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GLOBAL JUSTICE

The experience of human life differs dramatically depending on where one lives in the world. While many of those in wealthier countries can expect decent nutrition, housing, education, and health care, those in the poorest countries live under extraordinary poverty and hardship, without minimally adequate provision of life's necessities. One may be condemned to a fleeting and destitute existence simply by the morally arbitrary accident of birth location and no fault of one's own. Is there a duty to rectify this state of affairs? Is a duty owed universally to all persons, or is duty confined within associative boundaries of communities or nations? What is the extent of this duty—how much help must be given? To whom do duties belong? Theories of global justice seek to address these questions.

Material and health deprivations are not the only concerns of global justice, which also encompasses human rights and the operation and accountability of non-state global institutions such as the International Monetary Fund, the World Bank, and the World Trade Organization. The focus of this entry, however, will be on global distributive justice in global health. Global justice theories can be classed into four main perspectives: realism, particularism, social contractarianism (society of states), and cosmopolitanism. The idea of "global justice" is controversial. Indeed, some theories deny altogether the applicability of justice in the global realm. This grouping of perspectives is not definitive. The list here is based on the different implications of each perspective on the existence, scope, and assignment of global justice duties. Perspectives are ordered by the degree to which each recognizes global justice duties.

REALISM

Realism as a perspective is more descriptive than prescriptive—it deals with how the world works rather

than how it should work. In the global realm, realism takes two major forms, but both forms conceive of states interacting under the condition of anarchy, with no formal hierarchy among states and no governing authority to maintain order or enforce agreements. In this anarchic environment, states act to increase their own power—for security, but possibly also for expansion. Classical realism, as presented in the works of Thucydides (*The History of the Peloponnesian War*, 431 B.C.E.), Thomas Hobbes (*Leviathan*, 1651), and twentieth-century theorists such as Hans Morgenthau (1948), is rooted in human nature. Hobbes, for example, believed that sovereign states exist in a state of nature with one another, and conflicts are driven by human desire for gain, security, and glory.

Neorealism, particularly associated with Kenneth Waltz (1979), sets aside human nature to emphasize anarchy in the international system. States are the primary actors, and they act to promote their own national self-interests. Distribution of power drives state interaction, with states trying to maintain or improve their own relative positions to ensure survival. States worry about the gains of others coming at their own expense, introducing a zero-sum element to international relations. There is no duty to help other countries in need; aid is rendered only if it furthers a state's strategic interests. In both strains of realism, the international system is ungoverned by moral laws. There is no global ethical standard and no global moral imperative.

Sharing realism's basic premises of state actors pursuing self-interest in anarchy is the perspective of neoliberalism, but neoliberalism, associated with Robert Keohane and Joseph Nye (1977), emphasizes absolute gains rather than relative gains, allowing greater opportunities for cooperation among states to further their individual interests. Closely associated with both realism and neoliberalism is the model of self-interest-maximizing rational actors, which includes both state and non-state actors, such as international organizations (IOs) and nongovernmental organizations (NGOs). Actors can give aid, but aid is not directed by considerations of justice or even by its effects on recipients. Each actor's own goals and objectives drive assistance; benefitting aid recipients is a secondary issue.

Critique. Actors under realism and self-interest-maximizing rational actor perspectives have no duty to mitigate the suffering of others. The realist emphasis on relative gains—to be richer or more powerful than another—logically tolerates international inequalities; nor is inequality per se considered problematic in the context of neoliberal absolute gains. Even if assistance is rendered, the self-interest motivation undercuts aid effectiveness and may even make it counterproductive. Pathology in foreign aid is well-recognized. Much of

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foreign aid, for example, is directed by rich countries not to the poorest, neediest countries, but to former colonies, strategic allies, or regions in which they seek greater influence. Donor demands for accountability often overwhelm recipient countries with onerous monitoring requirements and duplicate paperwork, undermining their ability to implement substantive projects (Bebbington 2005). Aid is often politically directed and inefficiently used. This view of the global system paints a bleak picture, but it is a picture that reflects to a significant degree how the world operates.

PARTICULARISM

The particularist perspective focuses rights and duties upon members sharing a given affiliation. Particularist theories at least give distributive priority to affiliates; some go further to refute the possibility of global standards of morals or justice. Two prominent versions of this viewpoint are communitarianism and nationalism.

