

Globalization: The Path to Neo-Liberal Nirvana or Health and Environmental Hell?

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This article addresses the impact of the neo-liberal agenda of globalization and in particular how international financial institutions and transnational corporations have affected and continue to affect the health of peoples, especially the poorest. It also examines impacts of these policies on the environment and peace.

KEYWORDS Conflict Economics Environment Globalization Poverty
Transnational corporations

It has indeed been a trying hour for the Republic; but I see in the near future a crisis approaching that unnerves me and causes me to tremble for the safety of my country. As a result of the war, corporations have been enthroned and an era of corruption in high places will follow, and the money power of the country will endeavour to prolong its reign by working upon the prejudices of the people until all wealth is aggregated in a few hands and the Republic is destroyed. I feel at this moment more anxiety for the safety of my country than ever before, even in the midst of war. God grant that my suspicions may prove groundless.¹

The Economic Environment

Discussion of merits and consequences of the corporate-led neo-liberal agenda has entered popular discourse of late. Past actions of transnational corporations (TNCs), such as Exxon off the shores of Alaska, Union Carbide in Bhopal and Shell in Ogoniland, only caused each to suffer temporary loss of share value and reputation, despite devastating costs to environment and human health. In short order, public outrage blew over and profit-making resumed.

Yet prior to the failure of the Multilateral Agreement on Investment (MAI), which was essentially an international Corporate Bill of Rights,² demonstrations were held outside every economic and political forum dedicated to achieving a world with fewer barriers to investment. The promise of the 'New Economy' of limitless profits and growth has subsequently been

shattered as the stock market bubble burst. The spectacular demise of multinationals such as Enron and Worldcom, the collusion of accounting firms such as Arthur Andersen in the practice of these corporations, the involvement of government officials with such action due, in part, to close personal ties and transfer of personnel between the Bush administration and the corporate sector, have all given meaning to what seemed to some to be mindless, violent protests in Seattle and Genoa. Whether this discontent becomes more generalized to force real change remains to be seen.

The Neo-liberal Agenda

The prescription offered by the 'globalizers' has led to the removal of price controls, ended subsidies, eliminated tariff protection, privatized government enterprises and reduced, privatized or instituted user fees for public health, social and educational services. Meanwhile, it has allowed tax cuts and free repatriation of profits for the global investor. Governments of developing nations, which have refused or thrown out this prescription, attempting the alternative medicine of social justice and basic needs, have found themselves subject to pressure from money markets with flight of capital as well as a denial of loans, re-structuring funds and aid. In the last half-century countries have been forced to constantly compete in an endless bidding cycle driving down income, environmental and labour standards in what seems to be an endless race to the bottom. The paternalism, almost religious zeal, of the economic 'doctors' who impose such conditions, harks back to the colonial age at its worst.

While the theoretical basis for this prescription is derived from the anti-Keynesian Chicago School,³ it is based far more on ideology than scientific method. Wealth and poverty are viewed as being subject to individual choice and effort. It promises equality of opportunity rather than equality of condition. In the words of an influential libertarian political philosopher of the 1970s, rather than the socialist 'to each according to their need, from each according to their ability', its credo is 'From each as they choose, to each as they are chosen'.⁴

Yet the market free from constraints, the panacea to heal the woes of developing countries, is not a reality. Free trade requires a complex network of legislation and framing agreements, for instance, to govern the enforcement of patents and copyrights. Few companies complain of state interference when it is in the form of publicly-funded infrastructure projects, development of transportation and communication networks or government financing of costly research and development.⁵ In practice, predisposition to failure or success of public or private enterprises is decidedly mixed, with ample evidence of each.⁶

The United States would not have arrived where it is without the vigorous protection of fledging industries such as textiles and railroads, which continues today to the chagrin of Canadians, Europeans and

Japanese with wood, steel and cars. The US\$350 billion agricultural subsidies provided by developed nations dwarfs the US\$50 billion in development assistance,⁷ suffocating fledgling primary agriculture in developing nations, impoverishing and indirectly destabilizing them. Further, free trade conceptually requires multilateral agreement, yet the US has been acting recently to sabotage negotiations aimed at developing institutions governing arms, judicial and environmental security.

