WN *Hot stuff*

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Philanthrocapitalism. The Gates Foundation
Billanthropy: 2

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Access April 2011 PLoS Medicine David Stuckler et al on Gates Foundation here
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Editor's note

This second commentary on philanthrocapitalism and the Gates Foundation is a shortened version edited by the *WN* team of a paper by Anne-Emanuelle Birn, published in the Canadian journal *Hypothesis*. The comprehensive paper, *accessed above and here*, is fully referenced. Readers with scholarly knowledge or interest or who want to check statements in this briefer commentary should rely on the full paper and access it now. World Health Organization member state representatives, and international and national politicians and officials, need to know the nature, purposes and policies of the Gates Foundation.

As we stated last month, the Bill and Melinda Gates Foundation is after the US, by far the biggest funder of the World Health Organization, and with the UK contributes roughly one-third of the entire annual income of WHO. Gates funding is reserved for projects devised or approved by Gates. These projects typically take little or no account of the underlying and basic causes of disease, health and well-being. Further, the current troublesome WHO policy of 'public-private partnerships' in which the 'private partners' in the field of food and nutrition are transnational corporations whose profits depend on ultra-processed products, has from the start been largely driven by Gates and associated organisations.

This commentary contributes to growing international concern about philanthrocapitalism and the overmighty Gates Foundation. It sees immediate need for all who uphold public health and public goods to resist policies and practices that perpetuate inequity and poverty, and instead, to work together to protect and strengthen accountable and democratic global, national and local health governance in the public interest.

Philanthrocapitalism

Most media stories, and perhaps most people, see the Gates Foundation and Bill Gates as devoted to 'saving the world', and well on the way to achieve this. Does capitalism have a philanthropic face?

In the past, public health activities directly linked to profit-making were denounced for being self-serving and a violation of the principle of separation of public and private interests. Today they are viewed by private capital, and rationalised by a disquietingly quiet public, as desirable outcomes that ought to be encouraged, rather than eschewed as problematic and unethical.

The mounting trend of business-foundation collaboration has crystallised in the term 'philanthrocapitalism'. This touts the philanthropic largesse and social-entrepreneurial mission of the new 1990s billionaires as unprecedented and capable of 'saving the world.' The US$ 2 billion plus annual spending of US philanthropy has indeed made a second entrée into the international health and development arena. But the philanthrocapitalist approach, past and present, merits questioning.

First, just as late 19th and early 20th century philanthropy derived from the profits of exploitative industries of the day (oil, steel, railroads, manufacturing), the colossal profits earned during the 1990s and 2000s by a small number of people in the information-technology, insurance, real estate, and finance industries (and related speculation), as well as industries linked to the military, and mining, oil, and other commodity sectors, were built on rising inequality. These profits were made because to a number of factors, including as follows. The depression of wages and the worsening of labour conditions for the vast majority of workers worldwide. The tacit or explicit support of militarism and civil conflict, that ensures access to valuable commodities. The trade and foreign investment practices that flout protective regulations. The externalising (transferring from private, corporate responsibility to the public and future generations) of the social and environmental costs of doing business, including toxic exposures and contamination of the air, soil, and waterways, deforestation, and the effects of climate change.

Second, the tenet that business models can (re-)solve social problems, and are superior to redistributive, collectively deliberated policies and actions employed by elected governments, masks the reality. This is that private enterprise approaches have been accompanied, facilitated, and made inevitable by neo-liberal deregulation, privatisation, government downsizing, and emphasis on short-term results over long-term sustainability. These models rest on the belief that 'the market' is infallible, despite ample evidence to the contrary. All the financial incentives in the world will not create a vaccine against poverty, racial and gender discrimination, or inequality.

