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Abstract

Elsewhere I have argued that, historically, the public and private funding of health care has been fueled primarily by four mixed motives, namely, the redemptive, the utilitarian, the prudential, and the charitable motives. In this paper, I further explore what I call the unifying moral force of the *philanthropic imperative*. The philanthropic imperative interfaces these four motives by potentially appealing to the consciences of wealthier Northern countries to provide medical resources to the sick and hurting in the typically poorer South. This, as a matter of our collective duty to others consistent with the teachings of Immanuel Kant, Thich Nhat Hanh, and Peter Singer, among others.

Essentially, the philanthropic imperative states that we have a duty to reduce sickness and suffering and promote, as generously as possible, the health of our fellow human beings. The philanthropic imperative thus invites individuals and governments to ponder the related questions: How ought we proceed to effectively and sustainably relieve the suffering of others? And why ought we give away valuable medical resources to the hurting in foreign countries, resources that we may eventually need for the welfare of our own citizens at some future date?

I conclude by confronting the twin objections from futility and from limited medical resources. At bottom, I indicate how the philanthropic imperative both transcends and overrides these objections and, in so doing, potentially strengthens the funding of both national and transnational public health care programs. Finally, the philanthropic imperative is shown to complement the environmental and public health goals of The Earth Charter.

Keywords

philanthropic imperative, international healthcare, medical aide

Disciplines

Philosophy

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Paul Carrick

Introduction

In this investigation, I explore the historical, cultural, and future significance of the Philanthropic Imperative for international healthcare funding. The *Philanthropic Imperative* states that we have a duty to reduce sickness and suffering and promote or restore, as generously as possible, the health of our fellow human beings. In addition, I aim to discover the roots of this principle for a deeper understanding of the conceptual frameworks that have moved individuals, communities, and nation-states to fund health care from ancient to modern times.

Elsewhere I have established that this preeminent humanitarian principle is implicitly at work in fostering health care funding on a national level (Carrick, 2007, p38-40). Now I expand my inquiry to the broader international level. So, I ask: if the Philanthropic Imperative were recognized and openly endorsed by the international community of nations, what would happen? If these nations continue to work together to achieve humane medical care through cooperative arrangements with each other, and with such groups as the World Health Organization, the International Red Cross, or Doctors Without Borders, would overall health care funding be enhanced by the global endorsement of the Philanthropic Imperative?

I argue that the answer to this question is a qualified “yes.” That is, the international endorsement of the Philanthropic Imperative -- which I take to be a sufficient condition at the heart of any humane program of publicly funded medical care -- would go a long way toward strengthening and sustaining sound programs of global public health well into the 21st century.¹

What is the Philanthropic Imperative?

Let us take a closer look at four powerful action-guiding motives that have supported the private or public funding of health care in Western Europe since at least the beginning of the Industrial Revolution around 1750. By way of illustration, the *redemptive motive* historically encouraged the funding of hospitals (or, in earlier times, hospices or related care-giving efforts) by those individuals or groups which aimed to win divine redemption for their souls, or the favor of heaven for their communities through the providence of God. Of these four motives, the redemptive is the only one which is manifestly religious in nature. The other three are ostensibly secular; yet they may also carry a religious connotation depending on context.

Second, the *utilitarian motive* is illustrated by the funding of strategically erected medical infirmaries for sick or wounded soldiers. The swift and efficient return of injured

warriors to the battlefield, or at very least their rapid replacement by fresh recruits, would help maximize and protect -- all things being equal -- the common good of any nation facing an aggressive enemy bent on war.²

In contrast, the *prudential motive* is somewhat narrower in scope. It aims to adopt an appropriate means by which to wisely and efficiently accomplish a specific end. For example, the prudential motive is illustrated in the funding and deployment of preventive medicine measures such as quarantines. Again, this involves the application of appropriate means to resist or halt a deadly epidemic terrorizing the land.

Finally, there is the *charitable motive*. For example, this motive has animated the funding of public health measures such as inoculations. Inoculations are but one example of providing medical goods or services often given freely to the masses by individuals or institutions experiencing a deeply felt impulse to render a helping hand to the sick and suffering. Or to succor, heal, or comfort those at risk of contracting the onslaught of a communicable or non-communicable disease. Hence, the charitable motive could also involve sponsoring public health warnings or general education campaigns designed to fight such scourges as syphilis, contaminated food, unsanitary drinking water, or ringworm.

