

**Global Health & Human Rights:
Working with the 20th Century Legacy**

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*'The 20th century was the most extraordinary era in the history of humanity, combining as it did unparalleled human catastrophes, substantial material improvement and an unprecedented increase in our capacity to transform, and perhaps to destroy the face of our planet - and even to penetrate outside it. How are we to look back on that 'age of extremes', or forward, at the prospects for the new era which has emerged from the old? What can historians contribute to this task? Their main function, apart from remembering what others have forgotten, or wish to forget, is to stand back, as far as possible, from the contemporary record and see it in a broader context and a longer perspective.'*¹

It is a great privilege to be invited to deliver this annual lecture, and to do so in the footsteps of so many distinguished scholars and activists. I thank the University and all who were involved with making the selection for this honor. I hope that what I have to say, while provocative and controversial, will be seen as a constructive contribution to the debate on issues that affects us all profoundly

I want to begin by affirming that I share the ideas alluded to in the quotation above and the notion that we are at another turning point in world history. Moreover, I shall argue that *choices are available* regarding how we could move ahead and that *we have the capacity* to shape the future. My purpose today is to provide a synoptic personal perspective on the 20th century legacy of global health and human rights and to make some suggestions for ways to move forward.

1900 - 1980

At the beginning of the 20th century world population stood at about 1.5 billion people and life had improved greatly for many over recent centuries as a result of the agricultural and industrial revolutions. To give just one example between 1700 and 1940 the annual mortality rate from tuberculosis in the England and Wales had fallen from 500 per 100,000 people to about 50 per 100,000. The infectious agent *Mycobacterium tuberculosis* had been identified by Robert Koch in 1882, but the first drug for treating tuberculosis was only discovered in 1943. So the dramatic reduction in mortality from this dreaded disease was justifiably attributed to the improved living conditions and nutritional status of the population. In the early 1900s the world was also at relative peace. National sovereignty was recognized and no mechanism yet existed for external intervention when states harmed their own citizens.

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Wars, destruction and reconstruction

It seemed unpredictable in the early years of the 20th century that the next few decades would be characterized by two devastating world wars and a major economic depression. Terrible human suffering, genocidal activities and dehumanization associated with these events, together with devastation of the global economy, destabilized the world, and reminded us of the depths to which humans can fall.

It also became clear that the relatively free economic practices of the 19th century could not continue and that there was a need to rebuild the economy. Within a few years after WW II ended newly designed social structures were in place that would facilitate economic reconstruction in war torn countries and improve the lives of many. Job creation, the provision of social services, that included access to education and health care, pensions and other social security arrangements, promoted growth of the economy and further catalyzed the industrial, scientific and medical progress made possible by enlightenment thinking. The unrestrained market that characterized the 19th century global economic world was replaced by a set of well designed constraints to ensure that the financial system was moderated and not allowed to focus entirely on the pursuit of profit without any concern for redistribution. The tax systems imposed were progressive and ensured that sufficient resources were accrued by governments to develop and sustain the social services and infrastructure required to allow people to reach their potential and be productive workers.^{2 ii}

Following the Universal Declaration of Human Rights in 1948, several covenants extended the power of the Declaration and international law was progressively strengthened to facilitate the legal implementation of rights. These post-war social, economic and legislative advances greatly improved the lives of millions of people, not only in Europe, Japan and the less severely affected USA that led the way through its New Deal in creating a thriving American middle class, but also in low income countries.

1980s: a turning point

A turning point came in the late 1970s when neo-liberal economic policies, promoted by Margaret Thatcher and Ronald Regan and embodied in the Washington Consensus, were systematically institutionalized in global economic practice (New Constitutionalism).^{3 4} Policies of de-regulation, privatization and liberalization resulted in widely acknowledged progress through this new wave of globalization that allowed greater freedom for corporations and financial institutions. Such progress included enhanced economic growth, major advances in science, technology and medicine, as well as improvements in the speed and efficiency of communication and transportation.

ⁱⁱ From 1944- 1964 the top marginal tax rate in US was 80-90%. This dropped progressively to 50% in 1980 and to 28% in 1988 (the Regan years), rose to 39% in the Clinton years and fell to 35% under George W Bush. It is noteworthy that economic growth rates were not adversely affected either in US or in Canada during times of high marginal tax rates.

