

Life without Germs: Contested Episodes in the History of Tuberculosis

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SUMMARY

Health disparities is an issue dealt with in public health policy today, more than ever before. This, however, is not a new phenomenon. There have long been disparities in the health care system of the United States. Tuberculosis (TB) has been one such disease, which has shown the inequalities of treatment in health care of Blacks, in particular, in the US [1]. This article, written by Gandy, examines tuberculosis as it has affected human history. Tuberculosis has spread across the world for thousands of years. In earlier centuries it had been particularly harsh on the continent of Europe.

Matthew Gandy goes on to point out the complexity of the history of TB. Tuberculosis, he notes, can affect any part of the body and produce a wide variety of symptoms. There were many theories and controversies as to the cause of tuberculosis. Gandy gives us a brief history of tuberculosis. TB had been thought of as being one of the most horrible diseases ever to ravage humankind. Prior to TB being considered contagious, it was a mysterious, oftentimes, misdiagnosed disease. Ignorance and superstition surrounded ideas regarding the cause of tuberculosis. The longstanding theory was that hereditary disposition was a key factor in the manifestation of the disease [1].

Gandy gives historical fact on the emerging theories of European scientists who found undisputable proof that tuberculosis was a contagious disease and needed to be recognized as such in order to fight it successfully. By the mid-twentieth century, the discovery of antibiotics brought about a significant change in the spread of the disease.

METHODS, FINDINGS & CONCLUSION

Gandy gives a well-rounded and inclusive examination of the effects of TB. He found that with the increased use of antibiotics, the spread of

the disease declined among the affluent, but there was a rise in the urban cities. He looks at the social ramifications of early to mid-twentieth century urban living. Conditions were steeped in poverty, over-crowded housing, no standard of cleanliness (i.e. proper sewerage systems, waste disposal, etc.) These were all contributing factors to the rampant spread of TB.

The popularization of the sanatoria movement spread in the upper classes of society, "...leaving cities in search of warm and dry climates where they might alleviate their symptoms [1]." At a point in time, tuberculosis was even romanticized because several well-known artists and poets of the era had died, from the disease. This, according to Gandy, ultimately lost appeal as the disease became the lower classes health problem. With this came disproportionate levels of TB in certain groups of people in the society.

ANALYSIS

Once HIV/AIDS became a part of our real world, TB had a resurgence like no one ever expected. TB had practically been eradicated in most of the world, but the 1980's and 1990's brought new life to tuberculosis. Many US cities experienced epidemics that challenged the complacent belief that such outbreaks in developed nations were a thing of the past. The striking but obvious characteristic of those affected by HIV, violence, substance abuse, asthma, infant mortality, and tuberculosis, to name a few, is that they are primarily the urban poor. More specifically, those at the margins of society--the homeless, those involved in the criminal justice system, some recent immigrants, those living in extreme poverty--experience rates of poor health many times higher than those for the rest of the population. Too often, Blacks and Hispanics are disproportionately represented in these populations, indicating the continuing influence of racism [2].

This is a growing concern due to the fact that more and more people are being relegated to the margins of society in all aspects: residing in poor housing conditions, having little or no job prospects, receiving sub-standard/no health care and, overall, a less important standing in the policy making process of this country. Health care policy and other social

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issues in this country must be addressed. Until these conditions improve, our society will continually fail in our quest to be the “greatest nation on earth”. We cannot continue to enjoy the “right” to tell other nations how to treat their citizenry if we fail to give our own the basic necessities for a good and decent quality of life. Chavkin, et al [3], sums it up in this manner:

Focusing public health interventions on improving the living conditions of our most vulnerable populations (now heavily concentrated in cities) could reduce our reliance on after-the-fact responses to epidemics revealed by public health surveillance. This post hoc strategy, which has characterized our reaction to such diverse conditions as tuberculosis, HIV, asthma, and mosquito-borne West Nile fever, has required body counts to precipitate action [3].

Gandy looked at the history of tuberculosis and focused on the scientists who tried to bring forth awareness to the ills of the disease during an era of misinformation. Many lives were lost in the wake

of miseducation, superstition, and discrimination. They warned us that we needed to “do something” about this disease and many tried in their efforts to educate us about the disease itself. However, there was resistance in the past, as there is today. There is a definite need to examine our social values and conditions in order to prevent tuberculosis and other diseases like it from resurging again.

REFERNCES

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