Under communitarianism, people's lives and identities are formed by, and embedded in, their connections and relationships. Members of a culture or society share common values, which guide moral judgments within that community. Michael Walzer, a representative proponent of this theory, asserts in *Spheres of Justice* (1983) that "a given society is just if its substantive life is lived in a certain way—that is, in a way faithful to the shared understandings of the members" (313). Distribution is a domestic matter, to be undertaken according to a society's values and priorities. Those shared understandings and principles are constructed by each society as it evolves; morality is reflective of culture, history, and tradition. Alasdair MacIntyre, another noted communitarian theorist, argues that different "traditions of enquiry, with histories" will produce different conceptions of justice—"justices rather than justice" (1988, 9). Moral standards are not universal or global. There is no basis for global distributive justice.

A nation is conceived by David Miller as an "active" community defined by "shared belief," "mutual commitment," history, connection to a territory, and a "distinct public culture" (1995, 27). Miller (1995) and Jeff McMahan (1997) see reciprocity between fellow nationals in the cooperative system of the nation as a basis for partiality, though Richard Dagger (1997) applies partiality more specifically to citizens of a state. Nationalists do not necessarily reject the idea of universal values, but Miller (1995), for example, contends that duties derived from such values are to be fulfilled mainly by fellow nationals. Nations respect the sovereignty and self-determination of other nations and usually observe the principle of nonintervention. In humanitarian crisis, help may be provided to foreigners but without the same obligation owed to fellow nationals.

The particularist perspective honors collective self-determination and provides for substantive notions of the good based on community values, rather than indeterminate abstractions or "neutral" conceptions that actually carry biases of their own (especially Western liberal bias). That duties are owed to affiliates is also more consistent with how most people intuitively understand their obligations.

Critique. The darker side of community-based substantive morality standards is that they imply acceptance of gravely disparate treatment of individuals, based again on morally arbitrary accidents of birth. Practices supported by some communities such as discrimination based on caste status, forced child marriage, widow burning, and slavery would be considered just within those communities, and in the absence of some global, or at least supracommunal, moral standards, the victims of those practices have no recourse.

The ethical significance of nationality can be disputed on the grounds that nations are not real communities in which members have direct relationships and undertake genuine reciprocal cooperation. Nations are instead "imagined communities," the members of which may have as much actual cooperation with those from other nations as with those from their own (Caney 2001). Compatriots may be in better position to discharge justice duties for one another, but that is an instrumental attribute of national or state affiliation and is not morally significant in and of itself (Goodin 1988).

A critique of the realist and particularist theories' denial, or at least de-emphasis, of distributive justice as a global concern is that while these theories might have been more tenable in a world where states and communities were more independent and self-sufficient, the increasing interconnection and interdependence resulting from globalization means that situations in other communities and countries—such as disease outbreaks and economic and political crises—can have significant effects on one's own community or country. Even if there are no theoretical justice duties owed to those beyond one's own community or nation, one has an interest in addressing deprivations and inequality that can result in negative spillovers. In addition, the ability of states to regulate their own affairs is often encroached upon by supranational bodies (e.g., the International Monetary Fund, the World Trade Organization) and transnational actors (e.g., transnational corporations). In today's world, ignoring affairs beyond one's borders or having an excessively narrow definition of self-interest is no longer realistic.

SOCIAL CONTRACTARIANISM (SOCIETY OF STATES)

Social contractarianism at the global level is closely identified with John Rawls's *Law of Peoples* (1999),

which takes Rawls's thought experiment of the “original position” described in *A Theory of Justice* (1971) out of the domestic or national context and applies it to the international arena. Rawls's actors are “peoples.” Members of each people share common values, common conceptions of justice, and are ruled by a common government, which means peoples are essentially represented by their states (see also Caney 2001). Peoples are to decide on mutually acceptable principles of international justice—the law of peoples—from behind a veil of ignorance. This is the original position, in which participants are knowledgeable about the world and human affairs but are ignorant about the attributes and social position of the individuals or populations they represent. Because peoples are equally uninformed about their population, size, resources, and relative power, the expectation is that peoples would set rules that treat all contracting parties fairly. These rules are quite minimal, and they include obligations to respect freedom and independence, to comply with treaties, to observe nonintervention, to refrain from war except in the case of self-defense, to observe restrictions on military conduct, and to honor human rights. The “duty to assist other peoples living under unfavorable conditions that prevent their having a just or decent political and social regime” is also specifically stipulated by Rawls (1999, 37).

