

# GLOBALIZATION AND THE DILEMMAS OF UNIVERSAL HEALTH

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## **Meanings and Scope of the Term *Globalization***

Like other terms that spread rapidly, *globalization* has many meanings and represents different things for different people. For starters, it connotes greater availability of the technical and technology resources that have shrunk the planet, reducing physical and temporal constraints and facilitating day-to-day operations. Communication devices, transportation modes, and microprocessors have eliminated the barriers of space, time and individual capacity. In addition to their value as tools, advanced technology in the form of cell phones, passenger planes, and personal computers have qualitatively altered the value and scope of human life, in one sense reducing limitations, but in others invading spheres of privacy and placing greater demands on the human body. Internet-induced addictions, the obsession for constant communication, and the sedentary lifestyle of television and computers have modified habits, expectations, and how we spend our time. Conceivably, even our physiology has been altered. This not only has to do with the “hard” techniques and technologies of equipment and machines. The “soft” technologies of communication, interpersonal relations, and planning have also changed radically.

The greater availability of goods and resources is not automatically accompanied by greater access; one need only think of Africa’s disenfranchised masses, the famines of overpopulated countries, or the lack of basic services suffered by millions. The distribution of progress and its benefits reflects preexisting inequities. Hence, the “we” that seems to refer to the human species and the triumphs of its civilizations is still a noninclusive term.

For some people, globalization is the rapid development and progressive distribution of these resources. However, the term acquires another meaning when alluding to a way of life, supposedly civilized, that proffers benefits to everyone capable of adopting it. Embodied in institutions and social practices, values such as democracy, the self-determination of peoples, and justice are the standards under which what was previously known as progress are now judged. Today, though less so than some decades ago, we speak of development as something other than the simple possession of goods and natural resources; it involves the application of rationality to how they are used and their rapid financial multiplication as assets that produce a return on investments. The assumption is that these goods result in well-being, and that this well-being is derived from two sources: science, on the one hand, and the prevailing values of the economic powers, on the other. Thus, knowledge is pitted against the simple beliefs of nonindustrialized peoples, and any form of government or interpersonal relations that does not fit the accepted standards in certain regions of the world is rejected outright by the standard-bearers of globalization.

Clearly, globalization is not global in this second meaning of the term either, as it implies hegemonic practices that monopolize awareness, establishing an incontestable hierarchy of values. Nor does it embrace all peoples and human beings, since there are those who refuse to accept a destiny not devised or carved out in their own context. Nonetheless, for some this is the very essence of the notion of globalization.

In third place- and others would say first- globalization is an economic concept. The expansion of markets, free trade agreements, and the movement of goods and people unfettered by national borders or controls are elements that universalize commercial transactions and economic impacts. In order to adapt, small countries and producers of raw materials must know their position in the world agreement and enter the race to attract the financial investments that ensure economic growth. Those unable to modify their business, production, or wage practices are doomed to failure.

This conceptual variant of *globalization* is not global, either. Due to market dynamics and the competition for financing, this model excludes peoples whose luck of the draw in terms of natural, geographical or human resources places them in positions of relative inequality. The world economic structure does not become a system, a harmonious whole of complementary elements, because everyone is jockeying for advantageous and productive positions.

There are technical, cultural and economic dimensions to all of these meanings, but a brief examination of their uses in describing social processes fails to identify a truly global phenomenon, at least at this time and in terms of observable effects. Nor can it be claimed that globalization produces universally positive or beneficial effects, since in these three dimensions, preexisting exclusions and limitations in society are worsened.

### **Globalization as Beneficial Ideal and Forms of Power**

The response to such criticism is that globalization is not yet producing all of its benefits because the process is incomplete and in development, and pretending that all human beings will enjoy benefits instantaneously is absurd. Technological innovation, for example, requires physical expansion, reduction of transaction and investment costs, a balance between the dissemination of information and the protection of intellectual and industrial property rights, controlled imitation and cultural acceptance. Likewise, it would be unfair to expect the benefits of cultural globalization to reach the masses unversed in the tongues of civilization—English and its fundamental cultural assumptions, for example. It is assumed that the excluded of today will reap benefits as they learn to live with the social and operational technologies of the hegemonic globalizers. The same argument obviously applies to economic globalization; the prophets of globalization-driven development and progress suggest giving it time.

The concept of globalization, even in a brief description, clearly calls for an examination of its ideological implications, entailing a reflection on power. Even if a homogenized and globalized humanity without cultural diversity and regional beliefs and values were a desirable goal, it would imply the subjugation of people who think differently and the elimination of aspirations out of harmony with the desirable paradigm.

