

WTO and Global Health (or ill-health)

In Bolivia, a country with a population of over 8,000, 000 people, it has been estimated that 50% of the population is infected with Chagas Disease with 60% of the country declared as endemic¹. Fifty thousand people die from this illness in Latin America every year. Bolivia has the highest incidence of infection in the region, the majority of who live in poverty-stricken areas. Chagas has also been referred to as the ‘forgotten disease’ or the ‘silent killer’ since very little research is carried out to find a cure or a vaccine and it is often absent from the development agendas of many bilateral and international agencies. Medicos Sin Fronteras (MSF) says, “In the developed western world, these figures would have long ago motivated pharmaceutical companies to develop a cure – or at least an effective treatment or vaccine. But Chagas is also known as a ‘disease of the poor’ and this is the reason why, for 30 years now, there has only been one treatment, already obsolete: and still the side effects, resistance or incompatibilities are not yet known.”² Bastien says, “Tropical diseases in impoverished countries receive little recognition and research. Chagas Disease is a poverty-driven disease.”³ Other neglected tropical diseases such as guinea worm, river blindness and trachoma predominately found in Africa are also diseases which primarily affect the poorer sectors of these societies.

It is well known that pharmaceutical companies which are profit-driven will not invest money into projects which will in the long run cost more than the potential of benefits gained. As Bakan says in his critique of corporations, “Developing drugs to deal with personality disorders in family pets seems to have a higher priority than controlling

¹ <http://www.msf.org/msfinternational>

² Ibid,

³ Joseph Bastien, *The Kiss of Death: Chagas Disease in the Americas*, p. xix University of Utah Press c.1998

diseases that kill millions of human beings each year.”⁴ Pharmaceutical companies are key actors in a world economy buttressed by trade agreements and policies stipulated by the World Trade Organization (WTO) in their favor which often leaves governments of poorer countries in vulnerable and weaker positions.

This paper will discuss how the WTO and other multilateral agencies such as the World Bank and International Monetary Fund (IMF) perpetuate a form of global injustice expressed as health disparities within developing countries by proposing and implementing agreements and policies expounded by these entities. These agreements and policies are fundamentally entrenched in patriarchal, liberalized thought which basically holds individualism, self-interests and economic gains as their principle tenets. As Asuncion St. Clair says, “organizational cultures and dominant experts in these global institutions tend to be dominated by neo-liberal economics, ill prepared to deal with the complexities of development processes and their impact on people’s lives and the environment.”⁵ Using Chagas Disease I will argue that an ethical dimension needs to be included in the political structures and thought of these large global institutions. I will also refer to Iris Young’s work on social justice where she describes the need to move beyond the distributive paradigm where the focus is on the patterns of distribution to one which focuses on the level of participation in deliberative and decision-making processes. According to Young, “The concepts of domination and oppression, rather than the concept of distribution should be the starting point for a conception of social justice.”⁶

Firstly I will briefly discuss the situation of Chagas Disease in Latin America and primarily in Bolivia and the social implications of neglected diseases. Following this I will expand more on Young’s work exploring the five faces of oppression she introduces: exploitation, marginalization, powerlessness, cultural imperialism and violence and discuss

⁴ Joel Bakan, Chapter 2 Business as Usual, from *The Corporation*. NY: The Free Press, 2004

⁵ Asuncion St. Clair, A Methodologically Pragmatist Approach to Development Ethics in *Journal of Global Ethics*, Vol 3: 2 August 2007

⁶ Iris Young, 1990. *Justice and the Politics of Difference*. p.16 Princeton University Press, Princeton

how in the practice this is evident through neglected diseases and the interplay of institutions such as the WTO, World Bank and IMF. In discussing these institutions, I will also briefly analyze the Trade Related Aspects of Intellectual Property Agreement (TRIPS) in an attempt to show how the revision of this agreement is crucial to providing countries with more autonomy in the management of their health programs and provision of generic medicines. I also argue that a political approach which includes an ethical dimension will also provide rationality not purely instrumental in nature and a way to address the collective interests of people in an endeavor to stimulate change to alter current injustices and disparities.