The law of peoples thus explicitly posits an international duty—as a principle of international justice—to assist those in need. Rawls's international system allows inequality. Assistance is required for burdened societies only to the point at which decent institutions can be set up and maintained. What this point might be is suggested by Rawls's conception of core human rights. Among these rights is the right to subsistence. International inequality is not a concern if subsistence is achieved, though some argue that Rawls's framework would permit more egalitarian global redistribution than Rawls admits (Caney 2001). Rawls's law of peoples is not about international distributive justice but instead is about the justice of rules governing international interactions. The resulting international order is just because the governing rules are set by free and equal actors under fair conditions.

Rawls's law of peoples presents a universalist conception of justice, in that contracting parties have equal status and the principles to which they agree apply universally to all contracting parties. But this version of universalism is not actually fully universal, as Rawls imposes conditions on what peoples may participate as contracting parties. Only peoples that are liberal or decent may be parties to the international social contract. Liberal peoples are those with liberal constitutions, democratic governments, and no excessive economic inequality. Decent peoples are those that, while not liberal or

democratic or both, observe core human rights and account for the fundamental interests of all persons in policy making through consultation. Neither liberal nor decent peoples have aggressive foreign policies. Equal status is given to both types of peoples. Excluded from the social contract are “benevolent absolutisms,” “outlaw states,” and “burdened societies.” Benevolent absolutisms do not involve citizens in the political process. Outlaw states threaten international peace in their pursuit of power and domination or they violate the human rights of those under their rule. Liberal and decent peoples are permitted to engage these outlaw states in wars of self-defense or to coerce them into observing human rights. Burdened societies lack the social and economic prerequisites for liberal or decent institutions, and peoples have a duty to provide help until such societies can order their own affairs. These states are not considered equals of liberal and decent peoples; they are not parties to the contract and are excluded from the society of peoples.

Although Rawls's international social contractarian argument does not require international or global equality, its stipulation of a duty to assist burdened societies represents an acknowledgment of global justice duties that is missing in the realist and some particularist perspectives.

Critique. Thought experiments and their resulting principles of justice as presented by Rawls are vulnerable to methodological criticisms. Outcomes of thought experiments may be different depending on who the theorist is or what parties are allowed to participate. For example, principles agreed to by liberal and decent peoples may be quite different from agreements that included nonliberal, nondecent peoples. There is also no verifying whether peoples would actually agree on the same principles of international justice presented by Rawls, and there is insufficient detail explaining why or how actors would choose in hypothetical situations. Indeed, another criticism of Rawls is that “liberal” and “decent” peoples have been defined in ways that result in their agreement on his justice principles (Caney 2001). This means that outcomes ultimately depend on a substantive—not just procedural—theory of the good. Peoples' agreement on the principle to honor human rights is based on a vision of the good life. A thought experiment is unnecessary; what is needed is a justifiable theory of the good and what is good for humanity. This suggests that, under a different theorist or with a different set of participants, different principles of justice might emerge. The inclusion of burdened societies as parties to the contract, for example, may well yield principles with greater emphasis on global distributive justice.

The minimalism of obligations under the law of peoples effectively has a status-quo bias that insufficiently accounts for the interdependence and domination existing

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in the real world. Rules made under ideal situations may not do enough to ensure freedom and independence of peoples in the far-from-ideal reality. Rawls actually attributes the success and failures of peoples to characteristics of their societies: “the causes of the wealth of a people and the forms it takes lie in their political culture and in the religious, philosophical, and moral traditions that support the basic structure of their political and social institutions, as well as in the industriousness and cooperative talents of its members, all supported by their political virtues” (1999, 108). This view ignores the negative political and economic influence on developing countries of rich, powerful countries and the transnational corporations and international organizations (e.g., World Bank, International Monetary Fund) they arguably control.

