

Global Health – Front Line of the World's Other War

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Introduction

When Columbus sailed for the New World, he landed on many islands before reaching the mainland continent. As the sailors disembarked from their ships and came into contact with the natives of the New World, they brought with them a host of new items from the Old World of Spain, including guns, horses, and worms(1)(2). They also introduced diseases. Smallpox, measles, influenza, cholera, chicken pox, and whooping cough were passengers on the trip(3). Most notably of these illnesses was small pox. In the wake of this and subsequent visits from the Spaniards, small pox practically annihilated many Native American tribes and native islanders.

In like manner, as Columbus left the New World and returned to Spain. He carried with him many discoveries for the Europeans. Some of these valuable items were squash, yams and, of course, maize. However, recent research has shown Columbus also introduced syphilis to the Old World. (3) Syphilis then wreaked havoc on European countries for centuries.

New research seems to indicate that syphilis is derived from a strain of a disease called Yaws. Yaws appears to have originated in Africa. But it did not move from Africa to Europe as one might think. It moved from Africa to South America. From South

America this illness crept into the new world as the disease Yaws. It then was taken back to Europe as Yaws where it evolved into syphilis, a sexually transmitted disease. (4)

The inclusion of this discussion above is to highlight that global health issues are familiar stories in our history. The global health war began with the start of the human race. It can be dated back to 400 BC when Hippocrates presented to the world the casual relationship between the environment and disease. (5) In the first century AD, the Romans introduced public sanitation and organized the water supply. During the middle ages, colonization advanced the spread of infectious diseases around the world. (6)

The Case for “War”

We have in this country often referred to major efforts as “wars”. We have had the war on drugs, and the war on terrorism. No war in this day and age should be started or considered without an in-depth examination of the reasons why we should engage in it in the first place. To determine whether there should be a war for global health, we must start by defining global health. Second, the components of global health need to be evaluated. The case for war will flow from this examination.

Definition

We have become more cognizant of global health recently because of the onset of the HIV epidemic, SARS and the Avian Flu. These diseases quickly spread around the world. This factor is the leading element in the definition of global health. According to the Families USA Global Health Initiative, global health refers to health problems that transcend national borders (1). Global health problems not only include infectious

diseases, but they also include insect-borne diseases. Health issues that travel from one country to the next is a key element in the definition of global health. However, simple illnesses such as the common cold spread from one country to the next. What makes a disease a global health problem? The magnitude of a disease in geography as well as the numbers afflicted makes a health problem global. (2)

The magnitude of the health problem results in economic consequences. Obviously, the economics of a disease include the expense to care for those afflicted, the costs to eradicate the disease and costs for prevention of the disease. The economics of global health issues extend even farther. If a disease or health concern weakens or devastates a population of a country, then the health issue also afflicts the economics of a country. Disease frequently ravages the existing productive workforce of a country. When an economy is at risk then the country becomes weak. Weak countries have political consequences.(3) Thus, the definition of global health is a health care issue that transverses many geographic areas of the world, afflicts a magnitude of people, and has economic impact which brings about political consequences.

The Case - Why A War For Global Health?

It may seem obvious that we should prevent the global spread of disease. Our own lives could be at stake since international travel is so common today. In fact, the direct personal stake we all have in halting the spread of disease is one of the most compelling reasons we should be concerned with global health. However, this concern ebbs and flows with the advent of a new disease or issue that dominates our news. As such, to

engage in a comprehensive war we must further examine the reasons why such a war should be waged continuously, not sporadically based on our “fear du jour.”

Health is a commodity. We think of health care as the commodity, but really health care is selling “health.” In many ways, health is our most precious commodity. It is the commodity that keeps us fit, alive, and functioning. Health is closely linked to the economic capacity of a country. (4) Wealthy countries have high levels of health. Health is the essential commodity for a country to grow and prosper. (5)

High mortality of children brought on by childhood illnesses result in a reduction of the potential labor force. On the other end of the age continuum, poor health causes people to have to “retire” early or makes them disabled and unable to work and increases a country's dependent population. If a country has both high childhood mortality as well as poor health of adults, the end result is a diminished workforce supporting a burdensome number of dependents. A country needs to have a growing, thriving working age population to offset the dependent population of both children and the aged. Health is the essential ingredient for this balance.