Chagas Disease

Chagas Disease is a fatal disease caused by the bite of a beetle (known as the *vinchuca* in Spanish). It is not the bite which is lethal but the infected faeces of the insect which carries a microorganism known as *Trypanosoma cruzi*. The disease has an insidious onset which often means that people do not relate the death of a person to Chagas but rather dismiss the cause of death to a heart attack or other cause.⁷ During the chronic phase of the disease the infection may remain silent for decades. According to Gurtler, “Ten to 14 million people are infected by *Trypanosoma cruzi* and 40-120 million people are at risk of infection.”⁸

This year, 2009 marks the centenary of this disease discovered by a Brazilian doctor, Carlos Chagas. A century later, this silent disease is still rampant, emerging in non-typical areas and re-emerging in endemic areas previously controlled due to the lack of adequate treatment and access for its sufferers.⁹ Chagas Disease reflects the social disparities in Bolivia since it really only affects poorer sectors of the society, often those

⁷ It is not unusual to hear about a young man who has just ‘dropped dead’ on the football pitch.

⁸ Gurtler et al. *Sustainable vector control and management of Chagas disease in the Gran Chaco, Argentina*. PNAS, October 9, 2007. Vol.104,no.41 16194-16199.

⁹ www.chagas-break-the-silence.com

living in rural areas. According to Sudhir Anand, “Social inequalities in health may be seen as a sensitive barometer of the fairness of the underlying social order.”¹⁰ The current situation in Bolivia in regards to a high incidence of Chagas Disease amongst poverty-stricken people is an example of this. The *vinchucas* live in the cracks of mud brick homes – primarily, dwellings of the poor. As parasites they will also be found on animals such as guinea-pigs and chickens, which are often not kept in separate enclosures on peasant farms, rather these animals are left to ramble through the backyard and often inside the houses. This close proximity is also a contributing factor.

There have only ever been two drugs to combat the disease: benznidazole and nifurtimox. According to MSF, “both were developed 35 years ago and in investigations not specifically aimed at Chagas Disease.”¹¹ A World Health Organization (WHO) resolution for the elimination of Chagas by the year 2010 is obviously unachievable, rather the disease has proliferated in some areas and is disseminating into regions such as Europe and the United States due to the increasing rates in the mobility of people. In 2005, Chagas Disease was classified by the WHO as a neglected tropical disease and initiatives have been commenced strongly supported by agencies such as MSF to increase the response and resources to this now, global problem.¹²

I claim that the incidence of Chagas Disease is a reflection and consequence of the flawed global economic system supported by institutions such as the WTO, World Bank and IMF. There are three main reasons which support my claim. Firstly, the types of policies and agreements imposed by these institutions have hindered the possibility for national governments such as Bolivia to address national/regional priorities in an adequate way. It has also directed resources to programs which may not necessarily be national

¹⁰ Sudhir Anand. The concern for equity in health. *Journal of Epidemiology and Community Health*, 56, 485-487

¹¹ www.chagas-break-the-silence.com, 2

¹² World Health Organization, Chagas Disease: control and elimination. *Report of the Secretariat*. November 2008

ones, but global ones such as HIV/AIDs. Secondly, many national and international non government organizations develop programs/projects in response to global needs rather than national needs. Thirdly, the complete absence of an ethical perspective in the policies and operations of these institutions has resulted in a very narrow, distorted and basically unjust perception of the reality. To obtain a further understanding of how this is evident I will refer to Young's analysis of social justice.

Global Injustice

According to Iris Young despite distributive issues being essential to conceptions of justice she also argues that we need to go beyond the distributive paradigm and consider other aspects often ignored in contemporary political philosophy but which can result in the erroneous reduction of social justice to merely distribution. Contributing to the problematic of distribution are issues of decision making processes, power, culture and the division of labor.¹³

In Young's words, "Justice should refer not only to distribution but also to the institutional conditions necessary for the development and exercise of individual capacities and collective communication and cooperation. Under these concepts of justice, injustice refers primarily to two forms of disabling constraints, oppression and domination."¹⁴

Young does stipulate that her discussion is situated in Western capitalist societies like the United States. I would argue that in developing countries such as Bolivia the allocation of material resources is markedly unequal and inequitable, which is primarily attributable to more profound and often embedded traits such as oppression and domination. This can occur just as much within the country between the highly indigenous population and *mestizos* as between Bolivia and wealthier nations. To ignore these issues is the same as being complicit to their silence. Young talks about the five faces of oppression: exploitation, marginalization, powerlessness, cultural imperialism and violence. For the

¹³ Iris Young, 1990. *Justice and the Politics of Difference*. Princeton University Press, Princeton

