

## Health ecology. Health, culture and human–environment interaction

edited by Morteza Honari & Thomas Boleyn.  
Published by Routledge, London, 1999,  
276 pages, price £18.99.

Much is promised in the foreword to this book: “a new beginning in examining health from a human ecological perspective” and “a new challenge for all who teach, study, research, and develop strategies or action plans”. Unfortunately this promise is not kept. Instead, the reader is confronted with a disparate array of articles, most of which fall far short of addressing the central theme of the book. A book with such an ambitious foreword could be expected to lead us to a new understanding based on solid evidence and profound insights gleaned from the rapidly developing field of health and ecology. It does not. Morteza Honari, jointly responsible for having edited and coordinated the development of the book, is credited with “having initiated the concept of health ecology”. Hippocrates, of *On airs, waters and places* fame, would no doubt take exception!

The book looks at a mix of issues. Part I, health in macro-ecosystems, deals with various aspects of health and conservation, ecology, sustainable development, political ecology, health promotion, etc. Part II, on health in micro-ecosystems, has chapters on the health of women, children, and “healthy homes”. Part III gives selected case studies on topics such as “health and psychology of water”, health impact assessment in Flanders, and health ecology and the biodiversity of natural medicine.

Some of the contributions appear to be rather outdated. For example, Ilona Kickbusch’s chapter in Part I entitled “Good planets are hard to find” is based on her publication of the same name brought out by the WHO Healthy Cities Project Office in Copenhagen more than a decade ago, so contains no references later than 1989. It is well written (as would be expected from an author of this calibre) and gives a good account of the concept of an ecological public health and the development of a new public health – though this would now seem to have become a somewhat “old” new public health – a good example, perhaps, of healthy ageing!

Much of the rest of the book, regrettably, is neither succinct, clear nor informative, but represents a series of confused definitions. For example, human ecology is described as “an amalgam of disciplines with a canon and corpus of knowledge. Yet it is still a unity which provides a logical and powerful framework of human action in its own right.” Ecology is defined as “a field of scientific inquiry, and, as such, is committed to the search for information which may be synthesised into principles”, while health is “the status of ‘being’ — how we feel inside ourselves, and how we are seen from the outside, at a cosmic level and in comparison to others”. Some of the conclusions are no better. For example, a central point to emerge from the chapter on health and conservation is that “While there have been isolated successes, on the whole people have not managed effectively their interaction with the environment, and a situation exists with the potential to get out of control”. The chapter on healthy homes states: “pollution must be stopped at source. A sustainable solution is to use cleaner technology.” And the chapter on water makes the point that “water, no less than the more general notions of ‘landscape’ and ‘nature’ is a societal construct”.

The strengths of the book are difficult to find. Referencing is inadequate, and contributors do not address the substantive body of knowledge and literature in this field. They appear to be almost oblivious of the existence of a well-developed body of knowledge in the field of public/environmental health, social medicine, ecosystem health, etc. I would not recommend this book to colleagues or serious students of health ecology. Far from advancing knowledge and understanding of the fundamental issues in health and environment, it does no justice to the field of human ecology, let alone its health dimensions. ■

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## The Safe Injection Global Network (SIGN) and SIGNPOST: the Safe Injection Global Network Internet Forum Listserv

### Safe Injection Global Network (SIGN)

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Increasing evidence from published and unpublished studies indicates that a combination of unsafe injections and overuse of injections causes widespread transmission of bloodborne pathogens worldwide. More than 12 000 million injections are given annually. An average of 95% of all injections are for therapeutic purposes, which suggests overuse of injections. In addition, a recent report indicated that in 14 of 19 countries more than 50% of injections were administered with injection equipment reused without sterilization (1). Finally, more than 18 studies report that unsafe injections transmit bloodborne pathogens. Overall, unsafe injections account for 20–80% of new hepatitis B virus infections and are a major mode of hepatitis C virus transmission (1).

A mathematical model has been constructed to estimate the annual risk of cross-infection due to unsafe injections worldwide. According to this model, approximately 8–16 million new hepatitis B virus infections, 2.3–4.7 million hepatitis C virus infections, and 80 000–160 000 new human immunodeficiency virus infections may occur each year as a consequence of unsafe injection practices (2).

SIGN is a voluntary association of experts and supporting partner organizations working towards the elimination of injection-associated transmission of bloodborne pathogens. SIGN associates advocate for injection safety on the basis of the magnitude of the problem and want to think broadly in designing preventive interventions.

1. Simonsen L et al. Unsafe injections in the developing world and transmission of bloodborne pathogens: a review. *Bulletin of the World Health Organization*, 1999, **77**: 789–800.

2. **Kane A et al.** Transmission of hepatitis B, hepatitis C and human immunodeficiency viruses through unsafe injections in the developing world: model-based regional estimates. *Bulletin of the World Health Organization*, 1999, **10**: 801–807.

### **SIGNPOST: The Safe Injection Global Network Internet Forum Listserve**

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The SIGNPOST listserv is a moderated and focused active discussion group involving individuals responsible for, or who may contribute to, the development and implementation of safe injection strategies worldwide. SIGNPOST provides a forum for concise, facilitated exchange of knowledge and experience in implementing safe injection strategies. It is intended that these discussions will lead to wide consensus on safe injection strategies. The forum has a role in the dissemination of information on safe injections.

Discussions range from technical, managerial, and operational issues to policy development, consensus formation, and advocacy. New associates, including hospital managers, medical anthropologists, behavioural and social scientists, manufacturers, health economists, environmental health and waste management specialists, engineers, managers, epidemiologists, medical practitioners, journalists, health service officials, teachers, trainers, development workers, policy-makers, and professionals involved in logistics, are welcome to join SIGNPOST.

Currently, SIGNPOST is a weekly 5–7-page communication distributed by e-mail to approximately 180 members. All SIGNPOST associates are invited to send messages to the subscribers of the list, to comment on any posting, or to use the discussion group to share or request information. The moderator may edit subscriber messages for conciseness and English usage before posting to the list. In addition, the SIGNPOST listserv maintains a key document resource of files that may be downloaded using a web browser or which are available upon request by e-mail.

SIGNPOST was established in October 1999 at the initiative of the Blood Safety and Clinical Technology Department of the World Health Organization, which is home to the SIGN secretariat. It is moderated by Allan Bass and hosted on the computer network of the Australian Centre for International and Tropical Health and Nutrition (<http://www.acithn.uq.edu.au>).

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