INTERNATIONAL TRADE AGREEMENTS: HAZARDS TO HEALTH?

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Since the 1980s, neoliberal policies have prescribed reducing the role of governments, relying on market forces to organize and provide health care and other vital human services. In this context, international trade agreements increasingly serve as mechanisms to enforce the privatization, deregulation, and decentralization of health care and other services, with important implications for democracy as well as for health. Critics contend that social austerity and "free" trade agreements contribute to the rise in global poverty and economic inequality and instability, and therefore to increased preventable illness and death. Under new agreements through the World Trade Organization that cover vital human services such as health care, water, education, and energy, unaccountable, secret trade tribunals could overrule decisions by democratically elected officials on public financing for national health care systems, licensing and training standards for health professionals, patient safety and quality regulations, occupational safety and health, control of hazardous substances such as tobacco and alcohol, the environment, and affordable access to safe water and sanitation. International negotiations in 2003 in Cancun and in Miami suggested that countervailing views are developing momentum. A concerned health care community has begun to call for a moratorium on trade negotiations on health care and water, and to reinvigorate an alternative vision of universal access to vital services.

The U.S. health care industry testified to the U.S. Trade Representative, in 2000, regarding the problems they hope to solve through free trade agreements that would, for the first time, cover health services (1):

> Historically, health care services in many foreign countries have largely been the responsibility of the public sector. This public ownership of health care has made it difficult for U.S. private-sector health care providers to market in foreign countries. [E]xisting regulations . . . [also] present serious

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> barriers in OECD countries, including restricting licensing of health care professionals, and excessive privacy and confidentiality regulations. In most emerging markets . . . barriers can be erected in the future as laws and regulations are enacted, absent commitments in writing.

Since the 1980s, neoliberal policies have prescribed reducing the role of governments, and relying instead on market forces, to organize and provide health care and other vital human services. In this context, international trade agreements are increasingly emerging as mechanisms to facilitate and enforce the privatization, deregulation, and decentralization of health care and other services, with important implications for democracy as well as for health.

As the excerpt above suggests, the focus on market forces in health is a distinct departure from a tradition dating back to the discovery that a contaminated water pump caused the London cholera epidemic of 1854 (2). This tradition recognizes a major role for publicly accountable policies and social programs to control disease and maximize the health of populations, by providing or assuring the quality of vital human services, housing, food, and water, by protecting economic security, and by assessing and preventing exposure to hazards.

The neoliberal agenda proposes reducing the role of governments in international trade as well as in domestic economic activity (3). Key measures to accomplish this include: restricting governments' ability to regulate; privatizing ownership and production of services and goods, and opening services to competition from private companies; reducing public funding and allocating public subsidies to private corporate recipients; shifting the burden for raising revenues for services from public subsidies to individuals, through cost recovery, user fees, or copayments; targeting remaining public subsidies to the poorest, creating a two-tiered system whereby people who can afford to pay receive one level of services and those who cannot receive a much more basic package and sometimes none at all; and decentralizating administrative and financial procedures to the state and local level, thus weakening central control at the national level and reducing the opportunity for financial cross-subsidization of services.

"Free" trade agreements take a similar laissez-faire approach to international trade. Historically focusing on trade in products, these agreements have created conditions that have supported the flight of jobs and industries to ever lower-wage environments. Coupled with funding cuts for services, the effects of these agreements have reverberated throughout the health care system, through a growing number of people without health insurance, increased demand on safety net providers, an inadequate public health infrastructure, global migration of health care workers, and uneven safeguards for quality.

"Free" trade advocates propose that these measures help states achieve fiscal discipline, and that free trade by international corporations increases economic growth, both of which lead to greater prosperity and therefore benefit health (4). Critics contend that they contribute to the rise in global poverty and economic

inequality and instability and therefore to increased preventable illness and death. Further, new trade agreements that cover vital human services such as health care, water, education, and energy provide a targeted threat to the infrastructure of public and social services that are a lifeline in both developed and developing nations (5).