Instead of confining parties to the international social contract to “peoples,” other contractarian theorists argue for more extensive global redistribution, one based on contracts that everyone on earth would agree to at the global original position. Rawls rejects the application of the difference principle he formulated for domestic society to the international society of states, because the attributes of domestic society as a system of cooperation regulated by shared fundamental principles and norm of reciprocity are not shared by international society. Charles Beitz (1979) in his earlier response to Rawls countered that domestic societies in fact operate within a context of global economic cooperation, and thus the difference principle ought also to apply globally. He later revised his argument so that his support for the inclusion of everyone in the global original position and the global application of the difference principle is based on humans having an “effective sense of justice” and their ability to “form, revise, and pursue a conception of the good” (1983, 595). Thomas Pogge (2004) claims that, in the interest of ensuring the ability to maintain well-ordered societies and to avoid the corrupting influences of huge international inequalities, representatives of peoples would opt for more egalitarian distribution than Rawls suggests, especially since disadvantaged peoples are, to a great extent, disadvantaged due to the global activities and institutions of rich peoples. More fundamentally, there is no reason why Rawlsian domestic social justice should not be globally applied, such that basic rights and fair equality of opportunity would be secured for all individuals—not peoples—and inequalities would only be permitted if they better the position of the worst off. Brian Barry (1995) draws on both Rawls and Thomas Scanlon (1982) for a global social contract that no person could reasonably reject, which would call for equal consideration unless partiality can be justified in terms acceptable to everyone. These global applications of social contractarianism can also be considered a variety of cosmopolitanism, discussed below.

COSMOPOLITANISM

Cosmopolitanism boasts a lineage that goes back to ancient Greece. It is a relatively “open” perspective in terms of the specification of goals and duties. Different cosmopolitan theorists have different views of global justice and its requirements. Uniting all versions of cosmopolitanism is the idea that all humans are members of the same community and have universal moral standing. Individuals are the object of universal moral standards, and all shoulder the duties of justice. This universalism stands in contrast to the emphasis on attachments and obligations to one’s own community or country under particularism. Two strains of cosmopolitanism especially relevant to global distribution are utilitarianism and human rights cosmopolitanism. (The global application of contractarian justice can also be classed as a cosmopolitan argument, but it is discussed in the section on “social contractarianism.”)

Utilitarianism. The good in utilitarianism is welfare or utility, which can take on different meanings depending on the theorist. Earlier utilitarians such as Jeremy Bentham (1879) and John Stuart Mill (1887), for example, identify utility as pleasure or happiness; more generally, utility is a subjective measure based on satisfying one’s preferences. All humans are equal in that they all feel pain and pleasure, and their welfare and preferences can be compared and aggregated across individuals. The utilitarian aim is to maximize utility. No moral significance is granted to citizenship, community membership, or other special relationships. Aside from these defining features, utilitarianism does not entail specific duties or procedures. It does not matter how utility is maximized as long as it is maximized. Utilitarianism prescribes no specific duties—duties and rights are essentially empirically determined rather than theoretically derived, based on what maximizes utility.

The most prominent utilitarian theorist on global distributive justice is Peter Singer. In his famous 1972 article “Famine, Affluence, and Morality,” Singer endorses the utilitarian position that everyone “ought, morally, to be working full time to increase the balance of happiness over misery” (238) and argues that people have the obligation to prevent death and suffering as long as doing so does not entail “sacrificing anything of comparable moral significance”—that is, without generating an outcome that is comparable to the bad that one acts to prevent (231). He further asserts that proximity makes no moral difference, that obligation is the same toward someone ten yards away as toward a stranger on the other side of the world. Rather than spending money on discretionary items (e.g., vacation travel, movies, jewelry), people ought to give it away to relieve starvation and poverty. The strong version of Singer’s redistribution

demand—which he holds to be correct—calls for people to give until they reach the “level of marginal utility—that is, the level at which, by giving more, [one] would cause as much suffering to [oneself] or [one’s] dependents as [one] would relieve by [one’s] gift” (241). In the context of Singer’s example of helping Bengali refugees, people would give until they reach comparable material circumstances as the refugees. Although utilitarianism is not concerned with equality per se, taken to its logical conclusion, Singer’s strong demand would have a radically leveling effect in terms of global distribution. Singer does caution against excessive slowing of the consumer economy, since a smaller economy may yield lower absolute levels of aid and inferior results.

Singer’s strong claims raise objections against their excessive demands. Most people feel different degrees of obligation toward those in proximity and toward strangers half a world away. Most people also draw a distinction between optional charity and mandatory duty, and giving money away for humanitarian purposes is usually considered the former—itself a kind of discretionary expense, and certainly there is no expectation for this expense to materially reduce one’s standard of living. The idea that not only does one have the duty to give to help strangers but must give to the point of marginal utility is too psychologically demanding for most people to accept, and thus an unrealistic proposal. Singer later proposed a sliding scale that would set contribution from 1 percent to 5 percent of income for most American earners (2009).

