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Editorial

DEVELOPMENT EDUCATION AND HEALTH

PIETERNELLA PIETERSE

This issue of Policy and Practice focuses on the theme of ‘Development Education and Health’. Right now, many of us are distracted by the terrible war in Ukraine, which continues to cause death and destruction, outrage and despair. However, it is especially important that the rest of the world is not forgotten, that we continue to bear witness to global health inequities and climate change: these topics are at the heart of this issue. This edition is about development education and health, but the articles and opinion pieces within, go beyond the traditional notion of what these sectors represent. One could argue that one of the themes that emerges in this volume is the ‘going beyond’, that being holistic, inclusive, and interdependent is part of what this issue is all about.

This volume’s Focus article brings a timely focus on planetary health, as the Intergovernmental Panel on Climate Change once again raises the alarm about our unsustainable use of the earth’s resources (IPCC, 2022). There are several Perspectives pieces that highlight health inequities, especially in relation to the COVID-19 pandemic, which explore how the virus has both caused and exposed global health inequalities. References to the world’s colonial past and the need for the decolonisation of global healthcare (Erondu et al., 2020) and other global systems are everywhere in this volume, upholding this journal’s tradition of critically reflecting on global development practice, discussing challenges and debating new policy developments.
The themes that emerge in one article pop up in the next, reinforcing or questioning key points. The transcript of the interview with Marya and Patel, authors of *Inflamed: Deep Medicine and the Anatomy of Injustice* (2021) highlights their conceptualisation of the relationship between the body and the planet, food and medicine, injustice and colonialisation. It emphasises the interconnectedness between planetary health and human health, which is exactly what Sadhbh Lee and colleagues advocate bringing into sharper focus in the curriculum of Irish medical schools:

“Indeed, increased morbidity and mortality attributable to climate change is already being documented in Europe and across the world due to cardiovascular, respiratory and infectious disease, injury and mental health effects amongst others (Romanello et al., 2021). Effectively preparing medical students for a career in treating patients, necessitates a comprehensive understanding of the intricate relationship between the health of a person and their environment” (Lee et al).

Lee et al.’s article offers hope: it provides an overview of how two likeminded groups, Irish Doctors for the Environment and the Climate and Health in Medical Education (CHIME) network, set about introducing planetary health teaching into Irish medical schools: ‘Effectively preparing medical students for a career in treating patients, necessitates a comprehensive understanding of the intricate relationship between the health of a person and their environment’. This article provides evidence of climate change awareness and greater demand for engagement on this topic from medics and medical students the world over. The practical approach to curriculum development and a commitment to ‘meeting universities where they already are striving to incorporate sustainability into the existing curriculum, in order to overcome the barrier of the perceived burden of adding extra content’ shows that the authors, and the drivers behind the two organisations, are patient, and tactical, but also committed and determined to make it happen.
The piece by Broadis and Dwyer similarly delivers optimism by sharing an inspiring story of their Active Global Citizens work, emphasising ‘the transformative education approaches of global citizenship education’ which encouraged local active global citizenship within NHS Scotland. It is especially interesting to see that the programme, delivered by a partnership, was determined to ‘challenge the notion of global citizenship as purely volunteering overseas, to demonstrate that NHS Scotland staff can also be global citizens at home’. This is not only welcome and refreshing, but it is great to learn that during the global pandemic, this group of engaged citizens did everything to promote:

“the connections between day-to-day decisions and the potential impact these choices might have on people with low or limited access to resources, encouraging health care workers to consider their choices and actions within the workplace and positively influence local work and environmental policies for the good for all people, whilst protecting the planet”.

Two contributions in this issue cover the ongoing COVID-19 pandemic, both Geiger and Conlan and McCarthy Flynn’s Perspective pieces, deal with the issue of vaccine inequality. The first two draw attention to scandalous vaccine access inequities while also emphasising possible solutions; two intellectual property rights sharing mechanisms (TRIPS and C-TAP) and the vaccine donation facility COVAX. They explain how all of these mechanisms are flawed. The challenges with all three are rooted in the dependence on the largesse of countries and companies whose leadership does not feel morally compelled to do more than the absolute minimum. Geiger and Conlan cleverly introduce their piece with a quote that dates from the H1N1 epidemic, which occurred in 2008/09 and led to similar vaccine hoarding and protectionism from countries in the global North, something many of us had all but forgotten. The authors remind us that:

“these distributional inequalities are not simply a feature of a rapidly evolving situation that has left the global community with little
pause to reflect. They are the direct and continuing consequences of a centuries-long absence of concern for global social and health justice by leaders in rich nations for populations in poorer ones”.

McCarthy Flynn’s piece draws attention to the fact that repeated epidemics and pandemics has demonstrated that the world has so much technical know-how to provide solutions in the form of innovative testing capabilities and the development of remedies or vaccines. Yet hardly any of the production capacity of these solutions has been situated in low- and middle-income countries, where the largest burden of disease is being experienced (Vos et al., 2020). Geiger and Conlan go further by not only diagnosing this injustice but eloquently describing its cause; a continued colonial discourse that drives much of the global North’s thinking of, and acting in relation to, the global South. They nevertheless end their piece on a high note by drawing our attention to two initiatives: the Texas Children’s / Baylor College Corbevax vaccine and the Cuban vaccine development programme, in which researchers have simply abandoned the well-intended but blocked mechanisms. The Corbevax vaccine has already been shared free from patent protection with the goal of creating an alternative to expensive and tightly-guarded mRNA vaccines. These are the radical initiatives that deserve more attention. They are the bold statements that need to be grasped and held up for all to see. Geiger and Conlan go on to stress that:

“Arguments that try to explain away inequalities in vaccine rates through ‘hesitancy’ or ‘health system failures’ are not only a throwback to a colonialist mind-set that a true global health (or rather, One Health) approach should have long since abandoned. They are also hugely dangerous in justifying continued inertia by leaders in HICs to change the current system of public subsidies for vaccines that predominantly serve the rich”.

And here we circle back to the first article mentioned in this editorial, the transcript of the interview with Rupa Marya and Raj Patel. They point to the
importance of tackling colonialism, the need for reparations, the value of big and small acts that are in some ways compensating or reversing the wrongs done in the past. These acts need to be protected from being rolled back, affirmative actions cannot be allowed to simply happen once and then be used as a token to let the masses believe that all is well now. This should not happen with initiatives such as COVAX, and it should not happen with acts of decolonisation that are slowly starting to take place (De Jong et al., 2019; Demaria et al., 2019).

“The work is not simply just getting rid of things like the prison industrial complex and policing, and those borders that have been put in place to hold the damage within certain populations, to shelter the elite into pummelling the masses. In addition to dismantling it, is the radical act of imagining what a future looks like, where those things are not needed, where that harm is not actually a part of the equation. And that is such important work and really is the future horizons of this work” (Marya, Patel and White).

References


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Focus

INTEGRATING PLANETARY HEALTH INTO THE MEDICAL CURRICULUM

SADHBH A LEE, OISIN BRADY BATES, ESMERALDA CECILIE PEREZ, CALLUM P SWIFT AND DEBBI STANISTREET

Abstract: Planetary health is a field that looks at human-caused disruptions to the environment and the effect that these disruptions have on human health. We are living in a world where experts have declared a ‘code red’ for both the planet and human health – hence, planetary health is an area of increasing and urgent importance. Health professionals of all levels need to be aware of the relationship between climate change and health. Education on this should begin at the medical student level, ideally building on first and second level education for all. Medical students around the world have been calling for teaching in this area, and in many cases are leading the movement. Globally, there is a shift amongst third level educators to provide education on planetary health. In their 2018 Outcomes for Graduates, the General Medical Council in the United Kingdom (UK) introduced a new learning outcome on sustainable healthcare, which has served as leverage for educators in the UK to implement new planetary health teaching.

Current teaching on planetary health at the university level in Ireland is inconsistent and inadequate. There are no defined learning outcomes for medical students in Ireland as seen in the UK. In the absence of same, groups such as Irish Doctors for the Environment and the Climate and Health in Medical Education (CHIME) network have been making efforts to develop a framework for planetary health teaching which could be implemented at both a national and international level. This article will discuss the work of these groups so far. It will outline how we can overcome some of the barriers and facilitators to integration, and will also provide
examples of learning outcomes that can be incorporated easily into current curricula without requiring significant change. A changing climate requires a changing curriculum, and educators must build on the global momentum with the urgency that this crisis requires.

**Key words:** Planetary health; Medical education; Climate change; Sustainable healthcare.

**Introduction**
Planetary health is an interdisciplinary field that examines human-caused disruptions to the environment and the effect that these disruptions subsequently have on human health. The concept was launched in 2015 by the Rockefeller Foundation-Lancet Commission, which defined the term as ‘The health of human civilization and the state of the natural systems on which it depends’ (Whitmee et al., 2015: 1978).

Over the past 60 years, humans have been exerting pressure on the planet at unprecedented rates. The global population has increased from an estimated 3 billion in 1960 to 7.8 billion in 2021 (United Nations Population Fund, 2022), and is projected to reach 9.7 billion by 2050 (United Nations, 2022). Energy use went from 100 exajoules in 1960 to over 450 exajoules in 2010 (Vlachogianni and Valavanidis, 2013), with corresponding jumps in water use, fertiliser consumption, transport use, paper and plastic production (Myers, 2017). This has in turn led to degradation of the biosphere, through drastic rises in ocean acidification, tropical forest loss, marine fish capture and carbon dioxide use (Ibid). In 2019, the Intergovernmental Science Policy-Platform on Biodiversity and Ecosystem Services (IPBES) - a United Nations-based organisation which provides an interface between science and policy on biodiversity - released a report estimating that one million species of plants and animals are at threat of extinction (IPBES, 2019).

Health experts have become increasingly aware of the health impacts of the climate and biodiversity crises. Environmental issues such as air pollution, food and water insecurity, expanding ranges of infectious
disease vectors, extremes of temperatures and natural disasters are urgent and pressing threats to human health worldwide. Indeed, the World Health Organisation has declared climate change to be the ‘single biggest health threat facing humanity’ (World Health Organisation, 2022). Tackling climate change and biodiversity loss is also essential to the achievement of the United Nations (UN) Sustainable Development Goals (SDGs) and the recognition of human rights globally. It is well-recognised that climate change disproportionately affects those who are least responsible and most vulnerable: the global South, indigenous communities, and women and girls. Thus, while climate change is directly related to a number of the SDGs (for example Goals 6, 7, 11 and 13), it implicitly affects every SDG (UN Department of Economic and Social Affairs, 2022). Global temperature rise is currently at 1.2 degrees above pre-industrial levels, and experts from the Intergovernmental Panel on Climate Change (IPCC) have warned that we must stay below 1.5 degrees by the end of this century in order to avoid irreversible damage to our planet and societies (IPCC, 2018). Based on the latest targets and negotiations from the 2021 UN Conference of Parties (COP) 26 meeting in Glasgow, an international climate research group has estimated that we are currently on a path of a highly dangerous 2.4 degrees of warming (Climate Action Tracker, 2021).

In their 2021 report, the IPCC states: ‘It is unequivocal that human influence has warmed the atmosphere, ocean and land’, adding that ‘widespread and rapid changes in the atmosphere, ocean, cryosphere and biosphere have occurred’ (IPCC, 2021: 5). It concludes that only rapid and drastic cuts in greenhouse gas emissions will allow us to prevent disastrous global warming. The UN Secretary-General, Antonio Guterres, declared the report a ‘code red for humanity’ (United Nations, 2022). In September 2021, a joint editorial published by over 200 health journals worldwide reinforces this sentiment, and warns of ‘catastrophic harm to health that will be impossible to reverse’ (Atwoli et al., 2021: e1). The Lancet Countdown on Health and Climate Change, an international collaboration that monitors the evolving health profile of climate change, echoes the IPCC by declaring a ‘code red for health’ in their 2021 report (Romanello et al., 2021).
Relevance of planetary health to the medical curriculum

If the world’s leading medical journals are publishing highly cited editorials highlighting the enormous threat that the climate crisis poses to human health, and urging that health professionals take immediate action, then it begs the question: what is being done to prepare doctors for this unprecedented challenge? Universities are the places where the scientists, doctors, thinkers and leaders of the future are educated, and are thus the institutions in which this action must begin. Climate change education and advocacy must become a core part of their function. While this applies to all streams of healthcare professional students, the focus in this article will be on the medical curriculum.

Climate change acts as a force multiplier, interacting with, and exacerbating many existing determinants of health and disease such as poverty, migration and air quality. It, therefore, has the potential to affect almost every aspect of health and, therefore, every field of medicine. Indeed, increased morbidity and mortality attributable to climate change is already being documented in Europe and across the world due to cardiovascular, respiratory and infectious disease, injury and mental health effects amongst others (Romanello et al., 2021). Effectively preparing medical students for a career in treating patients, necessitates a comprehensive understanding of the intricate relationship between the health of a person and their environment. This necessity is reflected in new guidance from leading medical regulatory bodies such as the UK’s General Medical Council, who have updated their Outcomes for Graduates to include the following: ‘Newly qualified doctors must be able to apply the principles, methods and knowledge of population health and the improvement of health and sustainable healthcare to medical practice’ (General Medical Council, 2018: 23).

Including climate change (within the wider planetary health and sustainability contexts) in the medical curriculum will foster climate change preparedness, promote public health and eco-health literacy, and better prepare graduates for the challenges they will face (Maxwell and Blashki, 2016). Furthermore, climate change and health equity are inextricably
linked; as a risk amplifier, climate change worsens existing health vulnerabilities and inequalities (Haines and Patz, 2004). Thus, as outlined above, addressing climate change is a prerequisite for meeting many of the SDGs, particularly Goal 1 (no poverty), Goal 2 (no hunger) Goal 3 (good health and well-being) and Goal 10 (reduced inequalities), with many other SDGs also directly implicated.

Finally, the healthcare sector itself contributes to a significant proportion of global greenhouse gas emissions. If the healthcare sector were a country, it would be the world’s fifth largest emitter (Carbon Brief, 2022). There is an urgent need to decarbonise the world’s healthcare systems in order to meet the targets agreed in the Paris Agreement, and healthcare workers will have to play a leading role in this action. Recognising this need, the UK’s National Health Service (NHS) became the world’s first healthcare service to declare their intention of rapidly achieving net zero emissions, stating:

“Our intention is to construct the most ambitious, credible declaration to reach net zero of any national healthcare system in the world. However, they can only be delivered if they are supported by collective action from all NHS staff” (National Health Service, 2020: 14).

**The role of the physician in planetary health action**

There is already a large literature base making a case for the inclusion of planetary health and sustainable healthcare in medical teaching. The role of the physician as an interface between the public and the realm of science is mentioned in the literature as a potential means for increasing planetary health awareness within society at-large (Gómez et al., 2013). Harnessing the potential of this leadership role to have a positive influence in society with respect to planetary health issues requires the proper education of medical students on these topics (Walpole et al., 2016).

The potential that climate change and environmental instability have to act as a catalyst in redefining the role of the physician as a socially-
conscious and eco-literate advocate for global health begins with undergraduate medical training (Maxwell and Blashki, 2016; McKimm and McLean, 2011; McLean, Gibbs and McKimm, 2020). As Huss et al. (2020: 1098) outlines, integrating ‘sustainable healthcare’ into curricula should seek to promote ‘a deep understanding of global issues including environmental sustainability and universal values such as justice, respect for all humanity and equality’ and would develop critical thinking skills, social empathy and self-awareness amongst students, qualities that are crucial to any development education.

Medical student calls for planetary health teaching
This growing literature base is accompanied and indeed augmented by increased medical student demand for planetary health teaching. Since the launch of the ‘planetary health’ concept in 2015, medical students have been calling for its inclusion into the medical curriculum. In 2018, the International Federation of Medical Students’ Associations (IFMSA), which represents over 1.3 million medical students globally, released a statement calling for the integration of climate change into healthcare curricula worldwide (IFMSA, 2018).

The literature further underlines the student-perceived lack of planetary health teaching in medical education. Liao et al. (2019) found that 80 per cent of medical students surveyed in China admit inadequate knowledge on climate change and health. In an often-cited survey, 34-40 per cent of United States (US) graduates in 2009-2013 believe their instruction on environmental health was inadequate (Finkel, 2019). Omrani et al. (2020) found that of 2,817 schools in 112 countries surveyed, only 15 per cent report formal teaching on the health effects of climate change on health. An additional 12 per cent of schools have informal teaching through student-led activities, demonstrating the student enthusiasm for planetary health teaching even outside of the formal curriculum. Shah and Owusu-Addo (2021) note that for final year students, time-constraints and content-overload are potential barriers to curriculum change; they suggest that problem-based
learning could be a potential route for planetary health integration with the pre-existing curriculum.

Hampshire et al. (2021) assess student perceptions on inclusion of planetary health teaching at twelve US medical schools. Of 600 respondents, 84 per cent believe that climate change and its health effects should be part of the core medical curriculum. At Yale University, 63 per cent of surveyed medical, nursing and physician assistant students agree that the links between climate change and health should be covered in the classroom and reinforced in the clinical setting (Ryan, Dubrow and Sherman, 2020). In China, the majority of the surveyed medical students agree that the health impacts of climate change should be included in their current curriculum (Liao et al., 2019). Similar studies of the perceptions of European medical students could not be located in the literature, suggesting a need to increase research in this area to guide planetary health curriculum development in Europe.

Medical students have a unique role as a catalyst for curriculum change, being ideally positioned to advocate training on climate change and medicine (Rabin, Laney and Philipsborn, 2020). Student-led initiatives are driving the inclusion of planetary health into medical education worldwide. Students at Emory University in the US, in cooperation with motivated faculty, have created a disseminated climate change pre-clinical curriculum which is planned to be incorporated into the curriculum for the class of 2024 (Ibid). In the UK, medical students participated in the extensive consultations that eventually led to the previously described outcome on sustainable healthcare (General Medical Council, 2018). The Health and Environment Adaptive Task force (HEART), a subgroup within the Canadian Federation of Medical Students (CFMS), has created a set of core curricular competencies to drive curricular change in Canadian medical schools (CFMS, 2019).

The Planetary Health Report Card (PHRC, 2021) is another such example. The PHRC is a student-led initiative to evaluate planetary health engagement in medical schools. Founded in 2019 by medical students at University California San Francisco, the initiative has expanded
internationally to include schools across the US, Canada, the UK, Ireland and Germany. The PHRC provides standardised metrics designed by students and faculty experts that medical students worldwide can use to review and compare their home institutions. The metrics grade medical schools in five discrete categories: curriculum, research, support for student-med initiatives, community outreach and advocacy, and campus sustainability. The resulting report card displays the grades A to F achieved in each category and overall, providing an effective means of communicating the outcomes to school administration and students, as well as the public.

**Teaching methods and content**

In response to these calls from health professionals, educators and students, how do we best go about integrating planetary health into medical curricula? One of the key pieces of existing research identified was performed by Tun (2019); researchers carried out semi-structured interviews with a diverse range of medical educators in order to establish barriers and facilitators towards the integration of sustainable healthcare in medical education. The main barriers and facilitators that emerged from this study are summarised in Table 1.

Table 1. ‘Barriers and facilitators’ from Tun (2019).

<table>
<thead>
<tr>
<th><strong>Barriers</strong></th>
<th><strong>Facilitators</strong></th>
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<tbody>
<tr>
<td>1. Lack of knowledgeable teacher</td>
<td>1. Competition between institutions</td>
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<tr>
<td>2. Lack of space</td>
<td>2. Demand from students</td>
</tr>
<tr>
<td>3. Uncertainty of location</td>
<td>3. Shift towards sustainability in</td>
</tr>
<tr>
<td>4. Need for learning resources</td>
<td>higher education</td>
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<tr>
<td>5. Difficulty in assessment</td>
<td>4. GMC Mandate</td>
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<tr>
<td>6. Emotional impact needing</td>
<td>5. Leadership from other stakeholders</td>
</tr>
<tr>
<td>resistance</td>
<td>6. Support and resources</td>
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In a previous study by Walpole and Mortimer (2017), seven medical schools participated in a nine-month collaborative project in which they endeavoured to develop, deliver and evaluate a teaching programme on sustainable healthcare. The authors highlight three salient findings:

1. A collaborative approach that allowed discourse between levels of expertise, experience and different institutions conveyed significant benefit in achieving the project’s aim.

2. Topics of sustainability are suitable for teaching across a broad range of pedagogies and do not detract from the development of ‘generic skills and other core knowledge’.

3. Curriculum development should be based on ‘established and coherent’ learning outcomes.

Gómez et al. (2013) support the argument that a comprehensive medical curriculum will require ‘input from medical practitioners, public health professionals, environmental scientists, ecologists, and policy experts’, highlighting a collaborative, interdisciplinary approach.

In order to facilitate ease of implementation, some authors recommend that planetary health teaching be incorporated into already existing content or that existing material be broadened to accommodate planetary health themes (Bell, 2010; Iroku-Malize, Keber and Phillipe, 2017; Walpole and Mortimer, 2017). Use of didactic learning and case-based teaching in tandem is suggested; with the didactic teaching as a means of presenting the topics to the students in a broad sense and the case-based learning as a method of highlighting the effects of these issues through a more specific, individual lens (Hackett et al., 2020; Walpole and Mortimer, 2017). Taking advantage of modern technology and utilising e-learning is also a method advocated in the literature (Musaeus et al., 2018). Furthermore, Green and Legard (2020) make recommendations for peer learning through the medium of e-technologies as the optimum means of delivering planetary health teaching. In terms of the location of content, the most prominent argument made is for the spiralling of planetary health
content throughout curriculum, in that topics would be introduced in the first year of study and then built upon in subsequent years (Teherani et al., 2017; Collins et al., 2018).

In 2014, Walpole et al. (2015) conducted a UK-wide consultation using a Delphi-process to garner opinions of healthcare students, healthcare educators and other key stakeholders in order to draft learning outcomes for the delivery of environmental sustainability teaching in medical education. The first learning outcome, ‘describe the relationship between the natural environment and human health’, assesses student-knowledge on environment-mediated health-effects through the lens of planetary health. The second; ‘discuss the duty of a doctor to protect health in a time of global environmental change’ relates to environmental stewardship and the acknowledgement of the responsibility of the physician to regard health holistically, with an awareness of the determinants of health. The third; ‘demonstrate skills for a sustainable health system’ relates to utilising information about planetary health to assess and improve decisions about health services delivery. These domains have since been refined (Thompson et al., 2014) and piloted (Walpole et al. 2016, 2017, 2019) in medical education.

**A growing planetary health movement**

Internationally, there are numerous institutions that promote and campaign for the integration of planetary health in healthcare education. The Centre for Sustainable Health Care (CSH, 2022) in the UK provides education and training on sustainable healthcare through fellowships, online courses and support for quality improvement projects. The Planetary Health Alliance based in the US (PHA, 2022) shares educational resources and provides a network for planetary health educators to connect. The European NurSuS Toolkit project was developed to provide teaching in sustainability for nurses (NurSuS, 2022).

However, despite the evidence and the supports available, medical schools have been slow to incorporate planetary health teaching into their
curriculum. The second annual PHRC, published in April 2021, assessed 62 medical schools across the US, Canada, UK, Ireland and Malaysia (PHRC, 2021). The results show inadequate education and engagement in planetary health and sustainable healthcare by medical schools globally, particularly in the domain of curriculum content.

**The Irish setting**

*Planetary Health Report Card in Ireland*

Irish medical schools were included in the PHRC for the first time in the 2020/2021 academic year by student members of Irish Doctors for the Environment (IDE). Student members from five of the six Irish medical schools were responsible for evaluating their own institution. Faculty at each school were alerted to the process and asked for assistance in cases where students were unable to find information on their own. Information was sought from available information online, by contacting relevant staff, speaking to senior students, and by requesting access to curriculum overviews and programme learning outcomes from the school administrations.

The grades achieved by Irish medical universities range from a C in University College Cork (UCC) to a D+ in University College Dublin (UCD) (PHRC, 2021). Results are shown in Figure 1. Very few learning outcomes in Irish medical curricula directly address or include the concept of planetary health or climate change, and inclusion of specific topics seems to remain reliant on individual lecturers’ interest. While most universities are found to have excellent research institutes covering specific aspects of planetary health, the links between these institutes and medical schools have not been created. This is an important area for development and improvement, as interdisciplinary collaboration is key to ensuring effective education in this field.
In a report on the findings, currently in press, the students provide recommendations to improve planetary health teaching in Ireland. The recommendations, addressed to the medical schools and the Irish Medical Council, will include the following:

1. Develop a national standard on planetary health education;
2. Encourage schools to collaborate and use pre-existing planetary health resources;
3. Integrate planetary health to all parts of the curriculum;
4. Join international calls and networks on planetary health.
Climate and Health in Medical Education (CHIME) Ireland

In response to the growing importance of planetary health teaching and in the absence of any described syllabus in the Irish setting, health professionals and third-level educators in Ireland came together in 2020 to form Climate and Health in Medical Education (CHIME) Ireland. The group is composed of representatives from seven universities representing all medical schools across the island of Ireland. The project has brought students together with academic staff to discuss what should be included in a planetary health curriculum for medical students. CHIME has a number of objectives:

1. To form a network of population health educators from all Irish medical schools;
2. To outline what is currently taught on planetary health in Irish medical schools;
3. To identify and address barriers and facilitators to implementing teaching on planetary health;
4. To identify key topics and learning outcomes for a planetary health curriculum;
5. To develop a proposed curriculum on planetary health for medical students.