Negotiated in secret, trade agreements have already transferred decision-making power over important health and environmental protections, and access to lifesaving medications, from elected officials and regulators to anonymous international trade tribunals concerned primarily with commercial priorities (6). Current negotiations could similarly transfer this power to decisions on public financing for national health care systems, licensing and training standards for health professionals, patient safety and quality regulations, occupational safety and health, control of hazardous substances such as tobacco and alcohol, and affordable access to safe water and sanitation.

While the present direction of trade negotiations is disturbing, international negotiations in 2003 in Cancun and in Miami suggested that countervailing views are developing momentum. This article reviews the implications of World Trade Organization (WTO) rules and trade agreements for health and health care, and what is at stake for democracy, with a particular focus on the General Agreement on Trade in Services (GATS) and the Free Trade Area of the Americas (FTAA), which are currently under negotiation. We explore the possible benefits and threats of increased trade in health services driven by commercial priorities. A concerned health care community has begun to call for a moratorium on further trade negotiations on health care and water, and to reinvigorate an alternative vision of universal access to vital services.

GLOBAL TRADE: DETERMINING THE RULES

International trade has been conducted for millennia, and global interdependence is a fact of life in the 21st century. Since the 1980s there has been a new level and accelerated pace of cross-border financial transactions and exchanges among interconnected multinational corporations, characterized as economic globalization, facilitated by advances in communication, technology, and transportation. In addition, there has been increasing control over the rules of trade by international agreements that encourage deregulated “free” trade, managed by international trade organizations and financial institutions.

The General Agreement on Tariffs and Trade (GATT), the precursor of the WTO, began with the Bretton Woods accords, which sought to stabilize the post–World War II economies of western Europe and set the framework for multinational trade agreements. The GATT imposed requirements that foreign and domestic goods be treated equally, a rule known as “national treatment.” It also required that if there was any trade at all by a corporation from another country, corporations from all other countries would have to be extended the same

treatment, a rule known as "most favored nation." Bretton Woods also led to the creation of the International Monetary Fund (IMF) and the World Bank, funded by donor nations. The IMF and the Bank orchestrated loans and sought to enforce economic policies in areas such as interest rates and public budget deficits.

Until very recently, liberalization of trade was understood to mean reducing economic measures such as tariffs and import quotas that are alleged to discourage competitive trade from foreign producers. Tariffs essentially add a tax to foreign goods or services, making them more expensive than domestic products. They are intended to protect domestic industries, and to encourage the sale of domestically produced products, by artificially imposing higher prices for imported goods. Similarly, government subsidies can provide support to particular national industries. Tariffs and subsidies have thus been portrayed as barriers to international trade, that therefore limit competition and economic growth; and, alternatively, as necessary protections to help emerging economies develop and accumulate resources.

In the 1994 round of negotiations, the loosely confederated GATT was succeeded by the World Trade Organization, a formal organization based in Geneva that aimed to consolidate international trade agreements. The WTO now includes 148 nations. The WTO has promulgated internationally binding trade rules that assure that a wide range of regulations do not constrain international commerce, including not only economic barriers such as tariffs but also regulations that governments may wish to adopt to safeguard public health, food and environmental safety, labor standards, and access to affordable medications, and to control hazardous substances such as tobacco and alcohol.

WTO agreements also moved from regulating commerce on such commodities as steel to facilitating privatization of vital services such as health care and water. WTO agreements include the General Agreement on Trade in Services, currently under negotiation, and the Agreement on Trade-Related Intellectual Property Rights (TRIPS). GATS covers social services such as health care, environmental services (drinking water and sanitation), research, and education, as well as commercial services such as banking and construction (7). It calls for countries to increasingly relax their own protective measures (a process referred to as "liberalization") on health care and other services by "committing" particular services to trade rules such as limiting standards for the quality of services, and dropping restraints on the number and types of service providers. Liberalization is intended to make it easier for foreign private corporations to compete. The process of committing services through GATS is largely secret and not officially open for public debate. The current round of negotiations on GATS is scheduled to conclude in 2005.

