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Globalization and Global Health

Toward Nursing Praxis in the Global Community

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Considerable evidence suggests that neocolonialism, in the form of economic globalization as it has evolved since the 1980s, contributes significantly to the poverty and immense global burden of disease experienced by peoples of the developing world, as well as to escalating environmental degradation of alarming proportions. Nursing's fundamental responsibilities to promote health, prevent disease, and alleviate suffering call for the expression of caring for humanity and environment through political activism at local, national, and international levels to bring about reforms of the current global economic order. **Key words:** *critical caring*, *globalization*, *global health*, *global justice*, *poverty*

As human beings, it is in our power to take a correct turn, which would make the world safer, fair, ethical, inclusive and prosperous for the majority, not just for a few, within countries and between countries. It is also in our power to prevaricate, to ignore the road signs, and let the world we all share slide into further spirals of political turbulence, conflicts, and wars.[1(pvii)]

DURING the time I was writing this manuscript, Canada's LIVE 8 concert was taking place a few miles from my home. It's motto, "We don't want your money; we want your voice," mobilized millions of global citizens, particularly those of the wealthiest nations, to pressure their governments at the G8 summit a few days later to "Make Poverty History." The goal of concert organizers was to create sufficient public pressure on G8 leaders to force them into taking significant steps toward debt forgiveness, increasing foreign aid, and changing conditionalities associated with international moneylending, which advantage lenders at the expense of borrowers and/or the environment. The announcements of increased aid and debt forgiveness following the summit prompted organizers to exclaim, "never before have so many people forced a change of policy onto the global agenda."[2]

LIVE 8 was an example of a positive aspect of globalization—using advances in communications technology to mobilize millions of global citizens to come together in the interests of global justice. It drew the world's attention, however, to a more sinister side of globalization—economic globalization—that, allowed to accelerate unabated, threatens democracy and health in developing—and developed—countries.

The links between economic globalization and global health serve as a summons for global nursing action. Promoting health, preventing disease, and alleviating suffering are fundamental nursing responsibilities[3]; fulfilling these responsibilities on the international stage was a hallmark of Nightingale's practice and vision for nursing.[4] Unfortunately, in the second half of the 20th century, her legacy was all but abandoned as nursing in the developed world concentrated its attention on advancing its profession, building its science, and attending to nurses' working conditions.[5] More recently, however, nursing leaders[4,6–9] are again urging a return to Nightingale's

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tradition of a global nursing consciousness and action, that is, of nursing praxis in the global community.

A critical analysis of the relationship between economic globalization and the health of the global community is central to that global consciousness. The purpose of this article is to define economic globalization, provide a political and historical context for its evolution to its present state, highlight the principles that guide it and the mechanisms by which it operates, examine its relationship to poverty and global health, and discuss alternatives to the present global order and challenges for nursing praxis.

GLOBALIZATION: "GLOBAL VILLAGE OR GLOBAL MARKET?"[10]

Globalization in a broad sense has been defined as "a constellation of processes by which nations, businesses, and people are becoming more connected and interdependent via increased economic integration and communication exchange, cultural diffusion (especially of the Western culture) and travel."[11(p158)] This definition encompasses both economic globalization or the global market, and the global village, a metaphor depicting peoples of the world as being close not only in proximity but also in relationship with one another. The focus on processes is meant to stress the historical context in which globalization has occurred as well as the political and economic differentials that influence it. The inclusion of cultural diffusion, particularly of the Western culture, draws attention to the colonizing character of globalization.[8,10–14] Labonte and Torgerson[11] underscored that the processes of globalization have not evolved spontaneously and independently but rather have been driven by economic globalization since the 1980s.

The relationship of globalization to health, therefore, requires a closer examination of *economic globalization*, defined as a "*process* of greater integration within the world economy through movements of goods and services, capital, technology and (to a lesser extent) labour, which lead increasingly to economic decisions being influenced by global conditions."[15(p1)] Economic globalization is promoted by its supporters as the key to economic prosperity and improved health[16] and by its detractors as a neoliberal tool for completion of global colonization through capitalism.[10] The two camps disagree sharply on the effects of global economic policies on poverty and, consequently, on global health. Before exploring that association more closely, a brief overview of both the evolution of economic globalization to its present form and the mechanisms whereby global economic institutions dictate domestic policies throughout the world may be helpful.