The wealthiest 20% of the world's population were the main beneficiaries and the size of the middle class increased globally. However, major debts in low income countries, incurred through ambitious but failed 'development' projects (fuelled by the vast resources available to wealthy countries from the oil glut), had severe deleterious effects. The implementation of policies of privatization, liberalization and restrictive budget cutting in low-income countries deepened poverty by stunting economic growth, fostering greater unemployment, and progressively undermining funding of public investment. Structural adjustment policies driven by the IMF and World Bank enforced "lowering or eliminating of trade barriers and tariffs... privatizing public utilities and state-owned businesses, limiting production to only one or two major exports, and eliminating their controls on currency and capital ...weakened the ability of the state to assist domestic industry or provide the needed public services".⁵

Serious consequences ensued for "development" and public health, with consequent widening disparities in wealth and health. Life expectancy began to fall in poor countries while continuing to rise in wealth countries. Disparities in the mortality rate of < 5 year olds widened and today ranges from 3 per 1000 live births in Sweden to over 260 per 1000 live births in Sierra Leone. Similarly disparities in maternal mortality rate widened and now range from 1 in 7 to 1 in 11,000 pregnancies.ⁱⁱⁱ About 18 million deaths (1/3 of all deaths each year) are due to poverty-related causes. Annual per capita expenditure on health care ranges from less than \$15-20 in the poorest countries (2 billion people) to over \$7000 in the wealthiest country (300 million people), and almost all health care systems have become distorted, dysfunctional and unsustainable.

The world at 2000 and the global health legacy of the 20th Century

By the beginning of the 21st century entropy in many global systems was becoming more obvious than had previously been recognized and acknowledged. Signs of such entropy included the recrudescence of many infectious diseases at a time when it seemed that these had been largely conquered. Over 30 new viral diseases emerged in the latter part of the 20th century, with HIV (in the 1980s) having the highest profile followed by SARS (in 2003). It became increasingly appreciated that humanly-structured adverse living conditions, leading to people and animals living in close proximity, had allowed organisms to jump species and give rise to new zoonotic diseases. In addition the emergence of multi-resistant strains of Mycobacterium tuberculosis, Malaria, Staphylococci and other organisms revealed the tragedy of excessive use of antibiotics in animal farming and the failure of health care systems to use antibiotics with prudence.

The demographics of disease and disease patterns have also been changing. Population growth, rapid urbanisation due to disruption of rural life, more homeless refugees fleeing from war-torn zones into urban centres (with poor sanitation and inadequate access to energy and clean water), and epidemics of obesity, type II diabetes, vascular disease, HIV/AIDS and severe injuries, add to the problems associated with ageing populations.

ⁱⁱⁱ It is sad to note that in South African despite an enlightened peaceful transition from Apartheid to a Democracy (with a human rights- based constitution), and significant economic growth, maternal mortality increased from 150 per 100,000 pregnancies in 1998 to 625 per 100,000 in 2007.

Other signs of systems entropy, beyond health care systems, included the crises in education, energy, water and food security, and of course the most recent global economic crisis that has been evolving since 2008.

By 2000 the top 20% of the world's people were over 80 times richer than the bottom 20% (compare 9 :1 in 1900) and about 40% were living on less than \$2 per day under miserable conditions with minimal access to even the most basic advances that have been made in medicine. By 2000 over forty developing countries had per capita GDPs below those of 10-25 years earlier, and 71 others experienced growth of only 0-3%. In sub-Saharan Africa the share of global merchandise exports fell from about 4.5% in 1980 to about 1.4% in 2000. At present over 2.5 billion people lack access to basic sanitation; 2 billion are deprived of access to essential medicines, more than 1 billion are chronically undernourished and 884 million lack access to safe water.

Disjunction between economic growth^{iv} and advances in science, technology, medical care and the ability to use these advances to improve health more widely is associated with a global economic system that has been turned into a `casino` economy. In such an economy the pursuit of profit devalues people and their labour, turning them into consumers and commodities. These trends have long been seen as the `writing on the wall` regarding the potential for expanding economic and social disasters.^{6 7 8} Stephen Gill and Isabella Bakker have labeled these multiple, deep and interlinking crises as components of an `organic global crisis.`³

The Human Rights Legacy of the 20th century

Since the visionary promulgation of the UDHR in 1948 (at that time world population was 2.44 billion) Human Rights has become a "new standard of civilization" for judging nations. Many successes have been achieved in the application of Human Rights as an enlightened concept that includes a range of rights for individuals and collectives that could enhance freedom and flourishing. Increasing institutionalization of human rights into law has provided mechanisms for challenging abuses and for punishing perpetrators of such abuses. These successes, many well known, are acknowledged and will not be further discussed here.

