Global Apartheid

The concept captures fundamental characteristics of today's world order.

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In mid-April, worldwide protests forced an international cartel of pharmaceutical giants to withdraw a lawsuit against the South African government. The suit–an effort by "Big Pharma" to protect its enormous profits–sought to block implementation of a 1997 South African law that would make it easier to acquire lifesaving medicines for more than 4 million South Africans living with HIV/AIDS. Like the proponents of apartheid before them, these companies acted to maintain the rules of a system that denies the value of black lives in favor of minority privilege. The result in Africa has been murder by patent.

The global pattern of AIDS deaths–2.4 million in sub-Saharan Africa last year, out of 3 million worldwide; only 20,000 in North America but most in minority communities–also evokes the racial order of the old South Africa. To date, access to lifesaving medicines and care for people living with HIV and AIDS have been largely determined by race, class, gender and geography. AIDS thus

points to more fundamental global inequalities than those involving a single disease, illuminating centuries-old patterns of injustice. Indeed, today's international political economy–in which undemocratic institutions systematically generate economic inequality–should be described as "global apartheid."

Global apartheid, stated briefly, is an international system of minority rule whose attributes include: differential access to basic human rights; wealth and power structured by race and place; structural racism, embedded in global economic processes, political institutions and cultural assumptions; and the international practice of double standards that assume inferior rights to be appropriate for certain "others," defined by location, origin, race or gender.

and Protest

Global apartheid thus defined, we believe, is more than a metaphor. The concept captures fundamental characteristics of the current world order missed by such labels as "neoliberalism," "globalization" or even "corporate globalization." Most important, it clearly defines what is

fundamentally unacceptable about the current system, strips it of the aura of inevitability and puts global justice and democracy on the agenda as the requirements for its transformation.

When delegates and demonstrators gather in New York for the UN General Assembly Special Session on HIV/AIDS on June 25, the future of global apartheid will be the subtext underlying the millions of words exchanged. Shooting ahead of the world's response for twenty years, the AIDS pandemic is now exposing old fault lines as well as new fissures. That is why the debate on AIDS is increasingly becoming a debate on what kind of world we want to have: a world that nurtures our common humanity or a system that protects and promotes global minority rule.

In coming months the themes of AIDS, debt, racism and control of the world economy will be considered and debated at multiple global gatherings. At the G-8 summit in Genoa, Italy, in July, the leaders of rich countries will meet to consider financing for the new Global AIDS Fund as well as next steps in the failed debt reduction plan for poor countries. The World Conference against Racism in Durban, South Africa, at the end of August will give new attention to the long-ignored demands of Africans and descendants of Africans for reparations for slavery, colonialism and contemporary racism. The World Bank/IMF annual meetings in Washington in October are likely to witness renewed battles between protesters and the financiers of global apartheid. And the World Trade Organization's Seattle follow-up meeting in Qatar in November will gather the

countries that most benefit from global apartheid together with those that do not (as far away from the street activists as possible).

Behind the different debates lies a fundamental question: How much inequality in access to fundamental human rights will the world accept?

Already a champion of inequality at home–amply demonstrated in the recently signed $1.3 trillion tax cut–the Bush Administration is the world's leading defender of global apartheid. And USAID director Andrew Natsios made the racism behind US foreign policy explicit recently when he declared that Africans should not receive lifesaving AIDS treatment because they "don't know what Western time is." The next immediate test of the US stance on global apartheid will be whether the Administration is forced to shift course and increase funding to help finance equal access to affordable medicines for Africa.

Perhaps more than any other manifestation of global apartheid, the AIDS pandemic exposes the fact that the distribution of current suffering associated with global inequality, as in the past five centuries, is clearly linked to place and race. According to the World Health Organization (WHO), forty-four of the fifty-two countries with life expectancies of less than fifty years are in Africa (with life expectancies still declining due to AIDS). The glacial pace of the international response to AIDS reflects an entrenched double standard characteristic of the apartheid system. As Dr. Peter Piot of UNAIDS remarked just before the World

AIDS conference in South Africa last year, “If this had happened with white people, the reaction would have been different.”

Health is one of the fundamental human rights embodied in the 1946 constitution of the WHO and the 1948 Universal Declaration of Human Rights. Specifically, the WHO constitution says, “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” Article 25 of the Universal Declaration states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services.” As even mainstream economists increasingly recognize, health is one of the fundamental prerequisites for development. Along with education and income, it is one of the three components of the UN’s Human Development Index, which has gained wide acceptance in theory, if not in practice, as a better benchmark than purely economic indicators like per capita income. In fact, health is the human right that in practice most visibly marks distinctions of race, or of economic or social condition.

