spending devoted to public health has been decreasing over the past few years. <sup>4</sup> The governments of the People's Republic of China and of the countries of Central and Eastern Europe, whose health care reforms I study, have also been diverting their investments from public health programs to curative medical services. 5-7

This global phenomenon of the decline of social and welfare programs is a consequence of the implementation, since the early 1980s, of neoliberal policies that call for privatization of the public sector, deregulation of the private capital and labor market, and reduction or elimination of the welfare state.<sup>2,3</sup> The decreased funding for public health in the United States is mainly a result of these neoliberal policies, rather than a result of "the absence of discernible, visible, organized professionalism" in public health. Thus, professionalization in public health is unlikely to improve the situation significantly.

Resisting the global decline of social and public health programs is an enormous challenge not only for the public health profession but also for other professions being adversely influenced by the decline. Resistance entails a concerted effort involving transnational collaboration between different professions, social movements, and political organizations. Workers in public health have a potentially key role to play in organizing such an effort. Rather than take a parochial approach and appeal only to the public health profession in the United States, we must attempt to organize as a truly international profession to engage politically with public health issues that increasingly are posed on a global scale.  $\square$ 

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## It's Time We Became More **Political as a Profession**

Sommer and Akhter point out in their editorial this depressing fact: The practice of public health, despite its great importance to society, is underappreciated in the United States. Investments in public health have declined from 3% to 0.9%, and local health budgets and staffing are being slashed. The authors suggest that among the numerous factors contributing to this phenomenon, an important one is "the absence of discernible, visible, organized professionalism." Thus, the authors' proposed strategy to change this situation is the professionalization of the US public health workforce.

Professionalization, I agree, will "increase recognition of public health's members and raise the visibility of the public health workforce," as argued by Sommer and Akhter.1 However, professionalization per se is unlikely to make the US government increase spending on public health.

The decline in funding and support for social (including public health) services and programs in the US is not an isolated problem. A similar trend is apparent in other industrialized countries, such as Germany, Great Britain, the Netherlands, and New Zealand, 2,3 as well as in less industrialized countries. In Taiwan, for example, where I work as a public health professional, the proportion of health and medical

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