

the argument. These sectors have already been playing a significant role in the landscape of the Singapore-India relationship. Singapore being a service-oriented economy, with more than 60 per cent of its GDP coming from this sector, can take considerable advantage of India's tourism potential, which could be one of the most economically viable areas of investment in India. Some of the sectors which do not find mention in this book has the prospective of engaging a large number of Singapore-based companies to invest in India.

The author has deliberated on the innumerable challenges that one faces in trying to make inroads into the Indian economy. While he has rightly pointed out the challenges of different regional markets with different characteristics and the linguistic issues which had to be dealt with by business start-ups in the multi-ethnic setting (pp. 53–54), it might help to remember that the English language forms the communicating link to most of the regions, unlike many other countries around the world, which might act as an advantage over many other markets. Whereas it may be argued that the Indian system poses a formidable challenge to new business initiatives in India, there have been significant policy changes towards taxation, rationalization of tariffs, raising threshold limits for investments, etc., that may be considered in its proper perspectives to make the readers aware of the changing scenario. The bilateral initiatives under CECA may also have been covered in greater detail as the agreement is made out to be the focal point of the economic cooperation between the two states. A chapter dedicated to this effect would have been more helpful in generating active interest of the readers rather than a brief mention in the last chapter of the book.

The theoretical perspective, as the author mentions at the beginning of his monograph, of Singapore venturing into developing economies like India because it had reached optimum domestic expansion (p. 3), had historical links with the subcontinent, and could use Indian connections to enter the South Asian market (p. 11), is indeed simple and partial and could go

much beyond it. There is a necessity of factoring the “balance of power” equations in the Asian theatre. The complex interplay of politico-strategic issues had also prompted Singapore to associate itself with the rising powers like India. One might also consider the transition of “knowledge economies” where India has emerged as a significant player and can serve the island-nation's objectives and interests. The historical links have thus been utilized as soft-power tools to forge the contemporary relations between the two powers.

In all, the monograph had been an informative read from the perspective of infrastructure investments of Singapore into India. The extensive information and data which has been utilized deserves appreciation, though there remains a lot of scope for further interpretation. It had been rightly pointed out by the author that it was “crucial to link state developmental theory to literature on big-business” (p. 14). This link could have been better utilized to build up a strong structural base and substantiated by facts and figures already well accumulated by the author and incorporated into the chapters giving it a definitive focus and connectivity to successfully build up a hypothesis, instead of confining them into a separate chapter (Chapter 2). Fruitful analyses of various policies have remained largely undisclosed which could have been relevant to corporate bodies and academic interests alike.

JAYATI BHATTACHARYA

Institute of Southeast Asian Studies, Singapore

DOI: 10.1355/ae26-3i

Public Health in Asia and the Pacific: Historical and Comparative Perspectives. Edited by Milton J. Lewis and Kerrie L. Macpherson. London and New York: Routledge, 2008. Pp. 320.

The edited volume of fourteen chapters, one for each country on epidemiological and non-medical comparative public health by multidisciplinary authors is a huge effort for the population covered.

The editors listed nine concerns in the Introduction for what is more a historical and anecdotal than a comparative volume without concluding editorial remarks. Viewed as some future economic world centre, Asia-Pacific is a microcosm of public health revolutions since nineteenth-century curative Western science and sanitation to disease prevention and internationalization through the World Health Organization (WHO) and others.

Chapter 1 covers the most populous country, China which includes Hong Kong. Both bird flu (H5N1) and severe acute respiratory syndrome (SARS) led China and Hong Kong to converge rather than integrate their health systems into one. China's size, extensive mobility and high-risk behaviours (p. 40) pose immediate health hazards to Hong Kong, which has spillover effects to the rest of the world. Public health is a non-negotiable international public good, another globalization bequest to be nursed and prevented. Other national health authorities must augment what Hong Kong proffers China in public health benchmarks and best practices.

Japan in Chapter 2 is enroute to being the healthiest nation with the German high-technology, militaristic model. More an almanac of developments since the Meiji Restoration, Japan is shown as a potential collaborator in global health more than giving official development assistance. More on Japan's scientific and medical innovations like its precocious industrial record would solidify this aspiration convincingly.

Chapter 3 has insights to Japanese public health transferred to Korea, preceded by Western medicine introduced since the seventeenth century in translated Western medical texts imported from China and late nineteenth-century missionaries. Globalization in Korea is explicit, not implicit like in insular Japan. Besides traditional-Western healthcare, another duality hinted at but not explored is North-South Korea as one society through liberalized communication rather than reunification or Hong Kong back in China.

Indian public health in Chapter 4 is prefaced by noting that interventions and reforms are

expensive, and Britain's 300-year flagship colony occurred at the peak of Britain's own health success. Seemingly unrelated, they may seem to excuse independent India's lack of success with much "left to tender mercies of the private medicine market" (p. 102), another saga of India following rather than leading any developmental curve. Despite longer colonial tutelage and democratic symbolism, India has yet to pull together an effective health policy through effective implementation with less fatalism; constructive evidence of state pro-poor services has proven better health outcomes.

