Are the Marginalized the Slag-Heap of Economic Growth and Globalization? Disparity, Health, and Human Rights

Kris Heggenhougen

hose concerned with health and human rights must be poignantly aware of the growing pauperization of the world and of global forces that disastrously affect the everyday lives of people in local communities. We know full well that people's political, economic, social class, and human rights situations, and the degree to which they can live with dignity, are directly reflected in epidemiological patterns. ¹ Thus, the ever-growing disparity evident both within and between countries, as well as the extending "underbelly" of globalization, caused by commerciogenic pathologizing forces of unbridled capitalism—that is, forces from the practice of extreme forms of commerce resulting in illness and disease running roughshod over democratic principles and human welfare in the pursuit of growth and profits, have dire health consequences not only for the most disenfranchised but for us all.2

Poverty and health are of course negatively interrelated. But it has been argued that it is the degree of disparity within a country, more than the overall degree of wealth as measured by GNP per capita, that is the significant factor influencing overall health status.³ This explains not only the positive health indicators for rich countries such as Japan and the Scandinavians, which have modest income differentials, but also why relatively poor but more egalitarian countries have better health indicators than those considerably richer but

Kris Heggenhougen, PhD, is an associate professor of medical anthropology at Harvard Medical School. Please address correspondence to the author at the Department of Social Medicine, Harvard Medical School, 641 Huntington Avenue, Boston, MA 02115, USA.

HEALTH AND HUMAN RIGHTS

with greater internal disparity.4

This century has seen tremendous progress in the field of public health: increased childhood immunization and significantly decreased infant mortality rates; increased life expectancy, by decades in some places; and, though still requiring attention, a substantial reduction in the threat of infectious diseases—the eradication of smallpox being an outstanding example. But while we should duly note these accomplishments, we must not only recognize the re-emergence of "old" diseases, such as TB, and the emergence of new ones, such as HIV/AIDS, which are wreaking havoc with past progress (making the public health situation in most countries far from bright, and, in some, even reducing life expectancy), but we must question how and why they are (re)emerging at this time and why they are concentrated in certain population groups.

We must ask: *Why* are people sick? and: Why are *these* people sick? These are paramount questions for health research. The immediate answers, no doubt, point to viruses, bacteria, parasites, and other infectious agents, as well as to diverse sources of stress including war and civil strife, domestic violence, and malnutrition. But we cannot ignore the wider ecological context of people's lives, which places people "at risk for the risks" of being affected by a range of noxious agents.⁵ Widening disparity, which, in effect condemns more and more people to the ranks of the marginalized and to the abyss of poverty, constitutes a fundamental risk.⁶

Are the marginalized the slag-heap of economic growth and globalization? The evidence is mounting that widening disparity, and the consequent relegation of more and more people to societies' margins, are the negative consequences of globalization. Examples can be found to show the benefits of globalization—in a few instances, even for the poor—such as improved communication facilitating education and provision of information, including preventive and curative health education; globalization also means that human rights abuses may become immediately known to the world community. But much of the evidence points in the opposite direction: to the damaging effects of globalization, especially on the lives of the poor. According to the United Nations Development Program (UNDP), "the accelerating process of

globalization is expanding global opportunities without distributing them equitably. The playing fields of globalization more often than not slope against the interests of people and countries."⁷ The North American Committee on Latin America makes an even stronger statement: "Globalization has become associated . . . with corporate profit, growing income concentration, the decline of workers' rights, environmental degradation, and increased corporate power."⁸

The recent violence in Indonesia, exacerbated by the tripling of the population now living in poverty to 60%, is but one of the most visible and volatile consequences of an economic system gone awry. The disintegrating economic situation has allowed simmering ethnic and religious animosities, which last flourished in the 1960s, to once again come violently to the fore. Though perhaps less immediately apparent elsewhere, overall figures on the growth of disparity in most parts of the world are frightening. At least they *should* frighten us, since they mark incredible suffering and inevitable social and political disruption.⁹

According to the UNDP, "The 350 largest corporations now account for 40% of global trade." Yet from 1982 to 1992 these and other large firms laid off hundreds of thousands of workers, swelling the ranks of the unemployed each year despite increases in corporate earnings, or perhaps even because of them. Increased corporate efficiency, sophisticated technology and "cost-effectiveness" have led to profits at the expense of workers' jobs. This process may also be seen in the replacement of "expensive" workers' jobs in industrialized countries with cheap labor in developing countries. In industrialized countries, "unemployment has soared to levels not seen since the 1930s, and income inequality to levels not recorded since the last century."

