its agenda. This controversy is the opening salvo in what will be a long battle. The obesity issue is hardwired through to a number of staple items that will prolong its life on the agenda. On the one hand, for people who are concerned about globalization, obesity is a manifestation of the power of transnational corporations to influence public taste. For example, there are already calls for banning advertisements for fast food during children’s television programmes. There will be attempts to ban sugary soft drinks from schools. There will be attempts to have “health warnings” on fast food and sugary soft drink containers. The currently (unsuccessful) American attempts at litigation against fast food companies will continue (and will be inspired by the eventually successful litigation against tobacco companies).

On the other hand, others will argue that transnational corporations are not to blame. No one is ever forced to fast food. People have freedom of choice. They should live more active lifestyles, watch less television and play fewer Internet games. They should take more responsibility for their lives. They should have more self-control.

Meanwhile, others will complain that overeating distorts the planet’s health priorities. Only about 10 per cent of the world’s health research goes into diseases that account for 90 per cent of the global disease burden (such as malaria and sleeping sickness). Most of the victims are too poor to buy medicines and so the pharmaceutical corporations do not bother to do the research. Meanwhile, the diseases of the wealthy attract the research because they are rich enough to pay for the medications and treatment.

Finally, the number of overweight people on the planet – more than one billion – now exceeds the number of malnourished people. Perhaps the “war on poverty” will need to be matched with a “war on over-eating”.

✓ **Tobacco Control**

Another major killer is tobacco. The campaign against one of today’s biggest killers has taken a further step forward with the adoption of the 2005 United Nations treaty on tobacco control. About 13,500 people worldwide die from smoking-related diseases each day. Proof of the international recognition of its importance has come from the speed with which the treaty has

entered into force. It has become one of the most rapidly embraced UN treaties of all time. The treaty also says something generally about the progress made in international co-operation on a matter of common concern. Beneath of all the bad news of conflict and brutality, there is some good news of countries being willing to work together on a common problem,

The World Health Organization's Framework Convention on Tobacco Control (FCTC) was proposed in May 1995, it was adopted by the World Health Assembly in May 2003 and it entered into force on February 27 2005. Its speedy ratification is partly a symbol of the growing concern about the impact of tobacco.

Tobacco consumption is the world's single leading preventable cause of death. It will prematurely end the lives of 10 million people a year by 2020 if current trends are not reversed. Tobacco is the only legal product that causes the death of half of its regular users. This means that of the current 1.3 billion smokers, 650 million will die prematurely due to tobacco.

The irony is that the death is self-induced. This is a personal lifestyle decision; no one is forced to take up smoking. This is in stark contrast with the state of health elsewhere. As noted above, progress has been made in eradicating some other causes of death. Therefore WHO is now adding to its list of campaigns the problems that people are bringing on themselves via tobacco. This is the first time that WHO has used international law to tackle tobacco. It is a signal, given the treaty's success, that WHO may eventually use this route for other measures to encourage greater international co-operation on promoting health.

✓ **The Framework Convention**

The treaty is a "framework convention". It is not so much a detailed, comprehensive finished product in itself, as the basis for additional international measures. The technical term is the "progressive development of international law" – the gradual expansion of international law to cover more and more issues that were previously only covered (if at all) by national laws. It therefore establishes the basis of a continuing diplomatic process gradually to restrict the consumption of tobacco. States that agree to be bound by this treaty will adopt other treaties ("additional protocols") covering specific issues, such as tobacco advertising, tobacco sponsorship of public activities, tobacco-product regulation, and the illicit trade in tobacco.

The treaty sees itself as part of the UN's human rights work in that each person has a right to health. It is therefore part of the UN's broadening of what constitutes "human rights". The creators of the original 1948 formulation, in the Universal Declaration of Human Rights, would probably not have thought of opposing tobacco as a part of the human rights regime they were creating. Indeed, the Declaration was probably drafted in a smoke-filled room as was common in offices in those days. The international human rights regime is being both broadened and deepened. The regime is now being accepted by more and more countries (the UN now has 191 members). The regime is also covering more and more aspects of human life.