Whether governments and international organizations actually have an obligation to enforce this right is hotly disputed. The Bush Administration, following in the steps of its predecessors, stressed in its March 30 response to the UN’s draft declaration on AIDS that “for legal and constitutional reasons, the United States cannot accept a ‘rights based approach’ to HIV/AIDS–any more than it can accept a rights based approach to food, shelter or hunger.” At

the UN High Commission on Human Rights in April, the United States alone abstained on an otherwise unanimously supported Brazilian resolution recognizing “that access to medication in the context of pandemics such as HIV/AIDS is one fundamental element...of the right... to health.”

The scale of the AIDS pandemic is unprecedented. But AIDS is like other widespread diseases in that it is fueled not only by unequal access to medical care but also by social and economic conditions. Poverty and gender inequality fuel the pandemic in Africa. Malnutrition reduces resistance to disease. Migrant labor patterns (well entrenched in Africa from colonialism and apartheid) raise the risk of infection. The proximate cause of the spread of AIDS is HIV, but vulnerability to infection is linked not only to behavior but especially to unequal power relations between women and men, and to poverty and living conditions [see Eileen Stillwaggon, “AIDS and Poverty in Africa,” May 21]. Poverty, in turn, is linked to race and to the structural position of communities within countries and of countries within the world economy.

Thus debating what is to be done about AIDS keeps leading back to broader issues. Unless women have the freedom to negotiate the terms of sex, increased awareness and availability of condoms will have only limited impact. Health services deprived of basic resources will be unable to meet the need for treatment or prevention of AIDS. Meeting in Abuja, Nigeria, in April, African leaders agreed on a target of spending at least 15 percent of their national budgets on health, two or three times the current levels. But their chances of meeting this target are slim if they are forced to

give priority to paying illegitimate foreign debts over making investments in public health (or if they choose to divert resources to war or personal gain).

Some cite such factors as excuses for inaction. Even as prices of antiretroviral drugs drop in response to protest and generic competition, the lack of health infrastructure and the inability of governments to pay even the reduced prices become new rationales for denying antiretroviral treatment to Africans. As one unidentified international health official told the *Washington Post* on April 23, while deploring the political stance of activists, "We may have to sit by and just see these millions of people die."

The alternate response is to address the reasons for lack of infrastructure and inability to pay. That leads back to policies imposed by international financial institutions in the 1980s and 1990s and, in a longer view, to harsh historical legacies that policy-makers still refuse to confront. Granted, corruption and policy mistakes by African leaders also play a role. But in Africa and in other developing regions, unsustainable debt and weakened health systems result in large part from economic policy conditions imposed by international creditors during the past two decades. The imposition of "user fees" for primary healthcare, for example, drove large numbers away from public health services, contributing to increased rates of sexually transmitted diseases. More generally, cutbacks in the public sector helped send health professionals to the private sector or abroad and reduced investments in healthcare delivery systems. Creditors representing a collective economic colonialism managed by the World Bank and IMF increasingly dictated public health and other policies of poor

countries. Debt provided the leverage to enforce the economic *diktat* of global apartheid by the rich upon the poor.

The capacity of postindependence African countries to chart their own course was heavily affected by the fact that neither political nor economic structures had yet broken free of the colonial legacies of authoritarian governance and economic dependence on export of primary commodities. Despite victories by prodemocracy forces in Africa over the past decade, including the demise of formal apartheid in South Africa, and despite modest recoveries in economic growth rates in recent years, AIDS struck a continent that was extraordinarily vulnerable.

Today's inequalities build on a foundation of the old inequalities of slavery and colonialism, plus the destructive aftermath of cold war crusades. Like apartheid in South Africa, global apartheid entrenches great disparities in wealth, living conditions, life expectancy and access to government institutions with effective power. It relies on the assumption that it is "natural" for different population groups to have different expectations of life. In apartheid South Africa, that was the rationale for differentiating everything according to race, from materials for housing to standards of education and healthcare. Globally it is now the rationalization used to defend the differential between Europe and Africa in funding for everything from peacekeeping to humanitarian assistance ($1.23 a day for European refugees, 11 cents a day for African refugees). As one relief worker said, "You must give European refugees used to cappuccino and CNN a higher standard of living to maintain the refugees' sense of dignity and stability."

Gradations of privilege according to group are closely linked to the possibility of crossing barriers from the "homelands" to the more privileged geographical areas. Like apartheid's influx control, the immigration barriers of developed countries do not succeed in stopping the flow despite raising the costs of enforcement. Moreover, the global governance regime that is assigned responsibility for maintaining the current economic order–as was the case with apartheid in its heyday–allocates key decisions to institutions resistant to democratic control: a global version of "white minority rule."

We are not the first to note the striking parallels between the world system and the old South Africa. Canada-based international relations scholar Gernot Kohler wrote a monograph on global apartheid in 1978 noting multiple parallels: "a white minority is dominant in the system, has a vastly higher standard of living than the multiracial majority, and is privileged in several other dimensions." British political scientist Titus Alexander elaborated the concept in his book *Unraveling Global Apartheid* in 1996, noting that "The G7 countries have 12 per cent of the world's population, but they use over 70 per cent of its resources in cash terms and dominate all major decision-making bodies." A sampling of others who have recently used the term includes South African President Thabo Mbeki, Cuban President Fidel Castro, Africanist scholar Ali Mazrui and human rights scholar Richard Falk.