A BRIEF HISTORY OF GLOBALIZATION: FROM THE HUDSON'S BAY COMPANY TO WAL-MART

History, it is said, is written by the winners. Not surprisingly, therefore, perspectives of early globalization mirror the widely divergent opinions regarding its present incarnation. Generally, the late 19th century is regarded as marking the onset of economic globalization,[11,17,18] although global trade and wealthy nations' exploitation of their colonies' resources began as early as the 15th century.[19] To those representing the dominant benevolent view of globalization, however, even the imperialism of the 19th century is depicted as benevolent, particularly to the poorest countries.[17] Missing from this comfortable account of the period, Milanovic, a former World Bank (WB) economist, noted is the brutality that often characterized it. Globalization of the 19th century, he pointed out, was synonymous with the worst excesses of colonialism, often occurring at gunpoint and achieving its success in various parts of the world through pillage, slavery, and genocide.

The industrial revolution of the 19th century was marked by urban poverty that prompted efforts to provide a counterbalance to the dominance of the profit motive. In both

Britain and the United States, movements arose that pressured governments to fulfill their moral obligations to protect workers by legislating, for example, minimum wages, safe working conditions, and unemployment insurance.[18] Kapstein[18] noted, however, that it was not until after the Great Depression that such a social safety net was created in the United States.

The belief that unbridled capitalism could not ensure a just society, and therefore, political stability, was shared by Roosevelt and Churchill who had witnessed economic distress give way to political instability, the rise of Hitler, and war.[18] In 1941, therefore, the two statesmen developed the Atlantic Charter in which the desire to "bring about the fullest collaboration between all nations in the economic field with the object of securing, for all, improved labor standards, economic advancement and social security"[20] was proclaimed.

Following World War II, fuelled by a desire to avoid a repeat of the economic and political conflict of the 1930s, the Allies devised a plan known as Bretton Woods (named after their meeting place in New Hampshire) that would enable a balance between international trade and national welfare policies.[18] The criterion standard was replaced with the dollar standard in which foreign currencies had a fixed value against the US dollar, which itself was stabilized through convertibility to gold at $35.00 an ounce.[18] At the same time, two of the current global institutions, the International Monetary Fund (IMF) and the WB, were created. According to Kapstein, the role of the former was to establish exchange rates and provide emergency loans to countries, while the latter provided development and postwar reconstruction funds as well as technical assistance to developing countries seeking to attract foreign investments. Around the same time, in 1946, the General Agreement on Tariffs and Trade (GATT) was established with 23 member countries for the purpose of liberalizing trade and correcting protectionist barriers to international trade.[19,21]

Although there were major gaps in the Bretton Woods system, most notably the marginalization of developing countries, it gave countries in the Western world a period of large economic gains that benefited much of their citizenry.[18] However, by the 1970s, confidence in the American dollar had eroded, leading the United States to replace fixed exchange rates with floating rates.[18] That action, along with a global recession and the oil crisis of the 1970s,[19] plunged the world into global financial instability and gave birth to globalization in its contemporary form[1,18,19]:

> With the end of Bretton Woods, mobile capital finally broke the shackles that had held it down since the war, and now it was free to roam the planet. . . . Governments found themselves in a potential "race to the bottom" against other nations in which they had to lower taxes and cut spending to attract investors and maintain economic confidence. The hegemony of international finance received a varnish of academic respectability under the guise of neo-liberalism, which touted the benefits of free trade, free capital flows, and floating exchange rates.[18(p6)]

A number of factors, supported by rapid technological advancements, contributed to the acceleration of neoliberal capitalism globally. The collapse of the former Soviet Union removed its ideological counterpoint and the threat of communism.[19] No longer did its presence create an incentive to provide the social welfare programs established under Bretton Woods.[17] As dismantling of social safety nets began, inequity increased, with workers facing increased job insecurity, greater import competition, higher, regressive taxes, and poorer wages.[18] At the same time, the neoconservative administrations of Reagan in the United States and Thatcher in Great Britain moved steadfastly to undermine the organization and opposition of labor.[18]

The GATT governed international trade for almost 50 years, until the World Trade Organization (WTO) was formed in 1995 to succeed it. The purpose of the WTO is to administer multilateral trade agreements and, in particular, GATT 1994 (including the General Agreement of Trade in Services [GATS] and the Agreement on Trade-Related Intellectual Property Rights [TRIPS]), functioning

alongside the IMF and WB to promote coherence in global financial policy-making.[22] Wealthy nations and multinational enterprises are overly represented on the WTO,[23] and so it is not surprising that its administration of these agreements over the past 10 years has been particularly favorable in their direction[11,22] and has privileged economic efficiency above other values.[22]