Mega-corporations make up 50 of the 100 largest economic entities in the world, while countries make up the rest. ¹² According to Laxer, "Global citizenship rights for corporations enables them to escape obligations to country. The implicit threat is: Bring in strict anti-pollution regulation . . . or higher minimum wages, and we the corporation will move out. You the wage earners and citizens who voted for such policies will be left hurting. Not us: we are mobile and responsible to shareholders, not com-

munities. Global corporate-citizenship rights enhances the trans-nationals' ability to use blackmail to discipline democracies."¹³ The UNDP states the same concept in more moderate language: "national governments go out of their way to attract foreign direct investment by offering to relax labour or health standards, [which] will hurt the poor and set off a 'race to the bottom' that will lower standards worldwide."¹⁴

The economic gap between the top and the bottom 20% of the world population, which was 30 to 1 in 1960, grew to 82 to 1 by 1995 and continues to widen. The UNDP reports: "The least developed countries, with 10% of the world's people, have 0.3% of world trade—half their share two decades ago." 16

In most countries the number of the poor has increased, and in sub-Saharan Africa and Latin America the proportion of the poor has also increased; in Asia, events within the last year point to a significantly growing poverty rate there as well.¹⁷ At least one-fifth of the world's population lives in absolute poverty, surviving on U.S.\$1 or less a day. Seventy percent of people living in absolute poverty are women. Indigenous communities suffer poverty at rates far above national poverty rates.¹⁸ There are an estimated 100 million street children worldwide.¹⁹

The gap is also widening within most countries. Brazil is but one of the most noticeable examples. As the UNDP reports, "In Brazil the poorest 50% of the population received 18% of national income in 1960, falling to 11.6% in 1995. The richest 10% received 54% of national income in 1960, rising to 63% in 1995."²⁰ The health consequences of these statistics are enormous. For example, the life expectancy in the northeast of Brazil, which contains the greatest concentration of the poor, is 17 years less than in the prosperous south.²¹

The trend is occurring worldwide, not only in developing countries. Fernandez notes: "From 1979 to 1989 the income of the poorest 20% of all families [in the U.S.] fell 10% while that of the richest 1% of families increased 105%."²² The gap continues to widen in many industrialized countries: "New Zealand, the United Kingdom and the United States all experienced good average growth between 1975 and 1995—yet the proportion of the people in income poverty rose."²³

The number of people in the world with a fortune greater than U.S.\$1 billion climbed from 145 in 1987 to 358 in 1994—including quite a number from developing countries.²⁴ According to the UNDP, "New estimates show that the world's 225 richest people have a combined wealth of over \$1 trillion, equal to the annual income of the poorest 47% of the world's people (2.5 billion)."²⁵ 225 individuals equated to 2.5 billion people—something is wrong!

Without attacking capitalism as such, a few voices from all sides of the political spectrum are now beginning to raise the alarm. They declare that an economic system insufficiently tempered by human rights concerns and democratic principles, and causing the marginalization of larger and larger groups of people, must be amended. Failure to do so will mean even more ill health and deprivation for those at societies' margins. Most people may not be swayed by such an ethical argument—essentially an argument that "in the good society there cannot, must not, be a deprived and excluded underclass"—nor may they be particularly concerned with the creation of "the good society" in the first place. But the argument that inaction will also have a much wider consequence—the creation of a breeding-ground for pandemic violence—might find more receptive audiences.