The TRIPS agreement, rather than encouraging competition, actually protects prices and products for companies such as the pharmaceutical and motion picture industries that generate "intellectual property." It has been used to

uphold patent protections for pharmaceutical companies, preventing companies in India and Brazil that manufacture affordable generic drugs from exporting them to developing countries, including those overwhelmed by the AIDS epidemic (8).

Other agreements with important implications for health include the Agreement on Agriculture, the Agreement on the Application of Sanitary and Phyto-Sanitary Standards (SPS), the Agreement on Subsidies and Countervailing Measures, the Agreement on Technical Barriers to Trade (TBT), and the Agreement on Trade-Related Investment Measures (TRIMS). The attempt to pass a Multilateral Agreement on Investment (MAI) failed in 1998, but the European Union continues to propose investment rules that would benefit financial firms while weakening nations' protections against destabilizing currency fluctuations and capital flight. Resistance to the investment rules by developing countries was a significant reason for the collapse of the biannual WTO meeting in Cancun in September 2003.

In addition to these "multilateral" international agreements, some countries are pursuing nation-to-nation "bilateral" agreements that incorporate the same principles, such as the recent agreement between the United States and Chile, and regional agreements, such as the European Union and the North American Free Trade Agreement (NAFTA) between Canada, the United States, and Mexico. These agreements can offer opportunities to facilitate trade among particular nations and also to harmonize regulations on safety standards, public subsidies, and government procurement processes.

The Free Trade Area of the Americas is a regional trade agreement that proposes to extend NAFTA to the other 31 nations of North and South America. It would cover more services more quickly and comprehensively than the GATS. However, a negotiating session on the FTAA in Miami in November 2003 ended without progress, as a number of developing nations supported Brazil in expressing serious concerns.

"FREE" TRADE AGREEMENTS NEGOTIATED IN SECRET

The Office of the U.S. Trade Representative, part of the Executive Branch, negotiates trade agreements on behalf of the United States. Negotiating positions are entirely confidential. A system of Advisory Committees is structured to represent businesses, with only cursory participation by public interest groups and no representation of public health. Advisory Committee members must also hold information confidentially and therefore are not permitted to consult with the public. Under the fast-track process, adopted in 2002, Congess cannot amend trade agreements, but can only vote an entire trade agreement up or down.

TRADE AGREEMENTS AND DEMOCRACY

Trade agreements not only impose a particular set of rules, which favor business concerns over social, environmental, and health priorities, they increasingly curtail the right and ability of nations to determine whether they wish to abide by them. Trade agreements supersede democratic decision-making by local, regional, and national governments, shifting the power to anonymous trade tribunals to decide which regulations may be permitted to stand. At issue is the role that democratically elected public officials and civil society will and should play in determining the rules of trade, and their own policy priorities.

The WTO is empowered to impose substantial financial penalties on member nations that it determines do not comply with its rules. Disputes about compliance are adjudicated by three-person tribunals that deliberate without public scrutiny and cannot be appealed. Government intervention in trade in the interests of social policy objectives can be disallowed by WTO tribunals. The WTO can override government prohibitions against purchases of goods made with child labor, for example, and has overridden prohibitions against buying tuna caught with a method that also snares dolphins.

The WTO has overturned national government decisions that would protect public health but conflict with another country's trade interests. For example, the European Union's ban on the sale of beef from cattle treated with artificial hormones was overturned by a WTO panel after complaints from the United States. The ban applied in a nondiscriminatory manner to both domestic and imported beef, as required by the WTO. However, while there is evidence of risk to humans from artificial hormones, there is not yet a precise scientific conclusion quantifying the risk from residual artificial hormones in beef. To justify its ban, the European Union relied on the precautionary principle, an important basis for public health policy, which asserts that potentially dangerous substances should be proven safe before they are marketed. The WTO ruled that the ban was illegal under the SPS, in part because it did not rely on a risk assessment process approved by the WTO, and authorized the United States to retaliate with sanctions against European goods (9).

