Sir George Alleyne
Chancellor
The University of the West Indies

Social Capital, Ethics and Development: The relevance for health in small states (Washington, D. C.)*

First, I must congratulate the Inter-American Development Bank and particularly President Iglesias and Dr. Bernardo Kliksberg for their initiative in seeking to make ethical considerations central to the complexities of development and exploring the inter-relationship among social capital, ethics and development. While there has been a burgeoning literature on social capital in the past 20 years, I have not seen any substantial commentary on the extent to which the three issues are related although it seems intuitively obvious that they must be. It is heartening to see the interest displayed by such a wide range of disciplines in the area and the genuine efforts to provide if not answers, at least the framework for the debate about some of the most difficult questions of our modern societies.

As I have followed the evolution of this effort, I have been struck by the fact that the discussions and the focus have tended to see development as if it applied universally or if it did not, then the concern was for the countries described as developing. But even these countries tended to be grouped together. Today I wish to explore first whether these concerns about ethics and development might not have peculiar salience in small states and I will relate more specifically to those small states of the Caribbean which I know well. I intend to depart from the abstract thinking about the nature of or application of ethics and try to look for lessons in and answers to some of the problems they face. Are there lessons in whether their health status provides a field in which one can examine the interrelationships among ethics, health, development and the ability to maintain or create social capital?

All of us bear the stamp of our disciplinary imprinting, so I have tended to approach these issues from the point of view of a health practitioner. As a young physician-investigator, my concept of development was entirely related the aspects of physical and mental growth particularly of the young and there were certainly enough ethical issues to concern me. I had to be engaged in the ethical aspects of the treatment for and research on childhood malnutrition. Would certain investigations impede the full recovery of these children? Would non-traditional methods of stimulation indeed enhance the development of their cognitive abilities? How long was the period of cerebral plasticity and therefore how long would one continue to apply these methods? All this

*** Ethics and Development Day, Inter-American Development Bank, 11 January 2005**

was very much in the tradition of Hippocratic ethics which is well known to all physicians.

But later as I became involved in wider aspects of health my attention was forcibly drawn to other dimensions of health ethics. Indeed, I dealt with the topic of health, ethics and development when I spoke in this forum four years ago[1]. I outlined the relation of health to development conceived as the process of expanding persons' choices or the enhancement of their capabilities.[2] [3] Health is an essential one of these capabilities and therefore by definition critical for development. I focused on inequality in the distribution of those factors that determine whether or not the population is healthy rather than on the distribution of the health outcomes per se.

I held then and continue to believe that that it was bordering on the unethical to continue with the utilitarian approach to improving health. Our methods of reporting on health status with the focus on aggregate data reflect this Benthamite utilitarian bias, and this is not restricted to health. Most of the measures of welfare that are in common use are aggregate measures and do not allow us to see the important differentials that occur. I would hope that one of the outputs of the line of work and thinking being pursued here will be more attention to the way we report our social statistics. I am pleased to see that the Pan American Health Organization continues to emphasize that the measures of population health should not only show averages, but indicate the differences between groups, as this demonstration of difference or inequality is the absolute pre-requisite to determine whether there is or is not inequity.

Four years ago I acknowledged my attraction to the Rawlsian view of justice as applied to health and the need to see the differential application of resources to the less well off in our societies.[4] I still posit the need for distributive justice as one of the principal canons of any new formulation of public health.

I continue to hold these views, although I am more conscious now that there is a gradient in health status between groups which seems to be immutable although the slope may change. But it is clear that the ethical approach of addressing the needs of those at the low end of the gradient has considerable merit as it is possible to improve their health although the gradient remains. The infant mortality rate of the poor countries of the Americas has decreased although the gap between the rich and the poor continues. I am now more comfortable with the ethics of the view as put forward by Sir Richard Marmot that we should aim for the improvement of the status of those at the lower end of the gradient as well as a narrowing of the gap between those at the top and those at the