While it is true that economic globalization has existed in some form for centuries, Labonte et al identified some significant differences from earlier times.[19] First, the enormous scale of private financial transactions renders many countries impotent to stabilize their currencies.[19] Second, the binding rules for trade, along with the conditionalities attached to IMF and WB loans, undermine the sovereignty of national governments by forcing them to make decisions in the interests of profit-making (often for others) rather than the well-being of their citizens.[19,24] Third, production has been reorganized across countries, making many multinational companies larger (Wal-Mart being the world's largest) than many nation-states.[19] These trends have resulted from, or at least been greatly advanced by, the intersection of growing neoliberal (favoring privatized over public sector services, regressive taxation measures, and free" " market over government regulation—including the protection of labor and the environment; citizens are viewed as consumers-producers or competitors)[8,19,24] and neoconservative (characterized by "moral" foreign policy, and more authoritarian, patriarchal, and inequitable societies[24]) ideologies in many parts of the developed world.

The fallout from this rapidly escalating form of globalization has been differentially experienced across classes in wealthy developed countries but has proven overwhelming for developing and postcommunist transitional countries, which lack the financial infrastructure and resources to support market economies, counterbalance "runs" on their currency, or attract foreign direct investment (FDI).[18] Women and families have also been differentially affected.[19,24,25] Green[24] charged that globalization is the root cause of the increasing global feminization of poverty and that its profitability depends on women's unpaid and underpaid labor and on cutting programs that support families.

MOVING FROM AN INTERNATIONAL HEALTH TO GLOBAL HEALTH PERSPECTIVE

In considering ways in which globalization impacts global health, it is important to differentiate global health from international health.[8,11] The latter has commonly referred to addressing the global burden of disease through providing monetary or technical aid or even healthcare, in essence extending national health beyond national borders.[11] Labonte and Spiegel argued that such a focus is too narrow and proposed broadening the conceptualization of global health to one that integrates a burden of disease approach with social, political, economic, and environmental contexts.[26] The "inherently global health issues" they identified include those related to environmental global degradation, such as greenhouse gas emissions and biodiversity loss, those primarily socioeconomic, such as poverty and financial instability, and cross-cutting issues, such as food insecurity, trade in health-damaging products (such as tobacco or arms), and war and conflict.

Understanding how the new economic global order governs is critical to conceptualizing international health issues as truly global health issues. The dominant narrative of the global financial order, often uncritically reflected in the media, is that the liberalized trade policies lead to economic growth, which, in turn, leads to reduced poverty in a "trickle-down" effect.[16] Critiques of that narrative center around the flawed methodologies, partial data, and selective inclusion criteria that underpin the empirics used to support that position.[17,19,22,27] While sharp differences exist in the assessment of the

effects of trade policies, there is little disagreement on the mechanisms by which they are enacted.

Neoliberal global economic governance

In 2004, the WTO had 147 members and administered trade agreements that accounted for 97% of world trade.[22] Although, in theory, countries may have a choice to participate, in reality, Moellendorf noted, participation offers the only hope for development of poorer countries. GATT was successful in reducing tariff barriers to trade in goods. Between 1945 and 1987, tariffs on goods from the wealthiest trading partners in North America, Western Europe, and Japan had been reduced from averages of 40% to around 4%.[27] Tariff reduction, however, differentially affected wealthy and poorer nations as tariffs accounted for only a small portion of the public revenue of the former but as much as half of the national taxation revenues of the latter.[10]

Currently, the focus of trade agreements has broadened to removing nontariff barriers to trade. Those barriers include domestic policies that intentionally or otherwise are deemed an impediment to the flow of goods, services, or capital.[27] For example, Spiegel et al[27] noted that a number of trade agreements stipulate the removal of government health and safety regulations and add a requirement for scientific risk assessment of food and drug regulations. Labonte et al[19] provided an example of the consequences of such stipulations in which Canada, the United States, and Brazil used the WTO Agreement on Sanitary and Phytosanitary Measures to dispute the European Union's (EU's) refusal to import hormone-treated beef.[19] Although the EU's refusal was consistent with its domestic policies of not allowing hormones to be used on cattle, Labonte et al noted that the WTO acted on the principle that the burden of proof lay with the EU to prove hormone-treated beef was harmful. The WTO dispute panel ruled against the EU, charging that it had failed to complete an adequate scientific risk assessment and although the EU still does not import hormone-treated beef, it must pay millions of dollars each year to the complaining countries.[19] The example is one of many that illustrate a shift in power from sovereign nation-states to global financial institutions, overrepresented by the wealthiest nations and strongly supportive of the interests of multinational companies. Moreover, the costs of raising disputes are significant and may simply be prohibitive for poorer countries.