Even the rare WTO decisions that have favored health have served largely to illustrate the problems with the system. One participant in adjudicating an asbestos case concluded that although the WTO economists accepted the public health justification for banning asbestos, for which there was well-gounded evidence, they did so despite a complete lack of expertise in science, medicine, or public health (10). Paradoxically, if the standard of evidence required in the asbestos case is used as a precedent for bans on toxic substances, it could be more difficult to defend the regulation of other toxic exposures for which harm is less well-established (11).

"INVESTORS' RIGHTS": CORPORATIONS SUE GOVERNMENTS FOR PROTECTING HEALTH

For the first time, the foreign investment chapter (Chapter 11) of NAFTA granted private companies the right to challenge laws and regulations ("measures") adopted by democratically elected governments and officials (12). Previously, only countries could bring complaints against each other. Any "measure" is subject to an override if a trade tribunal decides that it is not "necessary" or is "unduly burdensome to trade." Companies can sue for the loss of current or future profits, even if the loss is caused by a government agency prohibiting the use of a toxic substance. Damages are paid to winning corporations by the taxpayers of the losing country. This provision is also included in the FTAA.

A NAFTA tribunal awarded the U.S.-based Metalclad Company $16.7 million in its suit against Mexico (13). The state of San Luis Potosi had refused permission for Metalclad to reopen a waste disposal facility, after a geological audit showed the facility would contaminate the local water supply and after the local community opposed the reopening. Metalclad claimed that this local decision constituted an expropriation of its future potential profits and successfully sued Mexico.

The Methanex Corporation of Canada is presently suing the United States for approximately $1 billion, because the state of California banned the use of methyl tertiary butyl ether (MTBE), a gasoline additive shown to be carcinogenic when it leaks into ground water (14). Due in part to possible sanctions from this case, MTBE remains in use within California.

GENERAL AGREEMENT ON TRADE IN SERVICES: HAZARDS TO HEALTH

The goal of the GATS, a WTO agreement that applies to all 148 WTO member nations, is to "progressively liberalize" all services (7). Basic GATS rules automatically apply to all services for all WTO members. The language of one key rule, on Domestic Regulation, is still under negotiation and would require that regulations are no more burdensome than necessary to assure the quality of a service.

Through successive rounds of negotiations, WTO member nations also are encouraged to continually add to a growing list of services that will be subjected to particular additional rules that facilitate trade by private, foreign corporations. A key rule to which nations can commit is known as "market access." This rule restricts the ability to legislate or regulate the amount of services or how they are supplied. Since the United States has already committed hospital services under this rule, it could be used to challenge state and local regulations that have improved outcomes by distributing high-tech health care facilities, such as cardiac care units and neonatal intensive care, based on population need. If the United States agrees to a request from the European Union to cover the distribution of

alcohol, this agreement could be used to challenge protective restrictions, sought and won by communities, on the density of liquor stores in a neighborhood.

Likewise, rules on "national treatment," which require offering private foreign corporations the same treatment as domestic service providers, as well as sections on government procurement and public subsidies, could be used to challenge a range of programs and funding streams targeted to vulnerable populations and particular social objectives such as disproportionate share hospital subsidies. Unclear and contradictory language states that GATS rules are not intended to challenge national or subnational "measures to protect human, animal or plant life or health." However, it also states that such laws and regulations cannot discriminate against foreign corporations or serve as disguised barriers to trade. Similarly, public services "supplied in the exercise of governmental authority" are excluded from coverage, but these are defined as services "supplied neither on a commercial basis, nor in competition with one or more service suppliers." There is general concern that many public services would not meet a strict interpretation of this definition.

