

**Remarks: Tom Whitney, CAFTA hearing, April 19, 2005, Portland, Maine
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Thank you for allowing me to speak here. I have four points to make. The first is that free trade agreements conflict with public health policies, especially those having to do with health care reform. Paradoxically, the conflict is being played out in a developed nation, Canada, where advantages enjoyed by multinational health service providers adversely affect national health services and insurance programs. They are seen as providing unfair marketplace competition. Domestic laws that restrict markets for health services, no less than for other commodities, are seen as barriers to trade.

Second, people in Central America are vulnerable to measures that interfere with already weak public health services. They suffer high rates of death and sickness from preventable and curable diseases, particularly poor people and the racially excluded. I will give some examples. The infant mortality rate, a measure both of the availability of health services and social support systems in place, remains high. Of every 1000 babies born, 30 to 36 babies die during their first year of life. In country areas and among poor people, the rates are much higher.

A few years ago my wife and I visited in Chiapas in Southern Mexico. The infant mortality rate there approaches 70 babies dead per 1000 births. We were making pediatric rounds in one of the two hospitals in the large city of San Cristobal. In Maine I used to take care of 3- 4 children with bacterial meningitis each year. I asked Dr. Rosquillas how many such cases he saw. "Almost none" he said. People live too far away, up in the hills, and they die before they arrived at the hospital. And he was serving a huge population. He might have added that families stayed away because they can't afford the care and his hospital didn't have the personnel and services to care for such sick babies.

Three, to win their fight against preventable, curable illnesses, people such as "los indios" of Chiapas, like billions of poor people worldwide, need comprehensive health care services available to all. I suggest that, just like in Canada, free trade agreements are likely to interfere with efforts to build a health care system that serves all people's needs. For example, I could envision that for meningitis babies in San Cristobal X-ray services, drugs, respirators, IV equipment, and vaccines might, if free trade agreements go into effect, become available only through transnational enterprises. Those entities could agitate at the political level, claiming that under free trade agreements, the provision of these absolutely essential items for free, or at reduced prices, would cut into their market.

One more observation about Chiapas: I grew up on a dairy farm, and I know about the loss of topsoil. NAFTA has benefited big farmers, the ones who sell on the national and international markets, beef cattle operations, for example. They bought out the holdings of the *campesinos*, who had to move to the sides of mountains to plant corn on land that should not be farmed. Topsoil is soon gone from their small patches, and they move off to one side. One can identify the old areas by the rocks jutting out after the topsoil cover is gone. I suggest that for families

to lose land, to no longer be able to raise crops, has grave implications for the health of children.

I was working in a clinic in the Dominican Republic once. A woman suffered from clubfoot birth defect, very severe. The foot turned so much that at age 27 she was walking on the bare tibia bone. She needed a prosthetic limb, probably available through a multinational corporation at prices much too high for the almost non-existent Dominican public health services to provide.

I will finish this, my main point, by suggesting that to have health care that is competent, available, and accessible for all people, rich and poor; Black, white, and indio, a nation needs to provide health care on a public basis. Nations already under severe financial distress due to loan obligations operate under World Bank strictures to give up what their own people need for life and survival in order to pay foreign lenders and foreign vendors. This is the environment where free trade agreements take root and is one where the prospects for health care for all are grim.

The example of Cuba, where we have traveled, is instructive. There is no oxygen there for free trade agreements. People in Cuba have the constitutional right to health care. Health care is provided entirely through a public health system that combines prevention and curative medicine. Life expectancy there is the same as in the United States, far better than that of Black people here. The infant mortality, at 5.8 babies dying out of every 1000 born, is second in the Western Hemisphere only to Canada's rate. The U.S. rate is 7.0. For African Americans, the rate is 14.

My fourth point is that money should not be the only measure of the effect of CAFTA on Maine people. People ask of the poor world, "why do they hate us so?" One part of an answer, I suggest, is that they see North Americans as connected primarily with schemes and operations that make money. And that's a message that, as regards health care, means that people are disposable. That's how our brothers and sisters in a world we share with them understand this message.