¹⁴ Ibid, 40

brevity of this paper I will not be able to address all the issues however would like to expand on two of these, marginalization and powerlessness, to demonstrate their significance in the presence of Chagas Disease. According to Young, “marginalization is perhaps the most dangerous form of oppression” where entire groups of people are excluded from any participation but are also subjected to desolate and deprived living conditions.¹⁵ In Bolivia, Chagas Disease mostly affects poor, often illiterate *campesinos* or indigenous peasants who often live in precarious, overcrowded housing and rely on subsistence farming for their existence. These people have not only been marginalized by global institutions but of more concern by their own governments. Young’s description of powerlessness considers, “those who lack authority or power, those over whom power is exercised without their exercising it.”¹⁶ This notion of powerlessness is also very evident within the impoverished indigenous communities, particularly among women where decisions are made for them, including by their husbands. The majority of these women did not complete primary education and are most likely to be illiterate. They have low self-esteem and lack self-confidence witnessed by their submissive stance in labour union meetings. This does not infer that they are neither strong nor resilient but yes, powerless. The current President of Bolivia is indigenous therefore it is hoped that these former structural paradigms which only perpetuate this oppression and domination will be broken down. From the above discussion it is not difficult to see how in fact the WTO and other multilateral agencies are working towards the production of *social injustice* through their oppressive and dominating policies, programs and ideology. In the following section I will discuss how the interplay of the WTO and other multilateral agencies has contributed to a number of diseases to become *neglected* and ultimately contribute to the incidence and extent of poverty.

¹⁵ Iris Young, 1990. *Justice and the Politics of Difference*. p.53, Princeton University Press, Princeton

¹⁶ *Ibid*, p.56

WTO and other multilateral agencies

In 1994, the WTO initiated the TRIPS agreement which establishes minimum standards for the regulation of the various forms of intellectual property such as copyright rights, rights of singers, visual and sound producers, patents and so forth. The Agreement also details enforcement procedures, remedies and resolute processes. The topic of essential medicines has been the most controversial part of this agreement since it has the potential to deny access to millions of people to basic medicines. In 2001 due to a recognized need to reform trade policies the WTO launched the Doha Round with the intention to address economic and social exclusion through existing agreements.¹⁷

In a briefing paper by Oxfam entitled “Empty Promises ” they ask the question, “Why have eight years passed without any agreement in sight?”¹⁸ It seems that continued negotiations have once again only favoured developed nations and frustrated developing nations. TRIPs and public health were included in the Declaration and it was hopeful that concerns for public health would be addressed through the protection of intellectual property. However, it appears that although it has permitted the import of cheaper generic drugs in some areas overall the results are dismal. The report says, “The gains achieved early in the Doha Round in terms of IP flexibilities to support public health in developing countries have proven largely illusory. This situation has been further worsened through regional trade agreements negotiated by the USA and the EU with developing countries that include ‘TRIPS-plus’ provisions which further restrict generic competition and limit access to affordable medicines.”¹⁹ Pharmaceutical companies express disinterestedness when it comes to research and development for neglected diseases. There are no profitable gains in monetary terms to provide drugs for the poor. In a period of time spanning 22

¹⁷ CRS Report for Congress, *The WTO, Intellectual Property Rights, and the Access to Medicines Controversy*, updated Dec.12,2006

¹⁸ Oxfam International, Oxfam Briefing Paper, No.131 *Empty Promises*, 16 July 2009, 2

¹⁹ *Ibid*, p.26

years only 15 of newly patented drugs were for tropical diseases.”²⁰ However, Oxfam also considers that we are now in an excellent position amidst the current global economic crisis for real reform and not just empty promises.

Global Development Policies such as those issued from the WTO, World Bank and IMF have driven development agendas and often form the basis for global strategic plans for many bilateral agencies. According to the UN, “The Eight Millennium Development Goals which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal education to all by the target date of 2015 form a blueprint agreed to by all the world’s countries and the entire world’s leading development institutions. They have galvanized unprecedented efforts to meet the needs of the worlds poorest.”²¹ Global Development Policies are written within a context ruled by the global economic order and often are written in favour of economic policies that help developed nations rather than those countries like Bolivia who struggle for economic autonomy and are usually caught in a ‘poverty trap’ ruled by hegemonic powers and policies. Joseph Bastien, an anthropologist who has worked with poor indigenous Bolivians says, “The pattern of allocating resources basic to health and survival raises serious ethical issues in light of distributive justice.”²²