Merson, Black, and Mills in “International Public Health” cite several studies that show correlations between a person's health, their productivity, and their wages.(8) These studies indicate the days lost to disability can reduce a person's income or hourly rate anywhere from 28 to 33 percent. They also include studies that show that poor health results in retirement from 1 to 2 years earlier than those in good health.

We have often attributed a person's inability to be a good laborer to lack of education and training. A person's productivity in the work force actually is most directly related to the quality of the person's health because good health is required to participate in training and education. The qualities of a child's health as well as of an adult's health contribute extensively to a person's ability to learn. According to Merson, Black, and Mills, studies have shown a dramatic increase in intelligence and the ability to learn as the health of a country has progressed. (7) Education and training have been correlated to improvements in the workforce of a country. Health is the essential ingredient to the effectiveness of education and training. In conclusion, Global Health problems reduce the economic potential of a person and when this occurs to a large segment of a country's population and the nations' wealth stagnates or declines.

Stagnate economies and diminished economies lead to political instability. It is thought that poor countries have a more difficult time sustaining democracy. The populous of a poor country must spend so much more time on the acquisition of the basics needs of food, shelter, and housing. Poorer societies are less able to distribute wealth equitably. Conflict ensues when over there our scarce resources. (9) If health is the cornerstone for building a wealthy society it becomes the cornerstone also for political stability.

Additional economic influences further build the case to wage a war for global health. The Global Health Initiative states that 90% of the world's health care resources are spent on 10 percent of the world's population. (10) This represents a tremendous inequity in

the spending of our scarce health care resources. The costs are staggering. For instance, estimates of the total cost of HIV in India at its lowest prevalence rate is \$7 billion a year if only 1.5 million people were diagnosed with the disease.(11) Reducing global health problems will allow for a more equitable distribution of health care dollars and resources throughout the world.

As a side note, there is a cycle brought on by economics in the arena of global health. A direct correlation exists between a national economy and the amount spent on health care per capita. The increase in the amount spent per capita also is strongly correlated with better health. The increase in that amount spent per capita on health goes up when a country is wealthy. As health spending goes up health improves. (12) Poor countries have the worst health, they spend the least on health care and their health continues to be poor or declining.

In actuality, one of the most perplexing issues of the war for global health is the vicious cycle caused by the lack of the commodity of health. When we examine some of the emerging issues in global health today, it becomes apparent that poverty makes for global health problems and global health problems makes for poverty. Infectious diseases in particular affect those in their prime productivity years. The Global Health Council states that poverty characterizes the circumstances in which infectious diseases thrive but the cycle of poverty is exacerbated by the lost productivity, missed educational opportunities, and the high health care costs of those afflicted with these diseases. (13)

Beyond the economic and political reasons for waging a war for global health is our inherent desire to be humane. Battling to curb the spread of disease and relieve the suffering and death of millions of adults and children corresponds to our country's Judeo-Christian values, one of which is to help others as we would want them to help us. So humanitarianism belongs in the rationale for waging the war.

Economic needs, political stability, humanitarian values, and personal health and safety are the predominant rationales making the war for global health as essential as the war on terrorism or the war on drugs. But where are the battlefields of this war? What is the arsenal that is now needed or used on these battlefields? The rest of this paper delineates these issues.

The Battlefields of the Global Health War

The battles to be fought are many. Some of these battlefields are new battles - diseases encountered for the first time in the last two decades. Some of these battles are the result of the reemergence of old diseases that at one time were considered controlled. Along with the battlefield created by emerging and reemerging diseases, it is imperative to examine maternal health, the health of children, human nutrition plus vaccine-preventable diseases. It must be noted that it is somewhat impossible to isolate these battles, just as it is impossible to discuss the war in Iraq without discussing Iran and Afghanistan and the entire milieu of the Middle East. The threads of one area often weave into the next.