Like these commentators, we do not suggest that the mechanisms of South African apartheid are precisely duplicated at the global level. But we do argue that the parallels are more than a casual turn of phrase.

To those who say that the current global political and economic orders have to do with more than race, we respond that while that is true, in fact the old apartheid was also not just "about race." It was also an extreme mode of controlling labor by managing differential access to territorial movement and political rights. Racial oppression makes exploitation easier to manage, while exploitation continues within as well as between racial groups. Others have noted that there is no single government or system of international governance that rules the global system as the former apartheid regime did South Africa. True, today's global institutions–from the WTO to the World Bank to various UN agencies–do fall short of a world government. And no racial distinctions appear in their constitutions. But their power over national governments in the global South is in many cases overwhelming. And representation and leadership within these bodies–particularly in the international financial institutions with the most power–do show a strong de facto correlation with race.

At the global level, control of the movement of labor by immigration laws, representation within global institutions and allocation of public investment are of course far more complex and differentiated than the apartheid system in South Africa (though it was also more complex than generally recognized). The resulting global inequality, however, is even starker than that within any country, including apartheid South Africa. A 1999 World Bank income inequality study by B. Milanovic estimates that the richest 1 percent of people in the world receive as much income as the poorest 57 percent. The study also estimates that more than three-quarters of the difference is accounted for by

differences between countries, while the remainder is from inequalities within countries. Given such differences, the resemblance between apartheid's influx control and current efforts to stop the "illegal" flow of immigrants from South (and East) to North should be no surprise.

Finally, many have cautioned against a framework that blames the "external" West for everything, thereby relieving African and other local tyrants of their responsibilities for this state of affairs. We maintain that there are integral interrelationships between the global context and the lack of accountability of governments to their peoples. The system works differently from the periods of colonialism or cold war patronage, but the common element is that the structure builds in rewards for elites that respond to external pressures more than to the demands of their own people.

Global apartheid is not only an appropriate description of the current world order; it can also help in efforts to transform it. Protests in the "Seattle" series have most commonly been framed in race-neutral terms that obscure the differential impact of global inequality. We maintain that it is only by understanding globalization in terms of race as well as markets that we can accurately probe the foundations on which the current global system is built and develop a transnational culture of solidarity against a clearly defined enemy.

Our success should be measured by the extent to which we can compel the governments of rich countries, as well as multilateral institutions, to reduce the hemorrhaging of resources from South to North; dramatically increase investment in global public goods to redress current

inequalities; and accept that realizing fundamental human rights for all is an obligation–not an optional charitable response. Some priority steps are clear and immediate: Address the AIDS pandemic through adequate funding for treatment and prevention, cancel the illegitimate debt, stop imposing catastrophic economic policies on poor countries and stop trade rules that value corporate profit over human life. And, as both an indispensable means and an end in itself, democratize the institutions that make such decisions and eliminate their policies and practices of discrimination by race, gender and HIV status. The US Congress should reserve 5 percent of the anticipated budget surplus each year to fight the AIDS pandemic and to support related global health needs. In addition, Washington can require the full cancellation of the debts owed by African countries to the World Bank and the IMF as a condition for future US appropriations to those institutions. And finally, the Administration should uphold the rights of African nations to insure access to lifesaving medications–including generically manufactured drugs–at the lowest cost for their citizens and should drop the US pressure against Brazil at the WTO, as it forms part of a strategy seeking to undermine those rights.

Our language, moreover, should make it clear that we hold global institutions and those who run them responsible. Allowing the defenders of privilege to monopolize the term "globalization" for their own vision too easily allows them to portray themselves as agents of an impersonal process and to paint advocates of global justice as narrow nationalists or naïve opponents of technological progress. If we do not intend to surrender the globe to them, then we should not

surrender the term globalization. Thus, it should not be necessary to explain that "antiglobalization" protesters are not against the "widening of worldwide interconnectedness," trade with other countries or advances in science but rather against "corporate globalization" or "neoliberal globalization." It is also not enough to counter with proposals for "people's globalization" or "globalization from below."

Rather, we should make it clear that genuine globalization requires that global democracy replace global apartheid. Despite the apparent diversity of issues, this is precisely what the emerging movement for global justice demands. We look not to some imagined past of national autonomy but to a future in which growing interconnectedness means justice and diversity rather than continued inequality and discrimination. Moreover, the last few years show a potential for greater impact that is just beginning to be felt–in protests from Seattle to Johannesburg to Quebec, in passage of the international landmine treaty and in shifting the debate on poor-country debt from "forgiveness" to "cancellation" to "reparations."

AIDS makes it plain. The fight against global apartheid is a matter of life and death for much of humankind and for the very concept of our common humanity.

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