Thailand in Chapter 5 has the king, no colonial master or xenophobia, to embrace modern Western medicine. Thai democratization through student uprisings also broke medical elitism. Non-government organizations (NGOs) became the backbone of social public policy, including public health delivery. Thai monarchy as regal "calm" underwrites the new health paradigm of state-funded health NGOs, over and beyond decentralization, legislative or budgetary reforms.

Leprosy in Vietnam in Chapter 6 posited between medicalization and social control is in and of itself, enlightening. Leper communities reinvented into agricultural colonies in late 1920s humanized confinement, and was also therapeutic for families, but remains a social stigma. A dual characterization of leprosy as Buddhist karmic disease or retribution for prior life's sins and a pedagogical tool for enlightenment reflects ambiguous social views and ambivalent public policies. Detoxification camps and other "social evils" (p. 135) become state-endorsed internment of social miscreants or innocent victims including families and friends.

The story of a Rockefeller pioneer in educational hygiene clashing with Dutch colonial authoritarian government in Indonesia in Chapter 7 has malingering effects. Started as hookworm intervention since the 1920s, Dutch authorities only built latrines when needed and forced worm medicine on "lazy" Javanese (p. 143). Despite Dutch capitulation over time, the political contest of paradigms meant no winners or losers, but shows competing strategies as no strategy.

Timor-Leste in Chapter 8 had some Portuguese colonial public health investment and the Catholic church as a parallel provider of health services and spiritual succour. The government and Catholicism, sided by the people, collided over the national family programme, mired with the politics of Indonesian transmigration and influx of diseases. Notably, HIV is from elsewhere in Indonesia, including military deployed in Timor. Political, socio-cultural to humanitarian disasters with United Nations transitional administration to independence in 2002 produced no cure, only “Timor’s political history acted out in public health” (p. 166).

Chapters 9 and 10 show Malaysia’s and Singapore’s achievements respectively, with a common history, even a short-lived merger. Malaysia has five-year development plans learnt from the colonial draft plan and an economic survey by the International Bank for Reconstruction (IBRD, later World Bank). All have clear health targets as part of poverty eradication. Vision 2020 health reforms embrace corporatization and privatization since the mid-1980s. Malaysia’s clean bill of public health only portends diseases of affluence like obesity, smoking, stress and other lifestyle factors including ageing.

City-state Singapore has characteristically successful public policy bar none in Asia. Besides public health infrastructure and curative to preventive public health development, corporatization, privatization and three funds, Medisave, MediShield and MediFund are intertwined with public housing and social security. The Central Provident Fund is the central saving conduit for housing, health and old age in one package. Among the most, if not most globalized city-states, Singapore suffers neighbourly contagion, endemics and pandemics with bird flu and SARS as deleterious to economic health affecting tourism or transportation.

The Philippines in Chapter 11 highlights cultural conflicts in cholera episodes as American and Spanish doctors meet up with the Filipino elite. The 2003 cholera outbreak was baffling with sewage contamination of water lines blamed on

the American era, not Filipino non-adherence to simple hand-washing (p. 219). With 40 per cent of Filipinos living below the poverty line, cultural habits and poor public education among relatively literate Filipinos seem self-inflicted.

Australia in Chapter 12 leapt from nineteenth to twenty-first century public health with English-inspired legislations, albeit weaker local government lacking funds and administrative skills resulting in state/colonial health authorities in control. Professionalization since 1896 continued to hygiene in dairies and food surveillance. An interventionist state in public health is backed by a six-decade-long immigration policy to keep Australia white. Ideological divide is minimal with Anglo-Saxon meritocracy for the common good. Future challenges are behavioural: from smoking, traffic accidents, alcohol and other drugs to Aborigines enclaved both institutionally and in beliefs.

“Diverse” and “isolated” (p. 251) Papua New Guinea (PNG) in Chapter 12 has the largest population and land area among the Pacific Islands, but with the worst health status. From inexcusable colonial (German, Australian, British) public health ineffectiveness to postwar independence with disorderly transitions, lifestyle remains traditional and rural. Ironically, PNG suffers from “diseases of modernization” (p. 264) which are low profile, but saps the young and economically active, compounded by tribal warfare, family and gender violence. PNG is a mirror of the Pacific.

The Pacific Islands in Chapter 14 is large and diverse collectively, with migrant indentured labour diluting natives to belie any Pacific calm. Volcanoes and atolls in equatorial doldrums do not help, but offer clues to advance tropical medicine (p. 285) as a discipline, the pharmaceutical industry, WHO and others for epidemiological surveys and ecological relationships. One consolation is that the significant differences in health status across the Pacific Islands mean there is a way out.

LINDA LOW

*Department of Planning and Economy,
Abu Dhabi, United Arab Emirates*