

Global

HEALTH is a human RIGHT!

Wednesday, May 21
7:30-9:30pm

Doors open 7:15pm

Ottawa Marriott Hotel
100 Kent Street

A discussion of globalization and health, with:

Maude Barlow
the Council of Canadians

Dr. James Orbinski
Doctors without Borders

FREE!

Introductory remarks by Jean-Louis Roy,
President, Rights & Democracy

Call (613) 233.7440 ext. 12 for details.

Presented by:



Canadian Labour Congress
Congrès du travail du Canada



Interagency
Coalition on AIDS
and Development
Coalition
interagence sida
et développement



Droits et Démocratie
Rights & Democracy

Centre international des droits de la personne et du développement démocratique
International Centre for Human Rights and Democratic Development



THE
COUNCIL
OF CANADIANS
LE
CONSEIL
DES CANADIENS



Global Health is Human Right! A National Civil Society Summit

May 21, 2003

Major Canadian Organizations to Join Forces to Seek Solutions to Global Problems Around Access to Treatment and "Health for All"

One person in three on this planet cannot access medicine when they are sick. A number of Canadian organizations will bring top notch Canadian and international speakers to seek solutions to access to treatments issues, knowing that the prevention strategies and treatments to save lives exist.

The Canadian Labour Congress, Canadian HIV/AIDS Legal Network, Médecins sans Frontières, the Council of Canadians, Rights & Democracy, the Interagency Coalition on HIV/AIDS and Development, the Canadian Union of Public Employees, and the United Steelworkers will host a wide range of Canadian organizations to discuss global health. The Summit will address health policies as they relate to globalization, development, and poverty under these key areas:

- The Impact of Trade and Globalization on Commitments to Achieve "Health for All"
- Financing Global Health: Canada's Official Development Assistance, the Global Fund, and Debt Cancellation
- Corporate Social Responsibility in Supporting Public Health in Developing Countries

The Summit will take place simultaneously to the World Health Assembly in Geneva, and will address issues of development assistance and Global Fund commitments relative to the June G8 meeting in France, and the issues of access to medicine that will be at the forefront of the September WTO Ministerial Meeting in Cancun, Mexico.

What: "Global Health is a Human Right! A National Civil Society Summit"
Canadian Speakers:

- Ms Maude Barlow, National Chairperson, Council of Canadians
- Dr. James Orbinski, University of Toronto and MSF/Doctors Without Borders
- Kathleen Connors, President, Canadian Federation of Nurses Unions & Chairperson, Canadian Health Coalition
- Barbara Byers, Vice-President, Canadian Labour Congress
- Scott Sinclair, Canadian Centre for Policy Alternatives
- Janet Hatcher-Roberts, Director, Canadian Society for International Health
- Pam Foster, Halifax Initiative

International Speakers:

- Kingsley Moghalu, Head of Resource Mobilization and Global Partnerships, the Global Fund to Fight AIDS, Tuberculosis and Malaria in Geneva, Switzerland
- Michel Lotrowska, Access to Essential Medicines Campaign Co-ordinator, MSF Brazil
- Peter Bailey, National Union of Mineworkers, South Africa
- Moussa Tchangari, Groupe Alternative, Niger

- Dora Martinez, Health Workers Union representative, ATE-CTA, Argentina

Where: Ottawa Marriott Hotel, 100 Kent Street, Ottawa, ON, Ph: 613-238-1122

When: WEDNESDAY, May 21 9A.M. – 9 P.M.

THURSDAY MAY 22, 9A.M. – 5P.M.

Several speakers will be available for interviews with media

PUBLIC FORUM

Global Health is a Human Right! A National Civil Society Summit

The Summit opens its doors to the public for an evening of speakers. Maude Barlow of the Council of Canadians, and Dr. James Orbinski of Medecins Sans Frontieres /Doctors Without Borders, will discuss globalization and health. Everyone welcome!

Wednesday, May 21st

7:30-9:30pm; doors open 7:15pm

Ottawa Marriott Hotel, 100 Kent Street

Free Admission!

Maude Barlow's Speaking Notes

COLLUSION: CANADA'S ROLE IN THE GLOBAL AIDS CRISIS

MAUDE BARLOW'S SPEAKING NOTES FOR
GLOBAL HEALTH IS A HUMAN RIGHT! A NATIONAL CIVIL SOCIETY SUMMIT - MAY
21, 2003

When we look at the severity of the atrocities we are gathered here to ponder, it is tempting to see them as an act of God. How else to explain the lack of interest by the vast majority of Canadians in the suffering of so many? There are more than 32 million men, women and children infected with HIV/AIDS in developing countries; this year alone, a whole generation in some devastated countries will be wiped out. SARS, terrorism, the war in Iraq, mad-cow disease— all the issues that fill our media – pale in comparison on the horror scale. Only the lack of access to clean water comes anywhere close in comparison. Every 8 seconds a child dies of water-borne disease - a mind-numbing statistic of the same outrageous category. File under “f” for forget. Let's exercise our collective “right not to know” because it is all too painful. As Margaret Atwood reminds us, “The world seen clearly is seen through tears. Why ask me then what is wrong with my eyes?” Easier not to look.

