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Globalization, Inequality, and Transmission of Tropical Diseases in the Venezuelan Amazon

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Objectives: There are two central objectives of this work. One is to explore the relationship between globalization, public policy in the Americas, and the environmental and cultural changes in the indigenous communities of the Amazon State in Venezuela. The other is to understand impact of these forces upon public health.

Methodology: Descriptive and analytical

Results: The authors begin by describing how globalization has affected health throughout past centuries, referring to the clash of the European and American civilizations, where smallpox brought into the Americas by European settlers caused the death of millions of indigenous people. The authors describe the influence of health campaigns in the Americas at the beginning of the 20th century, showing how the control of tropical diseases by international organizations was a way to expand markets, sell manufactured products, and above all, to secure raw materials for the potential of the region. They show how since the 1990s, public health policies have been modeled after international organizations like the World Bank. These organizations have proposed opening the economies of worldwide countries to external competition and reducing the role of the state in the provision of health services. These policies generated levels of inequality never seen before and they provide evidence of a conflict between health and the economic model. There are four phases that the authors consider to be attributed to globalization in the Venezuelan Amazon over the past 50 years: there are two curative phases and two phases that they define as related to the presidential term of Hugo Chavez. The curative phases include one with high incomes and one with low incomes, both connected to the country's income of petroleum revenues. The following two phases are tied to Chavez' election as President. One phase is from the time of his election to the coup and the petroleum strike (1999-2002), and the second is from these events to the present, where indigenous rights are recognized in the constitution and where anti-poverty strategies have been initiated. Lastly, the authors identify the causes of mortality in the region as a combination of deficiency illnesses common to developing countries, such as malnutrition, diarrhea, pneumonia, tuberculosis, malaria; and illnesses associated with the developed world, like heart disease, cancer, diabetes, accidents and suicide, which authors call a "double load" of diseases.

Conclusions: The authors conclude that is needed a new global agreement that recognizes that poverty, hunger and tropical diseases are not only problems of poor nations but rather of all humanity. For the authors, the inequality that indigenous people in the Americas suffer--especially in Amazon States--is aggravated by the lack of appropriate epidemiological data. This lack of data fosters the "invisibility" of their health problems. They consider it is necessary to implement new health policies that support autonomy and provide more resources to reduce the inequalities in the Venezuelan Amazon.