Maternal and Child Health

It is hard to believe in this day and age, but nearly half a million woman die each year from childbirth or complications of childbirth. (1) The other killers for woman are HIV/AIDS -1.3 million, Malaria - 665,000, and Tuberculosis - 536,000 million. (2)

For years, many efforts were placed on the improvement of maternal and child health. As infectious diseases emerged that threatened everyone's health, improving maternal health faded into the background. The need for maternal and child health became more visible and received new commitments, however, as woman and children were identified as the most vulnerable victims to HIV and other infectious diseases. How a woman's health goes so goes the health of her children and family. The battle cry in global health is "Healthy Woman, Healthy World." (3)

The leading causes of death primarily affect poor women and women from poor countries. During the discussion of HIV/AIDS and the other infectious diseases we will examine the issue of woman being at high risk. Most of the maternal problems need not be life threatening. Women in developing poor countries do not have access to skilled care during their pregnancy and childbirths. According to the Bill and Melinda Gates Foundation, nearly half of the women in impoverished countries give birth to children without skilled care. (4)

The Global Health Council states that mortality of mothers at childbirth can be attributed to three delays. (5) The first delay is in recognizing that complications are serious. The

second delay is moving the mother to a center where there is treatment. This delay is complicated by a lack of transportation and the long distance between where the mother lives and the treatment center. The third delay is caused by a lack of resources that slow the beginning of treatment. Drugs, medical personnel, and equipment are often non-existent. Beside the half million women who die each year from childbirth, an addition 3 million women a year develop disabilities (both short-term and life-long) because of inadequate availability of proper health care personnel and treatment during pregnancy and childbirth. The devastation to the children left behind when their mother dies or is disabled exacerbates the already tenuous situation of child health.

The Global Health Council states that approximately 9.7 million children under the age of five will die this year - nearly 27,000 per day or 18 each minute. (6) This is greater than the number of deaths brought on by all of the leading problems in world health combined. Furthermore, the Council goes on to claim that 80 percent of child deaths are the result of only four problems: neonatal complications (38%), pneumonia (19%), diarrhea (17%), and malaria (8%). (7) Measles, AIDS, and injuries are the next leading causes. Malnutrition is the underlying contributor to the death of children under the age of five. The Bill and Melinda Gates Foundation states that poor nutrition plays a leading role in half of the world's child deaths. (8) It is not just the lack of food but the vitamin and mineral deficiencies that weaken a child. The vitamins and minerals most lacking are vitamin A, iodine, iron and zinc. Lack of these nutrients makes children more susceptible to illness and disability. For instance, the lack of vitamin A and zinc compromises the immune system. (9)

The causes of children's deaths vary greatly around the world. Two dominate factors transcend the location of the child's home. If a child is born in poverty or a developing impoverished country with insufficient health care resources the probability of the child dying increases. The second factor that crosses all national borders is the health and well being of the child's mother. There is a joke that "if mama isn't happy, no one is happy". The reality is if mother is not healthy the children are not healthy.

Vaccine Preventable Diseases

Is this a battle to be won or are vaccines a weapon in the arsenal of those who fight the global health war? It is both. Of the 9 million childhood deaths a year, 2.1 million of them could have been prevented with adequate immunizations. (1) Developing countries do not have access to immunizations or the health care staff to administer immunizations. Just as new immunizations become more available in industrialized countries, the spread of these vaccines to developing countries is excruciatingly slow. The cost of immunizations, both the old immunizations and especially the new immunizations, is a deterrent to the availability.

For instance, in the 1970's and 1980's the pharmaceutical companies had prioritized finding a vaccine for hepatitis. Many scientists throughout the world worked cooperatively on the project. Merck finally came out with the Hepatitis B vaccine in 1980 at a cost of \$30 a shot with three shots required. It used some expensive components making the vaccine cost-prohibitive to the less affluent countries in Asia and Africa.

Hepatitis was a debilitating problem in the country of Korea. One of the scientists was more interested in producing a vaccine that could be readily available regardless of cost. He worked with a Korean Company that was willing to expand its biotechnology. Together they produced an affordable Hepatitis vaccine, costing just one dollar a dose, and it was as effective as the Merck vaccine. (2) So the battle is to make the weapon of vaccine available.