Thomas Pogge in many of his discussions considers that the current global economic order will only further inequalities and perpetuate abysmal conditions amongst the poorest.²³ International Development Agencies and National NGOs feel compelled to devise their plans to comply with donors’ strategies tending to ignore any ethical issues such as social justice which would necessarily emphasize the priority (as a principle of justice) to address the needs of the worlds poor, as well as to analyze the causes of poverty. A Director from a National Non-Government Organization (NGO) in Bolivia said the

²⁰ Darrel Moellendorf, *The World Trade Organization and Egalitarian Justice*, *Metaphilosophy*, Vol.36, No.1/2, 145-162, January 2003

²¹ UN Millennium Development Goals. <http://www.un.org/millenniumgoals>

²² Joel Bastien, *The Kiss of Death*, p. xv c.1998

²³ Thomas Pogge. *World Poverty and Human Rights* . Polity 2002

following. “We have to see what funding opportunities are available, rather than keep to our Strategic Plan and we are seeing this in a majority of NGOs.”²⁴ It is obvious that despite efforts from these agencies to supposedly contribute to the amelioration of the lives of those living in poverty stricken conditions the evidence shows that this is not actually happening. In the last section I would like to offer some discussion about working towards a global ethic.

A Global Ethic

According to Oxfam, “multilateralism is central to the global effort to overcome poverty and inequality.”²⁵ However, multilateralism as it stands now is based on contemporary political theory bridled in staunch economic ideology therefore is not propitious for overcoming poverty and inequality which is in itself a rather tall order. However, multilateralism which includes an ethical dimension may offer a more appropriate trajectory. Development ethics offers an ethical analysis of the development process, asking the what, how and why of development. It also challenges its normative function questioning the moral values inherent in development. Two principal tasks of development ethics include highlighting the need for alternative forms of knowledge production – which might involve listening to people on the ground - and to influence global policies. Denis Goulet, one of the founding thinkers of Development Ethics says, “Development ethics is useless unless it can be translated into public action. By public action is meant action taken by public authority, as well as action taken by private agents by having important consequences for the life of the public community.”²⁶ Development ethics is evaluative as it provides a critical analysis of development processes but also offers a critical awareness of value-laden judgments and prevailing power relations inherent in

²⁴ Research study carried out for partial fulfillment for the Degree of Master of Health and International Development, “A Critical Analysis of the Relationship between Northern NGOs and Southern NGOs in Bolivia” p. 41

²⁵ Oxfam International, Oxfam Briefing Paper, No.131 *Empty Promises*, 16 July 2009, 2

²⁶ Denis Goulet, *The Cruel Choice*, Atheneum, p.335.

development. Critique is also dialectical in nature whereby opposing forces legitimize opposition to dominant policies and action. Goulet also considers a pedagogical perspective to development ethics whether it be to those holding the power and making decisions about development or those who are the “targets” of development.

Development ethicists are critical about the type of knowledge produced within global institutions such as the World Bank or the International Monetary Fund, often revered to as the only source for expert knowledge on development. Their claim is premised on the notion that experts within these institutions regard their certainty of truth to be based on neo-liberal and capitalist foundations entrenched in patriarchal hegemonies. As St. Clair says, “The World Bank is one of the dominant sources of knowledge for development and poverty reduction. Its research capacities, the influence that the Bank’s lending role has in developing countries, and the support it draws from the United States and global financial actors, endow approaches and ideas endorsed by the Bank with a unique power and influence.”²⁷ The consequences of this are many, the production of knowledge is confined to the principles of these institutions but also to their peers, other powerful and dominant economists. The type of knowledge evident is credited and legitimized by each one of them, however is completely divorced from the reality of poorer people in less advantaged countries. As Ellerman correctly argues, “Academic economists and global development bureaucrats have little contact with local realities and thus they tend to be driven by such simplified cartoon models. Exiles who have not participated in the give and take of politics in a country for years if not decades also tend to have cartoon models. It is the combination of power and highly simplified models of complex and social realities that is particularly lethal.”²⁸ The type of knowledge required for development is one that is consistent with pragmatism. It lies in the notion that just as theory cannot be

²⁷ Asuncion St. Clair, A Methodologically Pragmatist Approach to Development Ethics, *Journal of Global Ethics*, Vol 3:2 August, 2007 p. 145

²⁸ Ibid, p.151

separated from practice, knowledge cannot be separated from values. Intrinsic to knowledge in pragmatist thought is experience, the experience of one in the face of the other, the actions one needs to carry out or which are carried out by the other. The facts collected by one or the other and the values of one and those of the other.

