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Fixing US public health infrastructure for 1% of annual military budget

In the wake of the COVID-19 pandemic, the appearance of monkeypox, and the re-emergence of polio, US national reports¹ and journalism^{2,3} are increasingly focusing on the long-standing, woeful underfunding of US public health infrastructure and its lethal consequences. At issue are the insufficient personnel, insufficient core funding, inadequate and antiquated data systems (both software and hardware), and dismal integration of data across local, state, tribal, and federal levels. The deadly consequence is persistent major gaps in urgently needed, timely, and complete data on who is getting ill, tested, hospitalised, treated, recovering, and dying from myriad ailments and exposures.¹⁻³

The solution to this dire situation is consistently framed as being a very expensive overhaul and integration of data systems from local to federal.¹⁻³ Estimated costs for such data modernisation are reported to range from US\$7.84 billion over the next 5 years (ie, \$1.6 billion per year)² to \$37 billion over the next decade (ie, \$3.7 billion per year)² to \$4.5 billion per year.¹ These indeed appear to be large sums, dwarfing the US Centers for Disease Control and Prevention's \$100 million budget for data modernisation² and the \$862 million allocated for public health emergency preparedness programmes.¹

However, some perspective is warranted. To wit, expenditure on the order of \$1.6 billion to \$4.5 billion per year was equivalent to 0.2–0.6% of the \$740 billion US federal military budget for 2021, according to the National Priorities Project. In the context of a COVID-19 pandemic that has already killed nearly 1.1 million people in the USA³ (ie, ten times the total US military casualties in the Korean War, the Vietnam War, and the wars in

Iraq and Afghanistan combined—or a quarter of the military fatalities in World War 2), the duty to protect the public includes protecting the public's health. Surely the US public health infrastructure is worth fixing for less than 1% of the annual US military budget.

I declare no competing interests.

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India at 75 years: improving tribal health for self-reliance

The Editors¹ highlight the importance of health and health-care delivery in realising the Prime Minister of India's vision of self-reliance. In addition to the challenges mentioned for safeguarding the right to health for all, the disparity on health-seeking behaviour and health-care delivery among 104 million of India's underprivileged indigenous populations (tribes) also needs to be addressed. The 705 tribal communities of India mostly inhabit rural and inaccessible forested areas that are dispersed all over the country,² and are devoid of the privilege of public health-care facilities that people living in urban areas of India have access to.³ This disparity between tribal and urban areas of India results in poor health outcomes for tribes, with increased local transmission of communicable diseases in particular.

Furthermore, sociocultural practices that involve high consumption of alcohol and tobacco and substance misuse, and poor awareness about public health system add to the suffering.⁴

The principal aim of tribes in India is to earn a satisfying meal a day that makes them feel content; local traditional tribal healers are relied upon when tribe members feel sick.⁵ Their sociobehavioural practices prevent them from seeking public health-care facilities, which are otherwise far from their homes. Unless equality in health-care access is prioritised in all areas of society, a country such as India cannot be self-reliant.¹ Therefore, empowering the tribal population can be a step towards mitigating the health issues in underprivileged communities. Hope for the future has emerged with the recent election of a tribal woman as the President of India.

We declare no competing interests.

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Solving endgame problems for 1.4 billion people in India

India has come a long way in its independence and is soon expected to become the largest country by



Published Online
October 27, 2022
[https://doi.org/10.1016/S0140-6736\(22\)02126-2](https://doi.org/10.1016/S0140-6736(22)02126-2)

For the **National Priorities Project** see <https://www.nationalpriorities.org>

For **US military casualties** see <https://www.statista.com/statistics/1009819/total-us-military-fatalities-in-american-wars-1775-present/>

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