The first workshop was held in March 2020. At this, members discussed to what extent climate and health topics are currently being integrated into the curriculum at their respective institutions. In line with the results of the PHRC, no institution in the Republic of Ireland reported comprehensive teaching on planetary health. In Northern Ireland, mapping of curriculum content to the GMC Outcomes for Graduates 2018 (General Medical Council, 2018) meant that sustainable healthcare featured as a core competence across the curriculum. Using nominal group technique, members then went on to identify key barriers and facilitators to implementing teaching on planetary health. Results are shown in Table 2.
Table 2. Key barriers and facilitators from CHIME (2021).

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>Busy curriculum</td>
<td>Growing importance internationally</td>
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<tr>
<td>Lack of staff expertise</td>
<td>Global mandate from SDGs</td>
</tr>
<tr>
<td>Uncertainty of professional relevance</td>
<td>Student demands</td>
</tr>
<tr>
<td>Culture of biomedical approach in health education</td>
<td>Supportive stakeholders</td>
</tr>
<tr>
<td>Uncertainty around what content to include</td>
<td>Opportunities for research</td>
</tr>
<tr>
<td>Funding</td>
<td>Interdepartmental and interdisciplinary approach</td>
</tr>
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</table>

Echoing previous studies, the main barriers discussed included an already-crowded curriculum, lack of staff expertise on the subject and an uncertainty of the relevance of the subject to clinical and academic practice. Members felt that there is a strong culture of a biomedical approach in health and healthcare education, with less focus on public health as it stands in the curriculum. Concerns were raised regarding what content to include and how this content would be weighted or examined.

With regard to facilitators, members identified a wide acknowledgement of the climate emergency internationally. It was felt that this project is a chance for Irish universities to join the ‘green wave’ and become leaders in this area. The SDGs provide a global mandate for sustainability to feature in all areas of education, and indeed, health must play a leading role in ensuring achievement of the goals by 2030. Student demands as described above provide significant leverage in making curricular change, and it was noted that the Irish Medical Council is responsive to student calls for change. Other supportive stakeholders identified included the Irish Global Health Network, the Council of Deans, the Health Service Executive, the UK-based PHEMS (Public Health Educators in Medical Schools), INHED (Irish Network of Healthcare Educators) and Coalition
Fostering a relationship and discourse between academic public health departments in Ireland was recognised as a significant enabler, as was the growing importance of interdisciplinary collaboration in education.

The second CHIME meeting was held in March 2021 via an online platform. At this meeting, members moved on to identifying key topics to include in a planetary health curriculum. Using Jamboard, members brainstormed various issues and areas relevant to climate, biodiversity and health. Suggestions were then reviewed and grouped under five headings taken from The Lancet Countdown Report (Watts et al., 2018) to provide an initial framework:

1. Climate change impacts, exposures and vulnerabilities;
2. Mitigation actions and health co-benefits;
3. Adaptation, planning and resilience for health;
4. Public and political engagement;
5. Implications for practice.

This proposed framework was circulated to members after the workshop, and members were invited to vote and comment on whether to include or exclude specific topics. From this, the key curriculum topics were identified (see Figure 2).
<table>
<thead>
<tr>
<th>Examples</th>
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The overriding aim of this curriculum is to develop an ‘eco-medical’ literacy amongst undergraduates: ‘The ability to access, understand, integrate and use information about the health-related ecological effects of climate change to deliver and improve medical services’ (Bell, 2010: 3).

The curriculum aims to equip students with the knowledge and tools to recognise changing clinical presentations and to work in the changing clinical setting that will arise as a result of climate change and biodiversity loss. It will instil a sense within students of the link between planetary health and human rights, in particular the importance of climate justice: intersectional, intergenerational and international equity. It also aims to help students become advocates for meaningful and rapid climate action in their communities and society at large, in order to minimise the health effects of climate change and help their profession and their patients adapt to a rapidly warming world. Two to three learning outcomes were developed for each key topic, along with a clinical vignette to demonstrate relevance to clinical practice, addressing that as a barrier. Additional reading was also suggested. The example of air pollution is provided in Figure 3.
In November 2021, the work of CHIME was presented at the European Public Health 2021 Conference at a workshop on planetary health curricula. Presenters from Ireland, the UK and the Netherlands discussed the work being done in their institutions and the barriers and facilitators encountered. An overarching theme was the importance of meeting universities where they already are striving to incorporate sustainability into the existing curriculum, in order to overcome the barrier of the perceived burden of adding extra content. Another benefit to this approach is that it places planetary health central to all areas of medicine, instead of being viewed as a stand-alone topic. The role of students as drivers of change and the need to include their voices at all stages of the process was emphasised. Students may be utilised as leaders and peer educators, removing the barrier of a lack of staff expertise.
The proposed curriculum was finalised and circulated for review to CHIME members and to medical students working with IDE. CHIME met again in February 2022 to discuss the proposed curriculum, assign learning hours and discuss assessment options. Three models of curriculum are envisioned: a basic curriculum, with the minimum essential learning content included; a middle-tier curriculum, including more detailed and expanded student activities; and the full curriculum, including all learning goals, clinical vignettes and assessment. It is hoped that in time, the curriculum will later be taken up at a more senior level in the medical schools for consideration, and implemented more widely across the curriculum. In doing this, CHIME aims to overcome the barrier of uncertainty around content for a planetary health curriculum and facilitate universities to incorporate content based on their capacity.

**Where do we go from here?**

Through our collaborative work, CHIME has provided medical schools in Ireland with the tools to overcome many of the barriers to implementing teaching on planetary health. Along with IDE and the student representatives, we envision the implementation of a planetary health curriculum into all medical schools in Ireland over the coming years. Irish medical schools have a unique opportunity to achieve the first nationwide implementation of medical teaching in this area. It is hoped that the medical schools will take advantage of this opportunity to increase the content and quality of their planetary health education and that CHIME can provide a forum for sharing of ideas and experiences between schools. In addition, the work of CHIME may serve as an example to educators from other health professions. The learning outcomes developed could be used or adapted by other health courses, thus expanding planetary health teaching to a wider field of health professionals, all of whom will have their role to play in the response to the climate crisis.

In terms of broader support across Europe, the Association of Medical Education in Europe (AMEE) released a Consensus Statement on planetary health in 2021 (Shaw et al., 2021). In this, the authors reference a
study by Otto et al. (2020) which recognises that education has an essential role in attaining the SDGs and stabilising the earth’s climate by 2050. Thus, Shaw et al. (2021: 275) conclude, ‘we must rapidly mobilise health professions educators to deliver education for sustainable healthcare’. The CHIME network continues to co-operate with educators across Europe working on similar projects, fostering links for shared research and development. A changing climate requires a changing curriculum, and educators must build on the global momentum with the urgency that this crisis deserves.

There is a common purpose to the work of CHIME and that of development education in seeking the integration of international development issues into formal education. It is impossible to teach or study planetary health without referencing international development issues such as colonialism, indigenous rights, gender balance and intergenerational equity. In the setting of the current climate crisis and its link to human rights, it is negligent for medical schools to produce graduates that are not well-versed in international development and health concerns. There is a potential opportunity here for the Irish Development Education Association (IDEA) to expand their work into the field of medical education by collaborating with CHIME on developing this content. IDEA may be well-placed to provide expertise on an area not typically associated with or studied by healthcare educators. Such a partnership may allow IDEA to expand and diversify its membership by finding members from the medical field.

References


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**Esmeralda Cecilie Perez** is a third-year medical student at National University of Ireland, Galway (NUIG). She is the student lead for the medical curriculum working group in Irish Doctors for the Environment, leading the student call for increased planetary health education in Ireland. She is also part of the medical curriculum review steering group at NUIG, and has presented on the role of medical students in advocating for planetary health curriculum change at international conferences.

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Perspectives

ACTIVE GLOBAL CITIZENSHIP IN NATIONAL HEALTH SERVICE (NHS) SCOTLAND

EMILY BROADIS AND CHARLOTTE DWYER

Abstract: The National Health Service (NHS) Scotland Global Health Coordination Unit (GHCU) was established in 2018 to facilitate and coordinate cross-sectoral health partnership volunteering in Scotland and abroad. This article describes how the Active Global Citizens work stream was further developed through a partnership between the GHCU (NHS Scotland, 2022a), Scotdec (2022), a Development Education Centre in Edinburgh, and the International Development Education Association of Scotland (IDEAS, 2022) supported by the Bridge 47 project (Bridge 47, 2022). The focus of the work was to emphasise the transformative education approaches of global citizenship education (GCE) and encourage local active global citizenship within NHS Scotland.

Key words: Global citizenship; NHS Scotland; Health; Partnership; Bridge 47.

Setting the scene within NHS Scotland
As an anchor organisation that employs over ten per cent of the country’s workforce, NHS Scotland plays a crucial role in delivering the United Nations Sustainable Development Goals (SDGs): a set of seventeen global goals that aim to achieve prosperity for all and care for our planet (UN, 2022). Operating through local, national and international levers provides a mechanism to impact directly on global health, but also indirectly too, via the influence on wider determinants of health and climate action.
The national landscape is encouraging, with Scotland being one of the first countries to sign up to the SDGs in 2015. The redesign of Scotland’s National Performance Framework in 2018 (Scottish Government, 2022), with its alignment to the SDGs, calls upon policy and service planners in public, private and voluntary organisations to commit to global accountability whilst simultaneously striving to improve the quality of life for the people of Scotland. These two frameworks recognise the social determinants of health and give permission to the NHS Scotland workforce to embrace global citizenship.

The NHS Scotland Global Health Co-ordination Unit (GHCU) (NHS Scotland, 2022a) was established in 2018 to facilitate and coordinate cross-sectoral health partnership volunteering both in Scotland and abroad. The Global Citizenship Advisory Board sits within the Chief Medical Officer Directorate in the Scottish Government, providing leadership, support and guidance to the development of NHS Scotland’s approach to global citizenship and the work of the GHCU. Work streams and priorities are aligned with the Scottish Government’s International Development Strategy (Scottish Government, 2016) and the national policies and strategies of those countries involved in partnerships.

A network of global citizen ‘champions’ exists within regional and specialist health boards, represented by a lead, who attends quarterly lead champion network meetings. The chair of the lead champion network sits on the advisory board, thus providing a close link from - and to - healthcare staff. In this way, the network of champions can provide feedback, input, and support to the development and implementation of the different work streams supported by the GHCU.

The Active Global Citizenship work stream was initiated by Dr Bernadette O’Hare, Senior Lecturer in Global Health at St Andrew’s University while seconded to the GHCU. The focus being to increase NHS Scotland’s global health contribution by empowering NHS Scotland staff to participate in global citizenship through their everyday work in Scotland. It
aims to articulate the connections between day-to-day decisions and the potential impact these choices might have on people with low or limited access to resources, encouraging health care workers to consider their choices and actions within the workplace and positively influence local work and environmental policies for the good for all people, whilst protecting the planet.

Active Global Citizenship within NHS Scotland is based on three key principles: the understanding that inequity leads to health inequality; poverty causes poor health; and climate change is a public health emergency. These principles, closely allied with the overarching aims of the SDGs, provided the context for the partnership and the resulting tools that were created.

**Collaboration**

Scotdec, one of Scotland’s five Development Education Centres, has been active in the field of global citizenship education (GCE) for over thirty years. While its focus has primarily been within the formal and informal education sectors, Scotdec has a long history of collaboration with partners, both overseas and in Scotland, exploring the possibilities of GCE within other sectors. IDEAS was part of the Bridge 47 project, a European Union (EU) funded project, focussed on furthering SDG 4.7 through advocacy, innovation and partnership work. Identifying and reaching out to sectors not traditionally associated with GCE was a key driver of the partnership work stream. Both Scotdec and IDEAS, supported by Bridge 47, identified the GHCU as an impactful potential collaborator, and recognised the opportunity to bring GCE to NHS Scotland in a way that was critical and challenging.

**Partnership**

Establishing a working partnership was key to the success of this work. A shared understanding of the SDGs already existed, and clear foundations had been laid by the GHCU and the Global Citizenship Champions’ network, which was instrumental to progressing the work around Active Global Citizenship. It was recognised by all members of the partnership that there
was a need to challenge the notion of global citizenship as purely volunteering overseas, to demonstrate that NHS Scotland staff can also be global citizens at home. Initial scoping activities focussed on how best to ensure the local expression of GCE. Although the language of global citizenship was used, it was noted that the understanding did not encompass the transformative education approaches of GCE and there was a need to interrogate this approach further within the context of the Active Global Citizenship work stream.

Scotdec was invited to deliver two facilitated workshops at the NHS Scotland Global Citizenship Annual Conference in November 2019. This provided an initial window for Scotdec into NHS Scotland staff views and expectations of Active Global Citizenship. This, alongside further scoping activities, was really important in order for the partnership to flourish. While Scotdec has expertise in GCE, it was necessary for them to gain an understanding of not only GCE’s place within NHS Scotland, but also to appreciate the diversity of the staff, their roles and the dynamics of the sector as a whole.

Two needs-analysis workshops were conducted with the support of an external facilitator, to scope out the thoughts of NHS staff in the Global Citizenship Champions network, on what would best support the local expression of Active Global Citizenship within the Scottish NHS. These workshops were instrumental in deciding the focus of the work. They also opened up an important space for reflecting on the key touch points where GCE resonated with staff, and for Scotdec and IDEAS to better understand what Active Global Citizenship might look like for healthcare staff working in NHS Scotland.

**Impact of the pandemic**

At the outbreak of the COVID-19 pandemic, NHS Scotland partners were initially re-deployed to urgent response work. However, during the summer of 2020, it was felt that there was an even greater need for staff to have the space to critically explore the role of the NHS in delivering the SDGs. In
August 2020, the partnership hosted an online webinar for NHS Scotland staff: *Imagining Better Futures: Global Citizenship within NHS Scotland, Taking Action for a Just and Sustainable World* (Bridge 47, 2020). It offered participants the opportunity to build their confidence in identifying the interconnections between local actions and global impacts, familiarising them with the SDGs, and exploring the crossovers between personal and professional values. Eighty-four per cent of participants agreed that the course increased their awareness of the synergies between global citizenship and their professional role. Feedback from the session highlighted the need for this work and participants desire to engage, as well as providing ideas for how to further develop the planned resources and support. As one participant commented: ‘Networking with others in events such as this is so important for such a huge public sector organisation. This work has brilliant potential to show what can be done’.

The online webinar also enabled the partnership to think further about the type of training and resources that would be most useful in a world shaped by the COVID-19 pandemic and a climate emergency. It was recognised that the most value would be gained from developing free, accessible resources for staff to be able to use at any time, both individually or with colleagues or friends. Participants had consistently flagged up the need for accessible examples of what Active Global Citizenship might look like across the NHS and the partnership was keen to address this need. A mapping exercise was carried out to identify organisations, networks, or case study examples of work already going on linked to NHS Scotland and spoke to the concept of Active Global Citizenship. The culmination of this process led, in November 2021, to the launch of the Active Global Citizen resources: a digital booklet, seventeen digital SDG cards and a package of training materials (NHS Scotland, 2022b).

**SDG booklet and cards**
The aim of the booklet and cards is to increase knowledge and understanding of the SDGs within NHS Scotland. It uses a GCE approach to help negotiate the tensions between local actions and global impacts and support critical
engagement with complex issues. The aim with the cards and booklet is to stimulate discussion and provide a starting point for any NHS Scotland worker to talk to their colleagues about wider global issues and sustainability. The booklet provides some activity ideas to support individuals, small groups and teams to engage with Global Citizenship Education and the SDGs at a level appropriate for their context. They are written to be accessible, adaptable and to encourage critical reflection.

A flashcard for each of the SDGs was published with reflective questions designed to stimulate critical thinking and debate, plus examples of relevant networks and case studies which highlight current connections and practice relating to the SDGs. Through highlighting wider organisational policies, support networks and case studies, the intention is to enable workers to recognise the opportunities they have as individuals to indirectly impact on global health here in Scotland.

**Training packages**
The partnership initially planned to facilitate training sessions in various regions within Scotland. However, due to the pandemic there was a period of reassessment and consideration for the new landscape, and with this came the realisation that providing training package materials would likely provide the most benefit, as this would enable staff to access them at a time most convenient to them. The training materials (NHS Scotland, 2022b) use a Global Citizenship Education approach to encourage deeper engagement with the key principles of Active Global Citizenship within NHS Scotland: the understanding that inequity leads to health inequality; poverty causes poor health; and climate change is a public health emergency. The sessions utilise the active enquiry orientated methodologies of GCE while linking to examples and practices within NHS Scotland.

A further strand of the training package provides reflective activities for those involved in, or planning to embark on, partnerships with the global South. Drawing on school partnerships managed by Scotdec, they provide a critical lens through which to consider global North / South partnerships.
They encourage deep reflection on: power, identity and privilege; strategies for facilitating dialogue with partners; and ideas on how to share experiences of volunteering in or partnership with the global South with dignity and solidarity. Each training session includes suggestions for self-study with further reading, listening, reflection and ideas for action (Ibid).

**Impact so far**
A small pilot of a hard copy of the SDG cards and activity booklet was carried out during the spring and summer of 2021 to get feedback from NHS Scotland staff on how these resources may best be received, and whether they needed any further supportive materials. Responses from this pilot were encouraging and indicated that the SDG cards were an effective tool for starting conversations around the SDGs with staff.

“I really liked that the resources included examples from Scotland of the SDGs in action. The graphics and size of the cards made them accessible and easy to use. The questions were simple but encouraged reflection within the team. People were really keen to engage with resources and I was amazed at how naturally team members made connections between their own lives and experiences and the SDGs. The cards encouraged reflection and allowed for broader discussion about the place of our team and NHSS in the global setting” (Consultant, NHS Lothian).

Overall the responses were encouraging; the materials were accessible, provided easy ways into the topics and the local examples of Active Global Citizens were valued. Feedback also suggested further ideas on how to disseminate this material throughout the workforce and highlighted their potential use for opening up conversations with patients as well as staff.

A formal launch of the resources took place in November 2021 as part of the Scottish Government Let’s Do Net Zero events for COP 26 at the *Climate-smart healthcare: The opportunity of Global Citizenship in NHS Scotland* webinar (NHS Scotland, 2021). Professor John Brown, the Chair of
Greater Glasgow and Clyde Health Board and Chair of the Global Citizenship Advisory board, spoke at the event highlighting both the potential impact NHS Scotland can have in implementing the SDGs in Scotland as well as stressing the relevance of this work to everyone whatever role they have (Ibid). Recognition of the importance of this work at both strategic level and patient-facing level by the Global Citizen Champions network is important to the implementation process.

Currently the resources are located on the NHS Scotland GHCU website, and are free to download (NHS Scotland, 2022b). Information and awareness has also been disseminated to staff via the lead Global Citizenship Champion network, advisory board, and contributors to the SDG card case studies, including relevant networks. Many NHS Scotland staff are already familiar with the ‘train the trainer’ approach to learning, and use of this model has been incorporated into the plan for further dissemination via established staff networks. Regional and Specialist Health boards will be encouraged (via the lead Global Citizenship Champions) to incorporate use of these materials during staff training, and presentation of the resources has already taken place during a large health board executive board development session.

Three of the training package materials were used during online facilitated workshops that took place at the NHS Scotland Global Citizenship Annual Conference in November 2021. Feedback from the conference demonstrated that the workshops were highly valued and stimulated a lot of helpful reflections and discussion. In recognition of the benefit to staff engagement with climate action and global citizenship, the resources have also been included as a resource link in the Consultation Draft NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026 (Scottish Government, 2021). Building greater links with the Sustainability Action initiative (NHS Scotland and Sustainability Action, 2022) in Scotland and linking with the NHS Sustainability Champions to explore the synergies between them and the Global Citizenship network is an important way to
build support for the SDGs and the NHS Scotland Climate Emergency and Sustainability strategy.

**What next?**
The resources and training package are a lasting legacy of this partnership between Scotdec, IDEAS and the GHCU. The partners are grateful for the funding that the Bridge 47 project provided, which developed from a chance meeting at a conference in 2018, to be realised in the work outlined above. Scotdec and the GHCU are exploring further opportunities to work together, to deliver further training and support the ‘train the trainer’ model. NHS Scotland’s commitment to Global Citizenship, both at home and overseas, recognises the important benefits to both individuals and the sector as a whole. For individuals there is the development of important skills, communication and teamwork and building personal resilience. Whilst wider benefits such as enhancing recruitment and retention, system learning and capacity building, professional development of the workforce, and improved patient experience have all been identified in the Global Citizenship in the Scottish Health Service 2017 report (Royal College of Physicians and Surgeons of Glasgow, 2017).

The 2030 Agenda for Sustainable Development with its 17 Goals aims to address the challenges we all face by calling for a transformation of vision about our relationships with each other and with nature. It argues that transformation is required since business as usual is unable to meet the needs of all people within the means of the natural environment. The SDGs provide a framework and shared understanding which enabled this partnership to flourish; GCE needs to continue to build these partnerships in sectors like NHS Scotland if we are to realise this process of transformation.

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GLOBAL ACCESS TO MEDICINES AND THE LEGACIES OF COLONIALITY IN COVID-19 VACCINE INEQUITY

SUSI GEIGER AND CIARA CONLAN

Abstract: This article, written by two members of the advocacy organisation Access to Medicines Ireland, analyses current discourses and practices around global COVID-19 vaccine distribution. As vast imbalances in vaccination coverage continue to characterise global vaccine distribution, we argue that some of the public discourses and distribution mechanisms are coloured by a colonial legacy, which substitutes local capacity building in low and middle-income countries with donations, and substitutes a transparent public debate around how to tackle these inequalities with a discourse that explains them away through perpetuating such tropes as ‘vaccine hesitancy’ or ‘wastage’. Even though such claims have been continually refuted by scientific evidence, the pharmaceutical industry and many high-income country governments keep reiterating them. By dismantling such myths, we point to the legacies from which they have emerged. Flagging the possibility of alternative discourses and practices in global health, we trace the recent history of the access to medicines movement. We argue for a need to suspend intellectual property rights rules around COVID-19 health technologies through the so-called Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver, citing positive exemplars of vaccines developed through an open science paradigm as a counterpoint to the pharmaceutical industry’s claims that such a waiver would have chilling effects on the global pharmaceutical innovation system. We close by highlighting development education opportunities around global access to medicines and universal healthcare.

Key words: Access to Medicines; Global Health; Coloniality; COVID-19.

Why we need to talk about access to medicines

“Stockpiling by the rich, of course, leaves poor countries in Africa, Asia, and Latin America much more vulnerable. … Serious
questions of global social justice arise when wealth, rather than need, becomes the primary allocation criterion. The maldistribution of vaccines in the face of a global health crisis will only widen the already large health gap between rich and poor” (Gostin, 2009: 10).

The COVID-19 pandemic has exposed the fragilities and fault lines of the global capitalist system in many different ways including: supply chain insecurity; exacerbation of wealth inequality across and within countries; lack of global democratic oversight; excessive global economic dependencies; and national health systems’ weaknesses. While each of these issues merit separate critical analysis, this article focuses on one topic that was tragically spotlighted through the pandemic crisis: the vast inequalities in access to medicines between high-income and low-to-middle income countries (HICs and LMICs, respectively). At the time of writing this article (January 2022), over 60 per cent of the world’s population have received at least one dose of COVID-19 vaccination, but this figure drops to just under 10 per cent for low-income countries (Ritchie et al., 2022). According to the global vaccine tracker, HICs have now administered over 179 vaccination doses per 100 capita of population, that is over 13 times the number of doses administered in low-income countries, standing at 13.5 per 100 capita (Ibid). At the same time, activists have warned that treatments against COVID-19 such as the newly authorised antiviral Paxlovid, may not reach those same countries where they are most urgently needed; they have urged pharmaceutical manufacturers such as Pfizer to reserve parts of their production capacity specifically for LMICs (Erman, 2022). Similar calls have also been made for test kits, which are virtually non-existent in many low-income countries (Robinson, 2022). Yet, as our opening quote suggests, written not during the COVID-19 pandemic but rather during the H1N1 pandemic of 2009, these distributional inequalities are not simply a feature of a rapidly evolving situation that has left the global community with little pause to reflect. They are the direct and continuing consequences of a centuries-long absence of concern for global social and health justice by leaders in rich nations for populations in poorer ones.

In this article, we analyse prevalent discourses that explain - or, as we would argue, explain away - these vast disparities through arguments such as vaccine hesitancy, health system unpreparedness, or wastage. We do not
seek to dismantle these arguments on scientific grounds, which has emphatically been done before; rather, we wish to connect these discourses to a broader colonially coloured undertone in discourses relating to global health, which we detect in media outlets and politicians’ utterances in many HICs. We argue that this lingering colonial mindset is highly counterproductive to the goal of health as a human right and to a swift post-pandemic economic recovery. In fact, if the appearance of the Omicron variant is anything to go by, inequity in vaccination, testing, and treatment is economically damaging to HICs due to the containment measures required, not to mention the devastating loss of lives and livelihoods in LMICs. Any unnecessary prolonging of the pandemic will also increase the pandemic’s anticipated ‘long hangover’, which again is likely to disproportionately affect LMICs (Jordà, Singh, and Taylor, 2020). We point out the many opportunities for development education and argue for medical and business curricula at third-level institutions to include an analysis of the colonial legacies in current economic systems.

We write this article from our perspectives as a global health professional and medical doctor and an academic at the intersection of healthcare, economic sociology, and business. But we also write it as activists and members of Access to Medicines Ireland (AMI), a Comhlamh membership organisation. AMI was formed in 2015 to join the global campaign for equitable access to affordable and effective medicines. Since then we have consistently advocated for a system of medical research and development that would deliver the medicines we need at a fair price and with equitable distribution, in Ireland and everywhere else in the world. AMI is part of a much larger network of European and global not-for-profit organisations that closely monitor and fight against inequalities created by the global pharmaceutical industry.