Within the last decade, one of the voices urging such an amendment has been that of the UNDP. With its yearly Human Development Reports it has consistently called for a shift in emphasis away from an undifferentiated concern for economic growth to a prioritization of human rights and equity parameters. Another, surprisingly to some, is no less a personage than Pope John Paul II (much criticized in some circles for his conservatism), who has recently spoken out against an economic system which appears to be out of control, littering the world with its victims. In December 1998 he said, "The human race is facing forms of slavery which are new and more subtle than those of the past. . . . And for far too many people, freedom remains a word without meaning.... International institutions, national governments and the centers controlling the world economy must all undertake brave plans and projects to insure a more just sharing of the goods of the world."28 Archbishop Barragan of the Vatican has spoken even more poignantly: "Now we have a neoliberalism in which the poor get poorer and the hungry are marginalized. There has to be something besides the free market."²⁹

In many of her recent statements, Mary Robinson, the former president of Ireland and the current UN High Commissioner for Human Rights, has stated that because she is passionately concerned about human rights she has started to emphasize economic, social, and cultural rights. The message is clear: without social and economic rights there is no chance for civil and political rights. The growth in disparity is a most formidable foe of social and economic rights, and, concomitantly, of civil and political rights.³⁰

The UNDP reports: "In Brazil in 1971–89, real GNP per capita grew by 3.3% annually, but the income of the poorest 20% grew by only 0.8%. In 1968–88 in the United Kingdom, GNP per capita grew by 2.2%—the income of the poorest 20% by only 0.3%. Sweden also had 2.2% growth in that period, but the income of the poorest 20% grew by 6.3%."³¹ But the industrialized and relatively homogenous Sweden does not provide the only example of a recent reduction in income disparity. Between 1970 and 1990 in Ecuador, the overall GNP per capita grew by 2.5%, but the per capita income of the poorest 20% grew by almost 7%. Similar trends could be seen in Malaysia and India and particularly in Costa Rica.³² It is possible. And social policies, national and international, can make it so.

Growing marginalization is not inevitable. People don't have to be "set apart" or pushed to the margins; interventions can be made, and examples of successful ones can be found at local, national, and international levels. Interventions do not necessarily imply the elimination of large enterprises, but rather the democratic establishment of effective and enforceable national and international laws and safeguards to protect the welfare of labor and of the general population. We have examples of large corporations that are environmentally responsible and concerned with workers rights; Reebok and Levi-Strauss have shown signs of wanting to be among them. But these examples need to be multiplied and strengthened—significantly strengthened, especially in the face of powerful contravening forces.

Whether we call it disparity, functional apartheid, or

structural inequality, the process of marginalization constitutes violence of a terrible kind, one that directly affects the health of the public. While we should and must be outraged at the atrocities in Rwanda, the Sudan, and Kosovo and the killings of street children in Brazil, Colombia, and Guatemala—such atrocities are all too frequent—we should be equally outraged at the widespread though less immediately personal violence and breaches of human rights involved in the insidious forms of structural violence that condemn an increasing number of people to lives of misery.

Combating the growing divide that separates us must, in the face of current realities, be the primary work of health and human rights. A health transition, at least one of any positive consequence, depends on such a focus, on an examination of the root causes of inequity and the growing pauperization of the world.³³