Inadequate Achievements of Human Rights

While noting that the Human Rights endeavour has had many successes, and accepting its potential to achieve much more, we need to be reminded that: i) the scope of Human Rights remains hotly debated; ii) there has been considerable hypocrisy in the application of human rights; iii) the idea of rights being inalienable and indivisible has been eclipsed by the highest profile being given to civil and political rights with relative neglect of social, economic and cultural rights; iv) the network of duties that are co-relative to rights and form part of the conceptual logic of rights has been underemphasized and, v) major

^{iv} According to World Bank statistics global annual income, measured in purchasing power parities, increased from just under \$25 trillion in 1990 to over \$72 trillion in 2009

failures in achieving even basic human rights for whole populations have ensued from neglect of systems forces,⁹ consideration of which would take us beyond infringements of the rights of identifiable individuals.

System failures that foster human rights abuses include widespread perpetuation of poverty through deliberately constructed economic policies, genocides that have received too little attention too late (e.g in Bosnia, Rwanda and Darfur), and destruction of the environmental commons on which we all depend. These systems forces are inadequately acknowledged and indeed are denied by many. Sadly the United Nations Human Rights Council, now heavily populated with representatives from countries that systematically violate human rights, is itself preventing the more widespread achievement of rights.¹⁰

Despite many successes attributed to the Human Rights endeavour there is also a need to acknowledge the limits of `Rights` language and to expand the discourse to include a language of `Needs`. As Michael Ignatief pointed out several decades ago:

*“Rights language can meet some needs but not all... For example the need for respect and consideration, fraternity, love and belonging that engender a sense of worth...Rights language offers a rich vernacular for the claims an individual may make **on or against the collectivity** but it is relatively impoverished as a means of expressing the individual’s **need for the collectivity**. It is because fraternity, love, belonging, dignity and human gestures which confer respect, cannot be bought, nor rights guarantee them as entitlement, that any decent society requires a public discourse about...human needs.”*¹¹

It is arguable that although not as much has been achieved as hoped for, Human Rights remains a powerful concept with considerable potential for improving lives globally.¹²

Global Health

It is in the context of widening disparities in health, and failure to achieve human rights more extensively that interest has grown on the topic of public health within nations and global health more broadly. More accurately the interest was initially in international health - described as health across regional or national boundaries and on the provision of health care assistance in one form or another by health personnel or organizations from one area or nation (usually northern and wealthy nations) to others (usually southern and poorer nations).¹³ Global Health goes beyond international health to include acknowledgment of poverty, even within wealthy countries, recognition of the lack of geographic or social barriers to the spread of infectious diseases, and the relevance of interconnectedness of all people and all life on a threatened planet.^{13 14} Many of the new departments and Centers of International Health in North American Universities have changed their names to Centers of Global Health without appreciating the difference.

Global health can be described as the science and art of preventing disease, prolonging life and promoting physical and mental health through *organized global efforts* for the maintenance of a safe environment, the control of communicable disease, the education of individuals and whole populations in principles of personal hygiene and safe living habits, the organization of health care services for the early diagnosis, prevention and

treatment of disease, and attention to the societal, cultural and economic determinants of health that could ensure a standard of living and education for all that is adequate for the achievement and maintenance of good health. Global health is thus concerned about health in a world characterized by spectacular medical advances and major growth of the economy, aggravation of wide disparities in health and well-being by powerful social forces and the challenge of narrowing disparities in health.^{13, 14 15 16}

Metaphors for Global Health

It has been suggested that there are at least five metaphors that can be applied to global health.¹⁷ *Global health as foreign policy* is driven by political motives with a view to pursuing strategic interests and economic growth. *Global health as security* seeks to protect local populations against infectious diseases and bioterrorism. *Global health as charity* focuses on 'victims' and addresses issues of poverty and disempowerment. *Global health as investment* is focused on those whose improved health could maximize economic growth. *Global health as public health* is aimed at decreasing the global burden of disease and focuses on those diseases that constitute the largest proportion of this burden. The authors acknowledge that while there is much overlap in how these are applied, the policies that will be pursued (by the US and other powerful groups) crucially depend on which metaphor is dominant.¹⁷

Paraphrasing Richard Lewontin in his book 'Biology as Ideology'¹⁸

'...global health is thus a social concept about which there is a great deal of misunderstanding, even among those who are part of it. Those who work on global health view the topic through a lens that has been moulded by their social experience...'