The colonial legacies in access to medicines

Over the years, as advocates for access to medicines (A2M) issues, we have been witnesses to the pharmaceutical industry and wealthy nations undermining fair access policies and proposals. Before the COVID-19 pandemic this was most starkly highlighted during the HIV/AIDS epidemic when emerging treatments remained out of reach of most patients in LMICs.
due to high treatment prices, causing millions of unnecessary deaths and a treatment gap of approximately ten years between HICs and LMICs. This is also visible in a global funding system that either underfunds issues or disease areas considered to have ‘no viable market’ within HICs (‘tHoen et al., 2011) or that, if such disease areas are tackled, tends to embrace a Western ‘solutionist’ attitude to these problems. Much-needed malaria research, for instance, is predominantly funded by multinational foundations (chiefly the Gates Foundation), which promote pharmaceutical and technological innovations that are often designed by researchers from the Northern hemisphere. Yet, African scientists have argued that longer-term investments in economic development and poverty alleviation would be a much better route to malaria eradication than a focus on short-term technofixes (Majambere, 2021). Thus, the current imbalance in access to COVID-19 vaccines and treatments is by no means a new phenomenon. On the contrary, as we will argue below, it is the outcome and continuation of colonial thinking that prevails in the pharmaceutical sector and in some sections of the global health community up to this day (see Fofana, 2021 for an expanded examination of this issue).

Many elements of the current pharmaceutical system influencing global access to medicines were cemented into place by the so-called Trade-Related Aspects of Intellectual Property (TRIPS) agreement, which was ratified by the members of the World Trade Organisation in 1994 and came into effect in 1995 (WTO, n.d.). This agreement, for the first time in global history, enforced a binding uniform system of intellectual property rights (IPRs) or patents on its members. For many countries especially in the global South, this agreement meant that they had to begin offering patents on medicines, as many had previously excluded patents on pharmaceutical products and processes from their local patent rules (‘tHoen et al., 2011). In countries such as India, TRIPS had a devastating effect on a thriving generics industry, which had heretofore often reverse-engineered pharmaceuticals from HICs and turned India into the ‘pharmacy of the developing world’ (Bazzle, 2010).

Even though the least developed countries were given a transition period of up to 20 years before they had to enforce the TRIPS agreement, the early effects of this global levelling of the intellectual property regime for
pharmaceuticals became all too apparent during the global HIV/AIDS crisis, where costs of US$10,000 per patient per treatment for originator (that is, branded) drugs kept these firmly out of reach of most patients in the global South. This situation only changed gradually after the adoption of the 2002 Doha Declaration, which provided for so-called TRIPS Flexibilities and the potential for compulsory licensing in cases where governments see an urgent national need to grant access to patents for generic manufacturers (Correa, 2002). However, these flexibilities remain marginal to the global patent regime that TRIPS has established: they are only enforceable by local governments and not globally, and they need to be evoked for one treatment at a time, which makes for an onerous legal and regulatory system that has only been invoked in exceptional cases.

And then COVID-19 happened…

Far from being an esoteric legal instrument of little concern to the development community, TRIPS and its consequences came into full spotlight again when the imbalance in the global distribution of COVID-19 vaccinations and treatments became apparent over the past twelve months. During the most fervent vaccination period in 2021, vaccine manufacturers simply could not keep up with demand. Many HICs and the European Union (EU) had secured vaccinations for their populations through so-called Advanced Purchase Commitments even before vaccines had been developed and tested. In fact, they had pre-ordered so many vaccines that they could vaccinate their populations several times over in some cases. Once vaccinations came on the market, the manufacturers’ limited distribution capabilities and their unwillingness to partner with contract manufacturers in LMICs meant that after these manufacturers had delivered on the Advanced Purchase contracts in place with HICs, little to no supply was left to distribute to the rest of the world. While the World Health Organisation’s (WHO) COVID-19 Vaccines Global Access (COVAX) instrument had been specifically designed to support equal access to vaccines for all countries, for months COVAX was effectively unable to procure enough vaccines to fulfil this ambition, with reports soon declaring COVAX ‘a failure’ (Furneaux, Goldhill and Davies, 2021). To be fair, at the time of writing, the facility has managed to deliver one billion vaccines, though it continues to be plagued with financial difficulties, including a US$5.2 billion funding shortage and
lack of funds to distribute vaccine doses that were donated without accessories such as syringes (Mancini, 2022).

Seeing the writing on the wall, the countries that would be affected by the emergent vaccine inequity proposed two initiatives that would prevent such inequities from arising in the first place: the C-TAP, proposed by Costa-Rica in April 2020 at the same time as the COVAX instrument was agreed upon, and the TRIPS waiver, which was proposed by South Africa and India in October 2020 to promote vaccine access in the global South. As we have explained these instruments and their overlaps and differences in more detail elsewhere (Geiger and McMahon, 2021), it is sufficient to note here that the C-TAP represents a voluntary multilateral sharing mechanism for COVID-19 vaccines, treatments, and any know-how necessary to manufacture these. Through the C-TAP, manufacturing capacity could have thus been easily expanded to qualified partners while leaving the patent system intact. Unfortunately, this attempt at voluntary multilateral intellectual property (IP) sharing failed: as per January 2022, the C-TAP remains essentially empty, as manufacturers have chosen not to engage with this instrument and instead entertain their own bilateral (and typically secret) partnering agreements with a handful of contract manufacturers. The TRIPS waiver proposed to the WTO, on the other hand, would enable a global moratorium on patents on COVID-19 health technologies for the duration of the pandemic. The waiver would relieve individual countries of the onerous system of enforcing TRIPS flexibilities, for instance through compulsory licensing, for each and every single treatment or vaccination (though the TRIPS waiver would still have to be translated into national legislation). However, despite a surprise endorsement by the US of the waiver in May 2021, the EU, Switzerland and Norway have continued to block the waiver proposal at the WTO. Not coincidentally, these countries / blocs were also among those accused of vaccine nationalism when diverting vaccine supplies to their own populations first (Fidler, 2020).

‘Hesitancy’ and ‘wastage’: The revival of colonialist discourses in the midst of COVID-19

When pushed on the issue of vaccine inequity, many HIC government leaders and pharmaceutical executives either lean on the existence of COVAX - as
for instance Leo Varadkar during a parliamentary debate in the Irish parliament in late 2021 (Oirechta.ie, 2022) - or they conjure up the spectre of vaccine hesitancy in LMICs. According to this discourse, countries affected by low vaccination rates are themselves to blame because of higher-than-average vaccine hesitancy in those populations. In fact, the African region has been shown to have similar rates of vaccine hesitancy as the rest of the world, and less than the US or Russia, for instance (Solis Arce et al., 2021). It is especially hypocritical of the pharmaceutical industry to blame vaccine inequity on hesitancy. While vaccine hesitancy is an important global issue, mistrust in pharmaceutical companies in many LIMCs has been driven by the historically unethical conduct of the industry in clinical trials conducted in these countries (Fofana, 2021). Though not higher than in many HICs, vaccine hesitancy has also not been helped by irregular supplies through COVAX and the fact that those supplies have often consisted of the donated surplus vaccines from HICs, leaving countries with no choice as to which vaccines eventually arrive in their countries and when.

This supply issue has given rise to a second dominant discourse, that of vaccine wastage. Media reports have circulated widely according to which vaccines were donated to LMICs but once there, ‘wasted’ by a lack of use before expiration. The reality of these reports of vaccine wastage is often tightly related to the two issues mentioned above: supply irregularities and surplus donations. In terms of supply, health systems may indeed not be able to cope with unexpected or highly irregular supplies as local distribution systems on the ground are not able to anticipate such deliveries. In terms of donations, it appears that donated vaccine supplies were often too close to their expiry date to be safely distributed and used on the ground (Mcallister, George and Nebehay, 2021). Yet, all too often, the voices that shouted loud about vaccine hesitancy and wastage were quiet about the underlying reasons for non-use of vaccines.

**Donations, travel bans and vaccine diplomacy: practices of coloniality?**

The issue of donations leads into a broader issue: the fact that beyond colonialisit discourses, many of the practices through which the pandemic is managed globally are (neo)colonialist in nature too. While campaigns such
as UNICEF’s ‘get one, give one’ for vaccine donations are laudable to alleviate short-term bottlenecks, the old saying of ‘give someone a fish, and you feed them for a day; teach them to fish, and you feed them for a lifetime’ is as valid for vaccines and treatments as it is for many other development issues. While the EU, for instance, is acutely aware of the importance of regional vaccine manufacturing capabilities and is building this issue centrally into its new Pharmaceutical Strategy (European Commission, 2020), it simultaneously prevents the African continent from rolling out such capacity by favouring a donation-based rather than a capacity-building vaccine supply model. Both the C-TAP and the TRIPS waiver would likely lead to boosting regional capabilities, for instance in mRNA technology, which is seen as a promising future technology to manufacture vaccines and treatments that use a copy of a molecule called messenger RNA to produce an immune response (Peacocke et al., 2021). It is important to note again that the lack of domestic manufacturing capacity and its potential consequences in a pandemic were identified long before COVID-19 hit the world (Sparke and Anguelov, 2012).

A donation-based handling of the global equity issue also leaves the door wide open for vaccine diplomacy, or to put it more bluntly, neo-colonial ‘balance of power’ politics (Fidler, 2020). Such politics have also been followed through COVID-19 health technologies. For instance, as Zhou (2021) reports, China vowed as early as May 2020 that their COVID-19 vaccine would be a ‘global public good’, and it managed to align a number of countries in its COVID-19 vaccine cooperation. However, while it may alleviate vaccine bottlenecks in the short term, such vaccine diplomacy in the longer term works squarely against the interest of LMICs, further weakening the authority held by transnational institutions such as the WHO, and ultimately hindering any effort to establish a truly global approach to health. As Zhou (2021: 6) concludes:

“making COVID-19 a zero-sum geopolitical power game, with winners and losers, will heighten tensions between the immunized and the nonimmunized, between inequality and security, and between globalism and nationalism, eventually resulting in ‘a race to the bottom’ where there can be no true winner”.

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Policy and Practice: A Development Education Review
While some may argue that it is the end result that counts and that the world should worry about such longer-term issues once the pandemic is under control, donation-based models coupled with neo-colonial geopolitics have clear and catastrophic short-term consequences for HICs too; in the oft-repeated words of Dr. Mike Ryan, executive director of the WHO’s Health Emergencies Programme, the pandemic isn’t over until it’s over for everyone (Irish Examiner, 2020). The patchy system of donations and the associated low levels of vaccination in LMICs have left ample room for the Coronavirus to mutate, as became clear in December 2021 when the Omicron variant was detected by South African scientists. While it was only detected in South Africa courtesy of a highly developed testing system and had likely already spread in other parts of the world too, the global community, or at least its high-income part, reacted with a protectionist mind-set. Most High-Income Countries singled out Southern African countries and ‘punished’ them with a travel ban for a variant that was only made possible through the delays caused in vaccinations due to lack of supply. These attempts to create what have been called ‘the corporeal equivalents of gated communities’ (quoted in Sparke and Anguelov, 2012) speaks loudly to the global solidarity the COVID-19 pandemic has failed to foster. It is highly likely that further variants, and possibly deadlier ones than Omicron, will appear as long as LMICs have not been given a fair chance to catch up on vaccinations. The daily loss of life and the associated short- and long-term economic consequences of this tragedy are devastating and predominantly hitting those countries that can least absorb such shocks.

Decolonising vaccine distribution: alternative routes to access and to building capacity

This tragedy is avoidable. A2M campaigners have been joined by scientists and citizens all over the world in their calls for an immediate adoption of the TRIPS waiver, though it is likely that any implementation of such a waiver would now come too late to save lives during the current crisis. The pandemic treaty, currently prepared in the WHO for negotiations in 2023 and 2024, may pre-empt a similar situation of inequity from happening in the next pandemic. However, alternative models of building capacity are already in place or on the cusp of being operational, which can act as important
blueprints for ‘decolonised’ vaccine and treatment manufacturing. We briefly wish to introduce two: the Texas Children’s / Baylor College Corbevax vaccine and the Cuban vaccine development programme.

Corbevax was developed by a team led by Drs Maria Elena Bottazzi and Peter Hotez at Texas Children’s Hospital and Baylor College of Medicine based on a ‘traditional’ protein-based technology that would allow for economies of scale and rapid large-scale manufacturing, two features missing from the mRNA vaccine innovations that many states had preferred to subsidise ahead of much better-known paths to COVID-19 vaccines. Crucially, because Corbevax can be stored and transported in regular refrigerators, logistics are also much easier than with some of the ‘big’ vaccines. As its inventors and other immunologists have noted, it is clear that Corbevax was developed with global vaccine access in mind (Corless, 2022), rather than with a view to developing future pharmaceutical markets, as was likely the case with the mRNA vaccines. After two Phase III clinical trials involving more than 3,000 subjects, the vaccine was found to be safe, well-tolerated, and immunogenic (or able to produce an adequate immune response). It was subsequently given emergency use authorisation by the Indian Center for Disease Control on 28 December 2021, and it has been heralded as ‘The World’s COVID-19 Vaccine’ (Texas Children’s Hospital, 2021). Corbevax is shared free from patent protection with the goal of creating an alternative to expensive and tightly-guarded mRNA vaccines. The developers of Corbevax are in talks with multiple manufacturers around the world and with the World Health Organisation to see how they can share the know-how and technology widely; in a first instance, they transferred their technology to an Indian manufacturer that aims to produce one billion doses of the vaccine in 2022.

Unique in Latin America, Cuba has developed its own home-grown vaccines for its eleven million population, using a similar approach as the Texas Children’s team by aiming at low cost, easy to distribute, and scalable vaccines, which makes these vaccines particularly suitable for LMICs. And just as the team in Texas, the Cuban vaccines too could be transferred to qualified manufacturers for free or at a low cost. While the Cuban vaccines remain to be authorised outside Cuba, the fact that vaccines could be developed and manufactured in this country demonstrates the importance of
building and nurturing domestic health technology capabilities including ecosystems of suppliers and manufacturers. We revert to our opening quote: it was clear thirteen years ago - and likely for much longer - that current vaccine capacity, concentrated in HICs, would not be sufficient to vaccinate the world in a pandemic where this would become necessary. Little has been done in the intervening years to change this situation, and the consequences of this inaction are now felt across the globe with new variants emerging, but felt particularly hard in LMICs. Arguments that try to explain away inequalities in vaccine rates through ‘hesitancy’ or ‘health system failures’ are not only a throwback to a colonialist mind-set that a true global health (or rather, One Health) approach should have long since abandoned. They are also hugely dangerous in justifying continued inertia by leaders in HICs to change the current system of public subsidies for vaccines that predominantly serve the rich.

**Educational implications**

We have written this article not as development education professionals but as academics and activists. Nonetheless, we conclude by pointing out potential implications of our argument for higher and tertiary education in development studies and beyond. Most importantly, while it is human nature to be turned to the present particularly in times of crisis, there is a significant body of research across healthcare and social sciences that can help explain current dynamics through the study and analysis of past events. A sociocultural approach based on past epidemics, for instance, can help to explain vaccine hesitancy through individuals’ relational embeddedness in social structures (Lupton, 2021; Paul et al., 2022). Economic studies of past pandemics can help justify a concerted investment by the global community in eradicating pandemic viruses as quickly as possible (Jordà, Singh, and Taylor, 2020). More importantly for our argument, considerable efforts have been made in political economy and postcolonial studies to examine the remnants of the colonial endeavours of the 19th century (and previous ones).

In our view, it is vital for activists in the Access to Medicines movement and for development professionals to understand the deeply rooted colonial issues permeating medicines research, development, and policy. It is
equally important for public health, global health, and medical students to familiarise themselves with the heritage of the current global health system, which has its roots in the colonial enterprise of ‘tropical health’ (Fofana, 2021). Finally, as one of us is located in a Business School, maybe the biggest opportunity of all lies in an education for business and management students that is geared toward comprehending the global connectedness and consequences of current bio-pharmaceutical business models and market structures. As tomorrow’s leaders of pharmaceutical and biotechnology firms, it is with these students that responsibility for a profound change in the system of privatised and inequitable healthcare lies. Global social justice can only ever be achieved if healthcare truly becomes a right for all, achievable, accessible, and available no matter where in the world they live.

References


**Conflict of Interest declaration:**

Ciara Conlan and Susi Geiger are members of Access to Medicines Ireland (AMI). This article reflects their personal views, not that of AMI.

**Susi Geiger** is a Professor at the Smurfit School of Business, University College Dublin, and a member of Access to Medicines Ireland. Susi holds a European Research Council research grant called MISFIRES (https://misfires.ucd.ie/), which considers how patient organisations and other healthcare
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Ciara Conlan is a medical doctor currently working in medical virology. She co-founded Access to Medicines Ireland (AMI) in 2016 and Doctors for Vaccine Equity (DVE) in 2021. AMI and DVE have been leading voices in Ireland calling for global COVID-19 vaccine equity. She is interested in the intersection between social exclusion and infectious diseases, and in the problems caused by the current commercial model of drug development.
REAL SOLUTIONS TO ADDRESS VACCINE INEQUITY

MICHAEL MCCARTHY FLYNN

Abstract: As many high income countries end COVID-19 restrictions due to high vaccination rates, the virus continues to negatively impact low- and middle-income countries whose vaccination rates remain low. This article will outline the current extent of vaccine equity throughout the globe and document efforts by the People’s Vaccine Alliance Ireland to persuade the Irish government to support effective measures to address this issue. It will outline why allowing low income countries to produce their own generic versions of the COVID-19 vaccine through a TRIPS (Trade Related Aspects of Intellectual Property Rights) waiver is the most effective way to ensure that most people around the globe are vaccinated against COVID-19.

Key words: People’s Vaccine; Vaccine inequity; TRIPS waiver; COVID-19.

Introduction
Two years ago, the World Health Organisation (WHO) declared COVID-19 a global pandemic. Although most restrictions have ended in Ireland and other European countries, the global impacts are still being felt. By March 2022, we could have been celebrating the end of the pandemic in every country around the world. Yet, it is clear we are living through a two-tier pandemic which is putting us all at risk. The official global death toll stands at 5.9 million people (Our World in Data, 2022a), which is widely agreed to be a huge underestimate, especially for developing countries where adequate testing is not possible. Modelling using measures of excess deaths (Adam, 2022) shows that an estimated 19.6 million people have lost their lives because of the COVID-19 pandemic – 3.3 times more than officially recorded. That’s approximately 18 people every minute. The majority of deaths have been in developing countries. For every life lost in a rich country another four people have died in a poorer nation; 54 per cent of all deaths caused by COVID-19 have been in low and lower middle-income countries, where 10.6 million people have died (The Economist, 2022).
The pandemic has wreaked havoc on global economies and household incomes. An estimated 99 per cent of humanity are worse off because of COVID-19, 160 million people have been pushed into poverty and 137 million people have lost their jobs (Oxfam, 2022: 2). Women have felt an especially heavy burden during the pandemic. The human and economic cost of this greed has been staggering. The richest 10 men doubled their fortunes during the pandemic and a new billionaire is being created every 26 hours (Oxfam, 2022: 2). Of those new billionaires, 40 of them have made their billions profiting from vaccines, treatments, tests, and personal protective equipment (PPE) (Tognini, 2021).

This article will outline the current extent of vaccine equity throughout the globe and document efforts by the People’s Vaccine Alliance Ireland to persuade the Irish Government to support effective measures to address this issue. It will outline why allowing low income countries to produce their own generic versions of the COVID-19 vaccine through a TRIPS waiver is the most effective way to ensure that most people around the globe are vaccinated against COVID-19.

**Vaccine inequity**

Since the first COVID-19 vaccine was administered over a year ago, over ten billion doses have been administered. Ten billion vaccines in just over a year is impressive, however, even this quantity has meant that significant numbers of the global population remain unvaccinated due to unequal vaccine distribution. 46 per cent of the world is yet to be vaccinated with two doses, while 85 per cent of the global population has yet to receive a booster shot. 72 per cent of people in high-income countries are fully vaccinated (two doses) while just 6 per cent of people in low-income countries are (Our World in Data, 2022b).

Booster vaccinations and new generation vaccines will be needed to continue to protect against severe illness and death, as well as reduce infections. An estimated 22 billion doses of mRNA vaccines will be needed to control COVID-19 with a 15 billion dose gap in mRNA COVID-19
vaccine production in 2022 (Prep4all, 2022). This identified need is beyond what Pfizer-BioNTech and Moderna are set to produce in 2022 to meet global need for both initial doses for the unvaccinated, and boosters for all (Ibid). Thus, it is clear that the current system has not and will not be able to produce adequate supplies of effective vaccines to get close to meeting the global demand for vaccinations. The only way to address this is to increase the supply of vaccines being produced. Permission to manufacture COVID-19 health technologies would not only increase capacity but also greatly reduce the reliance of low-income countries on the uncertain philanthropy of high-income countries. According to South African President, Cyril Ramaphosa, this has led to low-income countries having to rely on the ‘crumbs from the table of the West’ (du Plessis, 2022).

The People’s Vaccine Alliance Ireland
The People’s Vaccine Alliance Ireland (2022) is made up of several Irish non-governmental organisations (NGOs), health practitioners, faith groups, trade unions and academics. They are collectively advocating that the fairest and most effective way to end this pandemic is to ensure that everyone, everywhere has access to COVID-19 vaccines, tests and treatments. This alliance is part of the global People’s Vaccine Alliance (2022). The Alliance was launched on 8 July 2021 with an event attended by over 300 people. Speakers at the launch included Dr Mike Ryan from the WHO and Winnie Byanyima from UNAIDS (The Joint United Nations Programme on HIV/AIDS).

Members of the People’s Vaccine Alliance Ireland have regularly appeared in the media in Ireland outlining the continued extent of vaccine equity and the failure of government policies to address this issue. The People’s Vaccine Alliance Ireland has also undertaken intensive lobbying with both members of the government and opposition parties which resulted in the issue being raised in the Oireachtas (Parliament) many times. In December 2021, the Seanad passed a motion calling on the Irish government to support calls to allow generic production of COVID-19 vaccines in low income countries. This is one of the first times an EU member state has
passed such a motion. The People’s Vaccine Alliance Ireland also successfully persuaded the Joint Oireachtas Committee on Enterprise, Trade and Employment to review Ireland’s stance on the TRIPS waiver after the Alliance had provided a detailed submission to inform the Committee’s deliberations. The Alliance has also engaged the general public with thousands of people signing up to the campaign’s petition and also respected members of the scientific and medical community who have publicly endorsed its campaign.

The Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver

The temporary TRIPS waiver was first proposed at the World Trade Organisation (WTO) in October 2020 by India and South Africa. The temporary waiver seeks to suspend the implementation of certain provisions in the TRIPS Agreement relating to copyrights, industrial designs, patents, and protection of undisclosed information for a period of three years to facilitate ramping-up of the production of COVID-19 diagnostics, therapeutics, and vaccines across low- and middle-income countries (LMICs) combating the pandemic. The TRIPS waiver will most likely lead to a two-tier market for vaccines, with generic production for low-income countries and existing production systems for high-income countries. This is similar to what eventually transpired during the HIV/AIDS pandemic, which had no negative impacts on future innovation. The TRIPS waiver proposal is supported by 120 countries, including the United States, Spain and Australia. However, it is currently opposed by Ireland and the EU.

It should be remembered that in total $100 billion of public money was funnelled into the research and development of COVID vaccines and therapeutics (People’s Vaccine, 2021: 9). Rather than incentivising significant private investment in the vaccine research, intellectual property (IP) has simply allowed the companies to privatise and monopolise the fruits of the largely publicly funded research for their own private gain. A temporary TRIPS waiver could provide potential generic manufacturers in low- and middle-income countries the full freedom to operate; to
manufacture, to import and export, and to commercialise needed COVID-19 related medical products for a specified time.

Experienced manufacturers willing to start manufacturing generic versions of COVID-19 vaccines have come forward from all over the world, including from Bangladesh, Pakistan, Senegal, Denmark and Canada (Furlong, 2021). Biolyse in Canada, who have approached J&J and AstraZeneca, have indicated that they could be producing vaccines within six months; Incepta in Bangladesh estimate that they can make between 600 million to a billion doses; Teva in Israel, who have capacity to immediately commence COVID-19 vaccine production; and Bavarian Nordic in Denmark, have all offered to assist in the manufacture of vaccines. But IP protections are preventing them from doing so. In addition, Human Rights Watch (2021), have identified an additional 125 vaccine manufacturers globally who have the potential capacity for producing COVID-19 vaccines.

The former director of chemistry at Moderna has said that with the blueprint and technical advice, a modern factory should be able to get mRNA vaccine production going in at most three to four months (Cheng and Hinnant, 2021). In a recent WHO call for companies interested in mRNA technology production, fifty companies responded within the first two weeks alone indicating significant untapped opportunity for mRNA vaccine technology transfer.

**We can’t donate our way out of the pandemic**

COVAX, the initiative that is currently the only global mechanism for pooling demands for COVID-19 vaccines to try and secure access for low-income countries has failed to deliver. By the end of 2021 the scheme had delivered less than half of the 907 million doses it had originally promised (UNICEF, 2021). At the same time, it is estimated that G7 countries would waste 240 million doses due to hoarding vaccines that were left to expire (Global Times, 2021). But even if countries donated all their excess stock and lived up to their promises, there would still be billions of extra vaccines needed to be produced to meet demand.
Ultimately, donations are neither a sufficient nor sustainable solution, especially as not enough vaccines are being produced and high-income countries are reluctant to release supplies they may need for booster shots or tackling variants. The WHO has repeatedly said that the issue is not one of finance but of supply. Charity is simply not going to fix the huge supply problem nor should people’s lives in so many countries around the world be dependent on unpredictable and uncertain charitable giving from high income nations. Donations should never be a substitute for sharing the rights to produce these vaccines and ensuring distributed manufacturing around the world so that countries have their own supplies they can rely on. We need a shift in emphasis from global access to vaccines, treatments and diagnostics to global access to all tools to produce vaccines, treatments and diagnostics. Furthermore, the current donations/charity approach is making the roll out of vaccines in LMICs very difficult because of the lack of predictability and security of supply. To reverse vaccine inequity, we must address the root causes of inequitable production and distribution, which benefits high-income countries. We cannot donate our way out of this pandemic.