International Financial Institutions

The major proponents of the neo-liberal model, globally, are international financial institutions (IFIs). They are commonly considered to comprise the two Breton Woods institutions, the World Bank and International Monetary Fund (IMF) and, more recently (1993–94), the World Trade Organization (WTO). Historically these have worked more or less in conjunction with one another, generally reflecting and reflected in US government policy. The first of these institutions was meant to stimulate development; the second to stabilize the world's economy; the third to free up barriers to trade and investment. Nevertheless, over the last two decades, since the 1981 Elliot Berg report,⁸ the World Bank and IMF by denying them loans, and developed countries by hauling them before the WTO Inquisition, have continued to punish governments when they failed to strictly adhere to the 'Washington Consensus' model.

The road to libertarian Nirvana is littered with the bodies of ailing Latin American and African countries, which in following IMF strategies suffered a worsening of the general economic and social well-being of their population. Most recently, in Asia, countries with stricter financial controls, such as Malaysia, have weathered the storm of the financial crisis far better than those adopting IMF strategies, such as Indonesia. Even countries such as Taiwan and South Korea, which had increased standard of living through neo-liberal measures (albeit with repression, limitations to personal freedom and environmental standards), were loath to use the same methods when they encountered their most recent troubles.

There are voices of dissent within the field of economics. Though not opposed to growth, Amartya Sen,⁹ 1998 Nobel Prize winner in economics, opposes the prescription offered by the IFIs and TNCs. He shows that rapid economic growth can improve the well-being of people when growth is broadly-based, income is equitably distributed and used for health, education and social security. Even without economic growth, countries such as China or Sri Lanka can enjoy higher life expectancy and better health than richer countries such as Brazil and South Africa, if they support health, education, a social safety network and land reform. The Indian state of Kerala is an example of the success of this approach applied by a regional government.

Real debate is finally shaking the world of the IFIs. Rifts between and within their realms have become more apparent with a publication by

Joseph E. Stiglitz, 2001 Nobel laureate,¹⁰ whose impeccable credentials as the ultimate insider, Chairman of the President's Council of Economic Advisers under President Clinton, from 1997 to 2000, Vice President and Chief Economist of the World Bank, and now Professor at Columbia University, only serve to buttress his blistering attack on the IMF. Stiglitz's thesis is that the 'market fundamentalism' of the IMF, the belief that the market unimpeded will achieve a balance between supply and demand, thereby furthering growth and development, is fundamentally flawed. Furthermore he accuses the IMF of acting in a secretive, undemocratic manner and being indifferent to the poor. Using examples of the Mexican currency crisis of 1994–95, Russia's threatened default of loans in 1998, Latin American and Asian financial crises and Ethiopian famine response, Stiglitz shows how a succession of IMF-guided policies has led to more turmoil than growth, causing generalized suffering in many nations.

Ironically, the micro-finance institutions (MFIs) led by the Grameen Bank under Muhammad Yunus, which offers micro-credit to women launching 'at home' businesses, have dispensed billions of dollars helping millions of women and achieved a repayment rate of 98 per cent, far surpassing that of the IFIs.¹¹

The Role of Transnational Corporations

The international financial institutions are not the only players affecting national sovereignty. National governments' economic clout is diminishing. Of the world's 60 largest economies, only 17 are countries (Ref.5: 181). General Motors' total annual revenues exceed that of the 280 million people of Pakistan, Sri Lanka, Bangladesh and Nepal put together (Ref.5: 182). Some have suggested, tongue-in-cheek, that for this reason corporations should have a seat at the United Nations. Others argue that they already have veto power not only at the Security Council, but in every UN body where, in addition to indirectly influencing US government positions, they are consulted directly on every issue which impacts them. New international standards now involve more corporate self-policing and measures to limit corporate obligations and maximize corporate rights, such as those pertaining to intellectual property and real or material property.