Trade in goods is only one aspect of economic globalization. Among other aspects are the flow of capital, FDIs, and international lending policies. Worldwide, daily trade in money rose from $20 billion in 1973 to $1.5 trillion in 1987.[27] Furthermore, as Spiegel et al noted, most of this exchange is speculative, reflecting no real economic productivity and thus dubbed "casino capitalism" as speculators gamble on the profitability of currency fluctuations. This practice generates severe instability, as a large influx of money flows into a country, temporarily raising the value of its currency but followed inevitably by a large outflow of money as speculators take their profits, leaving the country in a monetary crisis with no option but to borrow from the IMF and fall subject to its conditionalities.[19]

FDIs have the potential to be a more stable investment and may be, but are not always,[19] associated with increased economic productivity leading to more jobs and redistribution of economic gains among the citizenry. *FDI* refers to the investment by an investor in one economy into an economic enterprise in a different economy, usually on a long-term basis and giving the investor significant influence in the management of the receiving enterprise.[28] FDI has expanded rapidly to developing countries but remains concentrated in only about 10 of them.[1] Most countries, however, in order to attract FDI, have taken measures to increase labor market flexibility (ie, casualization of the workforce) and have eroded labor-protective measures.[1] At the same time, they have lowered taxes for corporations and high-income earners to lure

more FDI, again reducing public revenues available for redistribution through social welfare programs, such as health and education or for water and sanitation services. Although in wealthy countries, the effects of global economic policies on the erosion of the welfare state have not been as powerful as that of the political persuasion of their governments,[29] poorer developing countries are less able to compensate for associated reductions in public revenue.[27]

To further complicate matters, global economic policies and multilateral trade agreements interact with multiple historical and domestic social, political, and/or economic factors, unique to each country.[11] Labonte and Torgerson[11] reported an example of a country that actually changed its domestic policies *in anticipation* of the conditionalities associated with IMF loans, hoping to be viewed more favorably. Since those conditionalities include reducing public spending on health and education programs and privatizing state assets, the conditionalities, whether anticipated or imposed, lead to dismantling of an already weak welfare state. Other conditionalities required by IMF loans are that countries (*a*) reduce subsidies (leading to higher domestic prices) for items of basic consumption, (*b*) decrease or eliminate tariffs and controls on capital flow, and (*c*) devalue currency to increase competitiveness of exports.[27]

International lending grew from $265 billion in 1975 to $4.2 trillion in 1994[22] in part, at least, because the recession, oil crisis, and monetary policies that raised interest rates in the 1970s resulted in many poorer countries defaulting on loans.[11] Between 1987 and 1991, 126 loans were issued by the IMF and WB to debt-distressed countries of Africa, accounting for 75% of their real imports.[22] The associated conditionalities (formerly known as structural adjustment programs) have given these organizations significant power over the domestic policies of these countries.

In concluding this overview of global economic governance, one additional feature is noteworthy; an alarming double standard is evident in the differential application of the rules and requirements of the global order, favoring wealthier nations and multinational enterprises.[10,22] Labonte cited the example of agricultural export subsidies, which WTO members in 2001 committed themselves to reducing and phasing out but with which the EU and Japan have been slow to comply and despite which the United States, a year later, introduced the largest increase in domestic farm subsidies in that country's history.[10] Similarly, Moellendorf[22] reported that the United Nations Conference on Trade and Development in 1999 estimated that low-technology countries lose $700 billion a year—more than 4 times the amount of FDI in the developing world—in export earnings because of policies that protect countries and multinational enterprises of the developed world. A slightly different but equally inequitable example of the double standard is holding developing countries to the same standard as developed countries.[17,22,30] Existing robust economies developed in protectionist environments that, according to current trade agreements and loan conditionalities, are denied to poorer countries, consigning them to a state of perpetual indebtedness and extreme poverty and suffering an enormously disproportionate share of the global burden of disease.[22] This double standard has not gone unnoticed in the developing world. The *African People's Declaration on Africa and the World Trade Organisation* criticizes the Quad countries (USA, EU, Japan, and Canada) for refusing to accept the legitimate demands of developing countries.[23] It notes, "These failures are merely an aspect of the double standards the Quad countries apply in international trade issues; marked by one set of rules for themselves and another that they impose on developing countries, exposing the WTO as a thoroughly undemocratic institution."(p1)

