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Globalization and Its Unhealthy Consequences for the Developing World

Susan D. Foster, Ph.D.*


In late 1999, tens of thousands of activists descended on Seattle to protest the World Trade Organization (WTO) and, in particular, its impact on workers and worker health. As technological developments and economic changes have led to increasing globalization, the impact of globalization on workers and workers’ health has become a prominent concern for academics as well as activists. The recent book Health Policy in a Globalising World presents an excellent collection of essays devoted to this and other topics related to globalization and its influence on public health. The resulting compilation is a useful resource for students and teachers of health policy and international health.

The editors begin the book with an introduction to global health policy, and then provide a series of essays, each of which discusses a different aspect of that policy. To understand the scope of the collection, it is important to understand how the essays’ authors define globalization. Globalization is defined as “processes that are changing the nature of human interaction across a wide range of spheres including the social, cultural, political, economic, technological, and ecological.” Reflecting this “wide range of spheres,” the topics covered in these essays include the

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1. See Mark Suzman, While Support for the Principle of Free Trade Remains Strong, Attitudes Toward It Are More Ambivalent, FIN. TIMES (London), Nov. 29, 1999, at World Trade 3.

2. The authors distinguish between “international health” and “global health.” While international health relates essentially to matters between states or regions, global health deals with issues that are “transborder in cause or effect” and not confined to any country or group of countries.

3. Kelley Lee et al., An Introduction to Global Health Policy, in HEALTH POLICY IN A GLOBALISING WORLD 6 (Kelley Lee et al. eds., 2002).
implications of multilateral trade agreements; the growing enthusiasm for public/private partnerships; health care financing reform; cost-effectiveness and priority-setting; violence against women and reproductive health; the globalization of approaches to the treatment of tuberculosis; aging and health policy; worker’s health and safety; and finally globalization, conflict, and the humanitarian response.

One of the great virtues of the book is the diversity of topics covered, which enables each reader to find chapters of particular interest to him or her. In fact, after I finished reading the introductory chapter, I could not help but skip ahead to the chapter which seemed most relevant to the current world situation—Chapter Thirteen, Globalisation, Conflict, and the Humanitarian Response, by Anthony Zwi et al. To fully appreciate the significance of this topic, it is important to understand how globalization and conflict interact. In particular, Zwi et al. argue that globalization contributes significantly to the existence of conflicts around the world by shifting power both “from states to markets, but also from weak states to strong states.”4 Additionally, within countries, the pressure brought about by the World Bank and the International Monetary Fund’s Structural Adjustment Programs, or SAPs, has produced what Zwi et al. term “residual state[s].”5

These “residual state[s]” are often unable to contain or curtail violence within their borders. Even worse, they are sometimes based on “structural violence,” which involves unequal and unfair distributions of resources and services. The World Bank contributes to the formation of residual states by continuing to insist on economic policies consistent with a “globalized world economy” wherein the state is no longer a “provider,” but rather a “facilitator and regulator.”6 But truly weak states are not in a position either to facilitate or regulate.

The authors make several significant observations about this important topic. First, they note that insufficient attention has been paid in recent conflicts to “prevent[ing] or mitigat[ing] significant human rights abuses . . . [and] to the links between external and internal non-state actors, such as private companies and diaspora communities, that can play

5. Id. at 235.
6. Id. at 236.
a major role in supporting violence."7 The authors also observe that ethnic identity is playing a growing role in conflict. Specifically, they quote a paper by political scientists Ronnie Lipschutz and Beverly Crawford of the University of California at Berkeley, entitled “Ethnic conflict” Isn’t, stating, “so-called ethnic conflicts are reflections of failing social contracts between different groups as global economic forces place governments under immense pressure to promote greater economic efficiencies and exploitation of local resources.”8

Conflicts have winners and losers. Typically, the losers are already poor and marginalized while those who benefit are in a position to manipulate markets or seize assets. The winners consequently have an interest in perpetuating conflict. The impact of conflict on public health includes the high mortality rates caused by the conflict itself as well as mortality caused by displacement both internally and across borders. Moreover, the mental health impact of trauma, torture and stress is enormous. Often the conflict results in damage to the health services infrastructure. This damage can occur through actual destruction of physical and human resources, or from the diversion of funds away from health purposes to the military.