Critique. The subjectivity of the utility metric poses questions for its interpersonal comparability, and this issue is exacerbated in the global context. One’s perception of one’s welfare may not accurately reflect one’s objective quality of life, a critique associated with Amartya Sen and Martha Nussbaum. People who experience prolonged deprivation, discrimination, or misfortune may internalize their low status and lack the necessary information to compare their situation with others (e.g., illiterate women in poor countries), thus distorting assessments of their welfare. One example offered by Sen (1985) is that of widows in India reporting significantly less ill health than widowers, despite having notably low health status. Impoverished widows with few rights had lower expectations of welfare, compared to the relatively more privileged widowers, not to mention citizens of rich developed countries. The standards by which these individuals and groups judge their utility or welfare are likely to be dramatically different. Such “adaptive preferences” undermine the usefulness of utilitarian calculations, says Nussbaum (1997).

Utilitarianism can also discriminate against vulnerable groups and individuals in its weighing of costs and benefits. Although everyone’s burdens and utility are

commensurable, people with less capacity to benefit from resources are disfavored in resource allocation, since they can be seen as deriving less utility per unit of resource; aggregate utility would not be maximized. In the health context, utilitarian principles and metrics can disadvantage the elderly and those with disabilities relative to the young and able-bodied.

Another objection is that utilitarianism imposes no moral limits on measures to increase utility. Since all good is to be measured by a single metric and thus directly comparable and exchangeable, all trade-offs between values are possible and permitted. No special value is accorded to life or liberty; individual interests may be overridden by collective interests. Individuals are not ends in themselves, but are expendable as means to ends. If sacrificing individuals would increase aggregate welfare, utilitarianism would permit it. Forced sterilization to uphold population-control policies, for example, can plausibly be defended on utilitarian grounds.

Human Rights Cosmopolitanism. All individuals have rights by virtue of human status. Civil and political rights such as some measure of freedom (to travel, to worship, to express oneself) and the right to participate in political life are well recognized. In the context of distribution, rights-based cosmopolitans also stipulate a right to certain levels of economic resources. Note that although human rights theorists believe that all humans are entitled to a basic level of resources, they do not necessarily require global equality. Levels of provision can range from relatively minimal subsistence—put forth by Henry Shue (1996) and Charles Jones (1999) as a basis for exercising and securing other rights—to strong egalitarian demands for equal shares of natural resources, advocated by Hillel Steiner (1994). Between these two ends is Thomas Pogge’s (2008) global redistribution approach that is motivated not only by universal human entitlement but also by the concern for negative duty violations. The people of rich Western nations are causally responsible, at least in part, for the misery of the poor through the global institutions they support. International trade rules are biased toward rich countries (e.g., allowing agricultural subsidies, strong intellectual property protection for medicines), and international law and norms support conceptions and privileges of state sovereignty that prop up corrupt rulers, directly contributing and perpetuating the suffering of the poor. Members of rich countries design and operate these global institutions in their own favor. They thus violate the negative duty to do no harm, because the hurt inflicted by the current institutions is avoidable—they could have chosen to design and operate institutions in ways that are more beneficial to the poor. Thus they have the duty to remedy the suffering of the poor through global redistribution.

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Pogge's theory allocates justice duties based on causality and confronts the task of establishing and proving causal connections between individuals' and institutions' direct and indirect actions and the suffering of the poor. Because the causes of poverty, ill health, and other varieties of misery are complex and multidimensional, direct responsibility is difficult to assign—or at least, its assignment is sure to be controversial and disputed. This is even more true for the assignment of indirect responsibility. What counts as "support," for example? In rich countries, is there anyone who can be considered innocent of such problematic support? How would relative or weighted causality be determined for domestic and foreign individuals and groups? Proving absolute and relative causality is hard, and different conclusions might be drawn from different data. Norman Daniels (2008) contends that Pogge is not clear regarding the standard against which to measure harm to the human right to health, and that the international causality approach would not deal with inequalities caused by natural conditions or domestic problems.