Government and corporations now dance in a sometimes uncomfortable, but symbiotic, *pas de deux*, both extolling the benefits of trade and growth. Trade figures might be considered illusory when an estimated 30 to 40 per cent of trade is between subsidiaries of the same TNC. Countries with sound but progressive economic policies can be damaged by hot money shifts of major portfolio investors. Investment is indeed a casino with the gaming rules written by and for the wealthiest gamblers.

As corporations demand less regulation and increased control over more and more of our lives, we must ask ourselves whether our predecessors would have tolerated such a government, where not only do corporations

have more control but less accountability. Former business school professor David Korten went further: 'The defining structure of Fascist regimes is a corporate-dominated alliance between big business and big government to support the expansion of corporate regimes' (quoted in Ref.5: 238).

The rise of corporations in the US, from the time of state incorporation when even individual states within the US held sway over corporations, through the time when the corporations controlled, in turn, state and federal legislatures, to now, when their control is not limited by national borders, is critical to health professionals and environmentalists; infant milk powder, cigarettes, pesticides, pharmaceutical and weapons sales and practices are obvious examples. In particular, the drug companies' contention that they ought to be treated as private enterprises with no social responsibility seems hypocritical. The pharmaceutical industry can be considered

extraordinarily privileged. It benefits from publicly funded research, government-granted patents and large tax breaks whilst it reaps lavish profits. For these reasons and because it makes products of vital importance to the public health, it should be accountable not only to its shareholders, but also to society at large.¹³

Corporations are not designed to act in the public interest, be they pharmaceutical companies with little incentive to research diseases affecting the poor, or *maquiladora* companies who flout environmental standards and summarily dismiss employees who threaten productivity by trying to organize unions or becoming pregnant. Health Maintenance Organizations (HMOs) in the US fail to honour pledges to cover Medicare and Medicaid populations and will close hospitals in low-income neighbourhoods where they are most needed, increasing the burden on the public system, whilst 45 million people remain uninsured. Meanwhile, the HMOs are anticipating markets in Latin America and perhaps Canada. An industry pamphlet sings the promise of a Golden Age: 'A new generation of pioneers is emerging as US-based insurers embark on a journey to compete in the Latin American market still in the throes of democratization and privatization' (Ref.5: 148).

Impact on Health

We have made great strides in the health of the world in the last half century. Between 1955 and 1998 global life expectancy increased from 48 years to 66 years; infant mortality world-wide declined from 148 to 59 per 1,000; and the total number of children under the age of five dying each year decreased from 21 million to 11 million. Yet at the same time 3 billion were left without access to sanitation facilities; 1 billion do not have access to safe water; and more than half of the 46 poorest countries have no access to modern healthcare. Two out of five of all people die prematurely, largely of preventable illness.¹⁴ In the last decade several African countries and the

relatively healthy Russia and Iraq have actually seen a decrease in life expectancy.

At a time of unprecedented wealth we are told that there are limited resources for poor. Whatever happened to the lofty goal of the World Health Organization (WHO) at Alma Ata: 'Health for All by the Year 2000'?¹⁵ Less than four per cent of the combined wealth of the richest 225 people would be sufficient to achieve and maintain access to basic education, basic healthcare, reproductive healthcare, adequate food and safe water sanitation for all people.¹⁶ This disparity of wealth is also reflected in a disparity of health. Among the wealthiest 20 per cent of people only eight per cent of deaths are caused by infections or maternal and perinatal mortality, while among the poorest 20 per cent fully 56 per cent of deaths are caused by these conditions.¹⁷ There are considerable differences within developing nations, with social status inversely correlated to contact with infectious disease. Even within households, women and children suffer disproportionately as a result of their lack of control over resources. In first world situations too, the impact of socio-economic class on health is well recognized.¹⁸

Economic growth, while adding over US\$10 trillion to the global economy each year, has failed to reduce the number of people living in poverty.¹⁹ The ratio of income that is enjoyed by the top 20 per cent to that of the bottom 20 per cent of the world's population has deteriorated from around 30 to one in 1960 to 70, perhaps even 80, to one today. Per capita income in more than 100 countries was worse in the late 1990s than in the early 1980s.²⁰ Three billion people live on less than US\$2 per day and 1.3 billion on less than US\$1 (corrected for purchasing power). One-third of sub-Saharan Africans will die before the age of 40.²¹ The health situation of the poor would be worse without economic growth, but current strategies have not only failed to help but actually hindered efforts to improve the health situation of the poor. How can governments not in control of their economies ever hope to deal with the 40 million people infected with the HIV virus, 30 million of whom are in sub-Saharan Africa?