---

[1] Alleyne GAO. Health, Ethics and Development, Presented in the Inter American Bank International meeting "**Ethics and Development**", December 7, 2000
[2] Lewis WA. 1955. Is economic growth desirable? From The theory of Economic Growth. Homewood, Ill; Richard D. Irwin Inc.
[3] Sen A. 1999. Development as Freedom. New York: Alfred A.Knopf
[4] Rawls J. 1971. A theory of Justice. Cambridge, Mass; Harvard University Press

bottom.[5] Unfortunately, the possibility of effecting these improvements in the name of distributive justice becomes more difficult in a world in which the ethical discourse on health is not delinked from the tension that exists between the realist political ideology in which the relation between states is based on force and power and one in which the emphasis is on the more functionalist approach in an admittedly pluralist environment.

It is in the context of pluralism that I wish to look at the issues as they relate to the small states of the Caribbean and how their health status is affected by models of global development whose ethical underpinnings are sometimes obscure. These are some of the issues that escape notice when discussions on ethics among persons like ourselves remain at the level of philosophical discourse, but on a regular basis have to engage leaders and managers who when they do reflect on these matters are more concerned with the normative approach rather than any form of meta-ethical thinking.

By all accounts the Caribbean countries seem to have done well in health. They have all registered impressive declines in infant mortalities, their life expectancies are increasing and indicators such as fertility rates move in the right direction. Disaggregation of the data does show significant inequalities both within and between countries but there has been significant improvement among all groups.[6]

But there are several threats to this situation. There are threats from diseases, the threat of being unable to maintain the health infrastructure and also the problem of the unequal traffic in human resources. The Caribbean leaders have recognized the importance of health to their development and have even declared that the "Health of the Region is the Wealth of the Region".[7] They are examining closely the bidirectional relationship of health to their development and to the extent that population health is instrumental for economic growth, they have to be concerned about the ethical issues surrounding the relationship.

They all have fragile economies which with a few exceptions depend on agriculture and tourism. They have been buffeted by the vagaries of the global economy in which of course they have no special place of favor. But in spite of this, they have maintained their expenditure in areas such as education and health and one may ask the reason. Perhaps, one reason is leadership that is convinced of the value of the human capital for development, but I also believe that the leaders are convinced that their

---

[5] Marmot M. The Status Syndrome. How social standing affects our health and longevity. Times Books. Henry Holt and Company. New York. 2004. See also Evans RG, Barer ML, Marmor TR. Why some people are healthy and others not. The determinants of the health of populations. Aldine De Gruyter, New York, 1994

[6] The data for the Caribbean as well as for the Americas have been drawn from the Data Base of the Pan American health Organization. Full descriptions of the health indicators for the individual countries can be found in the publication Health in the Americas or at the PAHO website www.paho.org

[7] The Nassau Declaration on Health 2001. 'The Health of the Region is the Wealth of the Region" Communiqué of the meeting of CARICOM Heads of Government held in Nassau, Bahamas 2001. The Heads of Government emphasized the importance of health in the creation of human capital and viewed with concern the possibility that this capital might be eroded by HIV/AIDS and the chronic non-communicable diseases.

democratic societies depend on the display of distributive justice which sees the state committing resources to those areas of health that affect the population as a whole. It is for this reason that there has been consistent expenditure in those programs of public health that deliver programs with high positive externalities, such as immunization.[8] Of course we would wish that the expenditure on population health were higher.

But as the leaders do this, they question the morality of a global system that is essentially ethically neutral and seems to ignore any appreciation of justice—certainly not in the Rawlsian sense which would see special attention paid to the weaker and more fragile states as a matter of policy and not as a matter of charity. They sometimes speculate whether the current thinking in international development circles does not smack of social Darwinism and while they accept part of the responsibility for their own state, they press for special consideration in view of the demonstrable vulnerability and volatility that are features of small states.[9] They wonder about the presence or rather absence of the normative ethics of a global health which should embrace empathy and human solidarity as well as the quest for justice that sees itself embracing the search for equity not only within nations, but also between nations. They do this as they contemplate fifty to one hundred fold differentials in maternal mortality between nations. They question the existence of the ethics of social responsibility as applied to all governments[10]. They wonder whether there is the respect for human rights and dignity that should inform international debate constantly and not be evident only in times of disaster and extraordinary human suffering. They see the gap between the morality and the reality as great and growing. But perhaps the correct question is whether the ethics of development we discuss here really relates to the behavior of states as they pursue their individual interests, or is reserved for the institutions in them, the social partners and of course individuals.