In sum, uniting our quartet of acting-guiding motives is the humanitarian vision that good will toward one's fellow man involves consideration of a higher-order imperative, an imperative that draws upon some of our most deeply felt religious or secular sympathies -- namely, the Philanthropic Imperative. Again, it asserts that *we have a duty to reduce sickness and suffering and promote or restore, as generously as possible, the health of our fellow human beings*. Logically considered, I find that any one of these four motives constitute a sufficient condition to render some form of mutual aid. That is, if present, each one singly or jointly functions psychologically and morally to promote various types of individual, community, or institutional healing aimed at the relief of human suffering (Carrick, 2012, p56).

Furthermore, I contend that the Philanthropic Imperative embodies a unifying Hippocratic synthesis. To better appreciate this fact, recall the prescient words of the Hippocratic author of Precepts who, in 350 B.C.E. Greece, declared:

And if there be an opportunity to serving one who is a stranger in financial straits, give full assistance to all such. For where there is love of man [*philanthropia*], there is also love of the art (Carrick, 2007, p38).³

Nevertheless, it is fair to ask: what sort of meta-ethical theory supports and grounds the Philanthropic Imperative? For example, does it belong to the results-based utilitarian camp, the duty-based deontological camp, or the virtue-based eudaimonistic camp? My answer is that this eclectic imperative belongs to all three. The Philanthropic Imperative involves the commitment of *beneficence* entailing positive welfare duties to do good in the world associated with the utilitarian perspective. Also, it involves the duty of *respect for persons* entailing autonomy (self-determination) associated with the

deontological perspective. Lastly, it involves the virtue of *justice* (giving to each his due) associated with the positive character trait of integrity. Hence, “integrity,” as defined here, is a harmonizing, higher-order virtue encouraging truth-telling, promise-keeping, and fairness in the conservation and distribution of the Earth’s vital resources among the diverse peoples and nations of the world.

The Philanthropic Imperative: Promises and Challenges

But how practicable is the Philanthropic Imperative in solving real world problems? This question will be addressed shortly. First, are there specific philosophers or theologians who would find the philanthropic imperative acceptable? Indeed so. Among several that I could cite, Immanuel Kant, Thich Nhat Hanh, and Peter Singer come readily to mind.

Immanuel Kant

As for Immanuel Kant, did not this intellectual giant declare that acts of charity⁴ are only “imperfect duties”? This, since such acts cannot strictly speaking be required by his Categorical Imperative as acts performed from duty?⁵ Quite so. Yet Kant also allows that acts of charity are frequently morally praiseworthy. For if willed with pure intentions, charitable deeds treat others as “ends-in-themselves.”⁶ That is, as persons valuable in and of themselves and not as mere tools to our private ends. (Kant, 1785, p47-48). Thus, we see that the charitable motive associated with the Philanthropic Imperative would also be acceptable to Kant’s philosophy provided one’s motives are neither self-serving nor wholly results-based. Indeed, Kant would require that *respect for persons*, e.g., healing others for their own sake and not for ulterior motives, must be the moral caregiver’s primary motivation. Contrary to a common misinterpretation, then, Kant does not reject acts of beneficence but rather encourages them so long as these acts are determined by the moral law, i.e., his Categorical Imperative.

Thich Nhat Hanh

As for Thich Nhat Hanh, does not this Zen Buddhist monk teach that just as we live, breath, and act intentionally in the world, we can also be undone by what the Buddha called the three poisons: anger, greed, and ignorance?

Specifically, *ignorance* of the pain and suffering of others (not merely ourselves) is something we need to wake-up to. In addition, *greed* or selfishness can make us think we need more food, shelter, medical supplies, money -- than we actually do. Lastly, *anger* at our selves – because we are watering the unquenchable “seeds”⁷ of avarice, materialism, and hate within our bodies, instead of nurturing the life-affirming seeds of loving-kindness, compassion, and openness toward others -- causes us to be alienated from both self and other. Hence, this Vietnamese guru declares:

“The ‘right action’ is the action that results in the fires of hatred and violence being extinguished” (Hanh, 2005, p108).