Third, the tax-exempt status of foundations, and tax-deductibility of philanthropic and charitable donations, is an affront to democracy. The faith that giving can 'change the world' is in many ways a preposterous manifestation of the notion that 'the rich know best,' as though autonomous, donor decisions should replace representative and accountable welfare states and systems of redistribution. As former US Secretary of Labor Robert Reich has noted, 'governments used to collect billions from tycoons and then decide democratically what to do with it'. Ceding decision-making power over social priorities to the class that already wields undue economic (and political) power is decidedly undemocratic.

Over the past century and a quarter, philanthropy has frequently served, directly or indirectly, to enhance donors' business and investment interests, many of which are linked to industries that are highly exploitative and damaging to the environment. Celebrating and encouraging the munificence of elites contradicts the goal of creating equitable, sustainable societies. If anything, people living on working class and modest incomes, who rarely receive recognition (or tax breaks, for that matter) for their donations, are proportionately far more generous than the rich, and their giving, unlike that of the wealthy, may entail considerable personal sacrifice. In the early 20th century, the millions of people involved in social and political struggles for decent, more equitable societies were savvier and far more sceptical than much of the public today, about the supposed generosity of those responsible for sustaining and gaining from these very injustices.

The current infusion of profit-making for philanthropic ends – on the backs and lives of the 2.5 billion people living on less than US$ 2 per day – has reached entirely new dimensions. It should attract the concerted attention of all believers in health as a social justice imperative. In the early 20th century, the Rockefeller Foundation allowed a variety of voices into its international health enterprise, even as it privileged a reductionist approach. Today Rockefeller, now a much smaller player compared with Gates, has been narrowed to a 'global health as business' mentality.

For instance, after equivocating for almost a century on whether or not to support universal health insurance in the United States, Rockefeller has finally endorsed this goal internationally, recommending 'models that harness the private health sector in the financing and provision of health services for poor people'. Echoing the World Bank and the Gates-supported WHO Commission on Macroeconomics and Health's 'investing in health' approach, justified both as good for the economy and a

profitable and legitimate private-sector activity, Rockefeller is also promoting 'impact investing'. This is meant to induce venture capitalists to 'address social and/or environmental problems while also turning a profit'.

The consuming public has been drawn into such 'marketised philanthropy', whereby consumer purchases, such as through 'Product RED', generate profits for (philanthro-) capitalists and finance global health projects and agencies driven by philanthrocapitalist interests. These are depoliticised approaches, cheer-led and channeled by celebrity philanthrohumanitarians including pop stars like Bono of the group U2, who, along with philanthrocapitalists, are marketing their own 'brands' while legitimating and indeed promoting neo-liberal capitalism and global inequality.

Philanthropists past and present typically rationalise their actions as necessary to address 'market failures'. Global public health, like many other social goods and services, by definition resides in the market failure realm, because it is externalised from the costs of doing business. That philanthrocapitalism steps in to promote capitalist approaches as superior to the public sector in regulating and delivering services, is self-serving and unsubstantiated.

In the early 20th century, philanthropists staved off, then limited, a full-fledged welfare state in the United States, with repercussions still vividly evident today. In the global health arena of more recent decades, the argument that the public sector is incapable of addressing societal needs, contemptuously disregards the assault on public spending and infrastructure. This has been and is undertaken by international financial institutions' conditionalities and structural adjustment programmes, predatory private bank lending, unfair trade practices, and hegemonic leverage over the World Trade Organization by powerful countries – and influential industries therein, including the US-centred tobacco industry and food conglomerates.

The governments of Sub-Saharan African countries were pressured to cut public education, health, and other social spending in order to meet the terms of loans made necessary because of falling export prices related to global trade and financial forces beyond their borders, then blamed for inadequately addressing infant mortality, AIDS and other health crises, in turn leading these countries to become 'clients' of the Gates-supported Global Fund to fight AIDS, Tuberculosis and Malaria. (On the issue of conflicts of interest, see Box 1, below)

In part to fend off such critiques Gates has adopted progressive, value-based rhetoric: respect for partners, being 'humble', fair and focused priority-setting, 'ethical' comportment, and a lofty goal of 'increas[ing] opportunity and equity for those most in need'. Like the Rockefeller Foundation in the period of its greatest sway, the Gates Foundation's sway and dominance over the global health agenda stems from the magnitude of its donations, its ability to mobilise resources quickly and allocate substantial sums to large or innovative efforts, the renown of its patron, its technology-driven and cost-effective emphases, and the clout and leverage it garners from the great range of organisations which it partners with or funds.