The Caribbean countries were among the ones who once believed that the days of the infectious diseases were over and they would only have to contend with the non-communicable diseases. There has been a rude awakening with the advent of HIV/AIDS. The wider Caribbean has the highest prevalence rate in the Americas and is second only to sub-Saharan Africa. It is difficult to be precise about the numbers, but we estimate that there are about half million cases with eighty percent of them in the island of Hispaniola-Haiti and the Dominican Republic. The CARICOM countries have taken this epidemic very seriously, joining forces in a region-wide effort to control it, as they are conscious of its possible deleterious impact on their economies, apart from the human suffering it brings.[11]

---

[8] The Caribbean sub-region was the first to eliminate poliomyelitis and the first to eliminate measles.

[9] Arthur O. Small States in a Changing World Keynote Address at the International Relations Conference, Fletcher School of Law and Diplomacy Tufts University, Boston Mass. March 31, 2000

[10] Johnson KW. Integrating applied ethics and social responsibility-Ethical complexity or ethical chaos? A prescription for integrating Applied Ethics.
http://www.epic-online.net/integration_social_responsibility.htm

[11] Data on the HIV/AIDS epidemic in the Caribbean can be found on the website of the PAHO/ Caribbean Epidemiological Center and in the publications of the Pan Caribbean Partnership against HIV/AIDS. (PANCAP)

This is one area in which ethics, health and development converge. Countries have to contend with the ethics of devoting the necessary quantum of resources to control the epidemic and there is a natural fear that with limited budgets, other programs that affect the public's health will suffer because they have lower popular profiles.[12] Stigma and discrimination are deeply rooted in the societies, based often on homophobia and are two factors that drive the epidemic underground and militate against the public health measures to control it. The need for confidentiality and the protection of human rights are sometimes seen as inimical to good public health practice and pose interesting ethical dilemmas for those who administer the programs.

The problem of the non-communicable diseases is increasing in severity and much of it is based on the adoption of life styles that were formerly foreign to the region. There is an epidemic of obesity which is undoubtedly one of the predisposing factors for the development of these diseases.[13] Other factors include smoking and alcohol intake. Obesity is due to increased intake and reduced energy expenditure and much of this increased intake is of imported energy-dense foods. In the Caribbean as in other parts of the world, there is concern that the global agricultural policies militate against the domestic production of the traditional foods and such policies do not follow any ethical canons. In addition, the aggressive propaganda through the internationalization of information induces a life style and habits that favor the development of obesity and the non-communicable diseases.

The interconnectedness that is the hallmark of globalization does not only manifest itself in transfer and exchange of money and goods, but it is seen in the movement of disease vectors and in the dissemination of cultural norms that are not always conducive to the health of the developing countries, and certainly not to the small developing countries of the Caribbean. The question is asked as to whether there are ethical considerations in the free and open cultural colonization of small countries, or whether this is accepted as an unfortunate aspect of a process that is essentially irreversible? Perhaps in this area as I said above, the instrumental values and the moral or ethical guidelines do not apply to states when they act quite properly in their own interests.

