



# **WORK MATTERS**

## **COLUMN**

**NOVEMBER 2022**



# Globalization And Environmental Justice

The impact of globalization and transnational capitalism as well as the growth of multilateral international trade agreements have seriously affected the ability of small states to regulate environmental and public health conditions, and as a result, have increased the inequity between small and large states in the international system. This is not to say that this inequity did not exist prior to the emergence of globalization and all its trap-pings, but that it has been exacerbated in recent times.

This statement was made clear by Lawrence Summers of the World Bank when he reiterated that the World Bank should encourage the movement of pollution from the rich core countries to those of the periphery, because the cost of illness associated with pollution would be lower.

Other commentators have argued that contemporary environmental governance reform, enshrined in neo-liberalism, and contemporary environmental and social injustices that neoliberalism produces, are different sides of the same coin. Neoliberalism according to David Harvey is a political and economic practice that posits that humanity's well-being can best be advanced by liberating individual entrepreneurial freedom.

To accomplish this goal, the government's role is to facilitate both political and economic practices which are focused on strong private property rights, a self-regulating market, and free trade. If markets do not exist in areas such as land, water, education, social security and environmental pollution, they must be created through state action.

In the 1990s the health care paradigm shifted in Trinidad and Tobago, where one can see us moving from a country that seemed concerned with the welfare economy, to arguably, one that was more concerned with the interests of large corporations and multinational corporations influenced by neoliberalism economics.

In relation to social welfare and health care, the Ministry of Health created five corporations for health

care delivery; four in Trinidad and one in Tobago. The development of corporate cultures was characterized by intense corporate rationalization, and this created the environment for the demise of the traditional district hospitals and a movement toward the Trinidad and Tobago Regional Health Authorities.

The 1991 health reforms were implemented specifically to create efficiencies by attempting to imitate the private market in the public health sector. This was basically unsuccessful because of community and professional rationalism, and the introduction of 'user pays' for hospital stays in the early 1990s drew public ridicule and was abandoned. Further, the corporate model failed to improve hospital financial performance. By attempting to drive unrealistic financial goals, aggressive management subverted health professional/management relationships, creating mistrust that compromised service quality for all.

While the public health sector was not privatized, and remained in public ownership, private sector business practices and culture were embedded in public organizations. The experience of the next two decades reflected continuing underinvestment, the increased transaction costs of contracting in the counterfeit market and the determination of funders to shift financial risk onto local service providers or the communities.

Like all other tragedies that have forced us to realize that the environment impacts our health, climate change has brought us this new reality. Dying has become a global epidemic with thousands of people dying every year due to illnesses induced by global warming and related factors. These trends are predicted to increase in severity as temperatures rise, creating one of the greatest public health issues of our century.

Finally, I am not a soothsayer, but climate change will be accompanied by air pollution-related diseases such as asthma and bronchitis, vector-borne diseases like dengue fever, and food-borne and water-borne diseases.

es such as gastro-enteritis and polio which were once thought to have been eradicated, have reemerged. While these changes have been gradual, abrupt changes can occur that can create catastrophes and public health crises.

With an increase in global warming, extreme heat events will occur. Extreme heat often causes deaths, especially among the elderly because they often lack adequate medical insurances, have limited social networks, and are usually among the most vulnerable in our societies. Interestingly, recent research has highlighted the fact that elderly women suffer the worse in terms of health when compared to their male counterparts.

Valentine Smith (PhD)  
Research Fellow, CCLCS