Conflict situations are not the only settings in which the impact of globalization on public health can be observed. Chapter Two, The Public Health Implications of Multilateral Trade Agreements, by M. Kent Ranson et al., provides a discussion of how trade agreements and economic globalization are affecting public health. This chapter focuses on the WTO and begins by introducing the WTO’s basic premise, that “human welfare will increase through economic growth based on trade liberalization . . . . From a public health perspective, this desirable goal requires linking the benefits of the global trading system to sound social policies.”9 That key link, as the chapter demonstrates, remains to be forged. Disturbingly, not only has the link not been made, but a number of strong states and actors have opposed making it. In her provocative article “Globalization,” Tina Rosenberg of the New York Times comments that she thought the anti-WTO protesters “were simply being sentimental; after all, the masters of the universe must know what they are doing. But that was before I studied the agreements that regulate global trade. . . . I no longer think the masters of

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7. Id. at 230.
8. Id. at 231.
9. M. Kent Ranson et al., The Public Health Implications of Multilateral Trade Agreements, in HEALTH POLICY IN A GLOBALISING WORLD 18 (Kelley Lee et al. eds., 2002) (citing Nick Drager, Making Trade Work for Public Health, 319 BRIT. MED. J. 1214 (1999)).
the universe know what they are doing.\textsuperscript{10} This chapter, with its emphasis on the need for a link between the benefits of a global trading system and sound social policy, provides a strong beginning to the book because subsequent chapters devote attention to the agreements—and, more importantly, the interpretations of those agreements—that will be required to put those social policies into operation.

The solid description of the on-going policy discussions concerning health care financing reform in Chapter Six, \textit{Global Policy Networks: The Propagation of Health Care Financing Reform Since the 1980s}, by Kelley Lee and Hilary Goodman, is an example of this attention. This chapter focuses on the formation of a “transnational policy elite” with two hubs in Washington and London.\textsuperscript{11} In this chapter, the authors describe an “early transatlantic divide” between the Washington hub and the London hub.\textsuperscript{12} While the Washington hub has links to the World Bank and USAID, the London hub, largely based at the London School of Hygiene & Tropical Medicine is funded by the United Kingdom government and has links to the World Health Organization, and the United Nations Children’s Fund (UNICEF). The main issue on which these two hubs differ is user fees. While the Washington hub is a strong proponent of such fees, the London hub has raised equity concerns. The authors trace this divide to “differences in the underlying values and principles that shape the US and European health care systems,” with the Europeans viewing health care as a “social good” which should be available to all regardless of ability to pay. In contrast, in the United States, health care continues to be viewed as primarily the responsibility of the individual and a private consumption good.\textsuperscript{13}

Chapter Eight, \textit{Cost-effectiveness Analysis and Priority-setting: Global Approach without Local Meaning?}, by Lilani Kumaranayake and Damian Walker, turns to a more pragmatic issue in health policy. It examines the applications of cost-effectiveness analysis (CEA) and presents a thoughtful commentary on the use of the Disability-Adjusted Life Year, or DALY. This commentary will be of interest not just to economists, but also to anyone who has wrestled with the use of CEA for health priority setting. The tool


\textsuperscript{11} This book is largely the work of researchers with ties to, or based at, the London School of Hygiene and Tropical Medicine, the institution where this reviewer obtained her PhD and spent ten years as a faculty member.


\textsuperscript{13} Id.
presents many limitations, such as poor local data and difficulties applying that data to different settings. But despite these limitations, the tool is used to determine global priorities. In reviewing this use, the authors sensibly conclude, “we must be aware of not expecting too much from the tool... rather than aiming for precision, which both the data and tool are not designed for.”14 They further note that CEA “does not take the politics out of decision-making... but is an element in the process of overall-priority setting, rather than a mechanistic way to select alternatives.”15

While some of the chapters focus on more general issues of health policy and public health, others turn to more specific concerns. In Chapter Nine, Global Rhetoric and Individual Realities: Linking Violence Against Women and Reproductive Health, for example, Susannah Mayhew and Charlotte Watts look specifically at the issues of reproductive health and violence against women. They review the global attempts to reduce the horrific levels of different forms of violence against women. The authors cite figures indicating that, around the world, between twenty and fifty percent of women report having been physically assaulted by “an intimate male partner” at least once in their lives.16 Moreover, partner violence occurs in all countries, and transcends socio-economic and cultural boundaries. Of course, violence against women includes not only rape and sexual assault by partners, but also trafficking in women, forced prostitution, and violence and rape that is “perpetrated or condoned by the state, such as rape in war.”17 Violence against women is indeed universal. Recent studies indicate that in the United States, the leading cause of death of pregnant women is not complications of pregnancy itself, but murder.18

The authors’ discussion of the global debate on this issue is valuable and focused. They stress that the Reagan administration’s “hard right-wing line on population” forced the groups that would otherwise have focused on violence against women to align with groups promoting family

15. Id.
17. Id. at 160 (quoting WORLD HEALTH ORGANIZATION WHO/FRH/WHD/97.8, VIOLENCE AGAINST WOMEN (1997)).
planning, so as to prevent further restrictions on availability of contraceptive services.\(^\text{19}\) It seems that the same phenomenon is repeating itself now—the threat of limiting access to family planning and contraception, including abortion, diverts attention from the wider issue of violence against women in all settings.