Negotiations on specific commitments by countries to open up trade in services on a sector-by-sector basis are conducted bilaterally (nation-to-nation) through a "request-offer" process. Most requests and offers have been kept secret. However, a leak to the press revealed that the European Commission, the trade arm of the European Union, has made significant requests of the United States to open up service sectors to trade by private corporations, including drinking water, distribution of alcohol products, the U.S. postal system, and loans from the Small Business Administration (15). The European Union has announced it will exclude its own health, education, energy, and water sectors from trade negotiations.

Leaked documents have also revealed that India, Mexico, and Paraguay all requested that the United States loosen its regulations on health-related services. India asked the United States to take additional steps to recognize the qualifications of Indian doctors, dentists, and nurses. Mexico and Paraguay asked the United States to remove a restriction that limits federal or state government reimbursement of medical expenses only to licensed, certified facilities in the United States or in a specified state. Mexico requested additionally that rules limiting the number and type of hospitals and health care facilities be removed.

Within particular services, a country can limit which "modes" it will commit to GATS rules. The four modes of service include:

Mode 1: Delivery of services across borders, such as telemedicine.
Mode 2: Provision of services to foreign consumers who travel to use them, such as marketing specialty "niche" hospital procedures to foreign patients.
Mode 3: Commercial presence, including foreign direct investment in the services of another country.
Mode 4: Movement of natural persons, including rules related to the temporary immigration of workers.

Agreeing to loosen constraints on foreign commercial activity in health insurance or health services, per mode 3, could substantially weaken publicly financed or regulated health care systems. Commenting on the threat to Canada's national health care system, the Romanow Commission recently noted, "Some fear the agreements will require governments to open up the delivery of health care services to private for-profit delivery by foreign health care companies" (16). The migration of clinicians (mode 4) raises several important questions, including international agreement on standards for professional training and practice, adequate availability of trained clinicians and service providers in countries that "import" and "export" such workers, and assurance of fair working conditions.

A report published by the Pan American Health Organization noted, "The increasingly global production and marketing of cigarettes has a major adverse health impact. Transnational tobacco companies . . . have been among the strongest proponents of tariff reduction and open markets. Trade openness is linked to tobacco consumption" (17).

LIBERALIZING TRADE IN SERVICES: SUMMARY OF THE ARGUMENTS PRO AND CON

Liberalizing trade in services is often justified on the basis of several key arguments (18), as summarized below.

1. *Free trade improves economic wealth and therefore health.* Economic growth and wealth are important underpinnings of population health and well-being. However, under the current rules, global trade has not improved economic growth or increased wealth for most people in Latin America. In Canada and the United States, economic benefits from trade are concentrated in large businesses and individuals who are already wealthy. Recent studies by the World Health Organization's Commission on Macroeconomics and Health suggest that, conversely, health is necessary to improve economic wealth. Protecting population health requires adequate funding for public health systems and universal coverage for personal medical care. Deregulation and privatization of health care have weakened public systems, accountability, and health. Safeguarding health includes assuring access to affordable medications, protection from harmful substances such as tobacco and alcohol, and effective standards for patient safety and for licensing health care professionals. All of these areas are weakened by trade agreements.

2. *Trade in health care presents economic opportunities for developing countries.* There is already substantial trade in health services among nations in the western hemisphere. Commercial activity predominantly benefits individual and corporate wealth, at the expense of social objectives such as expanded primary care systems. The net impact of global trade on population health will depend on the ability of each country to manage trade, including its regulatory environment.

3. *Private health insurance can reduce public expenditures for health, making systems more efficient.* Affiliates of U.S. health insurance companies established a significant presence in Latin America starting in the mid-1990s. The resulting privatization of formerly public health systems has diverted funds and other resources from critical health needs to administration (19). Copayments and other mechanisms have driven up the cost of care, increasing family spending on health care and presenting barriers to access.