Explaining the adverse state of global health in light of scientific, technological, and medical advances and unprecedented economic growth

When the *global economic meltdown* began in 2008, this came as no surprise to some wise scholars of economics. For example John Kenneth Galbraith, in his mid-twentieth century books 'The Affluent Society'⁶ and 'The New Industrial State'⁷, articulated the view that individualism, unlimited wants, self-interest, and a concept of rationality confined to what could be measured and calculated, were the myths underlying dominant economic theories, and that pursuit of these had the potential to cause global instability. While such insights had escaped many professors of economics in prestigious Universities and global institutions, some like Robert Heilbroner,¹⁹ Joseph Stiglitz,²⁰ Stephen Gill,²¹ Paul Krugman²² and others have also recognized what John Kenneth Galbraith²³ understood as the *serious imperfections of the economic theories propagated and linked to justify the free market* and present day unconstrained finance capitalism, now more widely recognized as having produced disastrous results.²⁴

In brief it would seem that the much needed shift from oppressive, hierarchical, social control systems to individualism (that has characterized the much admired and enlightened liberal tradition for two centuries) has evolved into a form of *hyper-*

individualism associated with increasing erosion of the sense of solidarity and community required to sustain individuals optimally within the societies from which they spring or are connected. This erosion is not only evident at the level of large populations (the USA is a prime example), but also within smaller groupings such as the professions. This shift is associated with a market-based, consumerist ideology that pervades all aspects of life, and has led to individuals and nations having endless short-term expectations and entitlements that result in living beyond their means.

As a result of the current global economic crisis many families have lost their homes and most nations now have larger debts than they can easily sustain.^{24 25} *Corporate goals have come to dominate in life generally and in health care specifically.*^{26 27 28} Within the professions, greed and personal aspirations increasingly eclipse professionalism. The idea of living a life in which there is place for least some degree of self-control and austerity has seemingly been eclipsed.

*A restricted concept of `freedom` as freedom to` (liberty) that focuses on narrow and short-term self-interest does injustice to the concept of freedom that should also include freedom from` want, that requires a sense of obligation, duty and commitment in association with individual liberty. Private (consumer) goods are increasingly viewed as having priority over essential public goods, such as education and healthcare. Over-emphasis on `science` and on making new technological advances as **the** solution to all problems undermines the value of existing knowledge and neglects the need for wisdom in the application of sciences.*

Following the example of wise economists, thoughtful philosophers have also expressed concern about the excesses associated with life today. For example Mark Kingwell wrote in 2000

*It is no exaggeration to say that the value of individual autonomy, which we have over centuries carved out of the hierarchies and tyrannies of earlier ages, is on the verge of self-defeat as we enter this new century. Without a background of commonality, without some form of civic responsibility, autonomy degenerates into mere special pleading. Without a strong notion of commitment to other people and our shared undertakings, without a sense we are together creating a just world, a world not ruled by cheap acceptance of inevitability or the easy superiority of wealth, our hard won individualism loses its deeper significance. It becomes a victory without genuine spoils, personal comfort not only restricted in number to the very luckiest few but also cramped in scope, bereft of meaning. This is a luxury with no objective beyond itself, freedom minus any sense of direction.*²⁹

Working on the global forces that adversely affect health and well-being

Two questions need to be posed and answered. The first is: how could we change the conditions under which we live – that is to shift the paradigm of thinking and action that drives the world? The second is: do we have the intellectual and financial potential to reverse current trends and to make significant progress towards improved health for all?

Changing the paradigm within which we think and act

Following a medical approach, the first step is to make a diagnosis. Accepting the diagnosis offered here requires that we move beyond denial of the facts, no matter how unpleasant these may be, and acknowledge that system entropy is in progress. Then we should seek to understand the processes (patho-physiology) through which this situation has arisen. Such insights could lead to perceiving the contribution made by distortions of our value system, acknowledging that the global political economy is based on false premises^{3 30} and taking the even more difficult step of appreciating the importance of interdependence of all lives globally.

Arriving at this point places us in a position to evaluate potential prognoses and consider possible scenarios for the future. Research and modeling based on factual information could lead to innovative interventions and attempts to test these (through thought experiments or computer modeling), and to ascertaining time frames within which action could be taken. Alternative Grand Challenges could be formulated and funding sought for promotion of ambitious multidisciplinary research to seek potential solutions to complex systems dysfunction.

These processes will require deep introspection about our values and of the quest for health within the limits of life, medicine and entitlement. New thinking is required, not in an 'either`or' framework but within an expanded and more embracing explanatory framework. For example we should think of:

- Health as not merely bio-medical but also as inclusive of its being determined by psycho-social, economic and political forces.
- Human Rights as applying not only to individuals, but also to collectives and with due consideration of both rights and responsibilities.
- An expanded notion of freedom beyond the notion of `freedom to` (do), to include `freedom from` (want).
- Changing the notion of sustainable development to that of `developing sustainability`.
- Extending the pursuit of knowledge to include wisdom in the application of knowledge

Reflection and academic discourse on such issues could act as bridges to progress. We know what needs to be done, but can we engage the challenges?