Box 1
Conflicts of interest

In recent years the Gates Foundation has been accused of investing its endowment in profiteering pharmaceutical companies and polluting industries, including ExxonMobil and Chevron, linked with environmental and health crises in the Niger Delta and other oil-rich regions, as well as in other corporations that stand to gain from the Foundation's philanthropic support of particular global health initiatives.

Gates, perhaps responding to criticism, pulled out of many of its direct pharmaceutical holdings in 2009, but its vested interest in the industry remains through its mega-donor Warren Buffett's Berkshire Hathaway holdings in Johnson & Johnson, Sanofi-Aventis, and other pharmaceutical companies. The immediate past president of the Gates global health program, Tachi Yamada, was formerly an executive and board member of pharmaceutical giant GlaxoSmithKline. His successor, Trevor Mundel, was a senior executive at Novartis from 2003 until 2011. Several other senior Gates executives come from GlaxoSmithKline and Merck. Foundation initiatives in health, agriculture, and other areas may well benefit these corporations, and also Coca-Cola, McDonald's, Monsanto, Nestlé, Procter & Gamble, and other companies in which the Gates Foundation, Berkshire Hathaway, or Gates family members, are shareholders.

The conflict of interest between the pharmaceutical industry, including their own corporate global health foundations, which often are barely disguised marketing and public relations endeavours) and Gates is palpable. Yet conflicts of interest are downplayed and rarely articulated publicly, since most observers and grant recipients fear offending the Foundation. A few investigative journalists and websites are courageous exceptions.

An example of conflicts is the case where Gates' India office lobbied with the Indian health ministry for the introduction of Merck's rotavirus vaccine. Gates has also funded controversial studies in India carried out by its largest global health grantee, the non-government Seattle-based organisation Programme for Appropriate Technology in Health (PATH), of Merck's and GlaxoSmithKline's vaccines against the human papillomavirus among girls of low-income backgrounds. The Indian parliament has alleged that the trials violated ethical standards, because the girls' consent was not fully informed and adverse events were not adequately monitored or reported. PATH claims that since this was an observational study of an already approved vaccine, not a clinical trial, these provisions were not necessary.

The Gates Foundation's stance on intellectual property raises serious questions. Bill Gates admits that his foundation 'derives revenues from patenting of pharmaceuticals'. One issue is the extent of coordination between the approaches of Microsoft and the Gates Foundation. The two entities are legally separate, but there are shared interests, including the Foundation's 2011 hiring of a Microsoft patent attorney for its global health programme.

Microsoft has been charged and fined for a range of monopolistic practices, and has been a strong supporter of intellectual property protection as a (legal) means of cornering markets. Microsoft played a leading part in assuring the passage of the World Trade Organization's TRIPS (Agreement on Trade-Related Intellectual Property Rights), and continues its lobbying efforts with other corporations to expand these rights. The Gates Foundation's endowment was amassed through labour practices and monopolistic intellectual property strategies, contrary to the stated health aims of the Foundation.

Gates was a major sponsor of the World Health Organization's Commission on Macroeconomics and Health, which concluded that intellectual property rights are a critical incentive to research and development of drugs. As mentioned in Box 1 above, the Foundation gains income from patented drugs. The Macroeconomic Commission's position is historically disputed by the experience of the development of the Salk polio vaccine, is shown to be incorrect for low-income countries, and is increasingly challenged by advocates today.