The agencies responsible for delivering donated vaccines including COVAX, UNICEF and the African Vaccine Taskforce have reported that the majority of donations from high-income countries have been ad hoc, provided with little notice and short shelf-lives, and without necessary equipment including syringes. The way in which donations are being made increases the risk that doses will be wasted. As Dr Tedros Adhanom Ghebreyesus, WHO Director General, said: ‘I will not stay silent when the companies and countries that control the global supply of vaccines think the world’s poor should be satisfied with leftovers’ (WHO, 2021).

**Conclusion**

Ireland’s continued opposition to the TRIPS waiver is not only greatly damaging Ireland’s international reputation as a champion of low-income countries and as an advocate for human rights, but could be in contravention
of Ireland’s human rights obligations under the International Convention on the Elimination of Racial Discrimination (CERD) and under the International Covenant on Economic, Social and Cultural Rights (ICESCR). It also fails to take into account the potential negative impacts of allowing extensive areas of the world to remain unvaccinated for the foreseeable future.

The Omicron variant shows that where there are low vaccination rates in countries due to lack of access, this can lead to greater incidence of the virus, and risks of dangerous new variants emerging. This threatens control of COVID-19 for everyone everywhere, including Ireland. Many scientists have predicted that potentially deadly variants like Omicron will continue to arise as long as global vaccine inequity is allowed to continue (Oxfam, 2021a). This was the key message heard at a recent meeting held with top scientists, health professionals and academics from Ireland and around the world (People’s Vaccine Alliance Ireland, 2021). Following this event more than 400 leading scientists and medical professionals, including Professors Kingston Mills, Sam McConkey, Cliona Ni Cheallaigh and Luke O’Neill signed a public statement urging the Irish Government to support the generic production of COVID-19 vaccines and treatments to address global vaccine inequity (Oxfam Ireland, 2021b). As negotiations continue at the WTO on a TRIPS waiver, the People’s Vaccine Alliance Ireland will continue to draw attention to the position of the Irish government which remains opposed to this essential measure to address vaccine inequity.

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THE INEQUALITY VARIANT: HOW THE PANDEMIC HAS ACCELERATED GLOBAL POVERTY

STEPHEN MCCLOSKEY

The headlines of Oxfam’s 2022 wealth and inequality report could hardly be more stark. On the one hand, the world’s richest ten men have doubled their wealth during the pandemic and a new billionaire created in every 26 hours. On the other hand, 160 million people have been pushed into poverty and 17 million have died from COVID-19 (Oxfam, 2022: 7). Oxfam’s report, published to coincide with the gathering of government and business elites at the World Economic Forum in Davos, Switzerland, has become a bellweather of global poverty and doesn’t mince its words when describing inequality as a form of ‘violence’ that ‘kills’ (Ibid). ‘Inequality contributes to the death of at least one person every four seconds’, says the report, with a total of 21,300 dying every day (Ibid: 8). As in previous reports, Oxfam finds the neoliberal economic system deeply racist and sexist with the pandemic preying upon existing inequalities to deepen the vulnerability of women and young girls and racialised groups. ‘3.4 million Black Americans would be alive today if their life expectancy was the same as White people’s’ (Ibid: 6), finds the report, which links contemporary inequalities with the ‘historical legacies of racism, including slavery and colonialism’ (Ibid: 8). And the inequities in global capitalism have also resulted in 252 men having more wealth than ‘all 1 billion women and girls in Africa and Latin America and the Caribbean, combined’ (Ibid: 6). The goal of achieving gender equality has been setback an entire generation to 135 years from 99 years, a situation compounded by spiking levels of gender-based violence.

The myth of austerity

Following the 2008 global financial crisis, governments across Europe and North America pursued an austerity-driven programme to cut public expenditure that poured on misery to those on low-incomes already struggling in a contracting global economy. Former British prime-minister, Theresa May, famously told a nurse, who hadn’t had a pay rise in eight years,
on national television during the 2017 general election campaign that ‘there’s no magic money tree’ when trying to justify pay restraint as a necessity to culling the national debt (Dearden, 2017). The myth of austerity unraveled spectacularly when $16 trillion (Oxfam, 2022: 13) was pumped by governments across the world into a response to the pandemic in the form of corporate loans and grants, the production of vaccines, public furlough programmes, tax cuts and welfare spending. Even if many of these measures were temporary, covering periods of extended lockdowns when the global economy virtually ground to a halt, they revealed that a very different response had been possible to the lost decade of austerity that followed the 2008 crisis (Toynbee and Walker, 2020). This pain was compounded by the surge in stock market profits that resulted from governments printing money to bailout the banks in 2008 and respond to COVID-19 in 2020. As the economist Thomas Picketty argues, this resulted in ‘making the richest even richer, without resolving the structural problems of the real economy’ (2021: 298).

**Taxation and redistribution**
The dysfunctional nature of the global economy and its parallel universes of extreme wealth and poverty were observed in what Oxfam describes as 2021’s ‘let them eat cake moment’ when the world’s richest person, Amazon owner Jeff Bezos, indulged his whim for luxury space travel (Oxfam, 2021: 8). This high-carbon pastime is a reminder that ‘20 of the richest billionaires are estimated, on average, to be emitting as much as 8,000 times more carbon than the billion poorest people’ (Ibid: 6). As Picketty suggests ‘The challenges of climate change and the rise in inequalities can only be resolved simultaneously’ (2021: 275). Rather than ‘fuelling the financial bubble’, he argues, ‘monetary creation’ should be ‘mobilized to finance a real social and ecological recovery’ (Ibid: 320). In proposing concrete actions, Oxfam argues that ‘Only systemic solutions will do to combat economic violence at its roots and lay the foundations for a more equal world’ (Oxfam, 2022: 14). These solutions include ramping up taxation on the wealthy. A 99 per cent windfall tax on the COVID-19 profits of the ten richest men would mean a tax take of $812 billion. When allied with more permanent taxation measures
on the rich and their property, this could mean a significant redistribution of wealth to resource essential services and tackle global heating. More social spending could be invested in universal healthcare and programmes that address gender-based violence and social protection. Finally, governments need to engage in systemic changes to their economies ‘to pre-distribute income, change laws, and redistribute power in decision-making and power in the economy’ (Ibid: 15).

**Public interest versus profits**

None of this will be easy as the power of corporations and the super-rich to secure political allies and protect their interests remains entrenched. The economic deregulation that has attended neoliberalism has ‘involved a vast programme of lobbying by business interests to ensure that governments liberate them from the rules that they find oppressive’ (Crouch, 2014). We have seen during the pandemic just how dangerous corporate power has become with big pharmaceutical companies profiting from vaccine monopoly and unwilling to temporarily waive the patents on COVID-19 vaccines which could ensure they are manufactured by countries across the world (Bansal, 2021). This would help prevent the spread of new COVID-19 variants, ease pressure on healthcare systems combating the pandemic, and provide the best route to suppressing the virus and escaping an endless cycle of restrictions and lockdowns. We know it makes sense and would be acting in our best interests but so far public interest has been trumped by the profit motive. Until we start resourcing the social state (education, health, transport, the environment) to the scale needed and stop fuelling the over-stuffed stock market, the shocking levels of inequality revealed by Oxfam’s report will continue.

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Viewpoint

DECOLONISING POLITICAL ECONOMY: READING CAPITAL AND IMPERIALISM AT NEOLIBERALISM’S CRISIS CONJUNCTURE

SU-MING KHOO

Abstract: This Viewpoint article considers the importance of decolonising political economy in the current context of neoliberalism’s crisis conjuncture. The discussion centres around a major new work in critical-decolonial political economy, Capital and Imperialism: Theory History and the Present, by Prabhat and Utsa Patnaik. This work revisits ‘colonial drain theory’, explaining how colonialism, imperialism and the North-South divide were necessary adjuncts to capitalism as a ‘money-using’ system, operating through mechanisms of colonial taxation, trade and financing. Capital and Imperialism is discussed in the context of the challenge to ‘decolonise economics’, to suggest that colonial drain analysis needs better integration with intersectional struggles against structural injustice. A broader analysis is required to meet the challenges of nationalism, neo-fascism and environmental limitations.

Key words: Decolonising economics; Colonial drain; Capital and Imperialism; Political economy; Neoliberalism.

Introduction – the decolonial turn and Marxist analysis
The past few years have witnessed theory, methodology and practice renewing how they are thought and taught, under the sign of ‘decolonisation’. Decolonisation involves a move from the margins to the centre, with critical academics attempting to ‘provincialise’ the dominant Eurocentric ‘episteme’, decouple from it and seek alternatives in ‘border gnosis’ and ‘the subaltern’ (Mignolo, 2000: 88; Quijano and Ennis, 2000: 544). Post-development critiques are revenant, rejecting Eurocentrism (Mignolo, 2007: 452), but also returning to antiracist, indigenous, feminist and environmental demands from
the margins for reparative and transformative action (Tuck and Yang, 2012; Crenshaw et al., 2021).

The decolonial turn in economics promotes inclusivity, rejects Eurocentrism and challenges the omission of alternative views. Decolonisation means more than a challenge to mainstream economic theory within theory (Chester, 2021). Kvangraven and Kesar (2021) suggest seven disciplinary and pedagogical tasks: i) treating the economy as socially embedded, ii) explicitly acknowledging inherent biases and values in different perspectives, pointing out repressed knowledges and viewpoints; iii) avoiding over-generalising and false universalism; iv) exposing students to the inherent Eurocentrism of particular theoretical perspectives and explanations; v) presenting knowledge within its colonial and postcolonial contexts; vi) exposing the spectrum of power inequalities within communities; and vii) adopting more student-centred and co-creative pedagogical approaches.

Discursive and rhetorical de-linking and epistemic disobedience may be necessary, but insufficient to diagnose how coloniality operates through specifically capitalist or neoliberal structures. Epistemic and discursive critiques tend to focus the critical gaze at a distance from people’s real economic and existential needs and troubles. In development, an over-preoccupation with root causes is ‘developmental hypermetropia’ – inability to focus on close-up issues (Gomez and Gasper, 2021: 16). Critiques of Eurocentrism have not restrained capitalism, which has survived numerous crises by shape-shifting into Keynesian and neoliberal forms (Crouch, 2011). Western liberalism’s other Utopia, human rights, faces similar criticisms for its failure to address structural inequalities (Moyn, 2018), and account for the ‘planned misery’ of structural vulnerabilities (Marks, 2011: 57; 70; 74-6).

Marxist analysis connects close-up and distant focal points to explain exploitation, ‘... unfairness or oppression that requires to be unfolded, told about, and scrutinised for its significance and implications’ (Marks, 2008, 282). Structural critique of exploitation invites further
questions about how analogously ‘structural’ feminist, anti-racist and indigenous critiques intersect. Can democratised and inclusive Marxism converge with decoloniality? (e.g. Bohrer, 2019; Verges, 2019; Ndlovu-Gatsheni and Ndlovu, 2022).

**Capital and Imperialism**

This article began as a commissioned review of Prabhat and Utsa Patnaik’s major new book, *Capitalism and Imperialism: Theory, History and the Present* (2021, hereafter CI). Reading their integrated theory (also Patnaik and Patnaik, 2017) in the context of recent farmer protests crystallised their assertion that neoliberalism is imperialism in a new form. CI is not a critique of ‘Eurocentrism’ as such, but part of a general reorientation of political economy and social science revising the concepts used to understand capitalism (Bhambra, 2021). This reorientation centres colonialism and imperialism’s general historical importance, challenging economic ideas and assumptions that minimise or erase this centrality. Decolonisation in this sense connects to a wider intellectual project to renew how global modernity, disciplinary knowledge, theory and methods are approached, conceptualised and practised (Bhambra and Holmwood, 2021; Khoo 2021).

Decolonisation has always been important to critical development studies, but decolonial agendas have become more salient and explicit in economics, social theory and educational practice since the ‘Rhodes Must Fall’ campaign (Newsinger, 2016). Shashi Tharoor’s bestseller, *Inglorious Empire* (2017) reflects the re-popularisation of classic, non-Western Marxist analyses of colonial drain, from the turn of the last century. Marx might have known the key Indian exponent of colonial drain, Dadabhai Naoroji through a common friend, the British socialist Henry Hyndman (Patnaik and Patnaik, 2021: 323). This brings back neo-Marxist theories of unequal exchange, an ‘other canon’ of economics which tends to be resurrected in times of crisis (Reinert, 2004).

*CI* is a major work answering to several of the decolonial aims set out by Kvangraven and Kesar (2021). It presents a thorough critique of
conventional economics using a historical Marxist analysis, focused on India and integrated with Keynesian theory. The analysis follows four historical periods: colonialism up to World War One; the interwar years; post-Second World War Keynesian welfare capitalism; and the era of globalisation that followed, including the ‘current conjuncture’ of globalisation and neoliberalism in dire crisis. CI’s contention that global neoliberalism cannot be indefinitely sustained is echoed by many voices emerging out of the COVID-19 pandemic (Khurana and Narayan, 2021; Gerbaudo, 2021). Neoliberalism’s multiple crisis conjuncture makes CI timely, but also points to questions beyond the book’s scope. Capitalism and imperialism cannot be adequately conceptualised without addressing racism, sexism, indigenous dispossession and ecological destruction as intrinsic to global political economy. Addressing social embeddedness requires facing up to the whole complex of unjust social structures. This must include questions about human survival and reproduction, and face planetary crises of climate change, fossil fuel dependence, pollution and extinction. For critical political economy to be systematic, but also transformative, these connected problems cannot be ignored or ‘externalised’.

CI begins by attacking the assumption that capitalism can be separated from colonialism and imperialism, offering critique and supplementation to both Marxian and Keynesian conceptions of the economic system. Capital must originate somewhere. Labour, land, and raw materials have extra-capitalist origins before being turned into capital, a process described by Marx as ‘primitive accumulation’. Privatisation of the means of subsistence forced labour to become ‘free’ to earn money wages. ‘Economies’ are never closed ‘systems’ because they resolve the limitations of capitalism by resorting to imperialism ‘outside’. CI defines capitalism as a money-using economy that is always more than an isolated, separate ‘system’ containing only workers and capitalists, since excluded peasants and artisans must be necessarily and continuously displaced and exploited by that system.
The North-South divide and colonial drain

CI simultaneously dissolves and reinscribes the centrality of the global North-South divide. ‘Imperialism’ and ‘exploitation’ are specific terms, not generic synonyms for oppression. ‘Imperialism is a relationship between capitalism and its setting, central to which is an imposition of a regime upon the setting that entails income deflation as a means of preventing the threat of increasing supply price’ (Patnaik and Patnaik, 2021: 81-2). Colonialism was the process of subjugating the pre-capitalist setting so that capitalism could emerge, either by a capitalist state exercising direct military power, or via a subcontracted party like the East India Company (Ibid: 84).

The world imperial-capitalist economy was historically ‘segmented’ into two distinct but interrelated geographical spheres - the densely populated tropics (the South) and the less densely populated temperate areas (the North) consisting of the European metropoles and the settler colonies that Europeans freely emigrated to. Non-capitalist economies had money and used it, but money was not the central driver of those systems. In capitalism, money is central. Accumulating money and protecting its value drive the entire system.

Conventional economics pretends that there is no connection between theoretically ‘closed’ economies and ‘colonialism’. Yet colonialism’s central raison d’etre is extract (‘drain’) maximal ‘colonial surplus’, removing money and making it unavailable domestically within the colony’s economy. This drain resulted in ‘income deflation’ and hunger. Per capita consumption of food grains declined drastically under British rule and India was wracked by famines from the 1770s to the 1940s. Rapacious fiscal pressure decimated one-third of India’s population in the 1770s famine and three million in the 1943 Bengal famine. Yet, as long as the population was not entirely decimated, the system continued to work in Britain’s favour.

During the ‘long nineteenth century’, 50 million Europeans emigrated to colonies of settlement in temperate regions. Britain’s population increased rapidly, but about half of this increase was externalised
through emigration (Ibid: 123). Tropical labour could not emigrate freely to Europe or to the temperate regions where Europeans migrated. Instead, tropical migrants were channelled to tropical plantations. Temperate migration was privileged because white settlers occupied lands taken from original inhabitants. Northern labour was higher income because of dispossession, not because Europeans were more skilled and productive, as economic development theorists claim. Tropical migrants remained very low-wage because colonial drain, deindustrialisation and displacement created ‘a vast, destitute reserve army of labour’ in the tropical zone (Ibid: 125). They were consigned to modern poverty, which combines material deprivation and the insecurity that accompanies commodification and the cash nexus. Taxation compelled peasants to switch from subsistence to growing commodities to sell for money needed to pay taxes and buy food. Huge numbers of Indian peasants and artisans displaced by Britain’s taxation and de-industrialisation policies had little option but to seek work on plantations, to produce the tropical goods required by Northern capitalism that could only be produced in the South, such as cane sugar, rice, tea, opium, jute, sisal, or tropical hardwood (Ibid: 135).

The central mechanism of colonial drain was the colonial budget, which used colonial tax revenue to pay for commodities that Britain bought from India. Excessive taxes meant that the East India Company essentially got tropical commodities for free, with the colonial government running both taxation and commodities trade profitably. Commodity earnings paid back with a small hand a portion of the taxes already extracted with a bigger hand through land rent, taxes and monopoly profits. The mind-bending example given is of a peasant-artisan paying 100 Rupees tax, while earning 50 Rupees from selling cloth and rice they produced (Ibid: 130). Triangular trade connected the drain of India to the overall financing of British imperial deficits. China had no demand for European manufactured goods, so it was militarily forced to rescind its opium ban, allowing Chinese opium addiction to create the essential demand to allow the money surplus drained from Bengal to be used to settle Britain’s trade deficit with China (Ibid: 122). Tax revenues from India were designated as ‘expenditure abroad’, while Sterling
set aside to pay for exports was kept in London. India could not keep export earnings in foreign exchange or gold. Instead, Indian Rupees were issued by the colonial authorities, causing income-deflation, monetary stringency, lack of liquidity and high interest rates in India (Ibid: 143). The cumulative drain from India was estimated at $64.82 trillion, more than the combined GDP of UK, US and Canada in 2020. From 1765 to 1938, $45 trillion is estimated to have been drained by Britain from India (Hickel, 2018; Patnaik, 2017).

Imperial apologists argue that colonialism benefited India, by providing railways, which integrated India’s economy and raised income. The 1860-1878 railway boom saw £26 million invested in India’s railways. However, five times that amount was drained in commodity export earnings (Patnaik and Patnaik, 2021: 145). The colonial state’s investments were hardly benevolent aid, but capitalist investments requiring a minimum annual profit of 5 per cent. The colonial accounting system maintained a stark asymmetry. If India’s export earnings rose, demands were added. India was forced to export war materials to Britain and pay for ‘gifts’ given by the British to themselves worth £100 million. India paid £45 million to Britain for the First World War, financed by a debt that India underwrote (Ibid: 147). The burden of Allied war spending in South Asia in the 1940s was placed on Indian revenues through another forced loan. Facing the Bengal famine in 1943, India asked for some of its sterling debt to be repaid or converted to foreign exchange dollars, so that badly needed food could be imported. Keynes refused, and Indians starved, even as Keynes travelled to the Bretton-Woods conference to ask for one-third of Britain’s own sterling debt to be written off and another one-third to be postponed (Ibid: 216).

The Keynesian fix and the persistent need for colonialism
Formal decolonisation brought limited concessions, including the political decolonisation, the institution of electoral democracy, and some Keynesian state interventions. After 1945, the system of imperial control enabling the colonial drain was interrupted. Postcolonial governments were established, promising to improve the lot of their masses (Ibid: 90-91). However, Keynesian policies led to the central problem that colonialism was designed
to prevent – increased demand and commodity price inflation. Colonial drain required ‘income deflation’ for the masses in the majority South, squeezing Southern incomes and consumption to keep inflation down. After decolonisation, Keynesianism lacked an imperial mechanism for imposing income deflation elsewhere, as cheap commodities flowed to enable metropolitan welfare and living standards.

Decolonisation resulted in very little land restitution or redistribution to return direct subsistence to help Southern peoples’ needs. As Tuck and Yang astringently observe, decolonisation is not a metaphor (2012). ‘Land augmentation’ is the only other viable strategy for national governments (Patnaik and Patnaik, 2021: 70), yet Utsa Patnaik’s other works (Patnaik, 1990) point to significant social, political and ecological limitations on further intensifying agricultural production. This analysis was taken further by Vandana Shiva (1989). Without land restitution and redistribution, continuing capitalist growth involves the choice between returning to expand colonialism or finding new fixes like financialised asset bubbles.

The Keynesian war economy could be thought of as a blend of different modes of generating capital, but it failed to acknowledge the extent to which it relied on colonialism and the subjugation of others ‘outside’ the economic unit of accounting. When speaking of capital, there is no way to keep imperial relations and colonies ‘outside’ the accounts, since money flowing in appeared somewhere. In wartime, more consumption goods were needed, but how did Britain pay for increased imports of food, raw materials like cotton, and pay for a hugely expensive war without incurring massive external payments imbalances, except by taking economic surplus from the colonies? (Patnaik and Patnaik, 2021: 104). Colonial surplus financed Britain’s current account deficits with the rest of the world and enabled capital exports to temperate regions of European settlement. The conventional economic history holds that an ‘agricultural revolution’ prepared the ground for Britain’s Industrial Revolution. The real story is that colonialism and imperialism provided the capital for capitalism (Ibid: 114).
After the Second World War, the United States (US) became the world’s leading capitalist country, but unlike colonial Britain, it lacked access to an imperial drain mechanism. Its only option besides financialisation was to use militarism to keep up high levels of demand, while running a current account deficit.

**Neoliberalism as the reassertion of imperialism**
The economist Joan Robinson once quipped that ‘*the misery of being exploited by capitalists is nothing compared to the misery of not being exploited at all*’ (1962, 45), but is this true? How far can ‘income deflation’ go? The recent Indian government climb down after trying to push through a deregulation of the national grain trading system seems to vindicate massive farmer protests throughout the Punjab, the grain basket of India, in 2020 and 2021 against these ‘neoliberal’ reforms. Farmer protests showed how unstable and unsustainable neoliberalism is in India, where nearly two-thirds of its 1.3 billion population depend on agricultural livelihoods, while only accounting for 17 per cent of total national income (Mashal, Schmall and Goldman, 2021).

In 2020, the international news focused on the plight of the urban poor under the Indian government’s rapid and stringent lockdown response to COVID-19, causing the exodus of millions back to rural villages. Yet, there was little mention of how the rural population have been suffering for decades from farmer indebtedness, destitution and epidemic levels of suicides (Ibid; Chaba, 2022). This suffering stood behind farmers’ rejection of the government’s proposals to abolish the existing ‘mandi’ system of middle-men. Farmers did not wish to be nominally ‘free’ to sell directly to the ‘free market’ since they suspected that this actually meant more government promotion of its favoured giant domestic corporations. Farmers suspected that the minimum support price scheme, which guarantees farmers a floor price for their crops would be the next measure to go (Spindle and Agarwal, 2020). The price stabilisation scheme provides the mechanism for stocking the Public Distribution System, a basic food subsidy scheme for the poor which neoliberals have repeatedly sought to dismantle since the 1980s (Acharya, 2007).
What exactly is neoliberalism? Unlike classical liberalism which privileges competition and market exchange in principle, neoliberalism uses the market instrumentally and cynically, to obtain desired results. Neoliberals have no interest in principles, liberal or otherwise and do not care about consumers. Neoliberalism reinterprets ‘efficiency’ as a privilege of large corporations to seek market domination, dividing the biggest from smaller and medium sized capitalists. Neoliberals are antagonistic towards regulated or social market approaches that try to negotiate compromises between capital, labour unions and state policies. Neoliberals only approve of the state when its regulatory power is captured and used to defend and enforce the interests of large corporations and capital itself.

Neoliberalism is a reassertion of imperialism (Patnaik and Patnaik, 2021: 262) in the sense that it reverses concessions that were made in the name of decolonisation, putting an end to Keynesian (decolonial, nationalist) alternatives to the colonial economic structure. Neoliberal macroeconomics effects new forms of income deflation to control threats to the value of money in the absence of a colonial regime to do the job. Income-deflating, neoliberal ‘structural adjustment’ policies re-impose the mechanism of imperial drain without needing to resort to military force once governments are simply caught up in neoliberalism’s web (Ibid: 263). The effects of income deflation are described by African debt campaigners as ‘stomach adjustment programs’ (Somers, 1999). IMF loans impose ‘conditionalities’ like wage cuts and freezes (31 countries), increased value-added tax (VAT) (14 countries), and public expenditure cuts (55 countries) (Tamale, 2021). As the Patnaiks argue, this entire set of neoliberal measures only squeezes one element of the economy – workers’ income and thus their demand for goods (Patnaik and Patnaik, 2021: 260).

‘Neoliberalism’ combines the hegemony of international finance capital with aversion to Keynesian state policies. Neoliberalism replays colonialism by forcibly deflating the income of people in the global South to stabilise capital. However, it cannot stave off a structural crisis and fails where Keynesianism at least partly succeeded – demand creation.
Eschewing Keynesianism leaves only one other solution - to keep capital going through asset price bubbles (Ibid: 263), but the threat to the value of money remains ever-present.

