

Opinion

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REPUBLICAN IDIOCY ON IRAN

The senators who sent a letter to Tehran seem to think their role is outside the U.S. government.

After helping to ignite a firestorm over a possible nuclear agreement with Iran, Senator John McCain, a former Republican presidential candidate, is now sort of acknowledging his error. “Maybe that wasn’t exactly the best way to do that,” he said on Fox News on Tuesday. He was referring to the disgraceful letter that he and 46 Senate colleagues sent to Iran’s leaders this week that generated outrage from Democrats and even some conservatives.

The letter was an attempt to scare the Iranians from making a deal that would limit their nuclear program for at least a decade by issuing a warning that the next president could simply reverse any agreement. It was a dangerous effort to undercut the president on a grave national security issue by communicating directly with a foreign government.

Maybe Mr. McCain, who is chairman of the Senate Armed Services Committee, should have thought about the consequences before he signed the letter, which was drafted by Tom Cotton, a Republican of Arkansas, a junior senator with no foreign policy credentials. Instead of trying to be leaders and statesmen, the Republicans in Congress seem to think their role is outside the American government, divorced from constitutional principles, tradition and the security interests of the American people.

The letter was the latest shot to blow up the negotiations with Iran. Earlier this month, House Republicans invited Prime Minister Benjamin Netanyahu of Israel to denounce a pact in a speech to Congress, and a group of senators is pushing legislation that could set new conditions on a deal and force a congressional vote.

So far, the Iranians have largely dismissed the bumbling threat, with their foreign minister, Mohammad Javad Zarif, describing the letter as “propaganda.” But there are fears it could embolden hard-liners in Iran who, like the Republicans and some of the Democrats in Congress, oppose any nuclear agreement between Iran, the United States and its major allies.

The Republican efforts have so infuriated Democrats that even those who might have supported legislation that would have given Congress leverage over an Iranian pact are having second thoughts. Before this, the thinking was that the two bills most in play — one that would increase sanctions on Iran and another that would force the administration to bring any agreement to Congress for a review — might draw enough Democratic support to override a veto by President Obama. Both measures would surely scuttle a deal, but the Republicans’ actions may have set back their senseless cause.

In rejecting diplomacy, the Republicans make an Iranian bomb and military conflict more likely.

FAILING TIES WITH VENEZUELA

President Maduro wears American sanctions as a badge of honor.

By imposing sanctions this week on seven officials in the Venezuelan government, the Obama administration took a gamble. The move appears intended to signal to members of that government that persecuting the political opposition and limiting an independent press will have consequences. Yet the step could end up backfiring if President Nicolás Maduro is able to use it to bolster his bogus contention that the United States is trying to oust him through a coup.

Unsurprisingly, Mr. Maduro called those who were singled out heroes and said that the sanctions were a badge of honor. Acting with characteristic brashness, he appointed one of the blacklisted officials, Gustavo Enrique González López, as the interior minister. Mr. Maduro also asked the National Assembly, which his party controls, for extraordinary powers to face off American “aggression.”

The sanctions were announced days after Mr. Maduro ordered the American Embassy in Caracas to cut its staff to 17 from the roughly 100 employees based there now.

While both governments will doubtlessly remain at odds for the foreseeable future, moving closer to a full-scale rupture in relations would harm ordinary Venezuelans who are struggling in an imploding economy, in which inflation is soaring and food shortages are worsening. Venezuela, which exported nearly \$26 billion worth of crude oil to the United States last year, has a lot to lose, but Mr. Maduro appears foolish enough to want to escalate the conflict.

While American sanctions might hurt some Venezuelan officials, it seems unlikely that they would curb abuses by the government and could even embolden Mr. Maduro. A more productive approach might be to increase efforts to persuade Latin American leaders to speak up for democratic principles in Venezuela and further isolate a leader who is becoming a regional pariah.

Beholding life’s creative recipe

Enrico Coen

I still remember the fear and incomprehension I felt when I first glimpsed the world without me. I was 11 years old and lying in bed at night when I suddenly had a sense of what it might be like if I was no more. Not only was I missing from the world, but the world was gone too, for there was no standpoint from which to contemplate it.

Many years later, I was reminded of this experience by a lithograph by M.C. Escher, “Print Gallery,” which shows someone viewing a contorted picture in a gallery. If you imagine yourself as the viewer, and follow the picture along the waterfront, down into the gallery, and along the corridor, you eventually arrive back at yourself. If that picture were removed from the gallery, then the gallery and everything in it, including you, would be lost.

