POVERTY AND LIFE EXPECTANCY

Poverty and Life Expectancy is a multidisciplinary study that reconstructs Jamaica’s rise from low to high life expectancy and explains how that was achieved. Jamaica is one of the small number of countries that have attained a life expectancy nearly matching the rich lands, such as the United States, despite having a much lower level of per capita income. Why this is so is the Jamaica paradox. This book provides an answer, surveying possible explanations, at the outset, of Jamaica’s rapid gains in life expectancy in the 1920s and thereafter. The rich countries could invest large sums in reducing mortality, but Jamaica and other low-income countries had to find inexpensive means of doing so. Jamaica’s approach especially emphasized that schoolchildren and their parents master lessons about how to manage disease hazards, and this led to a successful collaboration between public health authorities and the people. This book also argues that low-income countries with high life expectancy, such as Jamaica, provide more realistic models as to how other poor countries where life expectancy remains low can improve survival.

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POVERTY AND LIFE EXPECTANCY

THE JAMAICA PARADOX

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To all librarians, who make scholarship possible, 
and especially to the librarians at Indiana University
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Like many other people interested in population and health, I was struck by Jack Caldwell's 1986 article "Routes to Low Mortality in Poor Countries." I worked on this topic for a time by studying the Indian state of Kerala and Costa Rica, the most widely known examples of low- or middle-income regions with high life expectancy. Initially my plan was to make Kerala, Costa Rica, and Sri Lanka the starting point for a general study. At a certain early stage, however, I decided to collect the information needed to build a chronology of life expectancy and infant mortality among countries with a population of at least 400,000 in the year 2000, going back in time in each case as far as permitted by the data and estimates I could find. That seemed necessary because existing studies of poor countries with low mortality rarely discuss the pattern of mortality decline across time, which, as a historian, I needed to understand. This chronology immediately revealed a larger number of what might qualify as good-health-at-low-income countries. Many scholars associate the period after World War II, and specifically the introduction of antibiotics in the 1940s and of new vaccines in the 1950s, with the inauguration of health transitions in poor countries. In fact, sustained reductions in mortality in low-income countries often began one, two, or even five decades earlier. This chronology also pointed up Jamaica as a case of high life expectancy and low income, even though it had not been one of the countries mentioned in studies of “good health at low cost,” the term widely used to describe Costa Rica, Sri Lanka,
and Kerala. A search for sources showed that Jamaica’s experience could be studied in considerable detail with the aid of vital statistics of good quality. I changed my plan. In place of the general study of the good-health-at-low-income countries, I decided to concentrate on Jamaica.

Many institutions and people have contributed to this work, and I want to thank them without holding them responsible for parts of this study to which they may object. Fellowships from the Council for International Exchange of Scholars under its New Century Scholars program and, jointly, from the National Endowment for the Humanities and the Agency for Healthcare Research and Quality freed me from ordinary academic duties. Indiana University added a Research Leave Supplement, a travel fellowship from the Arts and Humanities Institute, additional travel funds from the President’s Council on International Programs, and a grant-in-aid of research from the Vice President for Research. I am deeply grateful for this assistance.

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In Jamaica I worked chiefly at the Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) at the University of the West Indies (UWI), Mona; the University Library; and the National Library of Jamaica. Audrey Chambers, Norma Davis, and Kristin Fox at SALISES and Eppie D. Edwards of the National Library of Jamaica

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2 Scott B. Halstead, Julia A. Walsh, and Kenneth S. Warren, eds., *Good Health at Low Cost* (New York, 1985), which is the proceedings of a conference with sets of essays on Costa Rica, Kerala, and Sri Lanka, and also China.
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The reference librarians at Indiana University and the National Library of Jamaica located information about some of the individuals who appear in this history. Bloomington interlibrary loan librarians secured many items from distant locations. And the librarians who, in the past, assembled the rich collections at UWI, the National Library of Jamaica, and Indiana University made this book possible.