The world used to be divided into two separate sections – the low wage tropical ‘South’ and the high wage temperate ‘North’. Now, it is ‘de-segmented’ as capital at least partly relocates to the South to take advantage of lower wages, with China dominating manufacturing and India the service sector. However, this is nowhere near enough to absorb all the world’s surplus labour. Southern wages remain at low and barely increasing subsistence levels.

Contrary to the narrative promoted by the global North, World Bank, and conventional development studies, ‘de-segmentation’ was not due to ‘export oriented industrialisation’ or funded by metropolitan capital. Public investment, import-substituting industrialisation, protectionism, agricultural intensification and expanding the domestic urban middle classes were ‘Keynesian’ strategies tried by Southern states. The upwardly mobile middle classes became the chief supporters of globalisation in the South (Ibid: 272), however, unemployment and impoverishment continue for a large portion of the population. Neoliberalism creates too few jobs and while workers displaced in the global North could historically emigrate to settle colonies, today’s displaced peasants and artisans in the global South are strictly constrained in terms of where they can migrate to.

**Revitalising critical political economy**

CI grounds the globalisation debate in an analysis of imperial and colonial surplus extraction. The Patnaiks’ myth-busting theoretical and empirical critiques refute a number of conventional economic assumptions in liberal and neoliberal ‘market’ economics: self-contained economies; Say’s law of markets; Milton Friedman’s Non-Accelerating Inflation Rate of Unemployment (NAIRU); ignoring the agrarian sector. CI’s Baran-Sweezy Memorial Award for radical political economy is justified as it has much to commend it. The Patnaiks revive classic neo-Marxist political economy and
continue Marx’s unfinished work, a line of analysis that stretches from Rosa Luxemburg, Lenin and Karl Kautsky to Paul Baran, Paul Sweezy and Samir Amin, coalescing an economic analysis of colonialism as capital’s solution to its own limitations. CI clarifies and integrates critiques of capitalism, imperialism, colonialism and neoliberalism, centring the role of the global South, specifically India, and especially the burdens borne by its peasants and artisans.

Imperialism is a relationship between capitalism and its setting. Capitalism requires peasants in the densely populated tropics to produce capitalist commodities, mostly on land that was being used for subsistence. Doing more for capitalism with the same amount of land can only take place in two ways – by ‘augmenting’ the land or by downward pressure on subsistence. How far can capitalism squeeze the peasants, turning the terms of trade against them. How far can land continue to be ‘augmented’?

Despite being a remarkable work of radical political economy, CI does not fully answer some of the criteria for a decolonial economics. Its perspective is unified and universalising. Its focus on colonial surplus extraction, rural-metropole and North-South divisions does not consider the whole spectrum of power inequalities or ecological limitations. Questions of structural social inequalities and hierarchies and of pedagogy (which will be of interest to readers of this journal in particular) largely fall outside its scope.

**Conclusion: socialism or barbarism?**
The Patnaiks somewhat optimistically suggest that capitalism may be turning obsolete, having reached an impasse with no clear exit (Ibid: 322). To update their earlier theoretical synthesis, A Theory of Imperialism (Patnaik and Patnaik, 2017), CI’s analysis of current crises of neoliberalism includes the problem of rising neo-fascism, a topic of obvious urgency in India, but elsewhere too (Macfarlane, 2020).

Under neoliberal globalisation, labour productivities have increased, but real wages have not (Patnaik and Patnaik, 2021: 290). There is an *ex ante*
tendency to overproduction and stagnation without a compensating imperial-colonial mechanism. Neoliberalism prevents governments from trying too hard at Keynesian demand management, leaving no clear way forward for capitalism (Ibid: 299). Capitalism, with no alternatives besides asset bubbles, is stuck with large scale unemployment, wage-stagnation and a continuous squeeze on workers’ earnings. Will the system move beyond capitalism, or merely relapse (Ibid: 301)?

One possible alternative is nationalism (Ibid: 303), however, the liberal bourgeoisie seem paralysed while the left remains cautious and ambivalent. Right-wing forces that many call ‘populist’, but the Patnaiks more accurately call ‘neo-fascist’ are beginning to fill the political space. Though not identical to 1930s European fascism, ‘a general muscular inhumaneness’, the targeting of minority groups and immigrants, their mass and mixed class character and the use of street gangs against both opponents and scapegoats make these movements fascist in many respects. Capitalism allies with neo-fascists to counter challenges from the left and to exploit divisive discourses that work to prevent united mass action on quotidian issues (Ibid: 305). In not-so distant history, fascism has briefly succeeded in giving national economies a boost where liberal capitalism has failed (Ibid: 307). Against these dark possibilities, the Patnaiks think that the most likely prospect is a gradual, more ‘peaceful’ form of social and political fascification. The liberal bourgeois establishment will gradually become illiberal, emulating fascists by persecuting minorities, and resorting to right-wing, racist, anti-immigrant and anti-Islamic rhetoric (Ibid: 308). The ideologies that justify inequality - racism and apartheid (they do not mention sexism) were instituted by colonialism (Ibid: 320), but they persist in post-colonial times. They can only be countered by decolonial Third Worldist conceptions of equality that refuse to become part of colonialist bourgeois ideology, and are forged in opposition to it (Ibid: 321).

The task falls to the left to prevent further damage to the social fabric. If the left could offer a more successful alternative, it might be able to erode, or at least stem a mass slide into neo-fascism. The left must articulate
and pursue policies that can take countries out of neoliberalism’s current crisis. It must transcend the hegemony of international finance and bring about a transcendence of capitalism (Ibid: 308). As it did a century ago, the left faces the choice between socialism or barbarism, but in a different way from that envisaged by Rosa Luxemburg (Mills, 2020). The fiscal expansion pursued used to deal with the pandemic must not revert to neoliberal austerity. The pandemic’s shock will aggravate neoliberalism’s crisis. National capital controls and regional currencies can be used to discourage capital flight and beggar-thy-neighbour competition, but de-linking is not an option as long as globalisation predominates. Large labour reserves at low pay remain, so how will the difficult situation be resolved? The Patnaiks fail to escape methodological nationalism, assuming that the ‘nation’ must be both the unit of analysis and the site of resistance and alternatives. Anti-imperialist alternatives could more realistically take the form of socialism without nationalism, specifically opposing the fascist kind of nationalism that the Patnaiks correctly see as being encouraged by imperialists to counter anti-imperialist nationalisms (Patnaik and Patnaik, 2021: 336).

Some progressive economists claim that they share an ultimate goal with human rights advocates: to promote human flourishing, and to protect human beings from the vulnerabilities and insecurities to which the current global economy has exposed them (Balakrishnan and Elson 2011: 3). *Capital and Imperialism* provides an incisive analysis of capital, imperialism and colonialism’s interlinkages via money. It explains why neoliberalism attempts to revive this complex, but its analysis remains insufficient to counter neoliberal globalisation in a manner that sufficiently circumvents the nationalist and fascist alternatives that are happy to travel with neoliberalism. To properly answer to the challenges of nationalism and fascism decolonial economics needs to return to, and reconnect class analysis with, culture’s ideological battleground (Wallerstein, 1991), in concert with other marginalised heterodox and progressive traditions of thought: feminist and ecological economics and antiracism. Rosa Luxemburg took the struggle against capital and imperialism, to fight against the inhumanity of capital (Mills, 2020: 8). Today, the crisis of neoliberalism cannot only be regarded
as a crisis of money, it is an intersecting social, political and ecological crisis. Returning from this article’s starting point in decolonising economics to this journal’s intent and community, we might rethink development education as an educational response that seeks to transform education and society, not only by resisting economics orthodoxy, but by attending to the deep crises of neoliberalism. This role and response requires a joint and common struggle to achieve both equality and humanity within planetary limitations.

References


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THE POLITICS OF ETHICIDE IN AN AGE OF COUNTER-REVOLUTION
HENRY A. GIROUX

“We must see now that the evils of racism, economic exploitation and militarism are all tied together… you can’t really get rid of one without getting rid of the others… the whole structure of American life must be changed” (Martin Luther King, Jr., 1967).

The brutalising horrors of a fascist past are with us once again. This is most evident in the growing support for bigotry and white nationalism among Republicans in the United States (US) and their base, buttressed by the increased presence of armed militia and an increasingly well-armed populace (Ben-Ghiat, 2022). Within the current abysmal historical moment, a mix of aggrieved agency, a tsunami of conspiracy theories, and an expanding culture of lies fuel a massive political effort to legitimate and normalise white minority rule. Underlying this authoritarian political project is a massive ideological scaffolding reproducing the lethal workings of repressive power and a formative culture solidifying the identities and agents willing to embrace a political landscape of fascist agitation and violence. This is a pedagogical effort to refute elements of the past as a site of injustice, all the while enabling a machinery of exclusion and disposability wedded to the logic of white supremacy and what Kimberly Williams Crenshaw (2020) calls ‘The Unmattering of Black lives’.

Talk of a civil war has emerged at a time when violence becomes a powerful force for shaping language, addressing social problems, and emerging as a central organising principle of politics. Central to this brutalising of civic culture and the social imagination is the need to acknowledge that long before violence becomes normalised in society, politics descends into what John Berger once called ethicide - a formative culture composed of ‘agents [who] kill ethics and therefore any notion of history and justice’ (Berger, 2007: 89). At work here is a collective
disavowal of social responsibility and the removal of political, discursive, and economic actions from any sense of the social costs involved. Central to the turn towards ethicide is a Republican Party waging a counter-revolution against the foundations of democratic rule. This is a right-wing political party wedded to a politics of dehumanisation, social abandonment and terminal exclusion, which accelerate the death of the unwanted. This amounts to a politics of ethicide in which ethical boundaries disappear, language is emptied of ethical referents, zones of social abandonment become normalised, racial purity is embraced, historical amnesia is celebrated, and a culture of cruelty becomes commonplace.

Toni Morrison has remarked that the prevailing formative culture of neoliberalism and its underlying fascist politics ‘is recognizable by its need to purge, [and] its terror of democratic agendas’ (Morrison, 1995: 384-385). ‘It produces the perfect capitalist’ defined largely as consumers, indifferent to ethics, and more than willing to criminalise and pathologise the enemy, reward mindlessness, and maintain, at all costs, silence (Ibid). Morrison’s insights are all the more relevant in an age when the lines between democracy and authoritarianism are collapsing. Her warning necessitates a heightened critical vigilance at a moment when the culture is shifting, new political formations are emerging, and new identities are being produced. This is particularly true given the regressive formative culture that has been at work in producing the agents involved in the current attacks on democratic institutions, policies and laws. This is a formative culture rooted in hate, bigotry, cruelty, infused with a spirit of vigilante violence. Far removed from democratic values, it has provided the language and political signposts to support the attack on the Capitol, women’s reproductive rights, voting rights, and racial justice as part of a broader effort to successfully display its affirmation and merging of politics, white nationalism, imperialism, and violence. In addition to these policies, this emerging formative culture has forecasted the ‘bald political calculus’ of a rising unique American authoritarianism (Crenshaw, 2020).
The coup attempt on 6 January 2021 is a death-dealing expression of mass violence that has a deep resonance with the past that has once again manifested itself as an organising force of the present. This contemporary expression of violence has a long history grounded in what Achille Mbembe has called necropolitics, or the politics of death - an upgraded species of fascist politics that defines whose lives are worthy of human value, citizenship, and occupying the public sphere, and, more specifically, who is considered disposable and excess (Mbembe, 2019; Evans and Giroux, 2015).

American legal scholar Lawrence Tribe rightly observes that Trump’s Republican Party not only ‘embraced the violence of 6 January’, they also supported a governing form ‘that almost always comes wrapped in violence’ and is endemic to fascism (Tribe, 2022). How else to explain the threats and ‘murderous violence’ by Trump’s followers aimed at school board members who support pupils wearing masks, medical personnel who support lockdowns, election officials who refuse the lie of fraudulent elections, and politicians who dare to disagree with Trump’s policies (Freedland, 2021). The political scientist, Robert A. Pape, argues that a new politically violent mass movement has developed to restore the Trump presidency. This includes ‘21 million adamant supporters of insurrection [who] have the dangerous potential for violent mobilization’ and are willing to shed bloodshed for their cause (Pape, 2021). What are we to make, for that matter, of Republican Governor Ron DeSantis signing legislation ‘that gives legal protections to people who drive their cars into protesters in the street’, and defines individuals as criminal felons if, in the midst of the protests, they break a window or engages in other alleged illegal activity (Hartmann, 2021). These are just a few of the many signposts indicating that the revival of fascist conditions that led to the attack on the Capitol on 6 January 2021 are not only still with us but are becoming normalised and reinvented every day.

Violence in its spectacularised forms tends to produce a shock value that hides the often ‘slow violence’ of everyday life (Nixon, 2011). This is evident in the border violence waged against undocumented immigrants, the
homeless deprived of the most basic social provisions, poor people of colour whose culture is equated with criminality, and fill America’s prisons. It is also evident in poor housing conditions, people struggling to put food on the table, support payments for the poor that tie them to a politics of mere survival and ‘bare life’ (Desmond, 2017; Hinton, 2021; Eubanks, 2019). One element of fascism that has returned with a vengeance is the relationship between fascism and big business (Guerin, 1973). Not only is this evident in the numerous examples of how the financial elite sponsor voter suppression laws, provide millions to push their economic and political interests through lobbying efforts, control the media, and attack government policies that enhance the welfare state and extend government policies that benefit the common good, but also in their hoarding of wealth and power.

Necropolitics finds its most powerful expression not in isolated attacks on the government or in plans to kidnap and kill politicians, however horrible such acts are, but in producing and normalising forms of massive economic and political inequality that kill. For instance, in a new report by Oxfam, it is estimated that ‘inequality is contributing to the death of at least 21,000 people a day, or one person every four seconds’ (Oxfam International, 2022). At the same time, ‘The world’s ten richest men more than doubled their fortunes from $700 billion to $1.5 trillion - at a rate of $15,000 per second or $1.3 billion a day - during the first two years of a pandemic that has seen the incomes of 99 per cent of humanity fall and over 160 million more people forced into poverty’ (Ibid). Oxfam makes clear that extreme inequality kills, inflicts violence on the vast majority of people on the globe, and ‘has unleashed this economic violence particularly acutely across racialized, marginalized and gendered lines’ (Ibid). Moreover, this greedy financial elite is killing the planet as ‘the richest 1 percent emit more than twice as much CO2 as the bottom 50 percent of the world, driving climate change (which contributes) to wildfires, floods, tornadoes, crop failures and hunger’ (Ibid). Predatory capitalists such as Elon Musk, Jeff Bezos, and Mark Zuckerberg amass huge profits while trafficking in death and misery, all the while paying little in taxes (Eisinger, Ernsthausen and Kiel, 2021). Oxfam recommends clawing back the tax gains that have been given
to the rich and reversing the attack on workers’ rights, unions, and the welfare state. These are not insignificant demands, but they say nothing about the relationship between capitalism and fascism, nor do they associate a murderous inequality with a call to end neoliberal capitalism.

It is impossible to separate the breakdown of civic culture, the collapse of language, and a rise in insurrectionist violence in the United States from the plague of gangster capitalism. Under a regime of privatised utopias, hyper-individualism, and ego-centred values, human beings are reduced to self-sufficient atoms of self-interest, removed from relations of mutual dependency. A neoliberal market-driven society has given rise to a culture of fear, uncertainty, and danger that numbs many people just as it wipes out the creative faculties of imagination, memory, and critical thought. Rather than live in a historical period that awakens the critical faculties, Americans now occupy a social order that freezes and numbs the capacity for informed judgment. Turning away from the collapse of reason, justice and democracy appears to have become habitual for most Trump supporters.

As democracy is increasingly viewed with contempt by large segments of the public, the moral mechanisms of language, meaning, and morality collapse. What emerges is a cruel indifference that takes over diverse modes of communication and exchange - a singular register of the rise of a fascist politics with its scorn for democratic values, identities, and social relations. Surely, this is obvious today as all vestiges of the social contract, social responsibility, and modes of solidarity that get people working together give way to a form of social Darwinism with its emphasis on violence, privatisation, ruthlessness, cruelty, war, modes of hyper-masculinity and a disdain for those considered weak, dependent, alien, or economically unproductive.

While it has become increasingly clear that democracy is under siege, little has been said about something inherent in the unfolding of a savage and ruthless capitalism and its embrace of an updated form of fascist
politics. Lost here were the workings of neoliberal machinery with its massive inequalities in wealth and private power, its comfortable alliance with structural racism, and a political system driven by money and the concentrated control of the ultra-rich and corrupt financial institutions. This is an economic system with profound malignancies, one that has given rise to pernicious relations of power that have transformed the Republican Party into a force that, as Noam Chomsky states, ‘is driving organized human society to suicide’ (Chomsky, 2022). He goes further and argues that however weak democracy is in the United States, it ‘is intolerable to the GOP wreckers’. He writes:

“But even the tattered system that still survives is intolerable to GOP wreckers. Nothing is overlooked in their systematic assault on the fragile structure. Methods extend from ‘taking hold of the once-overlooked machinery of elections’ at the ground level, to passing laws to bar the ‘wrong people’ from voting, to devising a legal framework to establish the principle that Republican legislatures can ‘legally’ determine choice of electors, whatever the irrelevant public many choose” (Ibid).

Narrowing the debate about the attack on democracy to the attack on the Capitol and spectacularised forms of violence creates the conditions for cynicism, despair, and a politics that sabotages itself by virtue of its narrow focus (Snyder, 2021a; Snyder, 2021b; Henderson, 2021). Moreover, by isolating these events, history disappears and with it the ability to learn from the past in ways that allow us to further understand the long-standing forces and patterns that work to dissolve the line between democracy and authoritarianism. Under such circumstances, remembrance no longer functions as an activity of interrogation, criticism, and renewal dedicated to the promise of freedom (Eppard and Giroux, 2022); on the contrary, it now functions as an ‘organized structure of misrecognition’ (Terdiman, 1985: 16). What is under attack by conservative forces is what Tony Morrison described in Beloved as ‘rememory’ - a way of thinking memory afresh. As Gabrielle Bellot observes, this takes place in spite of the fact that:
“the terrors of the past still live in the present. [As can be seen] in an age when Republicans in Texas and Idaho, among other states have approved legislation prescribing how current events are taught in the classroom severely curtailing discussions of Black American history, and when it is all too common for conservatives to dismiss the existence of systemic racism or the relevance of historical acts of anti-Black violence. In an era when it is still all too common to see Black bodies under the heel of white cops” (Bellot, 2021).

Memory has become a site of repression. Its underlying project is the creation of a history without an individual and collective democratic subject. Systemic violence, racial injustice, and political corruption have now disappeared from history. In part, this whitewashing of history takes place through both increasing acts of censorship in the schools and through the efforts of Republicans in Congress and their allies in right-wing media to rewrite history by invoking the horrors of 1930 fascist regimes to criticise health workers and policymakers trying to save lives in the midst of the pandemic crisis. This type of moral nihilism is displayed by Tucker Carlson, a white supremacist and Fox News host who has compared Biden’s vaccine mandates to Nazi medical practices, and Fox News contributor, Laura Logan, who has compared Dr. Anthony Fauci, Joe Biden’s chief medical adviser, to Josef Mengele, the Nazi doctor, who was known as the ‘Angel of Death’ for experimenting on Jews in the concentration camps (Pengelly, 2021).

These propagandistic efforts to induce a climate of fear along with a moral and political coma are meant to turn reality on its head, all of which is part of the Republican Party’s dangerous efforts to produce a public consciousness trapped in the fog of historical amnesia and unchecked ignorance. The current assortment of Republican zombies are not merely reactionaries for a new age. On the contrary, to paraphrase Raoul Vaneigem, they are people who have a corpse in their mouths (Vaneigem, 2012: 11)

The violent attack waged by the armed loyalists to Donald Trump on the Capitol on 6 January 2021 constituted a major political and constitutional
crisis in the making. But recognition of the seriousness of the attack did not lead to a deeper understanding of its underlying historical, political, and economic causes. Largely ignored in the mainstream media was the growing threat of authoritarianism accelerated through the merging of white supremacy ideology and the savage mechanisms of a neoliberal economy, both of which were powerful forces in creating the conditions for the insurrection (Giroux, 2017; Street, 2021; DiMaggio, 2022). The underlying necropolitics driving the surge of right-wing populism and the attack on the Capitol was largely decoupled from neoliberal capitalism and its related institutions of violence: white supremacy, inequality, the prison-industrial complex, unequal humanity, disposability, militarisation, colonialism, and its propagandistic cultural apparatuses, what C. Wright Mills called ‘the observation posts, the interpretation centres, the presentation depots’ (Wright Mills, 2008: 204). Underlying this attack was a counter-revolutionary politics whose aim was the elevation of white nationalist rule and a politics of disposability. In this instance, politics turned deadly with the rise of an authoritarian narrative, which as Mbembe states in a different context, those who do not matter are relegated to ‘death worlds…forms of social existence in which vast populations are subjected to conditions of life conferring upon them the status of living dead’ (Mbembe, 2003).

None of this appears out of the ordinary in the current historical moment, suggesting as Coco Das points out, America has a Nazi problem (Das, 2020). At the same time, it is crucial to stress that I am not suggesting that the former Trump administration was a precise replica of Hitler’s Nazi Germany. Yet, as a number of historians, writers, and critics have argued, there are important parallels that cannot be ignored (DiMaggio, 2022; Street, 2022; Ben-Ghiat, 2020; Mullen and Vials, 2020; Snyder, 2017; Stanley, 2018; Giroux, 2018; Boggs, 2018). Fascism has deep roots in American history, and its basic elements can crystalise in different forms under unique historical circumstances. Rather than being a precise replica of the past, fascism should be viewed as a series of patterns that emerge out of different conditions that produce what Hannah Arendt called totalitarian forms.
As the late Daniel Guerin, one of the more authoritative experts on fascism made clear, there is no one single version of fascism, ‘fascism comes in many forms’ (Guerin, 1973). Fascism is not interred strictly in a specific history, and its different histories are crucial to understand because it mutates, evolves, and often lies dormant, but it never goes away. The potential for fascism exists in every society, and what its histor(ies) teach us is that there is much to lose if we fail to learn its lessons (see Eco, 1995). In the current era, there is no perfect fit between 1930s Germany and Trump and his followers, but there are alarming echoes of history.

The threat of fascism is especially acute under neoliberalism, which exacerbates the worst elements of gangster capitalism. This includes most emphatically the widening of the scourge of inequality, a contempt for social responsibility, promotion of racial hatred, the acceleration of a politics of disposability, a corrupt alignment with big business, and a belief in the necessity of a heroic leader (Eppart and Giroux, 2022). Peter Dolack is right in arguing that while ‘militarism, extreme nationalism, the creation of enemies and scapegoats’ are basic elements of a fascist politics, ‘the most critical component is a rabid propaganda that intentionally raises panic and hate while disguising its true nature and intentions under the cover of a phony populism’. He concludes by stating that ‘As long as capitalism exists, the threat of fascism exists’ (Dolack, 2022). This may be an understatement. If anything, the United States may be well beyond the threat (Edsall, 2021).

If a form of mass resistance is to take place to avoid a fascist coup in the future, it is essential to develop a new language for equating freedom and democracy. This necessitates challenging the basic tenets of neoliberal capitalism and connecting the push for civic literacy. The latter is fundamental to a creating mass movement dedicated to the principles of democratic socialism. Real substantive and lasting change will not come without the existence of mass movement in America. Angela Davis has long advocated that mass movements coupled with a radical shift in consciousness about what kind of world we want are the key to radical change. She is worth quoting at length:
“…what I am saying is that in order to make real, lasting change, we have to do the work of building movements. It is masses of people who are responsible for historical change. It was because of the movement, the Black freedom movement, the mid-century Black freedom movement, that Black people acquired the right to vote - not because someone decided to pass a Voting Rights Act. And we know now that that victory cannot simply be consolidated as a bill passed, because there are continual efforts to suppress the power of Black voters. And we know that the only way to reverse that is by building movements, by involving masses of people in the process of historical change. And this holds true for the current administration” (Davis cited in Goodman, 2021).

Rather than wage war against neoliberal capitalism in the abstract, it is crucial to wage an educational campaign in which activists speak to people in a language they understand, one that makes visible the problems they face, and provides them with a moment of recognition capable of altering their common-sense assumptions about how they deal with the problems they experience. This means addressing fundamental concrete problems such as the threat to social security, funding public education, abolishing student debt, providing free child care, implementing universal health care, providing a social wage for everyone, eliminating homelessness, dismantling the prison-industrial complex, curbing gun violence, making neighbourhoods safe, massively curbing military budgets in order to expand programmes to eliminate poverty, homelessness, food insecurity, and decaying infrastructures, among other issues. These deeply rooted issues begin not with abstractions about predatory capitalism but with a language in which people can recognise themselves.

In addition, there is a crucial need to wage a political and educational campaign to defend schools and other institutions that provide the conditions for people to think critically, question authority, learn the tools for making informed judgments, and embrace what it means to be moral witnesses and engaged citizens. Making education central to politics
demands a new language, a different regime of desires, new forms of identification, and a struggle to create new modes of thinking, subjectivity and agency. It is important to stress that direct action, cultural politics, and political education are crucial tools to mobilise public attention as part of a broader campaign both to inform a wider public and create the conditions for mass struggle.