THE RELATIONSHIP BETWEEN ECONOMIC GLOBALIZATION AND GLOBAL HEALTH

Contextualizing global health within the context of the global economic order

provides support to the 15 health issues Labonte and Spiegel identified as inherently global.[26] Constraints of space permit only a brief discussion that will focus on the select issues of poverty, gender, the healthcare system, and environment.

Poverty

> Poverty is the greatest misery we face today. The poorest 1.2 billion people in the world bear two-thirds of the world's communicable disease, maternal and prenatal mortality and nutritional deficiencies. . . . The particular cruelty of poverty is its vicious circle, whereby people do not have access to health, education, and other means to improve their income and to improve their health status. Yet, without good health, a person's potential to escape from poverty is severely weakened (ICN president Christine Hancock, cited in Reference 31, p 9).

While there is no disagreement in the literature with the Jakarta Declaration's assertion that poverty is the greatest threat to health,[32] there is sharp disagreement regarding the role of the global economic order in perpetuating, deepening, or alleviating it. The dominant narrative is that liberalized trade policies increase trade, which increases economic growth and wealth and leads to decreased poverty in the famous "trickle-down" effect and thus better health.[15,16] Healthier people further promote economic growth, so what has been termed the "virtuous circle" is complete.[10] This "received view" gains credibility because of the perceived status and authority of the global institutions, such as the IMF, WB, and WTO, that propagate it. Critics, however, dispute the conclusions because of flawed research methods, problematic selection criteria,[15,17] and inadequate definitions of poverty.[33] They point to evidence that trade follows economic growth and challenge the inevitability of growth leading to poverty reduction.[10,15] While agreeing that improved health is essential for economic growth and development, critics argue that such growth can be most equitably and widely achieved by increased public spending on health, education, water, and sanitation,[1,10,18] essential to break the vicious circle to which Hancock referred.

Statistics that correlate poverty to poor health are staggering. In 2004, the United Nations Children's Fund reported that more than 1 billion of the world's 2.2 billion children are denied at least one of the basic services required to grow, develop, and survive.[34] The same report identified gender discrimination as both an outcome of and contributing factor to severe deprivation and reported that 80% of the 15 million children younger than 18 who had been orphaned by the HIV/AIDS pandemic by 2003 lived in sub-Saharan Africa. Putting a human face on its statistics, the World Health Organization's 2002 report on global burden of disease provides this heart-wrenching comparison: "Today nearly all child deaths [under 5] (97%) occur in poor developing countries, and almost half of them in Africa. In one hour over 500 African mothers lose a child; had they lived in a rich European country, nearly 490 of these mothers and their children would have been spared the ordeal"[35(p44)] Pogge calculated that one third of all human deaths, 18 million people annually, die from poverty-related diseases, a number that each week exceeds the death toll of the 2004 tsunami.[30] Basu underscored that the top epidemiological predictor for HIV infection around the world is not lack of knowledge or cultural norms, as commonly believed, but a low income level.[36] Reporting on HIV/AIDS in Uganda, she emphasized that national prevalence rates are misleading because they obscure the differences between wealthier urban areas where rates are decreasing and rural and poorer regions where they are skyrocketing.

Understandably, the first of the 8 Millennium Development Goals is the eradication of extreme poverty and hunger.[37] And yet, acknowledging the extent of this cataclysm does not in itself link the economic policies of global institutions nor the hegemony of wealthy nations and multinational enterprises to poverty. What is clear is that the world's wealth is maldistributed and inequity within and between countries is increasing.[10,17,22,33]

Powerful and wealthy members of the global economic order have positioned themselves as beneficiaries of the monetary policies they have created often at the expense of others and that they seemingly flaunt with impunity when it is to their advantage. Evidence that these policies are harmful or, at the very least, do not have the same positive results in every country is met with ideological arguments, not credible empirical evidence, that countries who have not benefited simply have not liberalized trade enough.[17] An example of such a situation is provided in Labonte's account of Zambia's experience with the WB.[10] He reported that conditionalities associated with WB loans to Zambia forced that country to open its borders to cheap textile imports. Its own domestic manufacturers could not compete with the cheap imports and within 8 years, 30,000 jobs and 132 of 140 Zambian textile mills had disappeared. It is not difficult to surmise the effects on the Zambian economy, on public money available for health and education, and on the havoc wreaked on the households and communities of the subsequently unemployed workers. The WB's response that the consequences were unintended and regrettable[10] unfortunately provided neither hope of policy revision to avoid similar catastrophes in the future nor consideration of any compensation.