The treaty does not prevent countries that have accepted the treaty from adopting tobacco control measures stricter than those laid down in the treaty. The treaty therefore aims to create the international harmonization of tobacco control measures that can be supplemented not only by later protocols to this treaty but also by stricter unilateral national standards. Parties to the treaty agree to educate their citizens about the dangers of tobacco. They also agree to adopt measures to reduce the demand for tobacco. This means, among other things, the use of taxation as a disincentive to buy tobacco, placing warnings on tobacco products, and banning tobacco advertising promotion and sponsorship. There are also limitations on the sale of tobacco to children. Where possible, the ban on tobacco advertising, sponsorship and promotion is to be done within five years. Within three years, tobacco packaging must include health warnings covering at least 30 per cent of the packet.

The treaty also provides for international co-operation and information-sharing on restricting the sale of tobacco. Parties agree to submit periodic reports to a conference of the parties on what they are doing. The treaty also creates a new international forum to handle the periodic reports: a conference of the parties (with WHO providing the secretariat). Periodic reports are a standard form of UN implementation (such as in many human rights treaties). Governments are now accustomed to this additional paperwork and its scrutiny by international organizations and non-governmental organizations (NGOs).

Periodic reports are in themselves a small sign of how there is growing international co-operation and greater acceptance of international scrutiny of national policies. It seems hard to imagine that governments as recently as the 1950s agreeing to submit reports to an international organization on what they were doing about a domestic matter. They would have seen it as an infringement of their national sovereignty.

They would have been even less enthusiastic about their reports being read by non-governmental organizations (indeed there would have been few such NGOs in existence at that time). Now governments are accustomed to submitting such reports, there are international organizations to receive them, and there is a growing range of NGOs to analyse them. These are all beneficial signs of globalization.

✓ **The Politics of Tobacco Control**

Tobacco control is a controversial issue. It has been a battleground between some of the world's most powerful corporations and a growing band of health NGOs. There has been a gradual acceptance that tobacco is a harmful product. It has been such a common feature of western life for about four centuries that it has taken sometime for the opponents to make headway.

The politics of tobacco control has four points worth noting. First, there is the importance of research. The medical profession has made great progress generally in the development of research tools, sharing of information and implementation of best practice in all fields of health. The profession prides itself in attracting some of a country's most intelligent undergraduates and likes to think that it is intellectually more rigorous than many other disciplines. The research on the harmful impact of tobacco has gradually won acceptance that smoking is a danger to health. One of the earliest studies in the UK, for example, was done in 1951 on the smoking habits of doctors themselves.

The fact that health professionals are among the smokers has been one of the tobacco industry's defences: if health professionals smoke why should tobacco be seen as a health hazard? Similarly, tobacco was often part of a military person's rations – if governments saw tobacco as part of the everyday life for a service person why should it be seen as a health hazard? The industry also pointed out that there was no advertising at all in the former USSR and yet people still smoked and so bans on advertising in the west would have little effect. These arguments went back and forth. There is now general agreement that smoking is a health hazard. But it has been a long campaign.

Second, NGOs have driven the campaign against tobacco. They have had a better record for consistency than politicians. They have kept on keeping on. They also work across national boundaries to pool information, such as the Network for Accountability of Tobacco Transnationals (NATT) that consists of 75 consumer, human rights, environmental, faith-based and corporate accountability NGOs in 50 countries that was formed in 1999 to ensure a strong, unified voice for an effective tobacco control treaty. In the United States, NGOs decided some years ago that the tobacco corporations were too big to beat politically in Congress because the corporations are big donors to all the major political parties. The NGOs then started to work through the legal system. Other litigation was initiated by state governments with day-to-day responsibility for financing their health systems and is concerned about the health costs of smoking. The lawsuits have often gone against the corporations with huge payouts. (Their success has prompted litigation on other matters, such as guns).

Third, tobacco corporations have had to look outside the west for new customers. The western markets are more difficult to penetrate because of the success of campaigns against smoking. The growth areas are particularly in the developing countries, especially Asia. These are also growing in the sense that 90 per cent of the babies born today are born in the developing countries. Western markets are largely stagnant. But developing countries have accepted the treaty. They are willing to learn from the western debate over the health hazards of smoking and seek to curb in it their own jurisdictions. Even China, whose government is effectively the largest tobacco company in the world, has signed the treaty.

Finally, underpinning this struggle is the fact that the international community (national governments, international organizations and NGOs) are seeking to regulate transnational corporations. This may be a harbinger of other initiatives. One of NATT's founding members is



Infact. This began in 1977 with a campaign to restrict the marketing of infant formula milk. That campaign was eventually successful in devising regulations on how the milk could be marketed to mothers. Now there will be even greater attention to the international social responsibility of corporations.

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NOTES

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