Cuba, a country that has continued to resist the neo-liberal model, has the best health standards in Latin America. With a real per capita income of about US\$3,000, one-tenth that of the US, it has health and education parameters that compare favourably to the US: 97 per cent literacy; infant mortality of seven per 1,000; life expectancy greater than 76 years; and 100 per cent of its people with access to quality healthcare.²²

In contrast, Russia has seen a sharp decline in health following trade liberalization. Though spending on healthcare was reduced from an estimated six per cent of gross domestic product (GDP) in the 1950s to three per cent or less at the demise of Soviet Union, health parameters stayed largely untouched. However, between 1990 and 1993 health parameters changed dramatically, with a rise from the previous stable levels of ten deaths per 1,000 of population up to between 14 and 15 deaths per 1,000.

The birth rate dropped concurrently from 16 per 1,000 to between eight and ten, where it largely remains (Ref.5: 158). The rise in all cause mortality by 23 per cent from 1991 to 1993 included an increase in injuries and poisonings of 57.9 per cent and infections and parasitic diseases of 44.9 per cent.²³ While alcohol may be the proximate cause of violent death, social factors seem to have been the primary root cause for this rapid change.

Tuberculosis, which had decreased annually by five to seven per cent per year prior to 1991, has doubled since then and is now growing by ten per cent per year.²⁴ Part of the reason is that Russia has the highest prisoner to population ratio in the world except for the US; there are 1 million Russian prisoners, ten per cent of whom have active tuberculosis, and of these 20 per cent have multi-drug resistant disease.²⁵

Some continue to argue the benefits of globalization and corporatism for the health of populations,^{26, 27} but there is increasing acknowledgement that globalization and free markets as practised in the recent past have hurt the health of the poor. Even the World Bank seems to have recognized the error of its ways. In 1987 UNICEF and the World Bank stated that a 'common approach to health care in developing countries to treat it as a right of citizenry and to attempt to provide free services to everyone ... does not usually work',²⁸ and that free healthcare prevented government 'from collecting revenues that many patients are both able and willing to pay'.²⁹ Yet by 1993, perhaps influenced by the change in US administration, the World Bank stated that 'private markets will not give the poor adequate access to essential clinical services or the insurance often needed to pay for such services. Public finance of essential clinical care is thus justified to alleviate poverty.'³⁰

AIDS and Tuberculosis: Does the Conventional Approach Work?

There are forceful arguments against well-intentioned conventional wisdom when approaching the scourges of AIDS and tuberculosis. 'Appropriate technology' seems a reasonable concept, sensitive to local views and resources. Yet this argument can be seen as allowing for inefficiencies if they benefit the right people, namely the rich and privileged. A Haitian priest is quoted as stating that 'appropriate technology' 'means good things for rich people and shit for the poor' (Ref.12: 21). Farmer's 'informants' want hospitals, not preventive programmes; instead of 'needs assessments' and studies, they want access to new advances in pharmacotherapy.

Cost-effectiveness is used as a justification to allow funding for only low-cost interventions for HIV in Africa such as education, palliative care or treatment of opportunistic infections. It is not that the price is a negligible consideration, but this may change in a very short period of time. Rifampicin, the standard drug for treatment in developing countries today, was considered too expensive for routine application less than three decades ago.³¹ The Directly Observed Treatment Short-Course (DOTS)

programme for tuberculosis treatment and prevention currently promoted by WHO, one treatment fits all, fails to recognize the significance of multi-drug resistant tuberculosis and is shown to be irrational when it comes to individual patients.