A consequence of globalization as axiology or value theory is to consider diversity negative. Power should be understood in its healthy dimension: as a

beneficent admonition to behave in a reasonable, desirable, and civilized manner, steering peoples to their historical peak under the guidance of sagacious leaders.

None of this is exclusive to contemporary times. The idea of empire has always meant bringing diverse peoples together under the aegis of a central power with aspirations of permanence and universality. Indeed, empires are always artificial edifices made up of nations whose evolution includes periods of growth, peak, and decline. It is on the peripheries of empires that the inevitable corruptions of power are observed and where alternative powers emerge. In exchange for subjugation, empires offer universalized peace such as the *Pax Romana*, which formalized the status of citizen of the empire and created a desire in marginalized peoples to enter the imperial sphere. The cost of this peace was subjection to the power exercised by chiefs, institutions, or bureaucracies that established the principle of surplus to finance luxuries such as the sciences and the arts.

Whatever their name, the distinguishing trait of the confederations of nations that can be called empires (Rome, the Holy Roman Empire of the German Nation, Austria-Hungary, the Soviet Union, Yugoslavia) is the imposition of goals, values, and cultural practices on heterogeneous populations. Due to the technological and economic dimensions, such forms of globalization are now escalating at an unprecedented scale. The difference between current and previous forms of globalization is therefore one of magnitude, not principle.

It should be pointed out that in some languages the word *power* has two clearly separable meanings, such as *pouvoir* and *puissance*, in French, or *macht* and *gewalt*, in German. The distinction between the two offers a valuable contribution to our argument. In fact, there are forms of power that are simply violent impositions, while others are accepted by consensus of the governed or subjugated. The expression “legitimate power” can be applied in the second case to indicate that acceptance is not merely subordination to an alien rule. In this distinction lies, for example, the possibility of differentiating between rules of heteronymous conduct imposed upon those who must follow them, and those that are adopted autonomously after reflectively weighing their scope and nature.

### **Globalization and Health as a Desirable Value**

A superficial reading of this description might find it negative. Quite the contrary, it opens doors to a reflection on goals, rights, and obligations within a factual context, because it is true that nations and peoples, in their passage from band to tribe and from tribe to State, always seek to dominate other human beings and impose their values and beliefs. The fervor of colonizing is just like the fervor of evangelizing, and the Christian conqueror is as firmly convinced of the holiness of his mission as the Muslim or pagan conqueror. Furthermore, in principle there always are and always will be victors and vanquished, since regardless of the methods or violence used, the goal is to make those who are dominated feel that their subjugation is legitimate. Legality and legitimacy tend to be dissociated in imperial undertakings; while the former imposes by means of the word, the latter entails the adoption of a sense of belonging and solidarity. They embody the two forms of power mentioned earlier.

It is necessary to imagine what life is like in social formations in order to address the subject of health, well-being, and quality of life. Tönnies' distinction between *Gemeinschaft* and *Gesellschaft* is still heuristically valid. For those who live in the former, the "face-to-face" is the foundation of their interpersonal relations, which become ends in themselves. Cohesion is ensured because all participants are ends for the others and contribute to a common undertaking known and recognized as fruit of the social body. In the impersonal *Gesellschaft*, on the other hand, social agents pursue their own ends and use their contemporaries to achieve them, oftentimes not even knowing their name, and the relation takes place in the virtuality of abstract social roles. Ortega y Gasset said that societies are "de-souled"—they have no soul or personal inner world. Thus, the policeman is not a person asking me to comply with the law; he is a generic policeman, an abstract representative of a similarly abstract legal principle that, paradoxically, becomes real only through its consequences and transgressions. The modern-day *Gesellschaft* is not only de-souled by its dimensions and the stylization of social roles culminating in the strict differentiation of specialized work, but also because we are lonely crowds whose members utilize relations as instruments to pursue their individual or group interests within the larger society.

The issue of health and well-being falls within this area of relations and, especially, of significances. Virchow, founder of cellular pathology, held that politics is the medicine of societies, and that medicine is the politics of the body. This assertion can be extrapolated easily in a mental experiment. The fantasy of living in a state of plenty (individual) is also that of living in a just state of solidarity (social). Thus, while physiology may seem very distant from sociology, in reality it can be assumed that corporally, life in a "face-to-face" society is different than in an impersonal society. Health in a *Gemeinschaft* is not the same as in a *Gesellschaft*.