Infectious Diseases

Throughout history, infectious diseases spread through towns, countries, and continents causing horrible suffering and massive mortality rates. It is hard to view these diseases as positive but it has been through these epidemics that many of the medicines to combat bacterial infections have been discovered. Sulfa and Penicillin are two such discoveries. Yet, the episodes in our history where a “plague” have ravaged citizenry have generated the greatest fear and, as such, the greatest motivation to go to war for global health. In the first half of the 20th century, the plague we feared was polio. In the latter part of the 20th century, the rapid devastation of HIV/AIDS drew our attention once again. (1)

Many of the infectious diseases we fear have been around for years. It has been recently noted that the HIV virus is most likely 100 years old. (2) These infectious agents evolve into human threats because of planned or unplanned human activities or changes in our environment that bring us into contact with the disease-causing organism. The diseases also rear their heads because of the misuse of antibiotics or the poor adherence to the prescription regime that can abate the illness. Popular attention is often drawn to

emerging threats. The new diseases catch the news and are “sexy.” In reality, the resurgence of old diseases thought to be under control is among the most deadly and the most threatening around the world. New strains of tuberculosis, pneumonia, and diarrheal diseases are major killers and they have not responded to traditional, low-cost treatment. The biggest three disease battles actually contain two of these previously controlled diseases, malaria and tuberculosis. We will begin with a brief examination of these diseases.

Malaria

For hundreds of years, quinine was used in the prevention and treatment of malaria. In the United States, malaria was eradicated to a large extent by 1951. Worldwide efforts to eradicate malaria, however, failed. The reasons it failed were many. Efforts were not consistently administered in participating countries. Some countries such as those in Sub-Saharan Africa were excluded from the efforts. Wars, massive population movements, and mosquitoes resistant to common insecticides hampered the efforts. (1) This is an example of a battle that could have been won like the battle surrounding polio. Money, or lack thereof, was an issue, too. (2)

Today malaria is the leading killer of children internationally. There are more than 350 to 500 million cases of malaria and one million deaths annually from malaria. (3) Adults who survive malaria experience poor health and suffer from depression and low productivity for weeks and months. Pregnant women and children are less likely to survive malaria and are more susceptible to malaria. It is a disease that thrives in the

impoverished countries of the world - South America, Mexico, Southeast Asia, India, and Africa (4). 41% of the world's population lives in areas where the malaria mosquito is actively transmitting the disease. (5) Just think, it could have been eradicated a half century ago.

Tuberculosis

Tuberculosis kills 2 million people every year. (1) Not since the beginning of the 19th century has tuberculosis killed so many individuals. (2) Worldwide tuberculosis now kills one person every 18 seconds. (3) There were 14.4 millions cases of tuberculosis in 2006. (4) The countries with the highest incident of tuberculosis are India, 3.4 million, and China, with 2.6 million. (5) Tuberculosis is treatable. The bacteria are airborne and infection occurs from exposure to an infected person's coughs, sneezes, or speech. (6) Since tuberculosis is spread through airborne bacteria, close living quarters and poor ventilation exacerbate its prevalence. In 2007, immigrants and refugees account for many of the individuals with tuberculosis in our country. Tuberculosis among Hispanics, Asians, and Blacks in this country is 22 percent higher than non-Hispanic whites. (7)

Three new twists have made this old killer one of the most prominent battles of the war. The international travel through our global economy has increased exposure to tuberculosis, especially with India and China being dominant players in this economy. Secondly, the arrival of 2 drug resistant strains of TB has heightened the deadliness of the disease. Thirdly, individuals with immune deficiency are more susceptible to tuberculosis.

This discussion would be incomplete without some time spent reviewing the drug resistant strains of tuberculosis. Drug resistant tuberculosis has resulted from misuse or mismanagement of tuberculosis treatment. Two drug resistant strains exist: MDR-TB and XDR-TB. MDR stands for multi-drug resistant tuberculosis. XDR stands for extensively drug resistant tuberculosis. MDR usually occurs when a patient discontinues tuberculosis drugs early. MDR-TB takes longer to treat, the medicine is more expensive and has greater side effects. If MDR-TB is mismanaged by the patient or the health care worker then XDR-TB will develop. XDR-TB is resistant to most treatment options (8).

Acute Diarrheal Illness (ADI)

Two of the most notable causes of acute diarrheal illnesses (ADI) are Cholera, which has plagued humans for years, and the Rotavirus, which was recognized in 1973. ADI afflicts 2 million to 3 million children every year world wide. 1.6 million of these children die.

(1) Repeated cases of diarrhea are debilitating causing malnutrition, retarding growth, and delaying mental development.

There is currently a Cholera pandemic in the world. In 1991, epidemic cholera spread in South America. The disease is common today in India and Africa. Food and water that is contaminated with the cholera bacteria, along with substandard sewage treatment and water purification, are the most prevalent ways a person becomes ill with cholera.