The United States is in the midst of a cultural war infused by a counter-revolutionary movement that is waging a full-scale attack against ideas, truth, rationality, ethics, and justice. This is a site of contestation and struggle over minds, emotions, and modes of agency; it takes place in diverse cultural apparatuses that must be challenged, redefined, and appropriated as sites of resistance. Fascism removes the language of aggrieved identity, pain, and rage from the structures of capitalism while undermining the ideals and promises of a socialist democracy. In part, this is done through a cultural politics that produces civic illiteracy, manufactured ignorance, moral decay, and historical amnesia, all the while promoting apocalyptic fears that feed off an exaggerated discourse of catastrophe allegedly facing white civilisation. Against this regressive educational and cultural project, a new anti-capitalist politics must arise. Such a struggle needs a new vision, one that merges the power of critique in multiple sites with ‘a positive, forward-looking program for real change’ (Jacobin, 2017). Only then will a mass movement arise infused with a language of both critique and hope, willing to engage in the long struggle against fascism and the battle for a future in which matters of justice, freedom, and equality become foundational in the struggle for a democratic socialist society. Democracy is under siege in America as the result of a counter-revolutionary movement and criminal conspiracy being waged by right-wing extremists at the highest levels of power and government. There is no room for balance, compromise, and indifference, only mass resistance.
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DEVELOPMENT EDUCATION AND NEOLIBERALISM: CHALLENGES AND OPPORTUNITIES

NEIL ALLDRED

Abstract: Development education (DE) has been working to challenge unfair practices that result in discrimination, oppression and inequality among communities and citizens all over the world. It has been working with other educational initiatives to help empower people towards greater freedom and autonomy. This article argues that most educational service provision that shares those laudable aims is placed in an invidious position by the context of working within the global neoliberal order, which has the resources and ideological strength to vitiate much development educational praxis. Indeed, DE may seek to empower communities but its very location within a wider educational offering that is itself exploitative and creative of inequalities nullifies much of its potential for good. A number of implications for further action, emphasis and methodology are suggested to help the sector escape such contradictions and to offer alternative pathways to achieving our goals.

Key words: Development Education; Ideology; Neoliberal; Classical Liberalism; Modern Liberalism; Phronesis; Re-learning.

Introduction

Neoliberalism is the current global economic and political paradigm and one that many development education (DE) specialists consider to be inimical to the interests of peoples and communities across the globe. This article will seek to examine how an educational sector seeking to empower ordinary citizens to challenge oppression and to build their own freedoms can be successful when the general climate of education is massively influenced by neoliberalism – by advertising, by commercialism, by privatisations of important social services, and by social media, businesses and governments emphasising the importance of the individual and the relative unimportance of the social realm.
In the seventeenth century, liberalism began to assert the values of the individual as a response to the appalling authoritarianism of successive English monarchs. People such as Adam Smith argued for the idea of freedom from government in all business dealings (Smith, 2010). That early so-called classical liberalism emphasised the freedoms that businesses should have from government laws, taxes and regulations and it was only in the early and mid-twentieth century that modern liberalism developed, with its much more important emphases on freedoms for individuals, for human rights, for equality of persons and for restraint on both governments and businesses in order for human flourishing to be developed (Heywood, 2021).

Neoliberalism, or new liberalism heralds a return to the early, classical liberalism where businesses demanded of governments the freedom to conduct their pursuit of profits as best they could, and with minimal hindrances in the form of rules and regulations, taxation, labour and environmental standards. The term neoliberalism has become the standard shorthand for this minimalist system of allowing businesses almost unlimited freedom in deciding on their strategies and tactics solely in the interests of shareholders, company executives and capital. The term came to be applied to the economic model established following the United States (US)-supported 1973 coup d’état in Chile, when General Pinochet violently overthrew socialist president, Salvador Allende, and embarked on a 17-year dictatorship that imprisoned as many as 80,000, tortured several tens of thousands, and killed between 1,200 and 3,200 Chileans (Kornbluh, 2003: 216). The ensuing autocratic governance in Chile imposed a novel but hugely damaging system of deregulation in economic affairs, free market capitalism and minimal state intervention in production and services across the economy, although with maximum intervention in politics, culture and social organisation. Pinochet was guided by the ‘Chicago Boys’, University of Chicago economists who had long argued for capitalism to be set free from regulation to produce wealth and prosperity, with minimal government direction in economic affairs. This extreme vision of a free, untrammelled capitalism became the main ideological theme of neoliberalism over the following four decades. The article will consider the challenges presented to
DE by neoliberalism and the opportunities that are available to the sector to mobilise for a more just and equitable economic model.

**DE practice and theory in the neoliberal paradigm**

DE has wrestled with issues of economic freedom versus constraint for many years and found it sometimes difficult to decide just how radical the sector should be in challenging and combatting the systemic economic forces underpinning extreme inequality (Oxfam, 2022). Development education believes that education can be a source of empowerment for peoples and communities that have, for various reasons, been oppressed, marginalised or otherwise disadvantaged (Freire, 1972). Indeed, the underlying assumption of DE is that by merely helping people to understand the symptoms and causes of their different oppressions, DE can contribute to their eventual liberation and emancipation from those negative forces. As early as volume one of this journal, contributors were arguing for a more focussed, more impactful and more professional approach to DE in order to serve the cause of people’s emancipation. Bourn (2005), for example quoted from his then organisation’s claims for DE that it can help participants:

- “understand their own situation in a wider context
- make connections between local and global events
- develop skills and knowledge to interpret events affecting their lives
- understand causes of global inequality, justice and solidarity
- learn from experiences elsewhere in the world
- identify common interests and develop solidarity with diverse communities
- combat racism and xenophobia
- widen horizons and personal development
make a difference to their world by participating in society” (DEA, 2001 cited in Bourn, 2005: 56).

The interesting implication of that nine-point summary is that each point focusses on inputs to the educational process but says little about the outputs, or impact, or outcomes. How individuals and communities are to react and make full use of this improved understanding, these connections, skills, learning and widening of horizons is not explicated, except in the rather gentle phrasing of ‘combat racism and xenophobia’ and ‘make a difference to their world’ – but only ‘by participating in society’, which they had presumably been doing even before their baptism of DE (Ibid).

DE has made many strenuous and worthwhile efforts to improve its professionalism, its engagement with the formal education sector, and its use of recognised educational methodologies to help reach audiences and communities better than before. However, the capacity of the sector to point to specific social changes and other significant outcomes that have ensued as a result of DE activity is not obvious, at least to this writer. Education, including development education – in the twentieth and early twenty-first centuries, and in countries such as Ireland and the UK – has undoubtedly become a means of acquiring some skill sets helpful in personal advancement in a capitalist economy, but its role in effecting progressive social change, in challenging the neoliberal hegemony of capitalism and its inequalities and injustices, is far from clear. Has education, perhaps, somehow lost its liberating potential and become a merely supine element in the reproduction of capitalist structures and divisions? Indeed, is the question not so much one of the inadequate resources of the DE sector to combat neoliberalism’s exploitative and oppressive mechanisms, but rather the much more serious one of whether or not the DE sector has sufficiently grasped the seriousness of neoliberal ideology. Just as traditional Marxists are often confronted by their critics with the accusation that Marx’s nineteenth century ideas on social class do not reflect the socio-economic realities of workers in the twenty-first century, so too must we recognise that the DE sector hasn’t emphasised enough the economic dimensions of education? Piketty’s Capital and
Ideology (Piketty, 2020) covers 1,043 pages, and has over 1,300 footnotes: it is not the ideal starting point for an understanding of the economics of neoliberalism, but Policy and Practice perhaps goes too far in the opposite direction – there has perhaps been an inadequate examination of the economics of exploitation under neoliberalism.

We have ‘enjoyed’ the debates about DE’s contribution to a better understanding of sustainability, of human rights, or of social transformations, but the mechanics of economic exploitation doesn’t figure highly in our discussions. Back in 2010, there was the fairly comfortable conclusion drawn that:

“Having played a critical role in building Ireland’s globalised ‘knowledge economy’, the challenge is now for higher education and development education institutions, agencies and specialists alike to address the other side of the coin, working together to build a globalised ‘knowledge society’ in equal measure” (Gaynor, 2010: 124).

But, contemporaneously with our pleasing discussions was the growing awareness of just how quickly and exponentially inequalities were being generated by neoliberal economics: the wealth of the world’s 10 richest men increased by more than 120 per cent over the last year [2021], whereas 99 per cent of the world’s population saw their incomes fall during the same period, because of the COVID-19 pandemic (Oxfam, 2022; and Hickel, 2017: passim). Indeed, that Oxfam report argues that ‘economic violence’ is perpetrated when ‘structural policy choices are made for the richest and most powerful people’ (Oxfam, 2022). The degree of urgency that infuses the Oxfam report – and that infuses the declarations of myriad other non-governmental organisations (NGOs), activists, communities in protest, trade unions and faith groups across the world – doesn’t seem to be replicated in the pages of Policy and Practice or the wider activities of the development education sector.
DE and possible ways forward

DE has an excellent track record in trying to improve people’s understanding of important global issues, and of ways to tackle those structural impediments. Nonetheless, as a sector, we are perhaps guilty of being somewhat classroom-bound: we seek to educate in more or less formal settings, and we are educationalists first and foremost and social change activists only much later and with much less fervour. If we advocate social change but are not activists to achieve it, then we are not ‘being the change that you wish to see in the world’ (Gandhi cited in Goodreads, 2021). Andreotti’s critical writings (e.g., Andreotti, 2006; 2014) is helpful in imagining a DE sector that can rise to the challenges of ‘miseducation’. She suggests we need to learn to unlearn - to deconstruct the false ideas and social myths that we have been encouraged by our socialisation to believe in. ‘Education’, she argues, ‘is about the creation of a critical mass of people, who could see and imagine beyond the limitations and oppression of the current system in order to bring a different reality into being’ (Andreotti, 2014: 57). She has long argued for bringing into our discourse concepts dear to indigenous peoples, and she was the first writer in Policy and Practice to bring the concept of Pachamama – living sustainably and respectfully within planetary limits – to our attention. Selby and Kagawa argue, too, for more radical perspectives that embrace sustainable ways of living on this fragile planet, and they argue that ‘Development education… [appears to be] accepting of the neoliberal growth and globalisation model and seems primarily concerned with workforce preparation for technocratic competitive efficacy’ (2011: 24). They also highlight the need to address issues of power – a concept not often discussed or debated in Policy and Practice. Hilary also argues for more action-oriented programmes of DE and the need to ally ourselves with more diverse and more activist partners, communities and coalitions (2013: 17).

Development education is only a small actor in the wider interplay of educational service providers and we cannot be expected to exert powerful change throughout that broader segment. Nonetheless, we can perhaps offer a number of initiatives by way of establishing norms for a more human-
centred educational provision and of offering pedagogical exemplars for educational services to adapt and adopt. The first and perhaps most obvious conclusion to be drawn is that DE is too small a sector to effect significant change on its own and must therefore seek *collaborations and alliances* with like-minded organisations, communities and social forces. Rather than relying overly on the comfortable partnerships that have been provided by schools, colleges and some universities, the sector needs to be more actively and strategically involved with groups that share the same or similar ethical concerns. Trade unions, actors in the environmental movement, faith groups, youth groups and organisations seeking political reform would seem to be useful and necessary partners in the struggle for a more self-critical and activist educational experience.

Secondly, these early years of the twenty-first century appear to have presented many people with a more pessimistic view of the world, which can – and must – be combatted. A major Marxist text from the 1960s (Baran and Sweezy, 1967: 336ff) mapped out the contradictions generated by capitalism and the negative impact that those contradictions had on the mental health of ordinary citizens. Today, mental health issues have not disappeared from people living under the neoliberal order, but the DE sector could help to counter this phenomenon by emphasising *agency*, and the ability of ordinary people to effect profound social change. Gandhi espoused non-violent social change; Greta Thunberg effected a school strike for the climate and energised millions of people worldwide to demand political action from governments; and individual men and women (and boys and girls), from Wangari Maathai to Rosa Parks to Maria Ressa, have been able to show that ‘nobody is too small to make a difference’ (Thunberg, 2019). This is not meant to be some idealistic effort at ‘mindfulness’ so much as a grounding of DE philosophy and strategy in a deep understanding of the plasticity of social constructs – be they governments, corporations, religions or learning systems. They have been created by people, and if those constructs are oppressive or stulting of human fulfilment, they can be deconstructed and re-created by us.
Thirdly, the DE sector needs to pioneer work on the *re-learning* implied by Andreotti’s earlier-cited need for us to unlearn. Voices from the majority world are urgently needed – and a magazine such as *New Internationalist*, for example, claims to offer just that. If our educators and activists, and their partners in learning and engagement, take a daily diet of news and comment from government-funded or -influenced media, or from commercial news organisations, or even from large parts of the booming social media, where commercial considerations appear to be growing inordinately, then we only learn the values, myths and social constructs of the prevailing paradigm, which is that of neoliberalism. Surely, we need to diversify our range of resources and learning materials. No one person can offer the definitive list of ‘good’ and ‘valid’ sources of news, analysis and activism, but I would offer the following few suggestions as possible contenders for our time in a busy world already saturated with information and misinformation: publishing houses such as Monthly Review Press, Pluto Press or L&W (formerly Lawrence and Wishart); UK-focussed organisations such as the *New Economics Foundation* or *Compass*; European initiatives such as *Democracy Without Borders* or the *Manifesto for the Democratisation of Europe*; and more global perspectives such as the InterPress Service (IPS) and many of the United Nations (UN) agencies’ offerings.

Fourthly, it may be that many of us in the sector are perhaps a little long in the tooth and we may be in danger of offering younger generations ideals and role models from a bygone era which may no longer strike a chord. Paulo Freire was and is a hero for people such as me, but my students have never heard of him and his ideas: am I right and they are all wrong? Hardly. But is it unhelpful that I should seek to acquaint them with the figures that have inspired me rather than attempt to find out about their role models who might have similar values to my own? Che Guevara and Fidel Castro; Julius Nyerere and Kenneth Kaunda; Nehru and Sukarno – there are many figures who have struggled heroically for a collectivist, humane and egalitarian form of development for their peoples, but maybe the DE sector needs to identify
and mobilise behind more contemporary figures – the Malala Yousafzais, the Greta Thunbergs, and the Vanessa Nakates of this world and of this age.

Finally, we may perhaps need to recalibrate our pedagogy of development education. DE has often been seen as sitting comfortably in or near the teaching of geography. However, Piketty offers some encouragement to us taking economics far more seriously than we have done so far. And Sandel urges us to consider the moral implications of all educational effort. ‘Governing well requires practical wisdom and civic virtue – an ability to deliberate about common good and to pursue it effectively. But neither of these capacities is developed very well in most universities today’ (Sandel, 2020: 99). He even brings Aristotle into the contemporary debate, arguing that ‘For him the merit relevant to governing was not wealth or noble birth, but excellence in civic virtue and phronesis, the practical wisdom to reason well about the common good’ (Ibid: 28). If philosophy and economics have a more central role in development education in the coming years, that would perhaps be progress. But it would be better still if we could not only help people learn from our teaching but also ourselves learn that the best teaching is that which is transformative – of the teachers, the learners and the wider community. In 1970, it could be written that ‘Education is once again a subversive force’ (Freire, 1972: 9). Would that our educational efforts could again become truly subversive and that we achieve Freire’s initial ideal: ‘I work, and working I transform the world’ (Ibid: 13).

**Conclusion**

All systems of education claim that they help individuals attain personal development, goals and some measure of freedom. But all educational systems also work within socially defined parameters. Schools, colleges and universities instil discipline and social norms, and offer information, skills and knowledge. Our society is no exception: and since neoliberalism is everywhere in the ascendant, it behoves the DE sector to recognise that there are constraints and compromises involved in working within that paradigm. Buying a few Fairtrade items each week is a morally necessary but
systemically insufficient response to global economic inequality. Increasing the readership of *Policy and Practice* and the participants in global learning programmes are worthwhile and important goals but they are not the metrics of social transformation.

Since Marx (1845: 5) wrote that ‘the ideas of the ruling class are in every epoch the ruling ideas’, and Gramsci introduced us to the ‘hegemonic ideas’ of elite groups (Gramsci, 2006: 3), we may readily recognise the prevailing norms that influence, socialise and mould our fellow citizens whom we may perceive to be unfree to varying degrees. Their lives and social spaces - and ours too - are defined and mapped out by the language, concepts, practices and values of the dominant elites: those who have benefitted from credentials provided by educational institutions that have themselves become an important element in the increasing inequalities we can all observe. DE should eschew a bookish, classroom pedagogy and embrace a more radical, activist stance, based on strong moral principles, and backed by the urgent needs of unfree communities and citizens at home and abroad – as these are truly the victims of neoliberalism.

**References**


**Neil Alldred** is enjoying helping students learn some of the myths and the truths of much contemporary political practice, after retiring from a career split between over 20 years in African development work and a further 20 years in Ireland-based teaching, learning and activism work.
‘REPAIR IS THE REIMAGINATION OF POWER’: HEALING FROM THE INJUSTICES OF COLONIALISM

RUPA MARYA, RAJ PATEL AND AARON WHITE

Introduction

This article is the transcript of an interview carried out by Aaron White from the online media organisation openDemocracy with Rupa Marya and Raj Patel, authors of Inflamed: Deep Medicine and the Anatomy of Injustice (2021). The book is a tour of the human body that reveals the links between our biology and political and economic injustices such as racism, poverty and colonialism. Patel and Marya ultimately offer a cure of ‘deep medicine decolonisation’ to heal our bodies and the world by reconnecting to the earth and each other. The conversation offers insight into how to build a ‘reparative economy’ (Perry, 2021) based on repair, healing and justice. They discuss the colonial history of modern medicine, how to mourn the tremendous losses from COVID-19, and the demands for reparations from communities around the world.

Aaron White (AW): We're deeply engaging with the concept of the reparative economy. OpenDemocracy (2022) has published a series of pieces examining how we can heal from trauma; what a reparations programme should entail; and what alternative forms of social organisation can teach us about this endeavour. You both have written this fantastic book (Marya and Patel, 2021), which offers some insightful paths to many of these questions. You both come from quite unique backgrounds, so what was the process of writing this book?

Rupa Marya (RM): Well, we literally got on the phone every day at five o'clock in the morning for a year and talked. Raj and I were highly effective over the phone through these daily discussions, debates and dialogues – and editing, writing, cutting, rephrasing and rethinking. It was a very beautiful process that was really held with a lot of care as we confronted our own
dynamics around patriarchy, and settler perspectives – and questioning if we have a right to write these things. It's been one of the most wonderful things to crystallise some of these ideas that have been formless in my mind for about twenty years as a doctor – these inklings, these intuitions, these hunches – and work with such a mastermind as Raj to bring together the social, the political, the economic, the historic, and the epidemiologic with the cellular and the microscopic. And getting to connect with people within our circles of the work that we've done through the years and walking in solidarity with different groups who are doing wonderful work in care and repair already, and advancing new systems.

Raj Patel (RP): It may seem as if we're coming at things from a different perspective – and obviously Rupa’s experience on the frontlines at Standing Rock and being a medical doctor, are vital to us being able to make this book happen together. But we understood that there's something wrong with the idea that food and medicine are different worlds. That this division that exists under capitalism – that food and the food system is on one side and the medical systems on the other, and never the two shall meet and so we have to reknit them together – that idea is itself the product of colonial thinking. Ours is the only civilisation in which food and medicine are really quite distinct domains and for quite a lot of folk, and quite a lot of people in human history, food and medicine have been really not as hard to think about separately as we do these days.

AW: The book tackles a lot of crises. Can you diagnose the sickness – the inflammation – that the book discusses? And, how is your book counter to liberal self-help and individual guidance?

RM: Guidance like: ‘oh, you just need to get a vaccine and then toss away your mask and we're all fine’. That over reliance on individual solutions or just buying an electric car and climate change will just magically disappear.

We go down to the roots of understanding how we got to the place where we have wildfires in California in January after the highest amount of
rain that we've had in decades. We got here because of a system of thought that severed humanity from the living world around us – from the web of life that supports our wellness. And that severance happened in service of advancing an economic social programme that has infected the entire globe. That is truly the pandemic we've been living with for 600 years. And coronavirus is the latest iteration of catastrophe as is climate change, but there are several catastrophes that have been smouldering and burning for centuries.

And, so what we look at is the root cause of those catastrophes. So instead of just advocating for more Diversity, Equity and Inclusion (DEI) training or more Black presidents, we look at what is actually causing the root of the disease which is what we identify as the colonial capitalist cosmology and how it insinuates itself into every aspect of our lives.

RP: I love how you use the word diagnosis, because that's something obviously really central to our project. Because when we talk about diagnosis, we're precisely not following the path of storytelling, in which the patient is both the locus and usually the cause of disease. Rupa has this fantastic example of the diabetic patient who comes in and blames themselves for diabetes, when in fact, it's really hard if you are living on Supplemental Nutrition Assistance Programme (SNAP) support and if you're trying to make ends meet and there's not enough money to be able to pay rent, pay for insulin and a good meal. To control your diabetes is incredibly difficult on a low income. And somehow that's your fault, not a structure and not a system in which the insulin manufacturers are making out like bandits.

The story of diagnosis is a sort of narrative art, in which certain subjects are pre-formed even before the patient doctor encounter. The idea of the hysterical woman or the uncontrollable Black man; the idea that there are these individuals who present themselves as part of a social narrative already so that the doctor’s job is to rubber stamp the way that that social authority works. That's the way that certain modes of diagnosis have tended to operate in the past. And that's precisely what it is that we're trying to undo. We're
trying to do different kinds of storytelling – recognising that actually, if the
patient is this pre-formed subject, and that subject is one that’s always been
an individual, then already, we're limited in what it is that we can imagine
ourselves doing to promote change, right?

That’s why as Rupa is saying, capitalism offers us a few pretty basic
and obviously stupid ways of tackling climate change: driving electric cars,
carrying tote bags and drinking through a metal straw, right? I mean, how
that is going to solve the ecological crisis is not entirely clear. But
nonetheless, these are the things that you as an individual can do. So you
should probably do them. And yet to ask beyond that, what it is that you
might be doing in community and in a circle – to imagine in fact, that the
individual is not the locus of responsibility, but is the locus of change. That's
a very different kind of storytelling when it comes to medicine, to food and to
politics.

AW: In the book you devote a decent amount of space to the history of
modern medicine and its connections to colonialism. Can you dissect this
relationship?

RM: The colonial project was really enacted through the missionaries, the
medics and the militaries – medicine played a role in asserting the dominance
of colonial forces in other people's territories.

It was not interested in keeping all the native people healthy and
optimising their wellness. It was interested in keeping the colonisers healthy,
so that they could continue to extract the wealth and dominate those people in
their lands. When you really understand that, you're not surprised when you
see that Black women have a twelve times higher mortality rate than white
women in the postpartum period in New York City. You understand that,
okay these are remnants of thoughts and understandings that have really
shaped the structures of modern medicine today – part of the violences that
are embedded into the frameworks and the institutions and the way that
culture recreates itself.
When we think about words, like the ‘non-compliant patient’, doctors interrupt their patients within eleven seconds on average of encountering them. We don't tend to think: is our patient the expert in their body through their lived experience in their own body with their disease? Doctors who focus on narrative medicine in history taking, can most of the time find out what's wrong with somebody within 95 per cent of the time by just really listening and asking the right questions and listening to how a person reveals the story of their illness. And then asking some more questions about what's going on around the body. What is the sum of the exposures from that person? What are their histories, their ancestries? What kind of traumas are they carrying through generations? How is that impacting the cellular function of the immune system?

So all these things are much more intricately tied to the web of life around them. As a practicing doctor, we were used to thinking of the immune system as something that fights off invaders – again, like a very colonial us versus them dichotomy, this Cartesian Dualism that is really a part of our understanding whether it’s in medicine, or how we address ecology right now. These enlightenment era fallacies continue to pervert the way we’re able to understand what we're seeing in front of us. But as we studied and read for our book, I started to understand that the immune system is actually our harmoniser with the world around us. So, if the world around us is toxic and damaging, the immune system responds with damage, and trying to remediate that damage, sets off its own cycles of more damage inside the body which is registered as chronic sterile inflammation.

But if the world around us is in balance – ecologically, socially, politically – then the immune system harmonises with balance. So to just focus on each individual and say, ‘oh, you just need juice and this probiotic pill and get some more exercise and sleep better’ – misses the whole point, because you can't actually get better health outcomes until you start working on the level of restructuring the world around our bodies. And that is not something any individual can do. That is something we must do collectively,
and is happening right now collectively, and those are the stories that we have lifted in the book.

**RP:** One of the joys of having worked with Rupa on this book is how when I'm feeling a bit under the weather – I won't say I'm fighting something off. I'll remind myself that I'm learning to live with something. And that's important because it's even the language of colonialism – for example Roman colonialism is right there in the word immunity. When the Romans were busy in the Mediterranean trying to figure out how to bring other cities into the empire but also to recognise that there was something special about the Romans, that they were supreme above other cities – they needed a term to denote the ways that folk in conquered cities were free, but not subject to the same duties as Romans were. And so the idea of *numera* (‘duties’ in Latin) was used to denote the *civitates liberi et immunes*, so free cities but immune, not subject to the same duties. And that language of straight colonialism from the Roman Empire is there when we talk about immunity – it's not the same as us. But the contours of not the same as us can be understood either in the sort of military metaphors or the idea of a police metaphor, or as the idea of an ecotone – a zone of different life forms coming together and encountering one another with valences that might involve danger, but also might involve mutualism and care.

**RM:** The concept of *Ubuntu* from South Africa, was one I learned when writing this book. The concept that I am because you are; that my wellness is predicated on your wellness, and so that by caring for you I'm also caring for myself. If we took that approach to the pandemic, we'd probably be in a far different place. But that concept of *Ubuntu* is very much relevant to looking at how the body responds with the gut microbiota inside of us so that we are healthy because of the way we tend our forests inside of us. If we ignore all the organisms around and in us that are totally necessary for our proper immune, endocrine and neurologic functioning then we will be unhealthy because of it. And that's why we see that the least biodiverse guts on planet earth belong to people who live in urban environments, constructed by colonial capitalism. The people with the most biodiverse guts on Earth, and
also the lowest amount of chronic inflammatory disease are those people living in reciprocity with the web of life around them – so Indigenous communities, hunter gatherer communities, small horticultural communities. There's wisdom in those ways that Western science has totally missed.