It has been suggested that the justification for an African random-controlled trial of the prohibitively expensive antiretroviral zidovudine (AZT), which is known to be effective in reduction of perinatal transmission of the HIV virus, is reminiscent of the notorious Tuskegee trials on blacks with syphilis in the first part of the twentieth century.³² The promoters of this study view their critics as naive and wishing to impose an unrealistic standard of care oblivious of African realities. Yet these same people would often support governments and institutions that imposed structural adjustments, with their devastating effect on the health of the poor.

The term 'emerging' or 're-emerging' infectious disease as applied to AIDS, Ebola virus infection and tuberculosis is a western concept. Tuberculosis is only resurgent in that it is back in the news, not 'to those who have been contending with and are marginalized by it all their lives'.³³ Another term, 'tropical medicine', implies a geographic rather than social or economic topography and is part of this language of distance. The decline in infectious disease in the US was primarily due to decreased poverty, improved housing, land drainage, mosquito repellents and nets, and electrical fans, not to any geographic shift of the US land mass.

Farmer views the spread of AIDS in Haiti from an economic-driven model, considering the approach of some anthropologists to have been a neo-colonial misinterpretation. In the 1980s the significant increase in risk of AIDS in Haiti was interpreted as being due to animal sacrifice, ritual homosexuality, blood rituals and zoophilia, and Haitians were thus considered as a risk to the rest of the world. It now seems highly likely that AIDS actually came from external sources to Haiti, from the North, not the other way around and was partly due to neo-liberal globalization. An analysis of the American gay sex tourist trade in the 1980s shows men looking for cheap fun with impoverished Haitians, and as Haiti became poorer, both men's and women's bodies became cheaper.¹²

As far as education is concerned, we know that the risk of acquiring HIV does not depend on the knowledge of how the virus is acquired, but rather on the freedom to make decisions. Poverty is the main factor that limits choice. Farmer recounts real human experiences from India, Africa and even New York to illustrate this point and its corollary, that efforts to address these diseases without considering the underlying socio-economic factors which reduce these choices, are ultimately doomed to failure.¹²

War and Violent Conflict

It is claimed that in 1998 200,000 Africans died as a result of war while 2 million died of AIDS.³⁴ For health professionals working in Africa to

prioritize war, as IPPNW does, or even economic injustice, may therefore seem unreasonable. But the relationship of the neo-liberal agenda to war and the weapons trade and to health and disease is complex. War may in fact be fomented by poverty and the presence of war greatly reduces scope to develop health systems.

The Rwandan genocide may even be seen primarily from an economic, social and political angle, rather than the well-known ethnic basis (Ref.5: 103–6). The World Bank's 1989 neo-liberal 'success story' with increased agricultural production transformed into the horror of a few years later,³⁵ in part owing to disempowerment and removal of people from their livelihoods. This included expropriation of peasant farms while funds were given for the more 'profitable' export tea plantations and cattle ranches. Reducing people's opportunities makes them ripe for manipulation. In addition, even the epidemic infectious diseases such as cholera are exacerbated by the movement of refugees. Consequently, deterioration of the economy and health of people living in the Democratic Republic of Congo (former Zaire) may be directly related to events in Rwanda.

Economic sanctions as a tool in violence have significant health effects. The imposition of sanctions on Iraq, which have killed well over 1 million Iraqis,³⁶ has a complex relationship to the politics of oil as well as to the legitimate concerns about a brutal dictatorship and weapons of mass destruction.

The arms trade is another complex aspect of the global economy. Those who are willing to impose economic sanctions are reluctant to impose arms embargoes. While they prepared for war, US and British officials mingled in the same room as Iraqis at the Sofex 2002 arms show in Jordan. IMF limitations on developing nations' government spending rarely constrain military spending. Western governments continue massive arms exports to other Middle Eastern countries which consistently occupy the top few ranks of arms importers in the world. The US restriction of information from Iraq's recent weapons declaration to the UN Security Council was widely believed to conceal embarrassing revelations regarding US and German firms who exported arms to Iraq, and sometimes simultaneously to its opponent Iran, in the 1980s – this with the support of their governments, despite the knowledge that Iraq had used chemical weapons on Iranians and its own Kurdish population.