Another indicator of Gates' troubling corporate allegiances has been its refusal to take a stance in the case of Novartis's lawsuit against the Indian government (also see Box 1 above) for denying a new patent to Novartis for a cancer drug. The denial was because the formulation was judged to be only a minor chemical changes to an existing drug done to extend the life of its patent. Many advocates believe that Gates, with its extensive intellectual property expertise, its aim to improve the health of the poor, its role in numerous public-private partnerships, should address the dilemma of profit motive versus access to medicines head on. On 1 April 2013 the Indian Supreme Court ruled against Novartis.

Gates in Africa

Bill Gates in an accustomed role as medical auxiliary, apparently administering a pill to a startled infant. Gates has now partnered with Coca-Cola to take health services to remote parts of Africa

The Gates Foundation's involvement in the Alliance for a Green Revolution in Africa (AGRA), including US$ 264.5 million in grants as of 2013, illustrates the profound contradiction between the aims of philanthrocapitalism and the needs of poor populations. AGRA, like the Rockefeller Green Revolution programmes before it, focuses on technological and market models for increased agricultural output. This emphasis comes at the expense of equitable, democratic, and sustainable approaches based on securing land rights for small producers (pressing in a context

of large-scale foreign land grabs in countries facing dire hunger and malnutrition problems) and supporting local and regional food distribution networks

AGRA promises help for small farmers, or at least the most prosperous among them. Its food security work ultimately aims to integrate African food consumption and agricultural production into the (corporate cartel-controlled) global food chain, and is neither publicly accountable nor regulated. In addition to AGRA's role in the research and promotion of genetically-modified organisms, and the development of privately patented seeds, local watchdogs have also linked AGRA to the fostering of private ownership and corporate control of Africa's genetic wealth without the sharing of credit or benefits with the cultivators.

Phenomenal networking

As did Rockefeller in the past, Gates has populated important policymaking roles at key agencies. Thus the director of the US Agency for International Development (USAID) Rajiv Shah formerly held several senior Gates Foundation positions before joining the Obama administration. Under him USAID, with an annual budget of over US$ 20 billion in recent years, considers itself a 'business-focused development agency focused on results'.

Gates has pursued most of Rockefeller's international health principles, through technobiological and cost-effective approaches, the use of budget incentives, a priori success measures, and priority-setting from above, with a nod to local adaptation. Gates' reluctance to address chronic non-communicable diseases, with their long-term, politically complex, costly implications and lack of a technical quick-fix, is reminiscent of Rockefeller distancing itself in the early 20th century from tuberculosis, diarrhoea, and other diseases requiring major social and political investments (tuberculosis and rotaviruses are now addressed by Gates through technical tools such as vaccines and therapies, not available in the early 20th century). As with Rockefeller, this work is divorced from living and working conditions.

For Gates, transnational consensus is generated through advisory boards that include low- and middle-income country public health and scientific leaders; the reach of its research funding and the validation provided by the funded research generated; the myriad partnerships it has incubated; and the associated media coverage. Gates shapes the composition of the boards of key public-private partnerships, including the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to fight AIDS, Tuberculosis and Malaria. Its executives and staff members are often members of, or even chair, such boards, particularly interim boards of new organisations that set broad policy directions.

Gates has far less interest than did Rockefeller in institutionalisation, health care systems and infrastructure. It does not tolerate, as once did Rockefeller, social

medicine approaches. While its influence as a 'global citizen' (as distinct from the Rockefeller close alignment with US foreign policy objectives in the first half of the 20th century) is both hailed and feared, Gates' role is arguably more contestable than that of the Rockefeller in the past.

Whereas in the interwar years Rockefeller was closely linked to just one international health agency (the League of Nations Health Organization), Gates has ties with multiple organisations in a global health world that has become highly fragmented, in part because of the activities of Gates. The field includes extensive, diverse, and dynamic constituencies that have various routes to shaping global health. These extend to vibrant global public interest civil society movements, and include the emergent global health diplomacy of major global Southern countries such as the BRICS (Brazil, Russia, India, China, South Africa) group, and other South-South cooperation.

