

elevated soil salinity level, and Sirumani and Neelam-sambā particularly used for better health outcomes of lactating women. M. S. Swaminathan in his foreword in this book has waxed eloquently on the rich-biological diversity of *Oryza* in Koraput, Odisha.

This book impressed me as a valuable addition to contemporary natural resource management literature; well executed and easily readable. I could spot one or two inconsistencies in the use of terms: e.g. 'crop wild relatives' occasionally referred as 'wild crop relatives', intended to mean the same. The strength of this book is the inclusion of many international case studies and relevant information presented crisply as boxed items. This made me think, would this book not easily fill the space of a textbook for postgraduate students of natural resource management? The other vital requirements of an ideal textbook, such as 'review questions' and 'challenges' are absent. But I recognize that Hunter and Heywood have not developed this book as a textbook. Given the contemporaneousness and quality of information supplied, I am convinced that this book would be of interest to plant and crop geneticists, and be useful to natural resource managers, agriculture policy makers, extension workers and postgraduate students of natural resource management.

The theme of this book prompted me to recall India's rich natural history-heritage tapestry with pride. But, what recurred in my mind was that on the one hand, we recognize and feel proud of our natural history and heritage, whereas on the other, we continue to tread a path construed with a forceful dictatorial misalignment with nature in the context of agriculture and its management. As I write this, Rachael Louise Carson's words (*Silent Spring*, 1962) '... man is a part of nature, and his war against nature is inevitably a war against himself' were resonating in me.

The price of even the paperback edition could be beyond the purchasing power of an average Indian. The publishers indicate that the entire book is freely downloadable (http://www.cropwildrelatives.org/resources/in_situ_conservation_manual.html) and each chapter as sets of e-learning modules (http://www.cropwildrelatives.org/capacity_building/elearning/elearning.html#c6867). Worthy of consideration, I imagine.

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Annual Review of Public Health, 2012.

Jonathan E. Fielding, Ross C. Brownson and Lawrence W. Green (eds). *Annual Reviews*, 4139 El Camino Way, P.O. Box 10139, Palo Alto, California 94303-0139, USA. Vol. 33. 473 pp. Price: US\$ 83.

Public health experts in India – the kind who believe that health of the people is the Government's responsibility – would miss a heartbeat if they are asked to learn lessons from the health system in the US. But the US health system is a good

example of what not to do. The country spends huge amounts of money on health-care and yet the indicators are not commensurate. The *Annual Review of Public Health* could help experts in India prove that models in developed countries would not work in developing countries.

The *Annual Review* looks at different aspects of the public health system, usually in developed countries. Every year, it points out the problem areas in the existing healthcare systems hoping that this would help devise suitable health policies in the North. The 2012 edition is dedicated to Barbara Starfield, a public health expert who promoted primary health during her lifetime. If a country wants to improve health indicators, it has to invest in primary health, she advised. Unfortunately, primary healthcare continues to be one of the most neglected areas in the US.

The *Annual Reviews'* content is predictably divided into six sections. The first is the symposium, the theme of which changes each year. In the 2012 edition, authors look for ways to reduce health disparities. This should be helpful for India where people need to deal with such disparities everyday – where the poor are unable to get treatment for kala azar, while the rich get doctors to treat flatulence. The five essays in this section lament the lack of progress in reducing the disparities, but they do not provide answers. When Diane Rowley and Vijaya Hogan (University of North Carolina, Chapel Hill, USA) analysed the disparities in infant mortality amongst different populations – Hispanics, American Indians, Alaska Natives and others, they found that clinical care is not equitable and ends up contributing to disparity. Unfortunately, solutions have not been proffered.

The remaining five sections of the volume too strengthen the evidence against the US system of healthcare. For example, in the section on epidemiology, Stephen Bezruchka (School of Public Health, University of Washington, USA) points out that in the 1950s, the US had suitable indicators of good health and ranked well among nations. But Bezruchka, then points out that in the coming years US did not have the same improvement in health outcomes as other developed countries despite spending huge amounts on healthcare services. He suggests that there should be national coordinated long-term effort to expose

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the problem and create the political will to address it. The section on health services too explores how healthcare spending has increased dramatically consuming 17.6% of GDP in 2010. The authors attribute this increase to rising cases of obesity-related chronic diseases and associated treatments, and suggest that preventive care could be one key way to cut healthcare spending increasing further.

While the solutions are generic, some of the reviews do flag important issues. For example, in the section on environmental health, a team of researchers led by Eileen Murphy (Ernest Mario School of Pharmacy at Rutgers University) point out that standards set for chemical contaminants in drinking water are chemi-

cal-specific and do not address the problem of presence of many contaminants in the water. The article discusses additional approaches for providing better quality water, which include more comprehensive methods of treating and a focus on water reuse.

The volume provides enough evidence that the US system of healthcare does not work and strengthens the public health argument. For India, where there is a pressure to follow the US system, the volume could be an important tool in the hands of experts fighting policies that promote privatization of healthcare. But the volume might be a disappointment for those looking for ways to improve India's healthcare. They would be better off if they look for answers within the

country. For example, infant mortality rates have gone down in some inaccessible parts of India with something as rudimentary as a trained midwife. This shows that a system that meets local needs, helps. Is that not what public health is all about? Rowley and Hogan (University of North Carolina, Chapel Hill) too could look at such methods for reducing disparities in infant mortality amongst the different populations in the US.

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