Do we have the intellectual and financial potential to reverse current trends?

No matter how hopeless the situation may seem to be, we need to retain an element of optimism. This could be based on confidence in our ingenuity, in our potential for wisdom in the application of knowledge and on more restrained and judicious use of the material resources available to us. The history of progress sheds light on incredible human ingenuity in solving seemingly un-surmountable problems – organ transplantation,

space travel, data storage and transmission, sophisticated non-invasive medical diagnostic systems, keyhole surgery, unraveling the human genome and many more.

In the same way as the global economy was transformed between 1945 and 1980 and again from 1980- 2008, it should be possible for us to transform it yet again. Attention not merely to economic growth but to greater fairness in the generation and distribution of resources (including review of tax havens and tax avoidance mechanisms) through placing higher value on skilled work (rather than on manipulative financial acrobatics) and a re-setting of expectations within the limits of our planet's carrying capacity could allow resuscitation of respect for the dignity of the life and work of many.

There is no shortage of resources. World GDP increased from \$ 1.2 trillion in 1960 to \$1.6 trillion in 2000 and to \$ 59.6 trillion in 2008 (See also footnote iv). The fact that we are unable to raise the $\frac{3}{4}$ trillion required for Millennium Development Goals, while over \$17 trillion was found to bailout banks and other financial organizations reveals the poverty of our choices rather than a shortage of resources.^{3 4} The fact that billions of dollars continues to be paid in subsidies to oil companies who are making vast profits is an example of the obscenity of current financial practices.³¹

Working with the legacy of Human Rights

Adding a systems perspective to understanding and pursuing Human Rights abuses

The *perpetrator perspective* on human rights abuses is well documented and has been intensely pursued. It focuses on moral failure and perversity of (bad) individuals, thus uncoupling individual immoral acts from institutional responsibility, and it embraces countermeasures designed to change individual behavior. This approach has many advantages that include: i) acceptance that free individuals must be responsible for their choices and failings, ii) the possibility that punishment could serve as a deterrent, and iii) satisfaction from blaming identifiable perpetrators. Weaknesses of this approach are that it fails to protect individual and collective human rights on a large scale, and that by emphasizing abuse of civil and political rights the indivisibility of rights (that include social, economic and cultural rights) is neglected.⁹

In order to understand why widespread abuses of HR persist globally more than 60 years after promulgation of the UDHR, we need to acknowledge that this failure is to a very considerable degree related to the systems forces alluded to above. Paul Farmer reminds us that

*'Human rights violations are not accidents; they are not random in distribution or effect. Rights violations are, rather, symptoms of deeper pathologies of power and are linked intimately to the social conditions that so often determine who will suffer abuse and who will be shielded from harm.'*³²

By adding *a systems perspective* the focus can be extended beyond individuals to include the causal origins of human rights abuses in socially shaped, upstream systems, structures and processes. These include the global political economy and the way it has been

developed and propagated through the ideology of neo-liberalism, its entrenchment within the Washington Consensus and implementation through locking such new policies into legal space (the New Constitutionalism).^{3 4 5}

Attention should be directed to the implications of corporate Rights that enable a corporation to be legally viewed as a `persona`. This allows them to abuse these rights, as corporations are not constrained in the same way as individuals.³³ Commodification and commercialization of life, health care and medical research within the neo-liberal agenda further aggravate disparities in health and well-being and contribute to the still evolving economic crisis. As if this were not enough, the extent of corruption in business and politics,³⁴ and the ways in which despotic leaders are aided and abetted by powerful nations, sustains failed states and weak democracies.³⁵ Some religions and semi-legitimate states also contribute to widening disparities in wealth and to systematic undermining and abuse of human rights.

A systems approach draws attention to social and economic rights that are included in the UDHR as part of a mosaic of indivisible and inalienable rights. There is wide and growing consensus on the validity of such rights and the responsibilities of States to their citizens as evidenced by an extensive literature. Many complexities remain in building the counter measures required for system level defenses and to avoid reciprocal devaluation of lives through economic and other policies that have associated genocidal effects.

Conclusions

If we can accept that we are in the midst of a complex `global organic crisis` that poses threats at many levels,³ and that many of these are of human making,^{3 4 36 37} then we could begin to use our considerable human ingenuity and material resources to shape a future in which global health disparities will begin to narrow and in which human rights will be much more widely respected and implemented. Whether we have the will or the time to achieve such goals is open to question given the pace at which some of the crises we are facing are spinning out of control. However, it is fair to conclude that it is incumbent on us to make the effort and to do so with some hope that we could make significant progress. The matter is urgent and we should take courage from the record of overcoming crises in the past.

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