Let us say that the dimensions of the phenomenon of health include both the sensation of plenty and well-being, and expectations and desires capable of being satisfied. Despair is as deadly as bacteria and indubitably, an illustrative plague of modernity. In addition, a quality life not only involves determinants of quality of life (such as material conditions and health), but also the prospective dimension of hope and encouragement about what lies ahead, a diachronic factor of anticipation that is sometimes identified with the sensation of confidence in the future, security in the face of presentiments of misfortunes, and reasonable and appropriate culminations of personal and group projects. Political instability makes people live and experience things differently. This does not mean that health is poorer in the stormy scenario of wars and revolutions, because historical evidence suggests that people demand less medical care during such events. It only means that one lives differently and that that this change in lifestyle modifies the way in which what is healthy and what is not is felt.

Generally there is little understanding of the underlying values rooted in the concept of health, which is usually reduced to considerable materiality as corporality, survival or adjustment to the norm. However, it has been shown repeatedly that health, as a value, modifies perceptions and expectations in the sense of providing satisfactions to those who require services and rewards to those who provide them, when the relationship between one and the other is harmonious.

### **Universals of Health and Globalization**

Debate on the universality of moral standards can be extended to the very concept of the universality of the values that justify and support those standards. The design of appropriate healthcare systems should include at least three dimensions. The first one is the art or technical quality of the services, which in the best of situations should be state-of-the-art. Second is the positiveness of its functioning, for both those who operate the services and those who use them. The third has to do with their aspiration to justice, essentially in the sense of equity: a fair distribution of benefits, and avoidance of avoidable inequalities.

The effectiveness of a health system depends on its resources and its efficiency. Efficiency involves not only the technical competency of its members, but also the appropriate utilization of primary, secondary or tertiary resources, as expressed in the three dimensions of what is appropriate (or correct), what is good (or positive) and what is fair (or equitable).

Just as an ethical evaluation should always be made in a specific cultural context, an adequate understanding of supply and demand in health systems should contemplate the local context. The great challenge of international organizations is precisely to mediate between the local aspirations of groups and individuals and the great historical determinants of social life. In this regard, the task of an entity such as the Pan American Health Organization (PAHO) is, on one hand, to recognize and detect macrosocial and macroeconomic determinants in order to adapt them contextually to the demands and needs of the populations it serves. In simple terms, it is a function of integration in which the great challenges and important prospects and dimensions of the globalization process are humanized and individualized. The idea of universal health, equal for all human beings, is a noble aspiration that should take into account the limitations and deficiencies of applying universal moral principles. The service of the international community is to provide conceptual and operational foundations for the idea of a “public common and universal good” that moves progressively from aspiration to reality for the majority, and ultimately, for all human beings.

In this task, PAHO, faithful to its mission, integrates the opinions and deliberations of the citizens and institutions that make up its Member States, and turns them into public health policies that the countries adopt according to their priorities. It has to do with making the most of globalization’s advantages and adapting them to public and individual health in local contexts.

### **ABOUT THE AUTHORS**

*Mirta Roses Periago* graduated as a medical surgeon from the Universidad Nacional de Córdoba in 1969, obtaining a diploma in public health-epidemiology, and obtained a degree as a Specialist in Infectious Diseases from the Universidad de Buenos Aires, in addition to studying tropical medicine at the Universidad Federal del Estado de Bahia, Brazil. In 1974 she entered the Ministry of Public Health of Argentina, where she held positions in the areas of epidemiology, research, and health emergencies. Dr. Roses joined the Pan American Health Organization/World Health Organization in 1984 as coordinator of the Epidemiology Unit of the Caribbean Epidemiology Center, located in Trinidad and Tobago. In 1986 she was transferred to the Dominican Republic as an epidemiologist, and in 1988 was named PAHO/WHO Representative in that country. From July 1992 to January 1995 she served as PAHO/WHO Representative in Bolivia, and in 1995 assumed the post of

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Assistant Director of PAHO, joining the group of assistant director-generals of the World Health Organization and the Programme, Budget and Administration Committee. In September 2002, the countries of the Americas elected Dr. Roses as Director of the Pan American Sanitary Bureau.

*Fernando Lolas Stepke* obtained his medical-surgical degree from the Universidad de Chile, with graduate studies there and at the University of Heidelberg, Germany, in psychosomatic medicine, psychiatry, and history. He has served at the Universidad de Chile as director of the Psychiatric Clinic, vice-rector of Academic and Student Affairs, and then as director of the Interdisciplinary Center of Studies in Bioethics, which he founded in 1993. In 1998 he joined the Pan American Health Organization as Director of the Regional Program on Bioethics. Dr. Lolas currently forms part of the Health Systems Strengthening area. He is academic officer of the Chilean Academy of Language and correspondent of the Royal Spanish Academy. Holding honorary doctorates from various Latin American universities, he was appointed full professor at the Universidad de Chile in 1989, and has written more than 30 books and over 400 scientific articles in Spanish, German, English, Polish, and Portuguese.