So, it is fair to ask: what do the psychological dynamics of hatred, violence, alienation, anger, greed, and ignorance have to do with the validity of the Philanthropic Imperative? The answer is not far to seek. By acting with heartfelt charity, loving-kindness and compassion toward others, as the Philanthropic Imperative ideally requires, we must first put our own spiritual houses in order. That is, we cannot meaningfully attend at the national or international level to the medical and related needs of others -- giving away to others valuable resources we could keep for ourselves -- until we confront two profound questions invited by Thich Nhat Hanh's philosophy of non-violence:

First, are my philanthropic acts or intentions free of hate, suspicion, fear, or prejudice toward the stranger who is living and suffering in faraway lands, lands that I may never personally visit, inhabit, or explore?

Second, if I fail to provide medicine, food, shelter and related necessities to the hurting, suffering poor, often scratching out a bare subsistence living in the developing South, does my failure to act constitute or symbolize -- by omission -- a reflexive, indirect act of violence, carelessness, or disrespect toward "the least of these"?⁸

In sum, meditating on the implications of these two questions constitutes an essential preliminary step to a personal or institutional commitment to helping fund international health care programs as generously as possible. Taken together, they provide a vital exercise in promoting mindfulness and moral clarity for anyone aiming to approach the demands of the Philanthropic Imperative with a clear conscience, strong mind, and open heart.

Peter Singer

What about Peter Singer? Does not this Australian utilitarian philosopher and animal rights advocate espouse a personal and universal commitment to international charitable giving? This, to benefit the sick and suffering -- especially those experiencing extreme poverty? Indeed, Singer embraces the following altruistic principle:

If it is our power to prevent something bad from happening without thereby sacrificing anything of comparable moral importance, we ought, morally, to do it. (Singer, 1972, p230).⁹

Specifically, Singer suggests that each citizen who is financially able ought to donate at least 1 % of his or her annual income to international healthcare projects (Singer, 2016, p159). This is his bare minimum of suggested giving -- assuming one lives above the U.S. poverty line. (Singer adopts the World Bank's definition of "extreme poverty" as living on less than \$1.90 per day).

Furthermore, Singer's charity organization, called "The Life You Can Save," recommends and monitors approximately 20 specific charities that he urges everyone above the poverty line to consider supporting. In fact, for wealthy individuals, Singer advocates a much more generous scale of annual giving than merely 1 percent. He

advocates¹⁰ a sliding scale of philanthropy based on one's annual income that can top 10 percent.

In support of his philosophy, Singer discloses that he and his wife currently give one-third of their annual income to charity; he states that they would like one day to give one-half.¹¹ Singer observes: "At the UN Millennium Summit [in 2001], the nations of the world committed themselves to a set of targets, prominent among which was halving the number of people living in poverty by 2015" (Singer, 2016, p160). Thanks in part to the vigilant monitoring and vetting methods of "effective altruism," the upshot is that the current number of people dwelling in extreme poverty worldwide has dropped from over 1 billion people in 2001 to about 702 million in 2016. Most of these impoverished individuals are living in Africa and Southern Asia. Over one-third are children (Singer, 2016, p162, 174).

Hence, with thousands of children dying annually from poverty-related causes, there is obviously a pressing need internationally for safe food and secure shelter, clean drinking water and reliable sanitation, and immediate medical care against infectious diseases. So, looking to the Philanthropic Imperative, how much money should individuals, community organizations, or nation-states give?

For individuals, I contend that private citizens who are able should give at least 1% of their annual incomes to either national and international organizations such as those on Singer's preferred list. Such groups as the Salvation Army, International Red Cross, Doctors Without Borders, or World Health Organization would certainly qualify.

Moreover, almost all wealthier Northern nations ought to revise their annual budgets to provide significantly more international development, nonmilitary foreign aid than they currently do. Specifically, they should give vetted international charities at least 2 percent of their annual budgets. Yet few wealthier Northern nations are meeting this increased level of giving in 2016. Therefore, despite its fund-raising potential, the moral force and potential positive impact of the Philanthropic Imperative has so far yet to be realized. Still, I contend that were this principle openly discussed and embraced as a guiding ethical imperative by the world community of nations (which, obviously, has not yet happened), then the Philanthropic Imperative would gradually animate a positive increase in funding levels for international public health care programs of every stripe.¹²

The Earth Charter and Skeptical Challenges

In weighing the pertinence and fund-raising potential of the Philanthropic Imperative, it is instructive to recall that several key sections of The Earth Charter stand in overall agreement with its aims. But first, what is The Earth Charter?

According to Laura Westra, "The Earth Charter, as a cosmopolitan moral perspective, includes respect for the preconditions of life – a recognition of the interconnectedness of all life. [At bottom] . . . it emphasizes a respect for communities and peoples that is basic to global ethics. It is a declaration of fundamental principles for

creating a just, sustainable, and peaceful society in the twenty-first century” (Westra, 2012, p608).