4. *Privatization can expand access to water and other services in developing countries, and control costs in developed countries.* A multidisciplinary fact-finding mission and in-depth case studies have concluded that privatizing and deregulating water often result in harm to population health, through higher prices for water and increased water-related illnesses such as cholera. Similarly, deregulation of energy has led to higher prices and reduced access in both developed and developing nations.

TURNAROUND AT THE WORLD TRADE ORGANIZATION: DEVELOPING NATIONS FIGHT FOR A DEVELOPMENT AGENDA

The WTO is scheduled to convene a meeting of trade ministers every two years. The 1999 meeting in Seattle was a watershed event, collapsing in failure in the face of massive demonstrations by U.S. unions, decimated by industrial flight to lower-wage countries, in alliance with environmentalists and others. Successive rounds have exhibited increasing tensions between developed and developing nations. While the dominant economic power undoubtedly still resides with the "Quad" nations (the United States, European Union, Canada, and Japan), the growing economies of the South are exerting increasing political muscle. Factors at play in the realignment of positions include the spectacular failure of neoliberal programs in parts of South America and in much of Africa; the election or maturing of progressive regimes in Brazil, Argentina, Venezuela, and South Africa; and the economic engines of China and India (20).

As the 2003 WTO meeting opened in Cancun in September, the farmers' union leader Lee Kyung-hae took his life outside the meeting gates. His sacrifice dramatized the destruction of farming communities in South Korea, as wealthy nations dump heavily subsidized agricultural products on world markets at prices that even subsistence farmers cannot match.

With the global economy in a slump, all 148 countries in attendance in Cancun had a stake in the proceedings. Developing countries wanted the developed world to live up to commitments made in 2001 to lower agricultural subsidies, so that farmers in low-income countries could survive and compete. This position was largely resisted by the North. The United States' intention and ability to negotiate were undermined by the 2002 Farm Bill, which provided significant handouts to agribusiness. The European Union insisted on loading the proceedings with financial investment issues, over strong objections from the South. Such rules

can determine nations' ability to control their financial stability in the face of foreign capital shifts. Lax investment rules greased Argentina's slide into economic chaos, for example, but would make it much easier for E.U. investment firms to do business.

Just before the 2003 WTO meeting, the U.S. pharmaceutical industry resolved its lone opposition to a widely sought relaxation of the TRIPS agreement. The deal could in theory ease access to affordable medications in developing countries. The new agreement drew considerable criticism for maintaining complex barriers to lower prices, with the WTO serving as an arbiter (21).

The WTO's deliberately chaotic process, described by Chakravarthi Raghavan as "chasing a black cat in a dark room, blindfolded" (22), has made it easier, in the past, for the developed countries to get the deals they wanted. There are no agreed-upon procedural rules, and the texts that serve as the basis for formal negotiations do not reflect different positions on key issues. In Cancun, however, groups of developing nations—such as the "Group of 21+," which included powerhouses such as Brazil, South Africa, India, and China, representing more than half of the world's population and two-thirds of the world's farmers—banded together to advance proposals on important issues. A wide array of nations joined the ACP bloc that covers Africa, the Caribbean, and Pacific countries. A stated goal for the United States at Cancun was to encourage countries to add to the list of services that will be subjected to "free" trade rules. However, no new offers in services were forthcoming.

In the end, while all parties expressed disappointment with the lack of progress in negotiations, developing nations were clear that no agreement was better than a bad one.

BACKING OFF FROM THE FREE TRADE AREA OF THE AMERICAS

Acknowledging the failure in Cancun, U.S. Trade Representative Robert Zoellick pledged to pursue a similar policy agenda at the FTAA ministerial meeting scheduled for Miami in November 2003. The FTAA, which would expand NAFTA throughout the western hemisphere, including its investors' rights clauses, offers threats and opportunities for the United States and its co-chair for the FTAA meeting, Brazil. Brazil wants to sell its agricultural products to the United States and Canada, and also wants to export its generic drugs, desperately needed in other countries of the South. The United States and Canada want access to financial services, funds tied up in public health and pension programs, resources, and labor and markets in the South.