Cholera is not a threat in the United States because of our nationwide sewage and water treatment systems. However, American travelers are susceptible to cholera. (2)

Rotavirus is responsible for the majority of severe diarrhea cases in children. Most children in the United States will have rotavirus by the age of 5. If it is such a common illness, why is it so serious? Each year it is responsible for 400,000 doctor visits, 200,000 emergency room visits, 70,000 hospitalizations and \$1 billion of health care costs and lost productivity in the United States alone. Despite efforts to control the disease, hospitalizations have not declined. In developing countries, more than 500,000 deaths of children under the age of 5 occur because of this acute diarrheal disease. Rotavirus causes vomiting, fever, and severe diarrhea. It is highly contagious and most frequently occurs in November through May. It spreads easily from contaminated hands and objects. (3)

Acute Respiratory Infections

Acute Lower Respiratory Infection (ALRI) is another major killer of children. Two million children under the age of five are dying each year from ALRI. (1) Pneumonia and bronchitis are two of these infections. Most commonly the etiology of pneumonias is bacteria. New strains of pneumonia are brought on by viruses. The differential diagnosis of the etiology of pneumonia is slow and antibacterial drugs are given unnecessarily to viral pneumonia patients. One of the results of this is further aggravation of populations having developed a resistance to some of our traditional antibiotics.

HIV/ AIDS

HIV/AIDS exploded onto the health scene in the 1980's. It was a deadly disease. It is the infectious disease of our times that brought global health to the forefront in the minds of

people who do not live in poverty. The emergence of this disease affected every socioeconomic element of society back in the 1980s. In the United States, education and prevention efforts have begun to contain this disease. Now it has become a disease of the poor and the marginalized. The high risk groups continue to be men having sex with men, intravenous drug users, and sex workers. However, women now account for 50 percent of those age 15 and older who are living with HIV. (1) In 2007, there were 32,900,000 people living with HIV worldwide. (2) 5.7 million were in South Africa, 2.6 in Nigeria and 2.4 in India. The United States had the 7th largest incidence of HIV with 1.2 million victims. (3) 90 percent of those with HIV are living in developing countries. Women are the largest growing victims of the disease. Women are particularly vulnerable because there is a higher concentration of the HIV/AIDS virus in semen. For this reason it is more easily transmitted from men to woman than from women to men. (4) Violence toward woman and cultures that suppress woman also aggravate prevention efforts among woman attempting to protect themselves from HIV/AIDS. (5)

Through global attention and intervention efforts the rate of new HIV infections have slowed and the prevalence rates have leveled off globally. (6) During the 1990's, advances in HIV treatments slowed the progression of HIV infection to AIDS and led to the dramatic decreases in deaths among persons with AIDS world wide. In the United States, AIDS cases remained stable and AIDS deaths have declined. Since the disease is no longer seen as a death verdict, people have relaxed in their efforts to prevent the disease. This could cause a burgeoning of the epidemic in the future. As people with HIV

and AIDS age, the Medicare system will be strained under the costs of health care associated with caring for people with HIV.

Emerging Health Threats – The New Battlefields

No discussion of global health would be complete without including our fear of emerging infectious diseases. SARS, AVIAN Flu and Ebola are three of these infections. Emerging infectious diseases can be defined as infections that have newly appeared in a population or have existed but are rapidly increasing in incident or geographic range.(1) Since the 19th century when the bubonic plague was transmitted by fleas on rats, we have feared and been challenged by new infectious diseases. Most of these pathogens are not new but are caused by pathogens already present in the environment that are brought out of obscurity.

Throughout history many of these emerging diseases have been caused by zoonosis.

Zoonosis is a disease of animals that may be transmitted to man under natural conditions.

(2). Lime disease and West Nile virus are two more common zoonotic diseases. The plague was a zoonotic disease. It is unsettling, though, when new zoonotic killers such as Avian Flu infect humans and does not respond to available drug regimes. (3)

There is no way to completely prevent the emergence of new infectious diseases. The factors contributing to the emergence of an infectious disease are not all in our control.