Governments require major justification for minimal increases in spending in the areas of health, education and the environment in the name of cost consciousness. Yet similar demonstrations of efficiency are not demanded of the military. In the US, political will to change this is impeded by so-called 'pork-barrel' politics, with military contracts directed to every one of the 435 congressional districts.

Costa Rica, which has abolished its military, seems able to manage its health and education needs much better than its neighbours such as El Salvador, whilst remaining the most secure country in the region. It is not

immune to the problems of the region, having to manage vast numbers of refugees, both political and economic, especially from Nicaragua, yet its GDP is almost twice that of El Salvador. Its proportions spent on health, education and the military are, respectively, 5.4 per cent, 5.2 per cent and 0 per cent compared with 2.5 per cent, 2.6 per cent and 0.7 per cent for El Salvador. Whilst this last figure is down from 2.7 per cent in 1990, El Salvador is still recovering from the costs of civil war.²²

Environmental Aspects

Globalizers continue to oppose international standards to protect the environment. Industry is able to 'externalize' costs related to the environment and to lobby effectively for tax relief to help with clean-up, research and development. In the US, the minimal standards of the Kyoto protocol are opposed as destroying jobs or raising taxes. The recent UN Earth Summit in Johannesburg, beginning with lofty goals on continuing work from the Rio summit,³⁷ to promote sustainable development, which would incorporate health, economic and environmental interests, ultimately ended in failure.¹⁹

Yet there are even more direct impacts on human health. The *maquiladoras* at the US Mexican border flout environmental standards by hiding toxic leaks; they have injury rates twice as great as in the US; a 1992 US General Accounting Office survey found 100 per cent of US factories in Mexico are in violation of Mexican environmental laws. The Alimentarius Commission CODEX, established by WHO and the Food and Agricultural Organization, to determine international safety standards for pesticide and veterinary drug residues, additives and labelling, was lobbied by industry. More than 2,500 participants took part in meetings and discussions, but only 26 came from public interest groups; 140 corporations had representatives, of which one, Nestlé, had 37 (Ref.5: 242). Safety levels for at least eight commonly used pesticides were then made up to 25 times less strict than today's US standards.⁵

With the support of Western governments, TNCs move to patent native plants such as India's basmati rice and the neem tree, and even mammalian life forms such as mice and parts of the human genome. At WTO negotiations they seek to expand their rights with negotiations on Trade-Related Aspects of Intellectual Property Rights (TRIPS). Meanwhile, efforts to allow choice for consumers in the US in the labelling of products containing genetically modified material are vigorously opposed.

The tragic accident at the Union Carbide pesticide plant in Bhopal, India in 1984 in which up to 10,000 people died and 300,000 were injured, highlights some of the concerns of commerce versus humanity. Following the leak of toxins into the atmosphere, acute medical problems included adult respiratory distress syndrome, gastrointestinal symptoms such as nausea, vomiting and abdominal pain, and central nervous system (CNS)

effects including coma. Many victims live with chronic lung and CNS problems to this day. Yet a *Wall Street Journal* editorial of 10 December 1984 underlines the potential for dehumanizing within the cost-effectiveness liberal agenda, while making the dubious claim that:

As a Georgia Tech doctor told the New York Times, 'Of those killed, half would not have been alive today if it weren't for that plant and the modern health standards made possible by the wide use of pesticides.' We don't need a cost-benefit analysis to know the truth of that [Quoted in Ref.5: 245].

Union Carbide proved very skilled, not in terms of timely assistance to their employees and other victims, but in terms of a public relations campaign designed to contain not health- but public relations damage. It delayed payments to the victims and downplayed its own responsibility; despite the fact that inferior standards for construction and design had been considered acceptable by the company. Union Carbide executives were able to persuade US courts of *forum non conveniens*, that is, that the US judicial system was not an appropriate forum for victims to seek restitution. The decision marked the transformation of this once-unconstitutional doctrine into a powerful barricade, protecting TNCs from having to answer in American courts for the consequences of their negligence abroad (Ref.5: 251).

