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## Akinbola E. Akinwumi on Sickness and Wealth: The Corporate Assault on Global Health by Meredith Fort, Mary Anne Mercer and Oscar Gish (eds). Cambridge: South End Press, 2004. 237pp.

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A cursory examination of recent statistics on poor countries around the world quickly reveals a common situation of dependency, retreating states, stagnant public sectors and resultant poor health. This is further complicated by the resounding legacies of colonialism as well as by the current global economic set-up. In tune with the demands of a market-oriented system that looks only for unbridled profits, corporatism is creating extreme polarities with deep implications for public health. Although much has been documented about the multidimensionality of socioeconomic disparity over the last two decades, scant attention has been paid to the problem of health inequality and the massive disaster it currently threatens on the global stage. These issues are succinctly examined in Sickness and Wealth.

Broadly, the contributors to this volume set themselves three related tasks. First, they deconstruct the idea of globalization as a common good (or even necessity), considering especially its effects on the health status of the poorest on Earth. As Mary Anne Mercer puts it, “[t]he critical question about globalization... is ‘Does it promote social justice?’” (167). If globalization translates into the magnification of the market and the commodification of healthcare by, for example, the patenting of essential, life-saving, medicines, then it is unfair and unacceptable. Second, the authors unmask the after-effects of a one-size-fits-all doctrine of the structural adjustment programs (SAPs) in vogue in much of Africa, Asia, and Latin America during the 1980s. SAPs of that period not only failed to “jump-start” the economies of poor countries; the policies largely blocked social development and pushed welfare to the margins (50). Similarly, food supplies began to wane as the technologies of agriculture became more and more an economic game appropriated under the rubric of trade liberalization treaties. Third, the contributors show adequately why healthcare should not morph from a right to a privilege. They maintain that whether the issue is access to relatively cheap medication for malaria or the more expensive ones for HIV/AIDS, healthcare must be inclusive, people-centered and easily accessible for those who need it the most. Enforcing this agenda, however, requires the mobilization of social movements for the globalization of “dissent, resistance, and the demand for accountability... towards a more just system” (172).

More specifically, Section I of Sickness and Wealth delves expertly into the history of public health and considers “good health” alongside development practices, especially in the last two decades. The four chapters in this section are devoted to understandings of health *vis-à-vis* healthcare; the role of colonialism in perpetuating current patterns of “dysfunctional” healthcare systems, particularly by “maintain[ing] the advantage of the rich countries at the expense of the poor” (12); the threat posed by globalization to the objectives of the 1978 World Health Organization-UNICEF Alma-Ata Declaration; and the new paradigm of privately provided healthcare and its implications for mass ill-health and nullification of the goal of health for all.

Section II considers the evolution of the neoliberal development model, a profit-driven paradigm that originated in the U.S.—and its systematic implementation in many parts of the world. Four chapters, examine the tumultuous effect of reform in the Guatemalan health sector and the role of the Inter-American Development Bank (IADB) in the general overhaul; the expansion of managed care initiatives and the corresponding reduction of public healthcare and prevention services in Latin America; spurious trade laws upholding the tenets of international trade under

the auspices of the World Trade Organization (WTO), which have contributed to massive unemployment and poverty, (considering the fact that the playing field for trade is unduly imbalanced); and the correlation between the increasingly boisterous might of (American-led) militarism and the social production of disease.

Section III sheds light on the consequences of globalization on health. The section's four chapters focus squarely on new agricultural policies that corporatize crop production by monopolizing control over seed, especially via the route of patents; the connection between the privatization of water and a cholera outbreak in South Africa; malaria as a recalcitrant public health condition and the de-prioritization of anti-malarial drug production due to the latter's less impressive profit potentialities; and the challenge and politics of the global AIDS pandemic. Section IV concludes with a look at the role of movements and advocacy groups in mobilizing for equitable health policies. It calls for the reclaiming of health as a human right and also urges that the masses refuse to leave the present struggle to the "experts."

If the invention of another world is possible, then a credible diagnosis of the problem is not only necessarily but also helpful. Without even a trickle of compromise, Sickness and Wealth provides just such a diagnosis and, even more, makes an important contribution to the unfolding debate about health and injustice. Some might consider the scope of the book a little farfetched or maybe even ambitious but this is not the case—at least not in an era when the "have-nots" are being offered gleefully to the sacrificial altar of the political economy of health. In fact, this pervasive globalization-driven process is injurious to health and will likely remain so until corrective measures are deliberately institutionalized.

Overall, this is both a disturbing and moving book. Disturbing because it challenges existing orthodoxies in theory and practice with respect to social justice and the distribution of economic power. Moving because it effectively connects us with the untold anguish being faced daily by people as a result of the systematic pillaging of health by marketization. This is a forthcoming volume and the reader will find especially insightful—and provocative—the contributions of Seiji Yamada and Mary Anne Mercer and take delight in the resource guide included. These well-executed essays, rich in details and case studies, testify to a sound knowledge of a huge problem and are altogether mindful of the urgent need for progressive global reform.

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