“Print Gallery” conveys a predicament we all face. We look out on a world of which we are an inseparable part. Can we do the equivalent of the viewer in the picture and follow some transitions to get a better sense of where we stand?

In tracing this path for yourself, you would come across four remarkable living transformations. First is evolution, the process whereby you and all other

living beings have arisen on the planet. Next is development, through which a microscopic egg turned itself into a baby. Upon being born, you were then transformed through learning, from a writhing ball of arms and legs into someone who can walk, talk, reason and hold opinions. Much of what you learned depended on the culture you were born into. If you had been born 10,000 years ago, you might be eking out your existence in a cave. You are the product of four living transformations: evolution, development, learning and cultural change.

It is through the last of these, cultural change, that modern science arose. Science provides us with perhaps the clearest lens through which we can look at the world.

As a scientist I wondered about the following experiment. Suppose we turned the scientific lens on itself and closely examined the four great living transformations, including that which gave rise to science itself. What might we learn? Would we find four very different beasts, or perhaps some common underlying principles?

There are several problems with attempting such an experiment. First, is our understanding of the four transformations up to the task? The answer would probably have been “no” until recently. But in the past few decades, our scientific understanding has made great strides, making the experiment

more than just a theoretical exercise.

Another problem is the barrier between disciplines. To attempt this experiment, I would have to enter into fields like neuroscience and cultural history, in which I am hardly an expert. I would risk being thought an amateur or dilettante in fields that I should know better than to enter.

I decided nevertheless to go ahead with the experiment. I began to view the four great transformations of life together and compare their detailed inner workings. Gradually, common principles began to emerge, which I collectively call life’s creative recipe. I’ll give a taste of how this recipe works.

At the core of the recipe is the interplay between what I call reinforcement and competition. To give a cultural example of reinforcement, if you hear a good piece of music, tell two other people about it, and these people in turn tell two others, then the number of listeners is reinforced and rapidly increases. But if this process continues, then people will eventually start saying that they already heard the piece. Also competition will come in as other musicians attempt to produce something even better.

The same is found for other transfor-

mations. In evolution, organisms reinforce their numbers through reproduction while limitations are brought about by the environment. In development, molecules boost their own production while also bringing about their own inhibition. And in learning neurons boost their own connections, which in turn lead to a counteraction or inhibition. In all cases, reinforcing elements become a victim of their own success, providing engines for change.

These engines are fueled by population variation. Between 1685 and 1828 the population of German-speaking people produced Bach, Handel, Haydn, Mozart, Beethoven and Schubert. This is not because there was a special set of musical genes knocking around at that time, but because of the variations and cultural aspirations in that population. There should be many hundreds of people alive today with the same potential as Mozart or Beethoven, but most of them don’t compose symphonies or sonatas because they live in a different population context. Similarly, evolution, development and learning depend on interacting populations, but these are organisms, molecules, cells and neurons.

How is it that these engines of change can lead to such dramatic outcomes, like orchids, humans and smartphones? The trick lies in the way each change continually builds on what went before. The earliest telephones look very crude compared with what we use now. Yet when the first telephones came out in the late 19th century, they were no doubt considered state-of-the-art. Standards change as each phone stimulates inventors to come up with even better versions, again and again. The phone you have now will look like a dinosaur in a few years’ time.

Similarly, the wonders of evolution, development and learning arise by changes that recurrently build on themselves, shifting their own context and standards as they go. The detailed mechanisms of change are different in each case, but the basic ingredients of the recipe are always the same.

Where does this leave the 11-year-old boy who lay awake at night? His world will still disappear when he dies. But as an adult he now has a better appreciation of how he is connected with that world. He understands that he is the product of four remarkable living transformations based on a common recipe.

Through these transformations, the world arrived at the possibility of being able to contemplate itself, through his eyes and those of every other human. Science has provided him and others with a very powerful lens with which to see this more clearly, but it is by no means the only one. There are many more cultural ways of reacting to and engaging with the world that produced us — art, music, drama and travel to name just a few. And like science, every one of them is endlessly enriching, fascinating and beguiling for the beholder who stands in life’s gallery.

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LEON EDLER

In sickness and in wealth

Tahmima Anam
Contributing Writer

DHAKA, BANGLADESH When she was 5, my cousin Hafsa fell from the roof of our house in Dhanmondi, a residential neighborhood of Dhaka. She had climbed out of a second-floor window and crawled along a ledge until she lost her footing and fell to the driveway below. Distraught, we rushed her to the nearest hospital, a private clinic.

