

Opinion

Protecting human and environmental security

KEITH MARTIN

The world is in the midst of one of the most precipitous losses in biodiversity since life began on our planet more than five billion years ago. Today, one-third of all mammal species and 15 per cent of all bird species are on the brink of extinction.

But does this march to extinction affect human health? If it does, what can be done to reverse it? Can we improve human health outcomes for the world's poorest people who live in the midst of the areas most affected by these environmental losses?

Nobel Laureate Dr. Eric Chivian and Dr. Ari Bernstein at the Harvard Medical School provide a compelling case that biodiversity losses impact human security, and that our security is intimately entwined with that of our environment. What lies within the species we know, and those yet undiscovered, is a treasure trove of scientific information that can produce new and life-saving pharmaceuticals, such as the anti-malarial plant Artemisia.

Habitat loss from human activity is the primary cause of this massive die-off. This eliminates carbon sinks, the lungs of our planet; depletes water sources; and wipes out our food sources (70 per cent of all commercial fish species have now crashed or are over-exploited). Habitat destruction can also affect disease patterns, such as deforestation in sub-Saharan Africa that has caused a rise in malaria.

What can be done about this? Like many things in life, people will preserve something

if they see value in it. South Africa, Botswana, Tanzania and a few other countries have learned this lesson well. They have sustainably exploited their biospheres, which have provided the resources to create jobs, clinics and educational opportunities for the people who live around the reserves. In fact, South Africa rescued the world's second biggest land mammal, the white rhino, from the brink of extinction (there were only 68 surviving rhino in the 1890s) using these techniques.

Unfortunately, CIDA does not have a section that supports projects that integrate sustainable environmental practices and human needs. To fill this vacuum, Parliament's first International Conservation Caucus (ICC) was created last year. The caucus connects scientists with legislators, NGOs and bureaucrats so that they can become informed about the solutions that can effectively address the environmental challenges of our times. Canada's ICC is also spearheading an initiative to connect legislators from different countries so they can work together across borders to tackle these problems.

Another great international challenge is providing access to basic health care in developing countries, especially in rural areas. Millions of people die every year from entirely preventable causes: 2.2 million from gastroenteritis; 2.1 million from pneumonia; 2.1 million from HIV/AIDS.

A particularly appalling situation is the death of 530,000 women every year as a consequence of childbirth. That's one woman dying every minute of every day. What is particularly shocking is that 80 per cent of these deaths are due to five entirely treatable causes: sepsis; obstructed labour; hemor-

rhage, eclampsia, and septic abortion.

Yet herein lies a great opportunity. Reducing maternal mortality and morbidity has a profound impact on the health of the entire population. Columbia University's School of Public Health in New York has clearly shown that to take good care of a woman in labour, you must have basic surgical capabilities, power, clean water, diagnostics, medications and, most importantly, trained healthcare workers. With these inputs, you can also treat the most significant causes of death in the developing world.

Despite this knowledge, the international community has often preferred to focus on individual diseases rather than strengthening primary healthcare systems. It is for this reason that the Canadian Physician Overseas Program (CPOP) was created two years ago. This initiative enables Canadian physicians to train, not only physicians and nurses, but also community healthcare workers in developing countries.

Dr. Paul Farmer, another Harvard physician and founder of Partners in Health, demonstrated very clearly in Haiti and Rwanda that community health workers, armed with rudimentary primary healthcare skills and basic medical supplies, can have an enormous positive impact on a population's health, especially in hard to reach rural areas.

The CPOP connects the medical capabilities of the West with the needs of those in the South, and the ICC initiative received enthusiastic support at recent presentations I made at Harvard University and at the International Health Educators Conference in Victoria, B.C. By working with established medical centres in developing countries that have proven to be effective in providing care



UN Photo: Eskander Debebe

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to the neediest, we will augment their capabilities. In this way, Canadians can save lives and improve the health and environment of the world's poorest people.

Liberal MP Dr. Keith Martin is the founder and chair of the ICC, and is the founder of CPOP. He recently returned from meetings with health care leaders at Harvard University and Columbia University.
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