The beginning of resistance

Overall, Gates' aversion to engaging with individuals and institutions wielding contrasting viewpoints and approaches, and apparent vindictive behaviour against those at the World Health Organization and elsewhere who have stood in its way, has led to growing resentment of its power. Most global health researchers have remained silent, but a brave few have spoken out against the extent to which the Foundation's directive style and dominance over funding avenues have squeezed out legitimate alternative scientific approaches. Thus in late 2007 the then head of WHO's malaria programme decried Gates' attempts to influence WHO's malaria policies in a highly critical memorandum. This may portend further outcries in future. (He was moved to another position after his memorandum came to light).

Box 2

A threat to Brazil

In late 2013 Gates announced a grant to Fiocruz, Brazil's national health institute, to fund the production of childhood vaccines for distribution within Latin America. This was a departure from its backing of the GAVI model of funding private pharmaceutical firms. Brazil, which has remained largely outside the Gates orbit, has attracted widespread attention in recent decades for its unified, publicly funded and run universal 'SUS' national health service, established under its post-dictatorship 1988 Constitution, and its South-South cooperation work that emphasises primary health care and human resources training.

But Brazil's health system is presently under enormous pressure to increase the involvement of industry. The Gates newfound support for Fiocruz may mean that it needs the credibility of Brazil's public sector and infrastructure policies more than Brazil needs Gates. More likely, the entry of Gates to Brazil signals, whether intentionally or not, a far greater role for commercial interests in the SUS national health service than was envisioned by the 1988 Constitution that identifies SUS as a public good.

Gates' technological focus is perhaps inevitable, given the expertise and provenance of its founder. As with Rockefeller a century ago, it is working in an area which it perceives as a gap not filled by existing organisations such as relevant UN agencies, USAID, the US National Institutes of Health, the Wellcome Trust, the European Union, and other major development and research funders. Gates has become a salve to the collective concerns of capitalistic interests that global health is too important to leave to a purportedly democratic entity – namely, the World Health Organization.

The tide may now be turning away from Gates' technological and business-oriented approaches to global health. As recently as 2010, the former Gates global health director Tadataka Yamada stated that the Foundation was refocusing 'on technologies with the biggest health payoffs and near-term applications', narrowing ever further the Gates techno-biological model.

Yet a quarter century into the US$ 10 billion vertical polio campaign, and despite the recently declared elimination of polio from India, the programme is undergoing deep re-evaluation. This follows the resurgence of polio in Syria and Somalia, the appearance of wild poliovirus in Tajikistan and Nigeria, and persistent endemic polio in Pakistan and Afghanistan, all in the contexts of entrenched poverty, inadequate health care coverage, and cultural and religious resistance to targeted vaccination.

Even Bill Gates himself, one of the campaign's greatest proponents and donors, seems belatedly to have begun to understand that targeted eradication needs to be integrated with broader approaches, most notably strong health care systems. It remains to be seen whether this sentiment is translated into practice.

A (very) rich man's world

Bill Clinton, Bill Gates, Thabi Mbeki, Tony Blair, Bono (with the V sign) and Olesegun Obasanjo. The politicians here have all ceased to hold elected office. Bill Gates and Bono remain

The Rockefeller Foundation was the premier international health organisation of the first half of the 20th century. It had a pre-eminent leadership role. It centred international health activities in economic development, state-building, diplomacy, and scientific diffusion. It institutionalised patterns of health cooperation that remain in place to the present day. The Gates Foundation, though its short-term effects are of great consequence, tracks a path established by Rockefeller, notwithstanding the shift from the environment of the Cold War to that of neo-liberalism. It is now Gates that looms large in the media, in the imagination, and in global and international policy agenda-setting, boosted by the likes of singer-humanitarian Bono (see picture above) and other celebrity philanthropists.

Gates is now commonly seen as the alternative to the World Health Organization. But the Foundation cannot dismiss existing agencies wholesale. After all, a global health architecture, precarious and disjointed as it may be, already exists, with countless public, private, bilateral, multinational, regional, not-for-profit, humanitarian, and socially-oriented agencies in operation, numerous advocacy groups fighting for legitimacy. Some of these insist on and assert independence from Gates.

