

Toward a Paucity of Poverty

AJN participates in a global scientific publishing initiative focusing on poverty.

“Why do we keep treating people for illnesses only to send them back to the conditions that created illness in the first place?” In the May issue of the *Journal of Urban Health*, Susan Mercado and colleagues raised this question, originally asked by the World Health Organization’s Commission on Social Determinants of Health, as it concerns urban poverty. In “Charity” (*Viewpoint*, page 13) Madeleine Mysko asks why more nurses aren’t advocates of social justice as a way to improve health. Despite reams of research on poverty and its devastating impact on health, most people still lack the political will to do anything about it.

This month, *AJN* joins more than 200 scientific journals (more than 40 of them are nursing journals) in focusing on worldwide poverty and health. Organized by *JAMA* managing deputy editor and nurse Annette Flanagin and the Council of Science Editors, the Global Theme Issue on Poverty and Human Development addresses eight aims established by 189 countries in 2000 to reduce the extent and impact of poverty by 2015. These eight Millennium Development Goals (go to www.un.org/millenniumgoals) include reducing child mortality rates, improving maternal health, making primary education universally accessible, eliminating extreme poverty and hunger, reducing rates of HIV

and other diseases, and promoting the equality and empowerment of women.

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A 2005 report by the United Nations Human Settlements Programme (UN-HABITAT) reports that 64% of people in Africa and South Asia lived on less than \$2 a day from 1990 to 2002. It’s estimated that 3 billion people will need housing and other services in urban settings by 2039.

Poverty is not just a problem of the developing world. In this country in 2005, 12.6% of the population—up from 11.7% in 2001—lived under a poverty line of \$19,806 for a family of four, according to the U.S. Census Bureau. The impact can be dramatic: these families have higher rates of illiteracy, infant and maternal mortality, malnutrition, and chronic illness than higher-income families.

American society’s attitudes and policies toward the poor

are rooted in the Middle Ages. Elizabethan Poor Laws viewed poverty as a character flaw and led eventually to poor families being committed to almshouses, where they were segregated by sex. (Some of these became public hospitals, such as Bellevue Hospital in New York City.)

This month’s *AJN* includes several articles highlighting initiatives designed to improve the lives of the poor. Three are on the Nurse–Family Partnership, a nurse home visitation program for at-risk first-time mothers and infants that has 30 years of research behind it (see pages 60, 69, and 73). A snapshot of the effects of poverty internationally is captured in a report on a fistula clinic in Uganda that *AJN* editorial director Karen Roush visited in July (see page 28). And physician Dan Way presents photographs of his patients who live below the poverty line in New York State’s Adirondack Park (page 34).

Lillian Wald started home visitations by nurses to poor women and their children on the Lower East Side of Manhattan in the late 1800s. She and her colleagues knew that nurses had a vital role in improving the lives of the poor, whether by teaching new mothers about prenatal and postnatal care or opening a playground for children or starting a credit union to loan money at fair rates.

Do today’s nurses have the courage and commitment to say, as Wald did, that our nation’s and world’s economic disparities are no longer acceptable? ▼