In addition, Union Carbide executives were not called to answer charges in India, as the company dragged its feet in court processes. It attempted to develop a sabotage theory until this was shown to be invalid in court and then blamed local Indian operators, thereby distancing the US parent company from responsibility. It made itself the victim and accounted for the illnesses of the people of Bhopal as simply a result of poverty and environment. Finally, it accepted 'moral responsibility' yet in the end paid damages that would not even cover the direct medical costs of the victims, let alone lost earnings or punitive damage. It sold off consumer-related subsidiaries that could be boycotted and, once a final settlement was reached, its stock value actually rose.

Conclusion

We must take a broader view of health or risk irrelevance. As Farmer says:

Take physicians. We study vitamin deficiencies, but not land reform. We elaborate protocols to improve standards of care, but rarely discuss equity of access to excellent care and almost never discuss privatization and 'user fees' to say nothing of SAPs. We learn about patho-physiology, but never the embodiment of the social forces that set in motion a series of events leading, ultimately to a somatic process, haemoptysis due to tuberculosis say, or the ravaging of the

distal small intestine by the bacterium that causes typhoid. And yet most physicians would concede that hunger and a lack of potable water are the root causes of these two diseases [Ref.3: 85].

However, heaping the blame solely on TNCs and the financial institutions runs the risk of allowing us all to feel self-satisfied. Some responsibility must be laid on the leadership of developing nations and on their citizens for allowing leadership to act as it does. The IFIs foisted cheap interest petrodollars on these poor countries, building up unpayable debts, but kleptocracies, union irresponsibility, poor decisions by governments and arms purchases all impact on the health and education of the poor. We should also remember that there are positive examples of good corporate citizens and successful World Bank programmes. To encourage more of these, there must be incentives for positive action.

We can try to ensure that there is true 'internalization' of environmental and social costs. We can look at company charters in the US and elsewhere and ensure that they accept responsibility to act in the public interest. We can encourage corporate codes of ethics and even an international code of ethics governing corporations and IFIs. We can go to boardrooms and directly show executives the impact of their policies. But ultimately a spiritual transformation may be needed, with people-centred ecological values and health-based policies rather than system-driven economics and growth-driven changes.

Globalization can also be a force for good. Improvements in transportation and communication, the internet and computerization have often levelled the playing field for those in developing nations, empowered civil society and allowed people in remote areas to benefit from health advances in the most modern.

Morality makes it imperative to deal with health in developing nations. But if morality cannot persuade there is also self-interest. Tuberculosis does not observe the guards at the US–Mexico or Scandinavia–Russia borders. The age specific mortality for some age groups remains higher in Harlem than in Bangladesh even today. The leading causes of death in Harlem are in fact similar to those in developing nations in war situations – infectious disease and violence.³⁷

Ultimately we all have a role to play; it is our democracy that has been taken over by the corporations. The words of Abraham Lincoln quoted at the start of this article seem sadly prophetic and if there is prime responsibility then it is surely ours. If we decide to not help the marginalized in our society or the world, we must remember the immortal words of Pastor Martin Niemöller:

First they came for the Jews
and I did not speak out –
because I was not a Jew.

Then they came for the communists
and I did not speak out –
because I was not a communist.
Then they came for the trade unionists
and I did not speak out –
because I was not a trade unionist.
Then they came for me –
And there was no one left
To speak out for me.³⁸

Acknowledgements

I would like to thank Rob Waschik, Mike Grammer, Mary Louise McAllister, Mary Jane Patterson, Peter McCullough, Ajay Handa and Belinda Jim for their helpful suggestions in the development of this article. I would also like to reiterate my appreciation to Paul Farmer's *Infections and Inequalities* and Jim Hong Kim's *Dying for Growth* for inspiration and source material.

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(Accepted 5 February 2003)

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