I recommend that all my patients get vaccinated, because we've seen that with COVID-19 it decreases hospitalisation, severity of illness and death. With Omicron you're still able to get infected, but it does decrease the severity of illness. But it's not everything, it's not enough.

When you're having people who are being forced into exposure; being low wage workers; being immunis of our modern society – the undocumented, the Indigenous, the Black, the brown, the poor – you have actually a lot more that needs to be done than just vaccinate people, you have to actually restructure the world around those bodies for them to have different health outcomes. And that's the place where we're hitting the wall, right? Oh, well, that's why they keep talking about vaccines – get four doses. But let's not talk about universal basic income and cancelling debt and cancelling mortgages and mobilising the working class to really be able to control their work environments for their own safety and wellness.

AW: Feeding off the concept of immunes. With climate change and rising global inequality we are seeing a rise of ecofascism and the solidification of borders. What do you think your book can teach us about borders?

RP: This narrative that we have about our bodies is the same fiction that we have about nations, which is one founded on an illusion of purity, that somehow our bodies are just this one thing, and that Ayn Randian fantasy about your body. If you look at the sort of alt-right websites, if you look at (far-right conspiracy web site) Infowars, for example, you'll see vast amounts of conspiracy theory stuff, and then Genetically Modified Organism (GMO) free organic survival food, how are these linked?
Well because your body is a temple just in the same way as the nation is, and you don't want to defile it. You see a lot of people buying organic food, not because they care about workers in the field who are exposed to these horrible pesticides where they have much higher risks with a range of outcomes – but for their children. Instead you see people buying organic food because of this idea of precious bodily purity. I mean, you see it in *Dr Strangelove* (Criterion, 1964) – your precious bodily fluids are part of the idea of a national myth.

Now, the idea of the border is precisely this gatekeeping thing that stops the defiling pollutants of the immigrant coming in and messing with your pure nation home. What we point out is this sort of history of miscegenation and muddiness. That the body is not one thing, it is a holobiont. Human beings are assemblages of lots of different living beings, not just bacteria, but archaea, fungi, and viruses. We have a range of living beings without which we couldn't live, that are not us. And that recognition of impurity is an important part of understanding how it is that we should rethink the way we characterise the ways that we as holobionts engage with the rest of the web of life.

**RM:** Yes, it’s a fiction, but also a real gross misunderstanding of who we are as assemblages of organisms. It really throws into question our concepts of identity, as individuals, as communities, and also as nations – and why borders are set up in that way, and to understand that the policing of borders has always been a part of the colonial capitalist project. To restrict the flow of people and resources is how the system works – to really have these choke points so that you can create relative scarcities and desperation amongst certain groups of people, and other areas of concentrated wealth. And, so once we understand that these are fictions we can ask ourselves is this the best story to tell? In this day and age where we're going to have increasing frequencies of catastrophic wildfires and floods and hurricanes and people who are desperate on the move – what is the best way to approach this? What is the most healing way to approach this with the levels of ecological trauma that are coming in and already here?
**AW:** Another interesting aspect of the book is the connection you lay out between debt and stress. You write that: ‘Some studies have found a dose-response effect between levels of debt and odds of suicide: the greater the debt, the greater the level of mental distress’.

You also then connect this to sovereign debt and the way our multilateral institutions further these power imbalances. Can you speak to this phenomenon between debt, stress and control – and how it materialises within the body?

**RM:** I was surprised to learn that such a large percentage of cardiovascular events happen without any cardiovascular risk factors. That was something that I was taught. Someone comes in, they're having a heart attack, you ask about smoking, family history and cholesterol, and you ask about these typical risk factors. But I think in one study, we found up to 40 per cent of events happen without any of those risk factors – including one of my colleagues in hospital medicine. When you listen to these women who are working under extraordinarily stressful situations carrying huge amounts of debt through medical school, and then working in a very toxic hospital environment – they are people who have no cardiovascular risk factors, yet have heart attacks in their 40s. Debt itself is an independent driver of inflammation through stress that accesses the body.

**RP:** Let’s rewind to something you just mentioned earlier about the living wage. Why is it that we have so many politicians keening about the need for people to return to work? Well it’s because the economy depends on low wage work and the exploitation of workers in particular. That has a known medical consequence, particularly when we understand the desperation of some working class folk who need at some points to be able to take payday loans because they can’t make rent and feed the family and pay for medicine at the end of the month. And so you take a bridging loan. A payday loan of $300, can result in a total repayment of $800. An annual percentage rate (APR) of 400 per cent.
Those kinds of loans drive inflammation, because again, inflammation is not just your body's response to danger, but it's also the threat of danger. If you are worried about not being able to live in your home at the end of the month, that occasions the kinds of chronic inflammation that will lead to adverse outcomes. And, what one study found was that if we were to ban payday loans, we would be able to reduce suicide mortality by 2.1 per cent. And fatal drug poisoning by 8.9 per cent. So at an individual level, you can see that the push to return back to normal in the economy is the conscious desire by certain politicians and a certain class of folk to shove the working class into more cycles of inflammation, and knowingly send people out to face greater risks of suicide and drug overdose.

But Aaron you are asking about how this relates to the national level and international kinds of transfer. We’re hearing right now about COVAX and about the great largess of the global North giving away to folk in the global South literally dozens of vaccines. And, although sadly at the moment COVAX is not able to buy any more, because they have run out of money for syringes. But let's assume that COVAX was working and these banner headlines of largess were actually true – the fact remains that the global North still has a holding over the heads of the global South vast amounts of debt that dwarf the pitiful amounts of debt relief that are being offered at the moment and are being sort of muted by the International Monetary Fund (IMF).

Behind that debt is something that's really at the heart of our conversation today, which is that while it appears on paper that the global South owes the global North to the tune of $6 trillion. We have ledgers of debt that were occasioned through colonial conquest that dwarfed that. One study by Chakrabarti and Patnaik (2019), for example, with some very conservative understandings of what an appropriate interest rate would be, has demonstrated that if we were to do any kind of serious accounting of what just the United Kingdom has taken from India, and the compounding of that interest rate over time, the value of what the UK has stolen from India
today, in 2022, would be above $66 trillion. So that's a more recent calculation than the one we were able to put in the book. But it's reflective of the fact that interest compounds over time, and today $66 trillion is roughly the net present value of what the UK stole.

**RM:** Whenever we’re talking about the debt of the global South to the global North, no one's talking about how much was stolen from our homelands. The reason why I was born here in Ramaytush Ohlone territory in what’s now called San Francisco Bay Area, is because all of that was stolen from our homelands. How do repair for the genocide of the Indigenous people of the United States (US)? How do you repair for the stolen families, the children who have been ripped from their families, not only through the legacies of slavery in the US, but the children that are still in cages under the Biden administration? These are deep structures that need to be looked at honestly – and repair and accounting is overdue.

**AW:** What do you think this reparative agenda should entail? One part of it might be reparations, but beyond monetary payments, how do we need to approach this?

**RM:** Here in occupied Ohlone territories we’re getting land back. That is absolutely a priority in places where Indigenous people have been pushed off their lands, not only here in North America, but also now in India with Modi’s regime trying to clear cut forests and push people off of places where they want to mine.

The people who are stewarding the land most effectively to combat climate change are people who are living with value systems that come from these Indigenous traditions of reciprocity, mutual care and mutual aid. That's a major part of the work that I would like to see happen. And also uplifting and supporting people in their healing from trauma. We can't just expect people who've been traumatised by capitalism to want to get on board and become good capitalists. We need to take apart this toxic economic system and build one that is healing and regenerative and focused on care.
RP: You’re right to ask this question about reparations, and to observe also that even in its least controversial dimension, just simple affirmative action, is being rolled back and not just in the United States. I mean, you see these bourgeois protests in India, for example, against allegations for what are there called Scheduled Tribes and Scheduled Castes. Within the caste system there are communities who have been historically discriminated against under the sort of yoke of Hindu supremacy. And they find themselves now, after years of actually benefiting to some degree from affirmative action in the government, the objects of derision and scorn precisely because they achieved some modicum of favour in the allocation of government jobs, and particularly in a moment where employment is generally precarious. That kind of very minimal reparative work is being undone. Globally this is something that is under threat, but it's something that absolutely needs to happen. But it’s not enough. If we are interested in repair, this isn't just about infrastructure. This is about re-knitting, re-recognising and learning to see once again the bonds that have been sundered by colonial capitalism. That's a very big project.

RM: Also the role and the work of luminaries such as Angela Davis and understanding the importance of abolition in this work. The work is not simply just getting rid of things like the prison industrial complex and policing, and those borders that have been put in place to hold the damage within certain populations, to shelter the elite into pummelling the masses. In addition to dismantling it, is the radical act of imagining what a future looks like, where those things are not needed, where that harm is not actually a part of the equation. And that is such important work and really is the future horizons of this work.

There are brilliant scholars here in Oakland, where I live, Cat Brooks, and the Anti-Police Terror Project working on the Black New Deal has been very important in articulating what the community needs to not be sucked into the hell of the gang life and the crime here in the Bay Area. But the white lash as we're calling it – first you had George Floyd, and everyone's
like, Black Lives Matter, oh, but maybe they don't matter that much. So let's go back over here and give the police all their money and property crime – that's a real big problem, that our property is actually more valuable than Black lives. And so that's that calculus, which is part of a colonial capitalist cosmology, our property is more important than Black and Indigenous and brown lives. That's how the Potosi Silver mine (Greenfield, 2016) happens, where debt was created to force Indigenous peoples to go into the mine and riddle their sacred mountain with holes to bring the Spanish silver. It's the same mentality. The property, the silver, the economy, is more important than the health of these people. So at what point are we done with that violent narrative? At what point do we insist that our humanity is actually more important than violating the rights of so many people around the world, and without real cause aside from maintaining this power structure and order.

That work of abolition is critical. It's imaginative work, it's creative work. It's not simply, ‘burn it all down’. We can actually do this better, in a way that is more generative of health for all because health is not something you can pursue on an individual level. Health is a phenomenon that emerges out of systems working well together at their intersections and harmonising. Right now they're dissonant, and they're dissonant by design. And so what we try to articulate in our book ‘Inflamed’ is what that harmony can sound like and look like and feel like.

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The invasion of Ukraine is an illegal act of aggression that violates the UN Charter and has targeted civilians and civilian infrastructure. It has resulted in the gravest refugee crisis in Europe since the Second World War and neighbouring European states have responded to the crisis with generosity and open borders. However, some of the Western media coverage of the war has been infused with stereotypical and racist framing pointing to a hierarchy of victims based on troubling binaries: global North / global South; white / coloured; deserving / undeserving; and civilised / uncivilised that suggests we should value Ukrainian victims of war more because they are white and European (Ryder, 2022). There have similarly been contrasting responses to the war and its victims by some European states, most noticeably Poland, that opened their borders and societies to refugees from Ukraine but pulled up the drawbridge to civilians fleeing wars in the global South. The article suggests that development educators should challenge and rebuff the negative stereotypes, pernicious racism and á la carte humanitarianism that has accompanied some of the media and state responses to the war in Ukraine to date.

Keywords: Conflict; Refugees; Ukraine; Media; Racism; Stereotypes; Development education; Global citizenship education; Human rights.

Introduction
The Russian invasion of Ukraine on 24 February 2022 was an act of aggression in violation of the United Nations’ Charter and illegal under international law (Amnesty International, 2022a). Russia has been accused of ‘indiscriminate attacks on civilian areas and infrastructure’ (Ibid) and the mass killing of 410 civilians in Bucha, near the capital Kyiv (Wilson, 2022). More than 4.3 million Ukrainians have been forced to flee their country with most refugees finding humanitarian assistance in neighbouring states (UNHCR, 2022). An additional 6.5 million people are estimated to be
displaced internally in what amounts to the gravest refugee crisis in Europe since the Second World War (Ibid). This article raises concerns about some of the media reporting of the crisis which has included stereotypical and racist framing that suggests we should value Ukrainian victims of war more because they are white and European (Ryder, 2022). This points to a hierarchy of victims based on troubling binaries: global North / global South; white / coloured; deserving / undeserving; and civilised / uncivilised that seem to cloud the lens of some Western media and government policies.

Irish Aid’s global citizenship education (GCE) strategy suggests that GCE’s purpose includes ‘challenging stereotypes and encouraging independent thinking’ (Irish Aid, 2021: 4). This requires that we draw upon the ‘critical thinking and the quest for mutual humanization’ central to Freire’s Pedagogy of the Oppressed (1996: 56). The article argues that the international development sector should be applying these skills to challenge and rebuff the stereotypical and racist tropes that have informed some of the reporting on the war in Ukraine. It similarly suggests that the sector should critique contrasting responses to the war and its victims by those European states that responded with great generosity and solidarity to refugees from Ukraine but have been less accommodating to civilians fleeing wars in the global South. Failure to do so risks complicity in the ‘othering’ of victims of conflicts in the global South, no less worthy of our empathy and support.

**Media stereotyping**

One of the dominant framings of the war in Ukraine by sections of the Western media has been to contrast displaced white, European refugees with brown or black civilians fleeing war in countries in the Middle-East or Africa. *Aljazeera* anchor Peter Dobbie, for example, was struck by how ‘prosperous, middle class people’ who ‘are not obviously refugees trying to get away from areas in the Middle East that are still in a big state of war… look like any European family that you would live next door to’ (*Aljazeera*, 2022). In a similar vein, Philippe Corbé, a French journalist with BFM-TV, said ‘We’re not talking here about Syrians fleeing the bombing of the Syrian regime backed by Putin. We’re talking about Europeans leaving in cars that
look like ours to save their lives’ (Bayoumi, 2022). An implication of the comments by Corbé and Dobbie is that residents of some Middle-East countries can expect to be bombed because of their location which somehow reduces their expectation for solidarity and support. This point was underlined on the BBC (2022a) by Ukraine’s Deputy Chief Prosecutor, David Sakvarelidze, who said without contradiction: ‘It’s very emotional for me because I see European people with blue eyes and blonde hair being killed’. And, an ITV reporter, Lucy Watson, commenting on the Ukraine conflict from Poland said ‘this is not a developing, third world nation, this is Europe’ (White, 2022). In responding to this reporting, the author and academic Moustafa Bayoumi (2022) said:

“These comments point to a pernicious racism that permeates today’s war coverage and seeps into its fabric like a stain that won’t go away. The implication is clear: war is a natural state for people of color, while white people naturally gravitate toward peace”.

Nadine White (2022), The Independent’s Race Correspondent, said that while the media ‘is often a force for good’ it can ‘also sanction racial disparities under the guise of ‘putting it into context’. The Arab and Middle-Eastern Journalists Association (AMEJA) went further by rejecting ‘orientalist and racist implications that any population or country is “uncivilized” or bears economic factors that make it worthy of conflict’. ‘This type of commentary’, argues AMEJA, ‘reflects the pervasive mentality in Western journalism of normalizing tragedy in parts of the world such as the Middle East, Africa, South Asia, and Latin America’ (AMEJA, 2022). By drawing a distinction between what CBS News senior foreign correspondent, Charlie D’Agata, saw on the one hand as ‘a relatively civilized, relatively European’ country like Ukraine with countries like Iraq or Afghanistan, that have ‘seen conflict raging for decades’ (Bayoumi, 2022), the media trades in dehumanising stereotypes that Freire described as ‘depositing myths indispensable to the preservation of the status quo’ (1996: 120).
Unequal treatment
The media’s apparent hierarchy of victims seems to be replicated in how Ukrainian refugees are being aided by European states while refugees from the global South struggle for admittance and support. By the end of 2020, the UNHCR (2021) calculated that the European Union’s (EU) share of the world’s refugees was 0.6 per cent (2.65 million) of its total population, compared to 12.9 per cent in Lebanon, 6.4 per cent in Jordan and 4.4 per cent in Turkey, countries with much less capacity to manage large refugee populations. To date, a total of 4.3 million Ukrainian refugees have found refuge in European states with the majority (2.5 million) hosted by Poland; by any measure a fulsome and generous response (UNHCR, 2022). The Polish Ministry of Internal Affairs announced in response to the crisis that ‘anyone from Ukraine is allowed entry, even those who do not hold valid passports’ (Pikulicka-Wilczewska, 2022). Yet, in November 2021, Poland deployed 20,000 border police, water cannon and tear gas to repel asylum-seekers and refugees from the Middle-East in a stand-off with Belarus which the UN found to be a breach of humanitarian refugee and human rights law (UNHCR, 2021). Marta Górczyńska, a human rights lawyer based in Warsaw who worked with refugees on the Belarus border said she suffered harassment and intimidation from the same Polish authorities who are now ‘welcoming refugees fleeing Ukraine with open arms and providing them with assistance’ (Fallon, 2022).

The United Nations’ Office for the Coordination of Humanitarian Affairs (OCHA) has praised the raft of measures introduced by EU members to provide sanctuary and support to Ukrainian refugees. They include: the lifting of visa requirements and foregoing of the need for passports; the simplification of border controls; 90 days’ visa-free throughout EU countries; three years’ temporary protection in EU countries; free public transport and phone communication; and rights to a residence permit and access to education, housing, and the labour market (OCHA, 2022). ‘This is how the international refugee protection regime should work, especially in times of crisis’, suggests the OCHA, but when contrasted with the recent treatment of refugees from the global South in Hungary and Poland, it adds that ‘the
double standards and racism inherent in Europe's refugee responses are glaring’ (Ibid). Indeed, OCHA raised concerns about accounts of ‘racist treatment, obstruction, and violence’ meted out to students and migrants from Africa, the Middle East, and Asia also fleeing the war in Ukraine (Ibid).

There is a ‘shocking distinction’, suggests Berlinger (2022), between the treatment of mostly white and Christian refugees from Ukraine in Poland and other parts of Europe, with those escaping violence in the Middle-East and North Africa. Political leaders in Spain, Bulgaria, Greece, and Denmark have similarly pulled up the drawbridge when it comes to refugees from the Middle-East while welcoming Ukrainians ‘who are from us, come from us’ as the Greek MP Dimitris Kairidis put it (Uddin, 2022).

A similar distinction in the response of Western powers to the war in Ukraine can be discerned in the rapid deployment of a range of sanctions on Russia by the EU and United States (US). These include: sanctions on military goods and mercenaries; luxury goods; over 1,000 oligarchs believed to be close to the Kremlin; Russian oil and gas; and, perhaps, most significantly the freezing of financial assets to stop Russia accessing its foreign currency reserves which has already caused a depreciation of the Rouble by 22 per cent (BBC, 2022b). The speed and unity of action by the EU, UK and US stands in stark contrast to their level of inaction and, in some cases, complicity with state human rights abuses elsewhere. For example, Saudi Arabia’s-led war in Yemen has resulted in 377,000 direct and indirect deaths, 70 per cent of whom are children (Haddad, 2022). Nearly 50 per cent of Yemen’s 20 million people experience malnutrition and in 2021, a Yemeni child under the age of five died every nine minutes because of the conflict (Hanna, Bohl and Moyer, 2021: 12). President Biden’s flip-flopping policy on Yemen saw him announce Washington’s withdrawal of support for the Saudi-led war in Yemen declaring ‘this war has to end’ in February 2021 (Borger and Wintour, 2021). But by October 2021, his administration had agreed a $500 million arms deal with Saudi which included attack helicopters used in Yemen (Kirchgassner and McKernan, 2021). His foreign policy had previously barred the sale of ‘offensive’ weapons to Saudi (Ibid). In a similar
vein, the Court of Appeal in London ruled in June 2019, following a legal challenge by Campaign Against Arms Trade (CAAT), that British government arms sales to Saudi were ‘unlawful’ as they failed to assess whether airstrikes that killed civilians in Yemen broke humanitarian law (Sabbagh and McKernan, 2019). By September 2019, Liz Truss, the Trade Secretary at the time, admitted that the government had breached the court order three times by issuing export licences for the sale of weapons to Saudi (Sabbagh, 2019).

‘The atrocities committed by Russia in Ukraine’, argues the journalist Patrick Cockburn, ‘should lead to greater condemnation of similar crimes in Aleppo, Gaza, Raqqa, Sanaa, Mosul and a myriad of places in Afghanistan’ (Cockburn, 2022). Indulging in an \textit{á la carte} approach to international humanitarianism and human rights law risks what Cockburn calls a ‘hyopcrites’ charter’ which will diminish respect for and adherence to universal human rights.

\textbf{Palestine and Ukraine}

Perhaps the clearest recent parallel between Russia’s illegal and brutal invasion and attack on Ukraine is Israel’s eleven-day bombardment of the Gaza Strip in May 2021 – the fourth since 2008 — which resulted in 256 Palestinian deaths with 2,000 injured and the civilian infrastructure depleted (OCHA, 2021). The civilian targets included 15,000 housing units, 58 educational installations, 19 healthcare centres and 9 hospitals (Ibid). President Biden repeatedly reiterated during the bombardment Israel’s ‘right to defend itself’ (Borger and Chulov, 2021) thus copper-fastening Washington’s diplomatic and economic support of Tel Aviv, which in 2020 included $3.8 billion in US aid, almost all of which was military assistance (Horton, 2021). For Israel, there have been no sanctions or diplomatic isolation despite recently being designated an apartheid state by Human Rights Watch (2021) and Amnesty International (2022b). Sarah Leah Whitson, the former director of Human Rights Watch’s Middle East division, sees ‘clear parallels between Russian and Israeli violations of international law, including the committing of war crimes’ (McGreal, 2022). ‘It’s very
clear that the grounds for resisting sanctions on Israel, or even compliance with international law, is purely political’, argues Whitson (Ibid).

What appears to be emerging from the Western response to the war in Ukraine is what Vijay Prashad calls an ‘international division of humanity’ (Kasonta, 2022). ‘A Yemeni dies, well, Yemenis die’; he argues, ‘but if a European dies, that’s terrible’ (Ibid). In 2021, 31,500 people from across Africa and the Middle-East trying to cross the Mediterranean from Libya to Europe for sanctuary were intercepted and sent back (Hearst, 2022). 2,041 refugees were recorded drowned or missing in 2021 while making the same crossing, up from 1,448 in 2020 (Ibid). Many were fleeing wars in the Middle-East and North Africa fuelled by the United States and its Western allies who supply three-quarters of all arms transfers to the region (Hartung and Draper, 2020). Western powers, therefore, have a responsibility and legal obligation to operate a more humane and equal asylum process for those fleeing war in the global South. ‘We need a more democratic world order’, argues Prashad, ‘one that is premised on the hopes and dreams of all the peoples of the world’ (Kasonta, 2022).

Conclusion
The solidarity, humanity and refuge extended to Ukrainian victims of Russia’s war across Europe is welcome and an example of how civilians suddenly dispossessed and forced to flee their homes and country should be treated. Civil society, non-governmental organisations (NGOs), citizens and communities across Europe have mobilised impressively to extend solidarity, aid and shelter to Ukrainian refugees. But it has drawn an uneasy contrast with how refugees from the global South mostly remain a nuisance to be managed rather than fellow global citizens to be embraced. This contrast has manifested itself in the stereotypical and, in some cases, racist reportage of sections of the global media that have contrasted white, European and ‘civilised’ refugees that ‘look like us’ with people of colour from the global South for whom ‘war is a natural state’ (Bayoumi, 2022). It also has manifested itself in the contrasting way that some European states have opened their borders and arms to refugees from Ukraine and slammed the
On 1 March 2022, Dóchas, the Irish Association of Non-Government Development Organisations, released a public statement on the war in Ukraine. It said: ‘Dóchas is gravely concerned about the conflict in the Ukraine, and denounces Russia’s attacks on Ukrainian territory. We stand in solidarity with the people of Ukraine’ (Dóchas, 2022). I’m sure that the clarity and unanimity of the statement was welcomed by all Dóchas members together with the supporting information made available to the public on how to support agencies working on the ground in Ukraine. It raises the question, however, as to whether similar levels of clarity, unanimity, solidarity and public support will be extended in the future to victims of conflict in the global South. If not, the international development sector could be accused of contributing to the hierarchy of victims revealed by the war in Ukraine. As the UN states: ‘Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status’ (UN, 2022). As such they should be implemented with consistency, equality, and respect in all jurisdictions.

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**Stephen McCloskey** is Director of the Centre for Global Education and author of *Global Learning and International Development in the Age of Neoliberalism* (Routledge, 2022).
Lament for slow progress in creating a just world is a feature of many disciplines and professions that have social justice as a central aspiration. As I write this review, the world is precariously exiting the COVID-19 pandemic, which highlighted inequalities between and within nations, but failed to galvanise the leadership of privileged nations into becoming more attentive to inequalities. Such disparities have been pervasive under neoliberal capitalist ideologies that preceded the pandemic, which merely brought them into sharp relief. With multiple approaches required to bring about systemic change, the transformative potential of education is never far from the attention of scholars and practitioners.
Douglas Bourn has written an accessible book that offers perspectives that add to scholarly and practice-based development education. The thrust of the book and case study inclusion will have wide appeal, as the content is sure to attract those who traverse local and global perspectives, sometimes with a degree of discomfort in generalising beyond their own contexts, and who seek knowledge and examples of how localised pedagogical innovation might guide the universal quest for global change. As a well-regarded Professor of Development Education at University College London, Bourn seeks to draw on his extensive knowledge and that of others in this valuable text.

It is an unconventional place to start, but the conclusion to the book succinctly explains the content and arguments of the previous chapters. As Bourn sums up, the volume showcases ways in which education can bring about social change and does so through historical and contemporary traditions and discourses that have informed sustainable and robust approaches. A unifying factor is the quest for social justice within a framework of transformative learning. His chapters delve into topics that are not often seen in texts that deal with pedagogy, such as in chapter four which proffers information on the development of socialism for a new society, which is a timely reminder when the global status quo is affixed to neoliberal thinking and the dominance of free enterprise markets.