David Crocker argues that Development Ethics, “Should not be an exclusively academic inquiry, rather it should bridge the gap between theory and practice and does so with interaction in both directions.”²⁹ I would agree with him. Having worked in the “praxis” for many years, I bore witness to the evident gap between the theory and practice of development and development ethics, but also to the paucity in reflective thinking within organizations whether national, international, bilateral or multilateral. Development practitioners spend most of their time on the practice of their work which primarily consists in designing, implementing and evaluating projects. Very little time is spent reflecting upon actions or consulting theories or theorists to help them understand the theoretical aspects which underpin the work they are engaged in. Economists and policy makers on the other hand rely too heavily on ideas and theories based on neo-liberal, capitalist and patriarchal hegemonies. Paulo Friere the well known Brazilian educator taught that the rhetoric and the praxis needed to go together. Either one on its own was neither effective nor efficient enough. Pure activism brought chaos together with poor planning and therefore poor results. Pure rhetoric on the other hand brought abstract theorizations, nebulous hypotheses and likewise poor results which are what we are witnessing today (if we are completely honest) about what development is achieving.³⁰ I would consider the unity of theory and practice to be an essential component of development ethics but what does that mean in the practice? According to Addams and Dewey, two pragmatist philosophers, what that translates into is experience and using that experience to produce knowledge which is then transposed into theory. It means experts

²⁹ David Crocker, *Ethics of Global Development*, Cambridge University Press, 2008, p.37

³⁰ Paulo Freire, *Pedagogy of the Oppressed*, Herder and Herder, 1968

such as economists, policy makers, academics and even philosophers to “experience” their theories and abstract thoughts. To gather knowledge, information and experience from others; to enter into a dialogue with others from different cultures, value systems, etc., this promotes reflective thought and action. As St. Clair says, “the task of the pragmatist philosopher is never finished, and it is historical, yet its consequences ought to be thrown into the public arena, in an open-ended process of debate and deliberation.”³¹ The role of the development ethicist is to interact with the experts from global institutions, practitioners from development agencies but also with the people on the ground. Being knowledgeable about “value conscious ways of thinking and choosing alternative paths and destinations” is indispensable to development ethicists.³²

Development ethicists need to be careful not to appear as the “moralists” and patronizing or isolate the field. As St. Clair succinctly says, “Many in the field of applied ethics have become aware of the need to avoid the mistakes of other fields, where ethical reflection has run parallel and often totally dissociated from the world of action, and from the world of policy.”³³ To mitigate this risk I would argue that pragmatist ethics such as that expounded by Addams would be instrumental here. An ethics which is geared towards social morality and not individual morality, esteemed in reciprocity, cooperation and responsibility would avoid development ethicists running parallel to and dissociated from the action and the “real” world.

Conclusion

I have argued that Chagas Disease, a neglected disease endemic in Latin America is a concrete example of the failings of multilateral institutions such as the WTO, World Bank and IMF in their attempts to contribute to poverty reduction of the most disadvantaged people of the world. Their policies, programs and ideology are obstacles in addressing the

³¹ Asuncion St. Clair, A Methodologically Pragmatist Approach to Development Ethics, *Journal of Global Ethics*, Vol 3:2 August, 2007 p. 154

³² Ibid, p.149

³³ Ibid, p.147

real needs of these people and hence results in the production of social injustice mired in oppression and domination. I argue that the WTO and other multilateral agencies continue to laud policies and promises which are predominately in favor of large, powerful developed nations to the detriment and marginalization of developing nations. I propose a global ethic based on the sub-discipline of development ethics which would allow for a type of a dialogue and deliberative process with the most powerful actors - policy makers of global institutions to breakdown current paradigms which reinforce and perpetuate these global inequities. It is important that an ethical analysis and reflection does not become dissociated from global processes and actions, but rather it seen as an intrinsic part of it. The challenge lies in questioning, contesting and challenging the internal normative framework of globalization which involves various actors and sectors such as national governments, bilateral governments and multilateral agencies, NGOs, international and national, as well as profit-driven corporations and the communities. Unfortunately when populations such as those described in Bolivia are confronted with policies and programmes which do not include them or governments which do not respond to their needs, as well as NGOs which although aware of the apparent abyss due to other factors, such as the need to secure their own continuity, also do not address the problem then these populations will continue to be ignored and silently killed.