References

1. The following are but a few examples from the vast literature linking political, economic, social class, and human rights protections with health and epidemiological patterns: M. T. Bassett and M. Mhloyi, "Women and AIDS in Zimbabwe: The Making of an Epidemic," International Journal of Health Services 1991, 21(1): 143-56; G. R. Campbell, "Political Epidemiology of Infant Mortality: A Health Crisis among Montana American Indians," American Indian Culture and Research Journal 1989, 13(3-4): 105-48; A. J. Coale, "Excess Female Mortality and the Balance of the Sexes in the Population: An Estimate of the Number of 'Missing Females,'" Population and Development Review 1991, 17(3): 517-23; M. Das Gupta, "Life Course Perspectives on Women's Autonomy and Health Outcomes," American Anthropologist 1995, 97(3): 481-91; L. Doyal, What Makes Women Sick: Gender and the Political Economy of Health (New Brunswick: Rutgers University Press, 1995); L. Doyal and I. Pennell, The Political Economy of Health (Boston: South End Press, 1981); P. Farmer, "On Suffering and Structural Violence: A View from Below," Daedalus 1996, 125(1): 261-83; P. Farmer, S. Lindenbaum, and M.-J. Good, "Women, Poverty and AIDS: An Introduction," Cultural Medicine and Psychiatry 1993, 17(4): 387-97; P. Farmer, M. Connors, and J. Simmons, Women, Poverty and AIDS: Sex, Drugs, and Structural Violence (Monroe, ME: Common Courage Press, 1996); R. H. Green, "Politics, Power and Poverty: Health for All in 2000 in the Third World?" Social Science and Medicine 1991, 32(7): 754; M. G. Marmot, M. J. Shipley, and G. Rose, "Inequalities in Death: Explanations of a General Pattern?" Lancet 1984, 334(8384): 1003-6; T. McKeown, The Role of Medicine (Oxford: Blackwell, 1979); D. Sanders and R. Carver, The Struggle for Health: Medicine and the Politics of Underdevelopment (London: MacMillan, 1985); N. Scheper-Hughes, "Infant Mortality and Infant Care: Cultural and Economic Constraints on Nurturing in Northeast Brazil," Social Science and Medicine 1984, 19(5): 535-46; N. Scheper-Hughes, Death Without Weeping: The Violence of Everyday Life in Brazil (Berkeley: University of California Press, 1992); N. Scheper-Hughes, "Small Wars and Invisible Genocides," Social Science and Medicine 1996, 43(5): 889-900; A. Sen, "Mortality as an Indicator of Economic Success and Failure," Economic Journal 1988, 108(446): 1-25; A. Sen, "Quality of Life and Economic Evaluation," Academia Economic Papers 1997, 25(3): 269-316; M. Singer, F. Valentin, H. Baer, and Z. Jia, "Why Does Juan Garcia Have a Drinking Problem? The Perspective of Critical Medical Anthropology," Medical Anthropology 1992, 14(1): 77-108; D. Werner and B. Bower, Helping Health Workers Learn (Palo Alto, CA: Hesperian Foundation, 1982), pp. 1–12; C. Vlassoff, "Gender Inequalities in Health in the Third World: Uncharted Ground," Social Science and Medicine 1994, 39(9): 1249-59; World Health Organization, Apartheid and Health (Geneva: WHO, 1983); World Health Organization, Apartheid and Mental Health (Geneva: WHO, 1984); A. Zwi and A. Ugalde (eds), Social Science and Medicine 1989, 28(7) [Special Issue on Political Violence and Health in the Third World].

- **2.** W. Greider, *One World, Ready or Not: The Manic Logic of Global Capitalism* (New York: Simon and Schuster, 1997); J. Millen, J. Kim, J. Gershman, and A. Irwin (eds), *Dying for Growth* (Monroe, ME: Common Courage Press, in press); United Nations Development Program, *Human Development Report 1997* (Oxford: Oxford University Press, 1997); D. Werner, Healthy Profits in a Dying World: The Man-Made Causes of Poor Health, presentation at Takemi Forum on International Health, Harvard School of Public Health, 25 October 1990.
- 3. P. O. Agbonifo, "The State of Health as a Reflection of the Level of Development of a Nation," Social Science and Medicine 1983, 17(24): 2003–6; S. Halstead, J. Walsh, and K. Warren, Good Health at Low Cost: Proceedings of a Conference Held at the Bellagio Conference Center, Bellagio, Italy, April–May 1985 (New York: Rockefeller Foundation, 1985); M. D. Morris and F. B. Liser, "The PQLI: Measuring Progress in Meeting Human Needs," Urban Ecology 1978, 3: 225–40; UNDP (see note 2).
- **4.** Agbonifo (see note 3); Halstead et al. (see note 3); Morris and Liser (see note 3); UNDP (see note 2).
- **5.** B. G. Link and J. Phelan, "Social Conditions as Fundamental Causes of Disease," *Journal of Health and Human Behavior* 1995, Extra Issue: 80–94. **6.** P. Farmer, *Infections and Inequalities* (Berkeley: University of California Press, in press); S. Zierler and N. Krieger, "HIV Infection in Women: Social Inequalities as Determinants of Risk," *Critical Public Health* 1998, 8(1): 13–32.
- 7. UNDP (see note 2), p. 91.
- **8.** North American Committee on Latin America, "In Pursuit of Profit: A Primer on the New Transnational Investment," *NACLA Report on the Americas* 24(4): 10.
- 9. R. Desjarlais, L. Eisenberg, B. Good, and A. Kleinman, World Mental Health: Problems and Priorities in Low-Income Countries (Oxford: Oxford University Press, 1995).
- 10. UNDP (see note 2), p. 92.
- 11. UNDP (see note 2), p. 82.