The ability of the Caribbean to maintain its health infrastructure and guard the gains made in population health will depend to great measure on the human resources available. There has been a steady stream of migration of nurses from the Caribbean to the developed countries such as the USA, Canada and the UK driven mainly by the pull factors of economic opportunity in these countries.[14] In the case of the USA it is estimated that there will be a shortage of one million nurses by the year 2010. In the face

---

[12] For a discussion on the allocation of resources, see Brock DW. Considerations of equity in relation to prioritization and allocation of health care resources in Ethics, Equity and Health For All. Eds. Z. Bankowski, J.H. Bryant and J.Gallagher. Proceedings of the XXIX CIOMS Conference, Geneva. 1997

[13] Fraser, HS. Obesity: Diagnosis and prescription for action in the English-speaking Caribbean. Pan Am J Public Health; 2003;13:336-340. Also see Caribbean Food and Nutrition Institute. " Obesity Prevention and Control" . Mimeo. April 2001

[14] The Caribbean Ministers of Health have proposed a "Managed Migration Program" which seeks to address some of the "push" factors that induce nurses to migrate.

of this, what should be the response of the Caribbean countries which train nurses at the public expense? It has been possible to enter into an arrangement with the UK to restrict the migration of nurses, but conversely there has been aggressive recruitment by the USA. Should the Caribbean countries regard their nurses as an exportable commodity and benefit from their remittances while they work abroad or do they accept that they will continue to provide personnel for the developed countries as a new form of primary product with all the disadvantages this entails? Are there ethical considerations to the depletion of the needed human capital from the smaller and less well developed states?

There is now no doubt about the impact of social capital on economic growth. It would seem eminently plausible that social capital, conceived as the web of social relations engendering interpersonal trust would contribute to health and therefore to economic growth, especially given the need for community action and participation for many aspects of public health. Empirical studies do show an effect of social capital on health, interestingly enough including mental health,[15] although there is a very strong caveat that a focus on social capital as a determinant of population health runs the risk of deflecting attention from the more important material and structural determinants.[16]

I have argued that good health as an area that is inherently non-conflictive and around which it is possible to build consensus and understanding, could draw people together and thereby contribute to the formation of social capital. This in turn would favor economic growth. Thus health improvement was both the engine as well as the product of the community participation that was seen as such an important element of the Primary Health Care movement.

But there is one area in which health or rather disease may have the opposite effect. The fear of contagion and the stigma and discrimination that attend infectious disease may in fact lead to splintering of societal trust and thereby the erosion of social capital. I believe that this is very much the case with HIV/AIDS at the moment.

The notion of social capital as being important in the Caribbean has been put forward before[17] and it has been suggested that it is the differential in social capital between Barbados and Jamaica that may have contributed to the better economic performance of the former.[18] The recurring question however is whether the concept and its relevance are independent of size, and whether the role it plays is dependent on the

---

[15] Social Capital for Health. Insights from qualitative research. Eds C. Swann and A. Morgan NHS. Health Development Agency 2002. Pevalin, DJ, Rose, D. Social capital for health. Investigating the links between social capital and health using the British Household Panel Survey. NHS. Health Development Agency. 2003

[16] Muntaner C, Lynch J, Davey Smith G. Social capital, disorganized communities, and the third way: understanding the retreat from structural inequalities in epidemiology and public health. International J Health Services, 2001;31:213-237. Lynch J, Due P, Muntaner C, Davey Smith G. Social capital—Is it good investment strategy for public health? J Epidemiology Community Health 2000;54:404-408

[17] Thomas CY. Capital markets, Financial Markets and Social capital: An Essay on Economic Theory and Economic Ideas. Social and Economic Studies. 1996;45:1-23

[18] Ross-Brewster H. Social capital and development: reflections on Barbados and Jamaica. Discussion Paper presented at the Ministry of Finance and Economic Affairs, Barbados, February 1996.

strength of the other sources of capital. In a society with limited land and considerable emphasis on human capital, perhaps the contribution of social capital to the other freedoms that make up development may be that much greater.

Mr. Chairman, I have tried to examine the issues of social capital, ethics and development not only as abstractions, but as they relate to the small states of the Caribbean. I have shown the importance for the aspect of development with which I am most familiar-health. I hope that I can stimulate some debate that will provide some answers for those in that part of the world who perhaps are more concerned with the normative aspect of the ethics we discuss and its relevance to development.