Chapter 12, *Workers' Health and Safety in a Globalizing World*, by Suzanne Fustukian et al., addresses the important issue of occupational health. Most readers will recall that concerns about worker health were among the main rallying cries at the anti-globalization protests in Seattle. This is one of the most useful chapters in the book, and since it provides a survey of this important issue in just twenty pages, it is necessarily packed with information. The chapter begins with a review of the data on workers' health around the world and catalogs the causes of problems in this area. According to the authors, these causes include the lack of health and safety standards, the concentration of poor migrants in the most dangerous jobs, and the transfer of dangerous technologies to areas where there is little awareness of the dangers they pose, or where enforcement of existing standards is minimal. The use of female and child labor in the even less regulated informal sector puts them beyond the reach of international organizational efforts that usually target formal, export industries. Workers in developing countries are often particularly vulnerable to the practices of multinational and transnational countries that are deliberately targeting countries with a large labor force and poor regulation.

As one example of this problem, the authors cite the notorious Union Carbide disaster in Bhopal, India, in 1984. In that case, double standards in terms of design, equipment and maintenance, as well as deficiencies in operational practices, meant that the workers and surrounding population were put at significant risk. However, as the subsequent investigation showed, the Indian authorities were complicit in the low standards maintained by this subsidiary of a large multinational company. The authors describe how most low- and middle-income countries are content to leave labor standards issues up to the largely toothless International Labor Organization (ILO), rather than an organization such as the WTO, which has genuine “teeth.”\(^\text{20}\) These countries fear losing the industry altogether in a world where the multinationals are able to quickly shift their operations from one country to a more welcoming environment elsewhere.

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As should be evident from the earlier discussion, this book has much to say on many important topics related to global health. Nonetheless, it leaves much unsaid as well. There are several areas to which the editors might have usefully devoted some attention. For example, an examination of the attempts to agree on measures to improve the environment and slow global climate change, with particular attention to the politics around the Kyoto protocol, would have been welcome. So, too, would have been reviews of the attempts to set up a tribunal to hear accusations of war crimes and of the efforts to agree to a global ban on landmines. I would also have expected more on the changing roles of UN agencies, such as the United Nations Fund for Population Activities (UNFPA), and on the influence of U.S. domestic politics on reproductive health.

Although Lilani Kumaranayake and Sally Lake nicely cover the issue of patent protection and the impact of the WTO’s Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), a chapter devoted to the controversies surrounding pharmaceutical distribution, pricing, and access would have been a timely complement to Kumaranayake and Lake’s contribution. Other issues which are closely linked with globalization, but which are not covered in any depth, include the global trade in illegal drugs, trafficking in women, and international attempts to control the distribution and marketing of tobacco products. According to the WHO, by 2020, “tobacco use will cause over 12% of all deaths globally.” Moreover, “tobacco will cause more deaths worldwide than HIV, tuberculosis, maternal mortality, motor vehicle accidents, suicide and homicide combined.” The World Bank projects that “[i]f current smoking trends persist, the number of tobacco-related deaths worldwide will soar from 3 million a year today to 10 million a year in 2020, with 70 percent of the deaths occurring in the developing world.”

Given these staggering figures, this topic seems to be a significant omission from this important book.

But perhaps the most surprising omission is the absence of a chapter on the HIV/AIDS epidemic, which is not only the most important global health issue of our time, but also the issue that most embodies the


challenges raised by globalization. The HIV/AIDS epidemic has been affected by the ease of travel which allowed its spread to all corners of the globe; the international trafficking of women and children which facilitates sexual transmission of HIV and its penetration into new communities; the global mobilization around issues of access to treatment and medicines; and, most recently, the struggle for funding of HIV/AIDS initiatives which calls into question the role, and for some even the relevance, of the United Nations and its agencies in dealing with this pandemic.

Despite these omissions, what is here is a very useful and thoughtful collection of works on many of the most pressing global health issues of the day. The essays themselves are insightful, and the editors helpfully provide a policy framework to tie them all together. Globalization is here to stay; it is "the dominant material and social force of our time."23 This collection should prove valuable to those interested in following the implications of globalization for health and health policy, particularly in the developing world, as well as to specialists in international policy who want to know more about how globalization affects issues of public health. As globalization brings peoples from across the world closer and closer together, so too does it necessitate the bringing together of previously isolated academic and policy disciplines. This book, discussing many of the most important topics at the intersection of international relations, international political economy, and public health, helps to fill that need.