Specifically, three passages of the Earth Charter speak to our mutual responsibility for promoting the health and welfare of all people, thereby tacitly intersecting with the basic aims of the Philanthropic Imperative.

First, under “Preamble,” the section on universal responsibility states: “To realize these aspirations, we must decide to live with a sense of universal responsibility, identifying ourselves with the whole Earth community as well as our local communities. We are at once citizens of different nations and of one world in which the local and global are linked. *Everyone shares responsibility for the present and future well-being of the human family and larger living world.*”¹³

Second, under “Ecological Integrity,” article 7e states: “*Ensure universal access to health care that fosters reproductive health and responsible reproduction.*”¹⁴

Third, under “Social and Economic Justice,” article 12 states: “Uphold the right of all, without discrimination, to a natural and social environment *supportive of human dignity, bodily health, and spiritual well-being* with special attention to the rights of indigenous peoples and minorities.”¹⁵ Hence, the mutual affinity of the Philanthropic Imperative and the Earth Charter cannot be ignored: together they invite opportunities for the enhanced funding of international public health care programs both at home and abroad.

But there is a serious sticking point. What about the problem of local government corruption? Skeptics scorn the combined efforts of international philanthropy, i.e., “foreign aid” as naïve, wasteful, and misdirected. This, because corrupt local governments sometimes steal these charitable contributions,¹⁶ depriving their own sick and suffering citizens of the medical care they so desperately need. Nevertheless, I concur with Thomas Pogge’s sobering rejoinder:

The populations of most of the countries in which severe poverty persists or increases do not ‘govern themselves’ poorly, but *are* very poorly governed, and much against their will. They are helplessly exposed to such ‘government’ because the rich states recognize their rulers as entitled to rule on the basis of effective power alone. We pay these rulers for their people’s resources . . . and we eagerly sell them advanced weaponry on which their continued rule all too often depends (Pogge, 2007, p540).

At bottom, when wealthy nations attempt to “explain away” the misery of chronically poor nations, such as Haiti or Liberia, as merely the result of local corruption -- thereby excusing themselves from any responsibility or any increase in philanthropy -- this frequently overlooks their own institutional co-dependency. If so, the enabling behavior of the wealthier nations must be exposed and corrected in order to fully restore trust and integrity to the philanthropic process. In addition, we are reminded that human

suffering associated with malnutrition and extreme poverty is not simply due to a lack of available food and water.¹⁷ Rather, the larger difficulties we face are: (a) enforcing effective altruism; (b) the timely and unobstructed distribution of life-sustaining resources; and (c) appropriate technology transfer (including education) to hurting men, women, and children wherever we encounter them around the globe. This is undeniably a tall order, one sure to test our most earnest and well intended philanthropic efforts.

Neo-Malthusian Objections and Replies

Any serious discussion of the merits of enhancing or increasing medical or food aid to distant people facing extreme poverty must confront the added, persistent objections of Neo-Malthusian critics such as the biologist and utilitarian Garrett Hardin (Hardin, 1974, p296-305). Hardin advances a lifeboat metaphor to champion at least two controversial objections to food or medical aid. The first I call his objection from futility. The second I call his objection from scarcity. Let's take them each in turn.

The *objection from futility* asserts that a thoroughgoing utilitarian analysis of the aftermath of food or medical aid to poor, overpopulated nations will show -- contrary to what many good Samaritans may think -- that in the long run it is morally justifiable to refuse such humanitarian aid to these drowning, impoverished people. Why? Because in consequence of receiving such aid, once they recover their health and strength, they will again procreate -- producing even more children. But producing even more children will tragically restart the vicious cycle of malnutrition and death all over again. For these recovering overpopulated peoples cannot survive beyond the carrying-capacity of their local environment. Tragically, as this vicious cycle of depletion and replenishment resumes, it causes an even greater balance of misery over happiness than if no food or medical aid had been rendered in first place. In short, seemingly praiseworthy efforts to rescue these drowning unfortunates actually make things worse, not better.¹⁸ Again, upon recovering their health and strength, these unfortunate people overpopulate and overuse their limited land, thereby unwittingly ushering in more starvation and more death.