Gates' active enlistment of both public and private partners to support its initiatives has enabled its sweeping influence on the global health agenda in the space of just a few years. Many researchers and small and sizeable organizations of all stripes have adapted themselves to the Gates Foundation's priorities. But this 800-pound gorilla is not the only animal in the global health jungle. Often forgotten is that Gates, and overall global health philanthropy, amounts to less than 10% of development assistance for health, which has grown from under $US 11 billion to 30.6 billion between 2000 and 2011, approximately one-third from the US government alone.

The array of global health actors actually or potentially being funded by or partnering with Gates, amplifies its impact. But the Foundation has tended to leave few institutional footprints in the settings where it operates. By contrast, Rockefeller shaped the international health panorama, as well as country-by-country public health agencies. Also, unlike Gates, Rockefeller itself did not seek to profit directly from its activities, although Rockefeller family business interests surely benefited from the reduction of epidemic threats to international commerce and the increase in productivity, stability, and markets enabled by public health improvements.

In a sense, the Rockefeller initiatives have amounted to a massive demonstration project, with agenda reflected in scores of national and local health agencies across the world, and institutionalised in the World Health Organization and the Pan American Health Organization. Gates may cast a smaller shadow than Rockefeller in the long run. But this cannot quell concern about its current dominance and power. This has emerged hand in hand with: neo-liberal globalisation; a unipolar post Cold War scenario; a huge rise in the power of transnational corporations, which often block policies in the public interest and benefit from institutionalized corruption; and public-private partnerships – the hallmark of the Gates approach.

Box 3

Gates self-promotion

An indicator that the Gates Foundation may be more fragile than it appears, paradoxically is its aggressive self-promotion campaigns that far exceed those of the early 20th century Rockefeller Foundation. Particularly conspicuous is the more than $US 1 billion spent on 'policy and advocacy'.

This includes direct funding for global health and development coverage to the UK newspaper *The Guardian*, Spain's *El País,* and the African Media Initiative. In the US it includes the Public Broadcasting Service, National Public Radio, and other broadcasting outlets, and through the Kaiser Family Foundation, which runs a leading global health portal that has been accused of soft-pedaling its postings on the Gates Foundation. All of this coverage directly or indirectly generates positive publicity for the Gates approach to global health and development as well as for the Foundation itself, publicity which it clearly believes is necessary to justify its omnipresent involvement.

By contrast, Rockfeller was content to underplay its role, except at the highest political levels and behind closed doors. This resulted from the hard-hitting investigative journalism of the early 20th century, and the savviness and skepticism of the working class, who rebuked, for example, Rockefeller interests in the case of the Ludlow Massacre of families of striking miners at a Rockefeller-owned coal mine. Even in its public health work, Rockefeller learned to use its name in a subdued fashion. Because one of its principal aims was institutionalising public health through strong government agencies and services, minimising public attention to itself ultimately advanced its goals.

Gates is reliant on the public sector to help deliver many of its technologies and programs, which often provokes an internal public-to-private sector 'brain drain'. But the Foundation appears largely indifferent to the survival of the 'public' in public health. Recently it has taken some tentative steps to explore the prospect of investing in primary health care, possibly in relation to its unit for Integrated Health Solutions Development (also referred to as Integrated Delivery and Integrated Development), established in 2007 but about which little is publicly known. Perhaps Gates aims to change – or, more ominously, maybe it seeks to co-opt the primary health care approach. But for now its approach as a whole seems to counter the relevance of an accountable welfare state. Having its own initiatives at the forefront is not a detractor, but rather a boon, to its larger aims of 'creative capitalism' and a public-private technology-driven model.