The Center for Disease control cites six factors that prompt the spread of infectious diseases: They are 1- ecological changes. 2 -human demographics and human behavior such as population growth, immigration, migrations from rural to cities, war, and urban decay. 3-international commerce and travel; 4-changes in technology and industry such

as the globalization of the food supplies and changes in the food processing world; 5 microbial adaption; and 6-the breakdown in public health measures. (4)

Before leaving this topic, it should be noted that the brief outbreak of SARS and the AVIAN flu, while tragic, did help test the Global Health system's ability to respond to potential pandemics. Though SARS did spread throughout the world in three months before the outbreak ended, several of the resources indicate the containment response was good. (5) In fact the Global Health Council states that the containment efforts of SARS indicated the ability of global mobilization against such a potentially catastrophic threat has become increasingly effective and sophisticated. (6) The World Health Organization goes on to state that the cooperation between nations was truly impressive. (7)

If these are the battlefields of this war, what are the needed weapons to win the war?

Below is a brief discussion of some of the current efforts.

The Weapons Needed To Win the Global Health War

The Bill and Melinda Gates Foundation has become a major new player providing millions of dollars to advance the weapons to win this war. The task is enormous. The dollars needed and the cooperation needed are only outweighed by the need for education. Unfortunately, since many of the populations most affected by these diseases are poor or live in impoverished developing countries, they have had little access to education. Once again, the vicious cycle of poverty makes this war a long and arduous

one. In this section, we examine much of what the Gates Foundation and the Global Health Council have indicated are the best weapons.

Maternal and Child Health

The greatest weapon for improved health is providing adequate health care to mothers during the pregnancy and delivery of children. The Global Health Council states that just \$3 per person per year would provide family planning, maternal and neonatal health care to women in developing countries. This package would include prenatal, delivery and postnatal care in addition to family planning and the promotion of condoms to prevent STDs.(1) The Gates Foundation has pledged \$40 million to these efforts.

Improving the availability and distribution of vaccinations will improve the health of children. The Global Health Council says that for every dollar spent on the standard childhood vaccinations available in our country we would save 50 world wide dollars. For children, one of the greatest weapons for global health is the availability of health care. For instance, for acute diarrheal diseases, which cause 17 percent of child deaths, the oral re-hydration packet needed to keep children alive is 20 cents and the cost of antibiotics for pneumonia is 30 cents. (2) For HIV/AIDS the anti-retroviral drugs is 5 dollars. Bill and Melinda Gates have given \$1.5 billion to the GAVI Alliance to improve access to children's vaccines. They have also given \$13.5 million to develop vaccines that are temperature-stable. (3)

Malaria

There are three fronts to this battle and therefore three different weapons. One weapon targets the mosquitoes. It includes improved insecticides, more pervasive insecticide spraying, and increased availability of insecticide-treated bed nets. These nets are approximately five US dollars each. The second weapon is the development of a malaria vaccine. And the third weapon is developing new malaria drugs to combat drug-resistant strains of malaria. The largest effort to fight malaria is the Roll Back Malaria Partnership. It outlines strategies, costs, and timelines to help eradicate the disease. The Gates Foundation has joined its efforts. (4)

Tuberculosis

According to the Bill and Melinda Gates Foundation, the diagnostic test for tuberculosis uses 125-year old technology and fails to identify the disease in 50% of the cases. It misses even more of the cases if a person has HIV. The regime for treatment of tuberculosis is 6 months long and takes careful health care monitoring. There was a decline in the research surrounding tuberculosis in the 1970's and 1980's. This research must be rejuvenated. Promising research in the area of tuberculosis includes better testing strategies, vaccines, and shorter treatment regimes. Research also is needed to develop strategies for fighting drug resistant tuberculosis. (5)

Acute Diarrheal Illness

There is a new vaccine for the Rotavirus. It does not prevent the disease in its entirety but does decrease the severity of the disease. Efforts to make this vaccine affordable and available are essential. Making available the inexpensive hydration kits is another weapon in this battle.

The Global Health War, unfortunately, will be a war without end. This is largely due to the ever changing world in which we live. Advances in public health and the development of health ministries in much of the world have brought about great strides. As one reviews the literature it is difficult not to come to two conclusions. First, much of our problem with global health can be resolved if we are able to improve the impoverished existence of those in the developing countries. The second is the issues that gain attention and financing are those that affect the wealthy and wealthy counties.

As stated in the case for this war, economics of this war should be sufficient to motivate wealthy countries to continue the battle. It is going to be the humanitarian values of these countries that will bring about the triumph.

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