Critique. Aside from specific versions of cosmopolitan theory, the cosmopolitan perspective as a whole faces some general criticisms. One is that cosmopolitanism per se sheds little light on justice requirements. Equal moral status alone does not identify morally relevant attributes that must be protected and promoted for all individuals; it is compatible with liberal and illiberal values. Thus, by itself, cosmopolitanism cannot serve as a basis for global public policy, or for global governance. Substantive notions of human good that set out desired goals and principles for pursuing those goals would be needed, and those can only be derived from other philosophical perspectives. This observation of cosmopolitan insufficiency has been noted by particularists committed to society-specific conceptions of justice, who quarrel with the universalism of cosmopolitan theories. Michael Walzer argues that efforts to extract a determinant universal set of human goods and values would yield a set that must "be conceived in terms so abstract that they would be of little use in thinking about particular distributions" (1983, 8).

APPLICATIONS OF GLOBAL JUSTICE PERSPECTIVES TO GLOBAL HEALTH

Since the rise of globalization, global justice has received significant philosophical attention. In response to global health deprivation, efforts to formulate universal health norms have been undertaken by the United Nations: the Universal Declaration on Bioethics and Human Rights was adopted in 2005 (United Nations Educational, Scientific, and Cultural Organization 2006); the International Covenant on Economic, Social, and Cultural Rights, article 12, asserted a right to the "highest

attainable standard of health" (United Nations Economic and Social Council 2000); and a right to "a standard of living adequate for ... health and well-being" was included in the Universal Declaration of Human Rights (United Nations General Assembly 1948). Yet these declarations share the weakness of the major global justice perspectives in that they do not provide theoretical grounding for global ethical standards, for defining duties and assigning them to actors. Work is developing in global justice that theoretically grounds and specifies the ends of justice and guides implementation in the realm of global health.

A distinction can be made between global justice and global ethics, according to Thomas Pogge, Keith Horton, and Darrel Moellendorf: global justice addresses "moral entitlements and duties in relation to global and international institutional arrangements" (Pogge and Moellendorf 2008, xxv), whereas global ethics concerns the "moral responsibilities of individuals, governments, and other agents with respect to issues that have global dimensions" (Pogge and Horton 2008, xxv), taking as given their institutional background. A plausibly implementable approach to global health justice would need to establish justice entitlements and associated duties, as well as allocate ethical responsibilities to relevant actors to fulfill those duties.

One view of global health justice that seeks to do both has been termed "provincial globalism" (e.g., in the work of Jennifer Prah Ruger). Provincial globalism's conception of global health justice is, on the one hand, universalist and cosmopolitan. It stipulates a universal duty to promote human flourishing everywhere, and it endorses a minimalist set of central health capabilities around which global consensus might form. Morally arbitrary global health inequalities and externalities are unacceptable, but a full equality in health outcomes is not required. Instead, people's health functioning—within the limits of their own circumstances—is to be brought up to a threshold standard (e.g., the world's highest national average life expectancy). Such "shortfall" inequality is to be reduced as long as such efforts do not decrease the health functioning of others. Greater priority is given to the more disadvantaged and to all those below the threshold standard in proportion to their deprivation.

In its allocation of ethical duties in furtherance of these ends, on the other hand, provincial globalism sits between nationalism and cosmopolitanism. Actors at individual, local, state, and global levels all have responsibilities toward achieving global health equity, allocated based on principles of voluntary commitment and functional requirements and needs. Instead of governing global health based on realist principles of self- or national interest, actors at all levels must voluntarily commit to share resources and act collectively for health

equity. Provincial globalism is consistent with nationalism in that it recognizes the state as bearing primary responsibility toward its citizens, as well as in its respect for national self-determination as a reflection of collective agency. Yet it also goes beyond the state in supporting important roles for global actors in addressing global health inequalities and externalities. Its conception of justice is not based on utilitarian notions of subjective welfare, realist pursuit of interest, or contractarian mutual advantage to the exclusion of those who are unable to contribute; instead it seeks a global consensus of central health capabilities necessary for human flourishing.