Counter to this, there is now growing traction of a human rights-based approach to health and well-being. Also there is a collective clarion cry of accelerating numbers – hundreds each year – of large- and smaller-scale protests across the globe in the wake of the 2008 global financial and economic crises, that 'enough is enough' in terms of austerity, economic and global injustice, violation of people's rights, and lack of true democracy. So there may now be a turning point. This is a critical time for specialists and citizens alike to become more attuned to and resistant to the Bill and Melinda Gates Foundation's presuppositions and aims.

What then, is to be done?

Capitalism trumps love of humankind (the dictionary definition of 'philanthropy'). Philanthrocapitalism is an oxymoron, a contradiction in terms. The pivotal and also even nefarious role it plays in international and global health draws from a series of nested factors. These include gargantuan resources enabled by profiteering of titanic proportions and relentless ideological assaults on democratically-driven redistributive approaches, now contextualised by a pro-corporate geopolitical climate within still dominant (if declining) US global capitalism. The very essence of US philanthropy is a brazen system of undemocratic decision-making by self-designated mega-donors.

Collective activism to overturn the unjustified influence of philanthrocapitalism in global health will provide a necessary first step to address these issues. Subsidiary to this is the need for philanthropic accountability, including the public and transparent election of board members and external evaluation of philanthropic activities. Urgently needed is better understanding of how private foundations are shaping the global health agenda. Also needed is perception of the production, promotion and circulation of particular kinds of knowledge, and the rendering invisible, due to lack of funding and attention, of other kinds of knowledge and questions. There is immediate need to know how all this power can be reined in. One key question now is why, given its avowed interest in improving equity, the Gates Foundation has not engaged with the social determinants of health approach to global health inequity.

Courage and stamina is needed. Such a movement should come from health profession and public interest civil society organisations, and social movements. It should come from citizens, and from health researchers, practitioners, and grant recipients – uncomfortable and potentially perilous as this may be. It is not enough for scientists to claim that they are just carrying out research and cannot affect the larger context of global health funding and policy-making. Scientists must recognise that their scholarly status and independence is threatened by the private sector and by philanthrocapitalist intrusion on global health. The asymmetry of power between these actors and the public interest is such that WHO and other UN entities cooperating with corporations, and scientists and officials within these organisations, are at risk of losing their integrity, independence and impartiality.

Scientists have a responsibility to advocate for public, accountable government-funded support for the scientific enterprise, lest their credibility be challenged. Global health scientists, joining with colleagues calling for action on climate change, denouncing unethical drug company tactics, and others – for instance, the Union of Concerned Scientists – should take inspiration from the brave advocacy and activism that have unfolded in the emerged new Syriza government in Greece, which is challenging the morality of the crippling debt burden imposed by the International Monetary Fund, the European Union, and the current international banking system.

Everybody who is professionally and also personally concerned and engaged with public health, public goods, and genuine democracy, can take heart and gain courage also from Spain's *Podemus* movement, from the Andean *Buen Vivir* philosophy and policies, and from battles against extractive industries around the world. More inspiration of coming from the 200-million strong Via Campesina social movement, the global Occupy! movements, and so many more. These movements are directly challenging the extreme greed and power of corporate capitalist interests and plutocrats in the contemporary global economy.

As part of these movements towards equitable societies, everybody concerned, including scientists and other professionals closest to the issues, should recognise the nature of the Gates Foundation. They should challenge its undemocratic influence and its implicit assault on the building and maintenance of welfare states, in the spirit of progressive and public-spirited professionals who in the last century resisted and constructively pressed the Rockefeller Foundation to respect socialist and other equitable redistributive welfare states.

International health in the 20th century was punctuated by the philanthrocapitalist's prerogative. This 21st century may well still be a (very) rich man's world, but rich men's agenda for global health need not be accepted. Scientists, scholars, activists, and all sorts of ethical thinkers, should some and work together for accountability and democratic decision-making in global health.

Acknowledgements and status

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Scholars and others who want to read Anne-Emanuelle Birn's full paper, which includes an extended version of the text of our first commentary, and with extensive referencing, *can do so now by accessing this link here.*

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