The doctor there took one look at her — unconscious, bleeding from a head wound — and refused to touch her. “Take her to Medical,” he said. “That’s the only place they can treat her.”

The doctor was referring to the Dhaka Medical College and Hospital, the largest public hospital in the capital. Although most of the children of my mother’s generation had been born there, it was no longer the sort of place people like us went to. It was overcrowded and underfunded, and horror stories of its unsanitary conditions and inadequate facilities abounded.

Still, with no choice, we took Hafsa to the emergency room. They treated her fractured wrist and diagnosed a concussion. She came home a few weeks later and made a full recovery. And her treatment was almost entirely free.

Since Hafsa’s accident, 26 years ago, the Medical has remained poor, while a crop of new private hospitals has sprouted up throughout the country. There are now nearly 3,000 registered private hospitals and clinics, and more than 5,000 registered private diagnostic centers — though they’re beyond the

means of most Bangladeshis.

They’re also not immune from horror stories. There was a municipal official who alleged he was sent home after 19 days’ treatment and an \$18,000 bill, even though doctors had missed that his arm was broken. And then there was a woman who claimed her baby was delivered prematurely so that the hospital could charge for a lengthy stay in the neonatal unit.

Last week, an image of a medical clinic in India offering a 50 percent discount for Bangladeshi patients popped up in my Twitter feed, together with this comment from a friend I follow: “Corporate hospitals of Kolkata luv bengalis with cash & disease.” Although the crude advertising was new to me, the news that Bangladeshis are filling the clinics of neighboring countries came as no surprise.

In the smart neighborhoods of Dhaka, giant billboards promote the services of private hospitals in Delhi and Bangkok. Local brokers will book everything for you, from flights to doctors’ appointments. Heart hospitals, cancer clinics, even air ambulances all clamor for our cash.

The health care system in Bangladesh is both improving and troubled. On the credit side, public health initiatives, especially those directed at women, have been highly successful, reducing infant and maternal mortality rates, increasing life expectancy and improving immunization rates. A range of community-based

approaches that harness networks of local governments, health centers and nonprofits have brought better, safer basic health care, with enhanced access.

These initiatives have put Bangladesh on track to fulfill many of the Millennium Development Goals set by the United Nations, and have given us bragging rights over our neighbors. Low government spending on health care, and an average of just 7.7 health care professionals for every 10,000 people (well below the World Health Organization target of 23 per 10,000), prompted the medical journal *The Lancet* to describe Bangladesh’s success as “one of the great mysteries of global health.”

Part of the answer, however, may be that those who can afford it are paying for care abroad. In 2010, the W.H.O. reported that every year India alone attracts an estimated 50,000 Bangladeshis seeking treatment. Some of these may be people who can’t, in fact, afford the fancy private hospitals of Dhaka, but are willing to spend a considerable portion of their savings on private care abroad. Whether affluent or desperate, all cite the same reason for foreign treatment: They don’t trust the system in Bangladesh.

The horror stories, of course, play their part. They always seem to end the same way: Ultimately, the patient’s family has no redress. While the Ministry of Health and Family Welfare is supposed to oversee medical standards, journalists and doctors report that no hospital has ever been shut down and no doctor held to account; nor has any medical professional or administrator ever been successfully sued. As in so many areas of life in Bangladesh, there is both an as-

tonishing level of success and an ever-present potential for catastrophe — with, seemingly, no middle ground.

The public health system works for much of the population. Valiant if chronically underfunded, it groans under the pressures of a growing population, but its primary care service is staffed by many heroic doctors. The pharmaceutical industry is competitive, providing the local market with safe, affordable drugs. And then, for the privileged few, there is the private network.

Neither system comes under the sort of regulatory scrutiny that would give people the assurance they need. This lack of regulation and accountability means that when things go wrong, patients or their families have no leverage to get reform. Meanwhile, the availability of private health care, whether at home or abroad, enables affluent Bangladeshis to ignore the problems of the public sector.

I confess I’m one who opts out: Twenty-six years ago, when Hafsa had her accident, was the last time I went to the Dhaka Medical College Hospital. If the medical establishment would expel doctors who provide substandard treatment, if it upheld professional standards by backing patients rather than colleagues, and if the government finally created a watchdog, we could begin to build bridges of trust in our health care system.

Then, perhaps, Bangladeshis might be less tempted to outsource their health care to foreign doctors.

TAHMIMA ANAM, a writer and anthropologist, is the author of the novel “A Golden Age.”