The importance of civil society actors and organisations is highlighted in the text, first by outlining valuable theoretical and educational perspectives that draw on such luminaries as Paulo Freire, before moving to global illustrative examples through which we might learn. In challenging hegemonic approaches and orthodoxies, innovation and creativity are hallmarks for change. The role of young people is revered, giving heart to future prospects for activism for change.

Challenging educational orthodoxies can be a confronting task as normative approaches that codify the right to education are frequently privileged over content and pedagogies. Within a paradigm of creating democratic societies, as Bourn reflects in chapter two, democratic forms of
education may be lacking. He takes us through different forms of democracy education and provides an illustration from South Africa. What seems central is that as transformative educators we must remove ourselves from the shackles of co-option as agents of the state, despite pervasive constraints. From my own experience as a tertiary educator committed to fostering action for justice, it is somewhat of an anathema that new graduates are likely to be employed in formal organisations where there is an inevitable risk of collusion and compliance. With Bourn’s text beside them in equal weighting to organisational policy documents, this can serve as a reminder for broader goals than those imparted in day-to-day practice.

Chapter three contains inspirational messages that serve to counteract organisational imperatives, dominant ideologies and the lure of the market. It leads readers to contemplate education as a liberation force, drawing from the work of Mahatma Gandhi, Julius Nyerere and Paulo Freire, and moving to tangible examples of Black liberation and the civil rights movement. Chapter five is compelling in disentangling the perceived tension between local/national and global approaches to social change. Here Bourn shows how global forces influence all aspects of life, ranging from climate emergency to the Black Lives Matter (BLM) movement, the latter which stunned the world into revived mobilisation following the 2020 police killing of George Floyd in the United States (US) and led to activists in other countries responding to the clarion call for solidarity that extended beyond the specific. Growing global leaders is a challenge and an example from Coventry University in the United Kingdom (UK) illustrates what can occur when students are equipped to take on these roles.

Chapter eight is one likely to resonate in the tertiary education sector. Expounding the role of teachers as agents of social change, it arguably echoes the values and approaches of those journal readers who toil as educators, seeking to transform future generations of social justice aspirants. Bourn poses a challenge to the conventional view of education as a one-way process, with the teacher as knowledge expert and the student the passive recipient. For those of us that have our classes filled with international students from non-western countries, many find it a humbling
experience with the knowledge they bring to the classroom and the way we conceptualise and act upon teaching practices to be dynamic and open-minded.

It is to be commended how the author privileges the role of education to bring about the twinning of social justice and social change. Although exponents of development education are familiar with this notion, there are others who might learn from the wisdom that Bourn brings to such endeavours. It is sometimes more pragmatic for educators to focus on political and social movement activism as a separate entity, than to embrace what tends to be the slow grind of centring education at all levels in order to produce a change convergence between the theoretical drivers and practice. Recognising the potential of students to be lifelong learners as well as the role of formal and informal educators in striving to overcome local and global inequities and human rights violations, is an objective to which Bourn’s work can contribute.

Although the book is written in an accessible style, its content is wide and dense. I read it from beginning to end (and in a brief review cannot give full justice to chapter content), but it is also a useful resource for those who wish to selectively engage with critiques and to learn from grounded approaches. In ending, I make reference to the final chapter twelve, that enhances understandings of the role of the United Nations (UN) including the in-progress Sustainable Development Goals, as the UN receives mixed responses in development education schools of thought. What I interpret from Bourn is that rather than embracing received wisdom, it is crucial to continually engage in analysis and unravelling that critiques the ideas propagated by powerful institutions, as opposed to grassroots movements. Showcasing the work of people of courage and conviction to bring about change, including at micro levels and by students, combine to reveal that creating a better world is a global quest and achievable if momentum can be maintained and goodwill cultivated.

A book released around the same time as Bourn’s is Offord et al.’s (2021) edited interdisciplinary collection on how pedagogies of human rights
might activate social and cultural change. These two works are complementary, with Douglas Bourn delving into the realm of global learning as the title reveals and Offord’s focusing on human rights praxis. Although each can be read separately, this timely convergence adds to the suite of material available to educators, researchers and practitioners interested in development education and beyond.

The book ends with a pedagogy of hope, adopting the title of one of the great works of Freire (1994). Bourn reminds us of the urgency to tackle climate change but there are ever-evolving challenges that have arisen since his book was published. As war bells sound in Ukraine, a number of urgencies converge to remind us that the future of the planet is at stake and that education may be key to not only social, environmental and political change but to peaceful co-existence.

In concluding, I resist naming disciplines or levels of education where benefit might ensue, but rather emphasise that the book is for all who seek to critically reflect on their own work and guiding values within a challenging world and who share a belief that seizing power from below can create influence.

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GLOBAL LEARNING AND INTERNATIONAL DEVELOPMENT IN THE AGE OF NEOLIBERALISM

Paula Galvin


‘Th’ whole worl’s in a terrible state o’ chassiss’ is an oft-quoted line from Sean O’Casey’s Juno and the Paycock (O’Casey, 1925: 105) and it might well be applied to the world today buffeted and battered and bruised by the pandemic of COVID-19 and the devastation wrought by the climate crisis. Stephen McCloskey’s book is an impassioned call to all those involved in international non-governmental organisations (INGOs) and development education (DE) to reconnect with Freirean principles and critically examine how the neoliberalism of the last forty years has harshly compounded inequalities for humanity and the planet. He argues persuasively that the ‘growth fetishism’ of neoliberalism is the ‘ideology at the root of all our problems’ (Monbiot, 2016). ‘Re-engaging with DE practice can help build the capacity of INGOs to challenge the extreme levels of inequality which have characterised the era of neoliberalism’ (McCloskey, 2022: 1).
The book is divided into three parts, each one dealing comprehensively and in a very approachable way to readers, scholars and practitioners interested in DE and global learning. It is also immensely readable interspersed as it is with details of his own experiences in two Palestinian refugee camps in Lebanon as well as personal reflections on such issues as Black Lives Matter and the Pink Tide in Latin America. The breadth of his research, his unerring conviction in the possibilities of DE and his quiet passion for his belief in a better world make this a rousing and affecting book.

Part one deals with development education and transformation, harking back to Paulo Freire’s concept of praxis; converting education into effective social change. He traces the iterations of DE and other adjectival educations through different configurations and allayed through different ideologies, particularly those of neoliberalism and the relentless push towards ‘development’ of the global South. The ‘liberating’ aspect of DE can ‘remain distant from the oppressed’ thinking of them as ‘unfortunate’ in their struggles (Freire, 1970). The final chapter of this part looked at how DE is practised in primary and post-primary schools and how it often fits the ‘fundraising, fasting and fun’ model decried by Bryan and Bracken (2011) and presenting a facile and uncontested view of quick fix solutions to poverty. Drawing on extensive research and on personal experience, McCloskey cites evidence of good practice by the Global Learning Programme in England, Scotland and Wales and the north of Ireland:

“enhancing teacher practice in global learning, integrating DE into school development plans, making substantial advances in supporting a whole school approach to DE, supporting effective partnerships between lead teachers and senior leaders and nurturing peer support and camaraderie through teacher training sessions and twilight seminars” (McCloskey, 2022: 73).

McCloskey goes on to suggest that there are some bright shoots of hopefulness in this sector as they continue to ‘sustain innovative and challenging approaches to learning that remain essential in the age of neoliberalism’ (Ibid).
Part two firmly attests to the fundamental flaws of our development model, the lack of critical discourse and critical inquiry in this sector and the move from a rhetoric based on radicalism towards a tacit complicity of neoliberal globalisation. This complicity also extends to maintaining an apolitical position regarding the state’s role as a driver of inequality, climate change, human rights abuses and poverty through neoliberal institutions and policies (Hilary, 2013). It requires a concerted effort in solidarity to mobilise citizens towards action which will be transformative and emancipatory (McCloskey, 2022: 87).

Massive wealth depends on exploitation of people and of the planet. ‘The fairy tale of universal wealth, one day, secures our obedience’ (Monbiot, 2021). Our survival therefore depends on disobedience as espoused by Greta Thunberg and the ‘Fridays for Future’ movement ‘to act, and act now, for a better world’ (McCloskey, 2022: 124). When the world is ‘deprived of its dimension of action, reflection automatically suffers as well; and the world is changed into idle chatter, into an alienated and alienating “blah”’ (Freire, 1970: 54). It is interesting to note that 51 years later, Greta Thunberg used this very phrase to mock world leaders in her speech at the Youth4climate conference in Milan three months ago. This section also deals with the rise of populist nationalism, racism, and Islamophobia against a background of ever-increasing inequities in health, education, and the alarming destruction of the planet. The urgency to provide the kind of critical consciousness needed in a world of ‘fake news’ and alternative facts becomes ever more pressing. To express it in Freirean terms, the ‘tranquillity of the oppressors’ rests on how little the oppressed question the world which they have created.

Stephen McCloskey turns his attention to the notion of de-growth in which the energy and resource use is downscaled ‘to bring the economy back into balance with the living world in a safe, just, and equitable way’ (Hickel, 2019: 111). As this idea is firmly rooted ‘in sustainability, social justice, and alignment with good practice in the global South, de-growth should be natural territory for the international development and development education sectors’ (McCloskey, 2022: 112).
"The INGOs need to problematise growthism and make it central to its advocacy, education, and public engagement strategies. The ticking clock of climate change and the pandemic of poverty created by COVID-19 make this a matter of urgency, not a matter of choice" (Ibid).

Part three details the seemingly insurmountable problems facing the world with damning denunciations for our inability to address and confront real issues and our blind adherence to failing policies regarding the eradication of poverty. Philip Alston, the United Nations Rapporteur on Extreme Poverty and Human Rights said ‘Poverty is a political choice and will be with us until its elimination is reconceived as a matter of social justice’ (Alston, 2020: 12). Describing the International Poverty Line at a dismal $1.90 as ‘set so low to enable the United Nations and the World bank to call it a pyrrhic victory’ (Ibid). He calls the UN Sustainable Development Goals as being ‘scandalously lacking in ambition’ (Ibid). His assertion that COVID-19 is ‘a pandemic of poverty exposing the parlous state of social safety nets for those in lower income or in poverty around the world’ (Ibid) and the failure of the SDGs to be foregrounded in human rights makes them untenable and irrelevant. McCloskey further details how we are failing those in the global South with funds which are ‘illegally earned, transferred and that include grand corruption, commercial tax evasion and transnational crime and cost the developing countries $24 in net outflow for every $1 of aid earned’ (Global Financial Integrity, 2020: 5). To this unsavoury catalogue can be added tax havens and debt and the problems facing those in the global South seeking employment elsewhere.

INGOs have further problems to address with what can be perceived as the systemic racism inherent in this sector. Scholars assert that the ‘sector relies on the maintenance of indigenous territorial dispossession and the management of racialised Others’ (Sriprakash et al., 2019: 6). The ‘white saviour’ mythology would appear to prevail and the narratives of ‘interventionism’ in the global South in times of crisis precludes the ‘historical practices and legacies of colonialism including racism, indigenous violence and extractivism’ (McCloskey, 2022: 160). The perception that the
development education sector is ‘patronising the South and that the
development education movement is really speaking, only for white people’
(Chauhan, 2007: 50) needs to be challenged and positive steps taken through
stronger BME and DE sectoral links.

Stephen McCloskey has written a powerful book for our times. As a
primary school educator and development education practitioner, it
confirmed for me the possibility of education as a transformative and
emancipatory process. It reawakened my interest in the writings of Paulo
Freire and Henry Giroux. For students in initial teacher education (ITE), this
book could be a useful introduction to these critical theorists and to how their
pedagogical approaches have a very strong relevance to teaching today. The
necessity of providing our students with the life-long learning skills of critical
thinking and problem solving becomes ever more crucial in our globalised
and fractured world.

For those working in INGOs and DE, it has the power to reawaken
in their imagination and in their consciousness, a sense of hope in creating
futures that are sustainable and rooted in social justice and equality. For
researchers in the field of DE or international development, it could provide
the starting points for much needed conversations on how we ‘re-claw’
development education, how we can provide the space and the audience and
the voices to challenge and disrupt and disobey, to engage in the ‘pedagogy
of discomfort’ so that we can seek out and establish a:

“new normality and agitate for a human-centred response to the
pandemic that prioritises public services, invests in green
technologies, downsizes carbon-intensive industries, redistributes
wealth according to social need and ditches GDP as a measurement
of growth” (McCloskey, 2022: 179).

This is a quietly powerful exhortation to interrogate what we in the DE and
INGO sectors are doing and why we are doing it. Are we accepting the status
quo, compounding, and perpetuating stereotypes, further alienating and
marginalising those in the global South by a blind and unquestioning
adherence to an outmoded, devalued and unwieldy system which simultaneously supports those hierarchies which it seeks to destabilise? This book encourages us to be ‘restless, impatient, hopeful, inquiring human beings, pursuing in the world, with the world, and with each other’ the means by which education becomes ‘the practice of freedom, and discover how to participate in the transformation’ of a fairer and more just world (Freire, 1970: 53).

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CLIMATE JUSTICE, HOPE AND ACTION

Chris Rankin


*Climate Justice, Hope and Action* is a set of free, online, Key Stage 3 (KS3) teaching resources developed by Friends of the Earth. The resources aim to provide a pedagogical framework for teaching global issues as well as a wide range of practical teaching ideas aimed at empowering students while developing their critical thinking. The underpinning approach to this resource is active hope; a life philosophy developed and articulated by Joanna Macy and Chris Johnstone (2012). In their book the authors identify three stories of our time. Story one, ‘Business as Usual’, is told by the majority of policymakers and corporate leaders of our time and involves development through unhindered economic growth. Story two, ‘The Great Unravelling’, is one of environmental pessimism with subplots of resource depletion, climate change, growing inequalities and the mass extinction of species. Story three, ‘The Great Turning’, outlines the beginning of a new revolution where unfettered industrial growth is slowly replaced by ‘a life sustaining society committed to the recovery of the world’ (Macy and Johnstone, 2012: 26). This resource sits firmly within the third story and places pupils in the centre of the narrative as light bearers of active hope and participants in a quiet revolution.

The resource is organised into six topic areas covering subjects such as Art, Drama, English, Geography; History, Personal, Social, Health and Economic (PSHE); Religious Studies; Science; and Technology. Each topic area has lesson plans for different subjects, PowerPoints and printable resources and is mapped to the KS3 curriculum in England and Northern Ireland. Teachers have the option of delivering one-off lessons to complement their existing schemes, using a range of lessons as part of a cross
curricular unit or picking and choosing those lessons suitable for a whole school environmental week. Before getting stuck into the issues those delivering the lessons are encouraged to introduce pupils to a range of grounding activities, recognising the challenge of eco-anxiety and preparing pupils to engage without feeling overwhelmed with guilt or fear.

The ‘Celebrating People and Planet’ section focuses on using Geography and Art to develop gratitude and a sense of wonder for what the world offers. The lessons’ ideas are interactive and engaging and encourage pupils to see the best in the world and how they can appreciate it. I particularly liked the Art lesson plan and how it introduces pupils to the artists’ view of the world before encouraging them to create their own masterpiece.

The ‘Climate Changing’ section takes four different subject approaches to the climate change debate including getting pupils to write news reports, a critical thinking reflection on the relationship between knowledge and power, and a writing response looking at case studies of how individual action has been significant in History. While some of these activities would be challenging to some pupils there is a real emphasis throughout the resource in getting pupils to engage with the issues rather than giving them easy answers. In some cases, possible pupil responses are differentiated into bronze, silver and gold.

The ‘Digging Deeper’ section provides resources for Drama and Technology as well as Geography, and encourages pupils to think critically about the stuff we consume, the impact our lifestyle has on the planet and whether consuming more makes us happier or more miserable. These activities seem particularly relevant for pupils at KS3 as they start to manage their own money and make decisions on how to spend it.

The ‘Switching Track’ section focuses on renewable energy and gives pupils the opportunity to use the knowledge they develop in Science and Geography to develop a vision for the future where economic development and environmental stewardship are part of the same outcome.
While the concept of renewable energy is already fairly well resourced, the approach is often Science, Technology, Engineering and Mathematics (STEM)-based with an emphasis on technology and the career opportunities available. These lesson plans take a more personal approach looking at case studies and encouraging a critical engagement with the issues rather than expecting pupils to embrace renewable technologies with blanket approval.

The final section, ‘Be the Change’, introduces pupils to a model of how change happens and who the agents of change are locally and globally before empowering pupils to be the change they want to see. Although this section is mapped to PSHE, the lesson plan could easily be adapted to become a plenary for the end of any of the other lessons.

This resource has been thoughtfully put together to act as a road map for pupil engagement. It is set within a sound framework and puts pupil wellbeing at the forefront of the climate conversation. The critical approach is obvious throughout and pupils are encouraged to engage fully and think deeply. The move away from shame and fear towards gratitude and wonder as key motivators for change is also refreshing and marks the beginning of a new approach where pupils engage with key local and global issues not because they have to but because they want to. This resource deserves a wide audience and thoughtful delivery in the classroom as teachers work with pupils to become agents of change for a more sustainable world.

References

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TIME FOR SOCIALISM: DISPATCHES FROM A WORLD ON FIRE, 2016-2021

Stephen McCloskey


French economist, Thomas Piketty, is a public intellectual and author of two heavy weight books in every respect. The first, 600-page Capital in the Twenty-First Century (2014) traced the long-term evolution of wealth concentration and inequality from the eighteenth century onward and became a publishing sensation for a non-fiction book selling 1.5 million copies in multiple languages. Drawing upon data from 20 countries across 200 years, Piketty carried out impressive economic detective work on the main drivers of inequality, particularly the returns on capital exceeding the rate of economic growth. His analysis, however, is not just about diagnosis but formulation of regulatory tax measures that can fund a social state and address the grotesque levels of wealth accumulation by the world’s highest earners. The dynamics of wealth concentration identified by Piketty have accelerated during the COVID-19 pandemic. A report published by Oxfam in January 2022 revealed that the wealth of the world’s 10 richest men has doubled since the pandemic began while the
incomes of 99 per cent of humanity are worse off because of COVID-19 (Oxfam, 2022: 6). Clearly, the more we know about how global capitalism creates inequality then the more informed are the strategies designed to tackle its excesses.

Piketty’s second monumental book, *Capital and Ideology*, weighed in at 1,100 pages in March 2020 with a broader historical sweep that pre-dated industrialisation and reflected on the historical and materialist forces that underpinned slavery, serfdom, colonialism, communism and hypercapitalism. Where *Capital in the Twenty-First Century* focused on western capitalism, *Capital and Ideology* offered a more ambitious and consciously global overview that extended from pre-modern economies to the emergence of economic power houses in the global South, most notably China, that have accompanied the ideological and economic decline of the US empire over the past twenty years (Bello, 2022). ‘As the era 2001 to 2021 comes to an end’, argues Walden Bello, ‘the American empire continues to be dominant, but its pillars have been severely eroded’ (Ibid).

Piketty has found an erosion of traditional bi-polar, class-based politics in the US which dominated in the 1950s and 60s and the emergence of ‘multiple-elite politics’ with educational elites (the Brahmin left) voting for the left and wealthy elites (Merchant right) for the right (2018: 3). Low-income and lower education voters who had traditionally voted left have more recently become increasingly aligned with identity politics rooted in race, xenophobia and populism. With economic insecurity and static incomes spawning political distrust and polarisation, Piketty’s analysis is urgent and timely.

But where do we locate Piketty among the pantheon of economic giants? In a review of *Capital and Ideology*, Davies (2020) described him as more ‘liberal reformer’ than Marxist, a ‘brilliant and relentless anorak… fixated on statistics’. The evidence of Piketty’s latest book, *Time for Socialism* (Piketty, 2021), suggests that the data and research invested in his two thumping volumes on capital have led him from liberalism to socialism. As he remarks on the first page of *Time for Socialism*, if anyone had told his younger self that he would publish a volume of articles under that title he would have thought it a ‘bad joke’ (Ibid: 1). *Time for Socialism* is a
collection of 57 articles published by Piketty in the French newspaper, *Le Monde*, between September 2016 and January 2021. They are published chronologically and ‘without any modification or re-writing’ (Ibid: 3). The book is divided into four sections with the section headings almost meaningless given the meanderings of the topics considered. However, there are recurring cross-cutting topics that draw Piketty back from year to year. They include: the democratisation of the European Union; the correlation between inequality and the climate emergency; the criticality of educational equality and the provision of an education budget to every citizen to ensure it happens; bold redistributive measures to end excessive accumulation including a 90 per cent rate of inheritance tax; the election of Macron and the French economy; and a ‘new form of socialism, participative and decentralized, federal and democratic, ecological, multiracial and feminist’ (Ibid: 2).

*Time for Socialism*’s 25-page introduction sets out Piketty’s stall for a more egalitarian and democratic economic model that is convincingly and impassionedly argued and underscored by data that never overwhelms the reader. Piketty often reaches back into history to draw comparisons with the period of neoliberalism from the 1980s onward. The wealth of the richest 1 per cent, for example, fell sharply in the twentieth century, particularly in the United States where a tax rate of between 80 and 90 per cent was levied on the highest incomes, properties and assets between 1930 and 1980 (Ibid: 228). Rather than causing capital flight and undermining the economy, these tax measures made it ‘more egalitarian and more productive’ (Ibid). The onset of Reaganomics in the 1980s, however, saw the rate of taxation on the wealthiest drop from 70 per cent to 30 per cent, and the fiscal dumping (tax cuts) has continued under successive administrations, including the Clinton and Obama Democrat administrations in the 1990s and 2010s (Ibid: 263). A consequence of these tax breaks for the rich is that the incomes of poorest 50 per cent of Americans have not risen since 1980 (Ibid: 69) which enabled Trump to play the ‘identity and nationalist discourse in the wake of the failure of Reaganomics’ (Ibid: 263). Piketty makes plain that Trumpists and
Brexiteers have hardened the fiscal environment for the lowest incomes while advancing nativist views that deepen social discord (Ibid: 277).

A similar situation has obtained in the European Union (EU) where the share of the poorest 50 percent in terms of income has grown modestly since 1980 from 10% per cent to 20% per cent, which Piketty considers a potentially reversible improvement (Ibid: 5-6). EU members have mostly engaged in competition to create an accommodating fiscal and social environment for the wealthiest individuals and corporations with Piketty dismayed at Macron’s decision to abolish a wealth tax in France on financial assets at a cost of €5 billion per annum (Ibid: 116). Piketty instead proposes a universal capital endowment or minimum inheritance of €180,000 payable to all citizens at the age of 25 to narrow inequality and reverse the atomisation of society so evident under the populists. He also advances the idea of an individual carbon card to protect those on low incomes and ensure that the highest emissions of carbon are taxed heavily. And, yet another welcome proposal, is the replacement of that favourite metric of neoliberalism, Gross Domestic Product, with national incomes so that the focus is on the distribution of wealth rather than on national averages (Ibid: 16).

Piketty’s proposals for reform of the EU are aimed at creating workable, transparent institutions based on a model that is ‘internationalist in its ultimate objectives but sovereigntist in its practical modalities’ (Ibid: 20). These ideas are set out in a ‘Manifesto for the Democratisation of Europe’ (Piketty, and Vauchez, 2018) which has at its centre a federal social system, not dependent on unanimity, and driven by a European Assembly comprising representatives from the national parliaments of member states with the number of members weighted on the basis of population. It would introduce a budget for democratisation to be approved by the European Assembly to support fundamental social and public goods - healthcare, education, housing, energy, the environment etc. - financed by four progressive taxes on the profits of major firms, the top incomes, the highest wealth owners, and the highest carbon emissions (Ibid: 213). The Assembly would ‘prevail over a cult of diplomacy behind closed doors’ in the Eurogroup (Ibid: 104) with the
capacity to reject the kind of austerity measures that prevailed in several EU states since 2008. ‘We need to turn our backs on the ideology of absolute free trade…’, argues Piketty, ‘and put in place a model of development based on explicit and verifiable principles of economic, fiscal and environmental justice’ (Ibid: 20).

But what has *Time for Socialism* to offer by way of an analysis of historical and contemporary relations between the global North and South? There are short articles on Brazil, China and India that really only scratch the surface of the complex social and economic picture in each country. Piketty has more of value to say about reparations arising from slavery and colonisation in the global South. He recalls how the abolition of slavery in Britain in 1833, resulted in the equivalent of 5 per cent of the British national income (in today’s currency, €120 billion) being paid in compensation to 4,000 slave owners (at an average of €30 million) (Ibid: 303). Similarly, Haiti had to pay a sum estimated in today’s terms at €30 billion to France as compensation to slave-owners between 1825 and 1950; a sum it is trying to retrieve (Ibid: 24). Promises of forty acres of farmland and a mule made to former slaves at the end of the US civil war in 1865 were not honoured and racial segregationist laws continued to be enforced until 1965. A sum of $20,000 in compensation was paid by the US government to Japanese-Americans interned during the Second World War in 1988 (Ibid: 24-25) but clearly a lot remains to be done by countries in the North by way of acknowledging and recompensing colonial injustices.

The book could have offered more analysis on other global issues, including debt in the global South. It makes the point that the debts of Germany, France and Britain ‘ranging from 200% to 300% of GDP’ after the Second World War were written off (Ibid: 224). This presented an (untaken) opportunity to contrast the treatment of post-war European countries with low and middle-income countries in the global South today that remain trapped in the vice-like debt conditionalities of the World Bank and IMF. Most of this debt is illegitimate and should be written off, particularly in the midst of a pandemic (JDC, 2020). The book is better on the issue of migration into the EU which, despite being halved between 2010 and 2018
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