- **12.** UNDP (see note 2), p. 92.
- **13.** G. Laxer, "Social Solidarity, Democracy and Global Capitalism," *CRSA/RCSA* 1995, 32(2): 298–99.
- 14. UNDP (see note 2), 90. See also R. J. Barnet and J. Cavanaugh, Global Dreams: Imperial Corporations and the New World Order (New York: Simon and Schuster, 1994); R. Broad and J. Cavanaugh, "Don't Neglect the Impoverished South [developing countries]," Foreign Policy 101(Winter 1995/96): 18–37; J. Cavanaugh and R. Broad, "Global Reach: Workers Fight the Multinationals," The Nation, 21 March 1996, pp. 21–24; P. Kloos, "Globalization and Localized Violence," Folk 1993, 35: 5–16; W. H. Meyer, "Human Rights and Multinational Corporations: Theory Versus Quantitative Analysis," Human Rights Quarterly 1996, 18: 368–97; National Labor Committee Report, The U.S. in Haiti: How to Get Rich on 11 Cents an Hour (New York: National Labor Committee Education Fund, 1996).
- **15.** UNDP, *Human Development Report 1998* (Oxford: Oxford University Press, 1998).
- 16. UNDP (see note 2), p. 84.
- 17. UNDP (see note 2), p. 33; UNDP (see note 15), pp. 25–33.
- **18.** M. Buvenic, K. Gwin, and L. Bates, *Investing in Women: Progress and Prospects for the World Bank* (Washington, DC: Overseas Development Council, 1996), pp. 16–18.
- 19. R. Desjarlais (see note 9).
- 20. UNDP (see note 15), p. 29.
- **21.** UNDP, *Human Development Report 1994* (Oxford: Oxford University Press, 1994).
- **22.** G. Fernandez, *Poverty, Democracy and Market Economy* (Chile: South American Peace Commission and Peru: DESCO, 1994).
- 23. UNDP (see note 15), p. 37.
- **24.** "The Billionaires: *Forbes'* Eighth Annual Survey of the World's Wealthiest People," *Forbes*, 18 July 1994, pp. 134–220.
- **25.** UNDP (see note 15), p. 30.
- **26.** P. Farmer (see note 1), pp. 261–83; A. Kleinman, V. Das, and M. Lock (eds), *Social Suffering* (Berkeley: University of California Press, 1997); A. Sen, *Ethics and Economics* (Oxford: Blackwell, 1992); A. Sen, *On Economic Inequality* (Oxford: Clarendon Press, 1997).
- 27. J. K. Galbraith, "The Good Society Considered: The Economic Dimension," *Journal of Law and Society* 1994, 21(2): 165–70.
- **28.** A. Stanley, "Pope Is Returning to Mexico with New Target: Capitalism," *New York Times*, 22 January 1999, p. A1.
- **29.** A. Stanley (see note 28), p. A12.
- **30.** M. Robinson, "The Universal Declaration of Human Rights: Hope and History," *Health and Human Rights* 1998, 3(2): 27–29.
- **31.** UNDP (see note 2), p. 73.
- **32.** UNDP (see note 2), p. 73.
- **33.** H. K. Heggenhougen, "The Epidemiology of Functional Apartheid and Human Rights Abuses," *Social Science and Medicine* 1995, 40(3): 281–84; H. K. Heggenhougen, A Return to Arusha—Structural Adjustment, Indeed! Violence, Globalization, Health and Human Rights, presented at the World Federation of Public Health Associations 8th International Congress, Arusha, Tanzania, October 1997.