Provincial globalism is still in development, but it offers an illustration of the various components, theoretical and empirical, needed to build a global health justice theory that is morally grounded and that provides guidance for implementation. Other potential global health approaches share some features with provincial globalism and with one another: specifically, the human rights-based approach proposed by the United Nations Economic and Social Council as General Comment No. 14, on “substantive issues arising in the implementation of the International Covenant on Economic, Social, and Cultural Rights” (2000) and the use of an overarching international legal instrument—a legal approach—in the form of international law or “framework convention” for global health efforts (Gostin 2012, 2087). Unlike provincial globalism, however, the goal with a convention is not to reduce shortfall inequality in health capabilities but rather to focus on “basic survival needs”—including a clean environment, sanitation, nutrition, essential drugs, and health systems. Under a right-to-health approach, the responsibility for realizing the right to health falls primarily to the state, with global responsibilities in conjunction with state efforts (Committee on Economic, Social and Cultural Rights). While a number of human rights treaties already exist, their implementation and effectiveness, especially for health (Ruger 2008) are debatable, discouraging prospects for negotiating new legal instruments with more legal commitments (Palmer 2009).

Others take a different tack. Instead of an individual right to health—which focuses on individual access to health care at the expense of collective public goods and public health systems—another legal approach in global health is based on a collective human right to development to better address the social determinants of health and health inequalities. Poverty, in particular, is deemed the “primary” social determinant of poor health and health inequalities (Fox and Meier 2009, 11). Because a right to development is already internationally recognized, it can draw on international human rights law as a basis to reform international institutions for fair trade and more egalitarian participation for developing countries. The

state once again bears primary responsibility for fulfilling the right to development; the international community has the duty to cooperate where state abilities fall short.

Aside from theories developed specifically to address global health justice, global justice theories have been examined in the context of global health. The major perspectives on global justice have been compared and assessed for their implications for global health policies. Mira Johri and colleagues (2012), for example, find that global health initiatives can often be justified and supported under multiple perspectives; others advocate particular perspectives over others. For example, Norman Daniels (2008) looks at viewpoints that can “break the stalemate” between cosmopolitan and statist perspectives (112); Christopher Lowry and Udo Schuklenk (2009) favor a utilitarian approach over Pogge’s focus on responsibility. The most frequent application of global justice perspectives is of cosmopolitan human rights to ground obligations in global health.

The human rights perspective has several advantages as an approach to global health. Theoretically, a rights approach imposes obligations on states rather than requesting discretionary charity from individuals and states. Depending on how human rights are defined, the rights approach can go beyond health care to cover all determinants of health. Practically, human rights have gained political support and are well integrated into international law, with every country signed on to at least one international convention that involves health-related rights. The state is the obvious duty bearer. Yet this approach has its weaknesses, too. There may not be sufficient political and resource commitment to fulfill health-related human rights. Weak enforcement mechanisms in international human rights treaties provide incentive for states to sign on to documents for the appearance of legitimacy even though they have no good faith intention to actually implement rights.

States may have less policy latitude to realize rights given the constraints of global institutions and globalized markets, and as Audrey Chapman (2009) has noted the international legal framework has difficulty regulating non-state actors. More fundamentally, there is inadequate understanding of what social and economic rights entail and how they can be enforced, and international human rights law more generally is ambiguous and a product of much compromise. Even without those problems, some argue (Daniels 2008) that framing global health inequalities as an international human rights issue would not fully address international health inequalities arising from different rates of progressive realization and unequal national resources. Whatever its inadequacies, human rights as the “*lingua franca* of the international community” is a salient perspective for thinking about global justice and health (Baker 2001, 250).

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GLOBAL HEALTH ETHICS

More directly relevant to current global health practice than the relatively abstract theories of global health justice is global health ethics, which aims to guide actions in global health situations even in a world that is not “ideal” from a justice perspective. Because global health has typically dealt with populations that are vulnerable—as a result of poverty, lack of education, lack of social status, lack of political control, and so on—a main concern in global health ethics is the power disparity between rich, developed-world actors and the people of developing countries, from which arises the need to ensure that the latter are not harmed or exploited by the former. The disparity between rich and poor becomes highly visible in the context of health resources availability and access, and it is also in evidence in the dearth of medical research conducted in developing countries.