Such injustices have prompted recent ethical analyses of questions related to the actions of global institutions to create or perpetuate poverty. Moellendorf levied several charges of injustice against the WTO.[22] They included (*a*) its failure to eliminate protectionist policies of the developed world (the double standard) and (*b*) its role in crafting the TRIPS agreement to protect intellectual copyright, largely by the developed world, and expected to make accessibility to life-saving pharmaceuticals in the developing world much more difficult. Robeyns criticized the WB for its exclusivity in producing poverty statistics and challenged both the reliability of those statistics and the adequacy of the WB's arbitrarily determined poverty line at $1—or more recently 2—per day.[33] She charged that the low poverty line had been set deliberately low so as to reduce the reported incidence of poverty and is related neither to domestic income levels nor to the capacity to purchase necessities of life. A moral responsibility to rescue from poverty, Haydar asserted, exists for global institutions and their wealthy members even if there is only a reasonable chance that their actions are causally linked with extreme poverty.[38] Such a chance, he argued, reduces substantially the moral weight of their protests that alleviation of poverty would prove too costly.

Some ethicists extended the notion of moral responsibility for poverty beyond the global institutions to private corporations and citizens. Rodin advanced the argument that private corporations have a moral obligation, not only to shareholders but also to stakeholders, that is, to citizens, communities, and countries whose lives their businesses affect.[39] Pogge took that argument a step further, positing that citizens of wealthy countries are also implicated because they have a moral responsibility to do no harm.[30] In so much as global institutions create or contribute to severe poverty and governments of wealthy countries are the primary architects of those global institutions, he argued that citizens of those countries bear a responsibility for the global economic order their governments have created in their name.

Gender, healthcare, and the environment

The global economic order, underpinned by tenets of neoliberalism and values of economic gain above human well-being and imposed on poorer nations who have little choice but to participate in a process in which they are marginalized,[22] has been found wanting on moral grounds. As Labonte and Torgerson's framework[11] suggests, however, in addition to poverty there are multiple other, intertwining factors that influence the prosperity, opportunity, and health of people throughout the world. Being born a woman is one such factor—women are disadvantaged

on most determinants of health. They have less access to education—in excess of 121 million primary school-age children in the world are not in school; of these, the majority are girls.[34] Women are often disadvantaged economically, as their work is often either unpaid or underpaid and, depending on cultural norms, earnings may be channeled back to men in the household.[19] Women represent 70% to 90% of the workforce in export processing zones; they receive 50% to 80% of the wages paid to men and frequently must continue to assume all household duties.[19] Furthermore, women's reproductive role, often in the absence of adequate education and healthcare in developing countries, increases risks to their health and life. According to the WHO, the rate of maternal deaths remains constant, with more than half a million women dying during pregnancy, birthing, or postnatally each year.[40] The figure does not include the millions more who suffer from largely preventable acute and chronic complications.

Access to healthcare is undoubtedly a factor that contributes to the burden of disease disproportionately experienced in poor and developing countries, access that has been reduced even further through the governance structures and processes of the global economic order forcing commodification of health and reduced public health spending. Access is further compromised by the global shortage of nurses, the largest group of healthcare workers who face issues in developing countries that have a familiar ring: poor working conditions, low remuneration, being devalued and marginalized from decision making, and being exposed to risk because of the lack of adequate personal protective equipment.[41] Clark-Jones[41] reported that the shortage of healthcare workers is compounded in many African countries by the loss of up to 1 in 5 to HIV/AIDS. Further factors contributing to the shortage of skilled healthcare workers are the poaching practices of developing countries and, ironically, voluntary migration and even export of educated nurses from countries such as Nigeria because registered nurses have been replaced with unregulated, less skilled workers and new nursing graduates cannot find positions.[41]

