It seems when people talk about health issues, from HIV to heart disease, they mention poverty. Could you discuss how poverty impacts health?

Poverty is a global health issue, affecting the poor in every part of the world. Health statistics for some nations, such as “poor” nations, depict a gloomier picture than do those of more wealthy nations. But even in the United States—probably one of the wealthiest nations—poverty takes a significant toll.

One major consideration is diet and the availability of food. The typical North American diet has shifted heavily to high-fat intakes, and poorer people tend to satisfy their caloric needs with high-fat fast foods. This results in obesity and a propensity to heart disease and cancer. In underdeveloped countries the foods may be less processed but in short supply and with seasonal deficiencies. In developing countries superstition or poorly advised dietary restrictions sometimes eliminate what could be a lifesaving item in the diet.

Infection runs rampant among undernourished or poorly nourished people. Exposure to inclement weather, inadequate housing, crowding in shelters, lack of immunization, and ignorance all play a role. Water for many of the world’s poor is unsafe and a potential source of infection.

A Canadian census in 2001 found 14,145 people homeless throughout the country, but the study counted only those in shelters on one day in March. But what of the homeless staying with friends, at the YMCA, on the street, or transiently in a “motel”? The Australians reported 10 percent of their homeless were children. Raising children on the street predicts lifelong problems and risks for violence, sexual exploitation, and addiction.

International efforts at improving conditions surrounding childbirth have not been very successful. In the November 2007 issue of Obstetrics & Gynecology, follow-up on the twentieth anniversary of the SAFE Motherhood initiative shows, for a variety of reasons, almost no improvement. An absence of truly strategic intervention is apparent. Such failure is also ours as a church, because we have lacked cohesiveness of purpose and shown a tendency to pursue individual and self-satisfying projects.

HIV and AIDS sometimes reflect the sex trade, which is—in many parts of the world—a survival activity. Food and shelter are obtained by many women only in exchange for sex. Prostitution is despised by Christians, but not only does the disgust cover the activity but...
often the prostitute. We Christians perhaps should ask ourselves whether disgust is a Christian emotion.

Immunization programs for the poor are often inadequate. Sitting in privileged isolation, benefiting from “herd immunity” (whereby the majority—being immunized—protects those who are not), some refuse immunization for their children. It is a far different story where large populations are unprotected. We are living in a time of fundamental change in the order of international balance. The rising Chinese and Indian economies are also facing increasing health issues. Their populations are aging, and they are seeing a rise in chronic disease such as coronary artery disease, diabetes, respiratory disease, and cancer. Health gaps between urban and rural populations are increasing. Population mobility in association with poverty always promotes increases in sexually-transmitted disease and infections such as tuberculosis. The economic Group of Seven countries has reduced their population growth rate to the point of dependency on immigration to sustain their population levels. New diseases are introduced, along with the immigration. We hope everyone realizes that social and economic factors are a great cause for concern and church involvement as a part of health ministry.

We need to work strategically and cohesively. Problems of such major proportions as poverty are not attacked by local feeding programs. Our church must join hands with other communities of faith and address the needs of the poor, especially their health needs.

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While this column is provided as a service to our readers, Drs. Landless and Handysides unfortunately cannot enter into personal and private communication with our readers. We recommend that you consult with your personal physician on all matters of your health.