Relatedly, the *objection from scarcity* asserts that wealthier Northern nations set themselves up for catastrophe if they give away their scarce reserves of food or medical supplies to the struggling poor. For don't wealthier nations need a secure stockpile of reserves for themselves? Don't they want to continue to flourish in the often hostile, unpredictable, Hobbesian world of finite resources? If so, by giving away their vital medical supplies, wealthier nations will almost certainly put themselves at greater risk of perishing. After all, they daily face the miserable poor swimming around their secure well-supplied lifeboats begging or threatening to climb aboard. Tragically, lending a helping hand or allowing the desperate poor to climb aboard could very well sink the Northern nations' own chances of survival.

These two objections are valid only if Hardin's "lifeboat metaphor," and related "environmental commons" analogy, are factually sound. But they are not sound. Indeed, Hardin's analysis commits the twin fallacies of oversimplification and hasty conclusion.

What is *oversimplified* becomes obvious when recalling that his lifeboat metaphor implies that wealthy Northern nations are existing as if they inhabit big isolated flourishing lifeboats. These comparatively secure lifeboats are separated by churning seas from the poorer floundering nations of the South. In contrast, inhabitants of poor nations are pictured as barely afloat, drowning before the very eyes of the wealthy. Yet wealthy and poor alike are tossed about in these vast oceans, the so-called “commons.” The commons represents finite resources of the planet (e.g., oil, pastures, fresh water) -- resources that are diminishing in unpredictable ways due to overuse and overpopulation.

Yet Hardin and his followers studiously ignore that individual nation-states today are rarely separated and isolated.¹⁹ That is, nations trade goods and services, communicate regularly, and harvest vital planetary resources together. Also, Hardin insists if we let the desperate poor climb aboard and partake of our food or medical resources, they will likely swamp our well-stocked, secure lifeboat. Therefore, if Northern nations act charitably, eventually rich and poor alike will drown by overloading and overusing vital resources. Again, nation-states North and South are interconnected as never before in history in trade, communication, commerce, security agreements, etc. Many of these agreements or treaties are backed by international law. Hence, Hardin’s analysis is over-simplified and uniformed. His lifeboat metaphor and related commons analogy is both doubtful and unsound.

In addition, Hardin’s *hasty conclusion* just here is also exposed. His heartless, non-interventionist argument rests on the assumption that he somehow knows in advance how many essential life-sustaining resources a wealthy nation needs to stockpile in order to ensure its own survival against future environmental catastrophes. But Hardin cannot know in this detail what awaits nation-states in their future environmental struggles. So, Hardin’s claim of doomsday consequences if wealthier nations extend medical or food-aid to struggling poorer peoples is over-determined. At bottom, Hardin not only over-presses his evidence in favor of heartless non-intervention. He also implicitly commits the related *fallacy of unknowable statistic*: he cannot really know in any detail what percentage of food and medicine a nation must stockpile to avert future environmental catastrophes.

The Philanthropic Imperative at Work

Given the lingering criticisms of Hardin and others who argue that programs of international foreign aid are largely wasteful, futile, and even dangerous -- due to a combination of human overpopulation, episodic intergovernmental corruption, vital resource depletion, and anthropogenic planetary degradation -- how can we in good conscience support increasing global levels of philanthropy required by the Philanthropic Imperative?

One possible answer comes from Microsoft billionaire Bill Gates. Along with his wife Melinda, they donate annually over one-half of their earnings to charities around the world through the Gates Foundation. In a brief article, Gates declares:

Foreign aid is often in the hot seat, but today the heat is cranked up especially high. The U.S. government, one of the world's most influential donors, is considering dramatic cuts to health and development programs around the world. I understand why some Americans watch their tax dollars going overseas and wonder why we're not spending them at home. Here is my answer. These projects keep Americans safe. And by promoting health, security, and economic opportunity, they stabilize vulnerable parts of the world . . . [Foreign aid is] protecting Americans, saving lives: aid delivers phenomenal benefits, and for a bargain. It represents less than 1 percent of the federal budget, not even a penny out of every dollar (Gates, 2017, p39).

In the main, I think Gates is right to stress the importance of American foreign aid related efforts which he fears may soon be decreased. Indeed, based on this investigation, the U.S. should consider doubling its foreign aid contribution to at least 2 percent. This suggested increase would be justified by that part of the Philanthropic Imperative which requires us to give "as generously as possible." Furthermore, I contend that the United States and other comparatively wealthy Northern countries should each increase their international public health care funding without necessarily looking for a *quid pro quo*. Gates declares that we can usually count on some positive return from our foreign aid investment. Again, he may be right. Yet we need to frankly acknowledge that there are no guarantees.