In addition to financial constraints leading to shortages of skilled personnel, adequate facilities and equipment, and life-saving pharmaceuticals, all too often the Western biomedical model, rejected as inadequate to achieve "health for all" at Alma-Ata in 1978, has been exported to developing countries.[42,43] Along with this expensive approach that benefits a select few at the expense of a publicly-funded universal system,[10] Western lifestyles and American pop culture have also been exported and, with them, the associated health risks from increased tobacco use and consumption of fast foods.[8,10,13,14]

Environmental declines, including industrial polluting activities that benefit poor people in developing countries least of all and from which they are the least able to protect themselves,[30] also significantly affect health. Labonte reported WHO estimates that 25% of disease and injury in the world is attributable to environmental decline, with 90% of malaria deaths directly related to human activity such as rainforest colonization. Ayres analyzed the potential impact of 4 environmental trends that have risen sharply since globalization began around the turn of the 19th century. The first is the concentration of carbon dioxide in the atmosphere, largely from burning of fossil fuels and deforestation, which limits the Earth's ability to radiate heat and results in global warming. The second, which he termed the extinction spike, refers to the loss of biodiversity necessary to sustain life on earth. Third, he identified escalating consumption patterns that, allowed to continue, will denude the earth of natural forest within the lifetimes of those now younger than 30. A denuded planet, he warned, is not able to sustain life. Last, he identified an exponential growth in population, fast approaching the planet's carrying capacity. He noted that the future metasynergistic effects of these 4 spikes could not be known but warned that

each posed a threat to health and life on earth.

Each is also intricately tied to economic globalization polices that value profit over human/environmental health and well-being. The Kyoto Accord, at best designed to reduce atmospheric carbon by 5% by 2010,[13] has been hampered by countries such as Canada who have ratified the agreement but failed to take adequate measures to reduce carbon dioxide emissions and by the withdrawal of the United States from the Accord[8] within the first weeks of George W. Bush's tenure as president. Extinction has spiked, in part, because of the reduction of gene pools within ecosystems through such practices as aggressive marketing of bioengineered seeds (eg, Monsanto) and the drive for homogenous species, heavily dependent on pesticides, for the sake of global product uniformity (eg, MacDonald's demand for one variety of potato).[13] The connection between the present consumer culture, fuelled by the drive for profit, and Ayres' consumption spike is obvious. Swimme characterized its seductive power to undermine humanistic values and priorities as a dominant world faith:

> The fact that consumerism has become the dominant world faith is largely invisible to us. . . . The image of the ideal human is . . . deeply set in our minds by the unending preachments of the ad. The ideal is not Jesus or Socrates. . . . In the propaganda of the ad the ideal people, the fully human humans, are relaxed and carefree—drinking Pepsis around a pool—unencumbered by powerful ideas concerning the nature of goodness, undisturbed by visions of suffering that could be alleviated if humans were committed to justice. . . . In the religion of the ad the task of civilization is much simpler. The ultimate meaning for human existence is getting all this stuff. That's paradise. And the meaning of the Earth? Premanufactured consumer stuff.[44(pp14,18)]

Finally, Ayres links population growth, at least in part, to the prevailing myth, held largely by civil planners and economists in wealthy countries, that growth is an unmitigated good and growth in population is desirable to attract industry.

Environmental changes, associated largely with the evolution of economic globalization, are sobering and raise questions regarding the moral responsibility of powerful players in the global economic order to protect and restore a sustainable environment. Again, they have been found wanting. In one example, Brazil was required to slash environmental spending designed to curtail destruction of its rainforest as a conditionality of an IMF loan it needed after its 1998 currency crisis.[19] In another example, the WTO twice ruled against the right of the United States to insist that tuna imports were in compliance with its dolphin-protection standards.[22] Moellendorf noted, however, that in a subsequent case, the WTO upheld the rights of states to protect the environment, providing hope for a shift in WTO policy.