International trade and trade rules affect the availability and affordability of drugs in developing countries. Because developing countries are not profitable markets, pharmaceutical companies do not sufficiently invest in research and development for diseases affecting those populations, generating the notorious “90-10” gap (90 percent of research resources are devoted to health problems affecting 10 percent of the world population). Intellectual property laws result in higher drug prices where newly developed drugs are under patent protection. Attempts by developing countries to use or make generic versions of the drugs often encounter economic, political, and legal opposition from pharmaceutical companies or their home countries. Affordability of drugs can be improved by using pricing discrimination favorable to poor countries and through bulk purchasing of medicines (e.g., as carried out by the World Health Organization’s Global Drug Facility, created to help make tuberculosis drugs universally available). More radical proposals include voluntary “out-licensing” by patent holders to allow generic manufacturers to compete on price in poor countries while retaining patent rights in rich countries (see Friedman, den Besten, and Attaran 2003); pegging rewards to a drug’s effects on the global disease burden (see Pogge 2005); and establishing a global institution to reward “justice-promoting innovation” and to authorize compulsory licenses on a state-by-state basis (see Buchanan, Cole, and Keohane 2012). Other policy theorists support limiting intellectual property rights for essential drugs (see Risse 2012) and the right of the state to use compulsory licensing in public health disaster on various grounds (see Schuklenk and Ashcroft 2002) making consequentialist arguments, whereas Richard Ashcroft (2005) extrapolates from Hobbesian social contract. Scarce drugs can be allocated based on different principles, such as potential for best outcomes or priority for groups considered socially important (e.g., health workers and teachers); Daniels

(2005) calls for a fair, deliberate, transparent process, in which relevant stakeholders can consider these principles and justify their position to one another when deciding on an allocation scheme. As a specific example of a consequentialist approach, Dan Brock and Daniel Wikler (2009) endorse shifting resources from HIV/AIDS treatment to prevention, arguing that the latter would save more lives.

Health systems in developing countries are also vulnerable to trade policy. Health services privatization and trade liberalization, sought by the General Agreement on Trade in Services (GATS), can lead to high costs and impact inequality in health and health access; they also narrow government options for directing the development of national health systems and for public provision (see Lee and Koivusalo 2005). The recruitment of developing-country health workers by developed countries also causes brain drain in already resource-stressed health systems. Responses to brain drain may include training more physicians in, and limiting recruitment by, developed countries; some recommend “locally relevant medical training” to decrease demand and improve retention (Eyal and Hurst 2008, 180). Others draw on Pogge’s causality and responsibility argument to propose a global justice approach to the brain drain problem, involving greater production of health workers in developed countries and reversal of harmful structural adjustment policies that hinder health system investment and health worker retention in developing countries (see Tache and Schillinger 2009).

Several “selected problems in global justice and bioethics” have been identified (Millum and Emanuel 2012, 11). These include in the subject of clinical care: health tourism, organ trafficking, access to medicines; under the rubric of research: responsiveness, benefit-sharing, standards of care, ancillary care, and post-trial access; in the area of health policy: parallel health systems, intellectual property, brain drain, international disease threats, lifestyle exports; and in theory: cultural variation, priority setting, the right to health and ideal and non-ideal theory. While several of these subjects and topics are dealt with in other entries in this work and some are discussed above and in the chapters in *Global Justice and Bioethics* (see, e.g., chapters by Jonathan Wolff on the right to health, by Gopal Sreenivasan on relating ideal to non-ideal theory, by Alan Wertheimer on researchers’ obligations, and by Lisa Fuller on the role of international NGOs), considerably more work is needed in these burgeoning areas.

DRAWING PRACTICAL CONCLUSIONS

Global health justice and global health ethics are fields still very much in development, though there appears to be a trend in global health justice theories toward health equity

and rights-based approaches and toward giving states primary responsibility; in global health ethics, a basic goal is to avoid harm and avoid exploitation of developing countries and vulnerable populations. Health is tremendously complex, involving not just medicine but also factors such as poverty, education, and environment. This complexity is exacerbated at the global level by the great number of global actors—stitutions, donors, and NGOs—as well as international rules, which have impact on health but none of which are entirely under national, not to mention individual, control. Global, state, and non-state actors need a more comprehensive understanding of their interests, as well as more fully developed moral justifications and ethical guidelines to better define and coordinate their efforts to tackle global health deprivations.

SEE ALSO *Community and Communitarianism; Contrac-tarianism and Bioethics; Cross-Border Medical Travel; Global Health Inequalities and Inequities; Globaliza-tion and Health; Health Care, Worker Migration; Health Care Institutions; Human Rights; Justice; Liberty; Life; NGOs in Health Care; Public Health: IX. Social Determinants of Health; Social Justice; Utili-tarianism; Vulnerability*

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