So, I ask: isn't there an even higher rationale, a higher *raison d'être* for aiding one's fellow human beings in dire straits? Especially the sick and the suffering trying to scratch out a living in impoverished environmental circumstances around the globe? Contrary to Gate's narrowly pragmatic, bean-counting rationale, isn't there something more sublime that wins our moral assent to the Philanthropic Imperative?

Indeed, I think there is. Immanuel Kant, Thich Nhat Hanh, and Peter Singer all remind us. The Earth Charter beckons us. And, indeed, as I have suggested here: charity is truly its own reward. Especially when the funding of public health care -- nationally or internationally -- is given freely, for the right reasons, with a calm mind and compassionate heart. Expecting nothing back in return. But working for positive change through direct action, mutual aid, and a commitment to the Philanthropic Imperative.

NOTES

¹ My conjecture is both normative and empirical. It is *normative* in that I define and defend the Philanthropic Imperative as a sound principle of ethics. It is *empirical* in that I hypothesize that if the Philanthropic Imperative were endorsed internationally, it would enhance and encourage global funding of public health care programs worldwide.

² The term “utilitarian” is being used in the pre-philosophical sense: an act has utility if it is thought to promote the common good. I am not invoking the classical utilitarian theories of Jeremy Bentham or J. S. Mill.

³ What do I mean by “philanthropy”? Philanthropy literally means “loving mankind” (from *phil* = love, and *anthropos* = mankind). Webster defines it as: (1) “good will toward one’s fellow man, especially as expressed through active efforts to promote human welfare;” or (2) “an act . . . of generosity; a contribution made in the spirit of humanitarianism” (*Webster’s Third International Dictionary*, 1965, p1697). See also: Carrick, 2001, p104-105; and Carrick, 2007, p38- 40.

⁴ By “charity,” I mean acts involving giving away to the other (including the stranger) things of real value, e.g., medical resources, food, money, tools, time, expertise, etc., that one could otherwise keep for one’s self.

⁵ An example of a “perfect duty” for Kant is paying back a personal loan one has promised to repay. To stiff the lender is behavior that could not be universalized as a maxim without logical contradiction. A non-consequentialist, ethical absolutist, and formalist, Kant would find any such cheating blameworthy: it fails to conform to his Categorical Imperative. See Kant, 1785, p18-19.

⁶ See Kant’s second form of his Categorical Imperative, which (paraphrased) states: Treat all persons as ends-in-themselves, never as mere means. See Kant, 1785, p46.

⁷ Hanh uses the colorful metaphor of life-affirming and life-destroying “seeds,” i.e., desires, volitions, choices, that enter into one’s consciousness. These become “seeds of conduct” only if we act on them. See Hanh, 2005, p60-61.

⁸ See *Matthew 25:40*. *Matthew* warns that God is especially on the side of the hurting and downtrodden, not the comfortable, self-satisfied elite. See also: *Leviticus 19:18*.

⁹ Singer’s impartial, altruistic principle has generated a rich swirl of debate. He confronts his critics at Singer, 2002, Chap. 5 “One Community,” p153-172.

¹⁰ For details, see Singer, 2017a.

¹¹ Singer, 2017b.

¹² As of 2016, the International Committee of the Red Cross is sustained by approximately 1.5 billion in Swiss Francs. The bulk of its field budget is currently expended in Africa (Ebola, malaria, HIV) and the Middle East (civil wars Syria, Iraq). It's revenue sources include governments (85.1%), the European Commission (9.7%), and public and private sources (3.2%). Operated by over 80 countries, it involves 17 million volunteers while upholding the humanitarian laws of the Geneva Conventions (1949). See: www.icrc.org.

See, too, the World Health Organization. Its 17 “sustainable development goals” include climate change (goal 13), equitable access to health care (10), and clean water and sanitation (6). See: www.who.org.

¹³ *Earth Charter*, 2000, p1, emphasis added.

¹⁴ *Earth Charter*, 2000, p3, emphasis added.

¹⁵ *Earth Charter*, 2000, p4, emphases added.

¹⁶ Pogge answers his many critics at Pogge, 2013, p536.

¹⁷ Easterbrook, 2009, p12.

¹⁸ See also: Hardin, 1986, p272-282.

¹⁹ Murdoch W. and Oaten, A, 1975, p307-308.

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