ALTERNATIVES TO GLOBALIZATION IN ITS PRESENT FORM AND CHALLENGES FOR NURSING

The outcry against the tyranny of neocolonialism, otherwise known as economic globalization, has been raised across many disciplines, including nursing. More importantly, global citizens from around the world have mobilized to protest against WTO deliberations and to lobby G8 leaders to exert their influence to change global economic policies. Despite the There Is No Alternative (TINA) mantra of the global economic order,[27] alternatives have been generated, some of which are already being acted upon by citizens of the world, including nurses. Importantly, the alternatives do not include a retreat from globalization or even from multilateral trade agreements for as Moellendorf noted, their elimination would leave weaker countries at the mercy of predatory practices of stronger countries who do not have a history of acting in a just and equitable manner.[22]

Rather, the criticisms and ethical analyses presented demand changes toward social justice at the global level. Just as there is a need to reconceptualize international health as global health,[8,11] there is a need to extend

our understanding of social justice to global justice, the "moral assessment and reform of global institutions."[45(p1)] Such an ethical underpinning is congruent with a renewed commitment to primary healthcare[42] and with nursing practice guided by a critical caring perspective.[46]

With an ethical foundation of global justice and an increased global nursing consciousness, it is imperative that nurses join others in political activism to bring about reforms of the current global order. The International Council of Nurses has actively lobbied the G8 for debt cancellation[47] and many professional nursing organizations have followed suit around the world.[31,48] As this analysis indicates, however, debt cancellation is only a beginning. The policies and structures of the global order need to change for today's impoverished countries to have any hope of breaking the vicious circle.

The World Commission on the Social Dimensions of Globalization report calls for more democratic governance from the local to global level, beginning with empowered local communities, more accountable national governments, fairness in the substance and application of global rules, and a shift from profit-centeredness to people-centeredness in global institutions.[1] That principle underpins many of the more specific recommendations made in the literature. Labonte advocated for the assessment of trade agreements with agreed-upon human rights and environmental sustainability goals.[10] He and others[22] are in support of policies that discriminate in favor of developing countries. Such practices would include protectionism for infant industries in developing countries and intolerance for developed world protectionism.

Shifting the central focus to people, rather than profits, translates into recommendations such as returning to a balance between supporting economic development and providing social welfare programs.[18] Labonte has argued for a reversal of present loan conditionalities that force privatization of health, education, and other essential public services, and instead suggests making loans dependant upon strong social programs.[10] He suggests that fines, rather than trade sanctions, would constitute a fairer penalty for WTO infractions and could generate global funds redistributed for health, education, and social development programs.

Finally, environmental protection must come to the forefront in international trade agreements and domestic practices. The burden of proof must be reversed and placed on those introducing or trading new chemicals or technologies, for example, to demonstrate they are *not* harmful, rather than the present system that requires proof by governments or trading partners that they are.[10,13] Alternate views of globalization that recognize our deep connection with each other and the environment[14,49] are consistent with ideas put forth in nursing literature, such as ecocentrism[50] and ecological citizenship,[8] and are congruent with nursing's unitary and caring sciences.

Nightingale left nursing with the legacy of nursing praxis in the global community[4] and of speaking truth to power.[51] Increasingly, nursing leaders are urging nurses to enter into the global health dialogue,[8] to raise nurses' global consciousness through education[5–7] and research,[52] and to bring the power of their unique perspective on human health and healing to bear upon policies and practices that influence global health.[9,53,54]

CONCLUSION

Considerable evidence suggests that neocolonialism, in the form of economic globalization as it has evolved since the 1980s, contributes significantly to the poverty and immense global burden of disease experienced by peoples of the developing world, as well as to escalating environmental degradation of alarming proportions. Although economic globalization is not new, a number of conditions have combined to make the current global order, driven by neoliberal values and ideology, a threat to health, the environment, and democracy.

Nursing scholars have drawn implications for global nursing praxis in research, education, and practice.[9] Nursing's fundamental responsibilities to promote health, prevent disease, and alleviate suffering also call for the expression of caring for humanity and environment through political activism at local, national, and international levels. Already, opportunities for global nurse citizens to influence reforms to the global economic order exist in professional nursing organizations, international health organizations, nurse-initiated projects such as the Nightingale Initiative for Global Health[4] and with coalitions of like-minded global citizens, such as the People's Health Movement. (See http://www.phmovement.org/getinvolved.html for excellent examples of how to "think globally and act locally.") As nursing's global consciousness evolves further, many more opportunities for action will present themselves. For the sake of humanity and our planet, nurses, the largest group of healthcare providers worldwide, can and must exercise their political power to bring about change. Not to do so, to simply accept the status quo, is as much a political activity as trying to bring about change in the global order[48] but one that abdicates nursing's legacy and moral imperative[51] and consigns millions to live their shortened lives in abject poverty and ill health. Which path will we choose?

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