The scheduled three-day meeting did not make it past two days. Careful not to rupture relations with the United States, Brazil won a standoff that would allow any nation to opt out of any provision of the trade agreement. Brazil has stated its opposition to negotiating an agreement on services and intellectual property

(which affects pharmaceutical products) at the regional level, preferring to discuss these in the context of the WTO. The United States made no concessions on agricultural subsidies. In a replay of Cancun, the co-chairs announced an abrupt end to the meeting, this time a day early. The conspicuously overarmed Miami police, numbering about one for every four demonstrators, were left to talk to the press about whether they did or did not exhibit restraint.

BACKTRACKING TO BILATERALS

With the failures in Cancun and Miami, important proposals that affect the public's health and access to health care services are likely to proceed in even less publicly visible arenas. Trade Negotiating Committees will convene in private in Geneva and Mexico City to consider WTO and FTAA developments. U.S. trade negotiators have already announced their intention to pursue "free" trade agreements individually with less powerful nations such as Thailand, Bahrain, Morocco, and the Dominican Republic, and to push forward on the Central America Free Trade Agreement (CAFTA) with five Central American nations (23). Developed nations are positioned to exercise even greater economic and political power in bilateral arenas than in multilateral settings, where developing countries can forge alliances.

Australia's Pharmaceutical Benefits System, which has kept drug prices there at low levels, would be modified as part of the pending U.S.-Australia free trade agreement (24). Mark McClellan, while administrator of the U.S. Food and Drug Administration, highlighted the Bush administration's position that one important way to reduce the burden of high pharmaceutical prices in the United States is to induce other countries to pay more. This policy has the added effect of undermining the ability of U.S. residents to find foreign outlets where drugs are available at lower cost than U.S. prices.

Health care professionals, unions, and advocates are playing an increasingly active role in educating health care organizations and elected officials about trade and health. In the United States, despite the restrictions of the fast-track agreement, Congress can call for accountability and regular reports from the U.S. Trade Representative. The U.S. agreement with Australia on pharmaceutical drug pricing is drawing bipartisan concern from many members of Congress. Those members of Congress who consider themselves advocates both for free trade and for wider access to affordable health care are often surprised when informed about the health implications of free trade agreements. In August 2002, the California legislature approved Senate Joint Resolution 40, memorializing Congress, the president, and the U.S. Trade Representative that investment agreements such as Chapter 11 of NAFTA threaten democracy and should not be included in future trade agreements such as the GATS and the FTAA.

The results of elections for national leadership have clearly made a difference in the direction of negotiations in South America. Upcoming elections in the United

States offer an important opportunity to present concerns about trade and health to candidates of all parties.

A Call for Public Health Accountability in International Trade Agreements has drawn growing support from a wide range of health organizations and individuals internationally, including health professionals, public health groups, unions, women's health groups, tobacco and alcohol control organizations, AIDS activists and other disease-oriented advocacy groups, seniors, the religious community, and regulators and elected officials. The Call makes the following recommendations to leaders:

1. Assure that health takes priority over commercial interests.
2. Call for an assessment of the impact of the FTAA and GATS on population health, and ensure, based on such assessment, that these agreements do not have an adverse impact on health.
3. Exclude vital human services such as health care and water, and intellectual property rules that affect affordable medications, from trade negotiations and challenge under the FTAA.
4. Include public health representatives in the negotiating advisory process, and promote transparency and democratic accountability at all levels of trade negotiations.
5. Support enforceable commitments to advancing population health and to achieving universal access to health care, affordable medications, and safe, affordable water in the United States and internationally.

The implications of trade negotiations for democracy and for the public's health are troubling. Increased vigilance will be required, on multiple fronts and within a short timeline, to assure that health priorities take precedence over commercial concerns.

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