We are here tonight, however, to speak this truth: these deaths are preventable. With a concerted effort by an engaged and enraged international community, we could radically ease the suffering of millions on our way to eradicating AIDS forever. Why then, in spite of the United Nations Declaration of Commitment on HIV/AIDS

and the establishment of both the Global Fund and an international action plan, as well as scores of international meetings, is the situation getting worse?

The answer is the second truth that we must speak tonight: our governments, including the Canadian government, say one thing and do another. While mouthing all the right pious platitudes, they have formed a global royalty surrounding and protecting a set of corporate interests historically unprecedented in their power. The suffering of millions is, for the global royalty, an unfortunate but inevitable by-product of this power and the ideology behind it.

Corporate-driven globalization has brought to the world a new form of colonialism and slavery – what Vandana Shiva calls global economic apartheid. It has created a form of war – against diversity, of big against small, of rich against poor, of war-time technologies against nature. These are wars of peacetime, occurring daily in the lives of billions, expressions of a system that puts profit above life, commerce above justice, and corporate power above community. The basic antiretroviral drugs taken for granted in the West would keep millions alive and leading productive lives; but the price tag of U.S.\$10,000 to \$15,000 a year is well above the annual income of most people in the Third World. Tragically the answer - access to cheaper generic drugs - is opposed by one of the most powerful lobbies of all time.

The pharmaceutical industry is dominated by a handful of giants – Merck, Pfizer, GlaxoSmithKline, Eli Lilly, Bristol-Myers Squibb, Johnson & Johnson – and they wield enormous clout. There was a time not long ago when these corporations were merely the size of nations. Now, after a frenzied three-year period of mega-mergers, they are behemoths that outweigh entire continents. The combined worth of the top five is twice the combined GDPs of all of the countries of sub-Saharan Africa. The drug industry is far and away the most profitable major industry in the U.S. Last year, the pharmaceutical industry in the U.S. topped all three of the Fortune 500's measures of profitability, making this the third record-breaking decade for the industry. While overall profits fell by 53%, the drug companies' profits soared by 32%.

The drug companies operate like a cartel, seeking to exercise monopoly control. They were the key influence in inserting intellectual property rights in global and regional trade deals and are perhaps the best evidence that free trade is anything but. For these giants do not seek a competitive, open international drug market, but a closed and protected monopoly for their products. Their U.S. lobby arm, the Pharmaceutical Research and Manufacturers Association, spent an unprecedented U.S. \$197 million to elect Republicans friendly to free trade in the 2000 U.S. presidential election, making it the biggest and costliest corporate election campaign in U.S. history. Employing 625 high-paid lobbyists (more than the 535 members of Congress), the lobby targeted 26 House races, losing only four. It muscled in again in the November, 2002, Congressional elections, ensuring that only candidates supporting their opposition to the Doha agreement would be elected.

They have the same kind of power base in Canada. Eight of the top ten drug companies in Canada are foreign-owned brand-name corporations. They account for almost 90% of drug sales revenue and spend well over a billion dollars every year to promote their products. The Canadian lobby, Rx&D – formerly the Pharmaceutical Manufacturers of Canada – was the key player behind the passage of C-91, the NAFTA-compatible law that repealed Canada's compulsory licensing system and

extended monopoly protection to twenty years. As a result, Canadian drug prices soared – up 342% in just 15 years – as did the market share of patent drugs.

While in opposition, the Liberals took a strong position against monopoly patents for these privileged companies and Jean Chretien made C-91 an election issue in 1993. Brian Tobin called the Mulroney Tories “back-room muggers” and said that the bill would “rape Canadians daily in the cost of their drugs...and cause festering wounds inflicted on the exposed ankles of the Canada’s poorest citizens.”

By the time the party got to its promised 5-year review, however, it had become entwined in an incestuous relationship with the big drug cartel. Health Minister Dave Dingwall made it clear that the whole review had been a sham; because of NAFTA, Canada would never consider tampering with drug patents he said. Reminded of his earlier position, by now Industry Minister, Brian Tobin joked at a 2001 hearing that the new drug regime had created a “very effective ankle cream... the ankles of this country are in very good shape.”

Now firmly ensconced in a position of great influence, the patent drug companies in Canada call the shots. They are seeking the right to advertise drugs directly to consumers, as they do in the U.S. and to protect their privileged position at the Health Protection Branch of Health Canada. They don’t want government to tamper with their “right” to keep a generic company in court for two years simply by alleging patent infringement. But top of their list is to continue to block the export of Canadian generic drugs to the Third World. These are the same companies, remember, who retained virtually every patent lawyer in South Africa in their WTO dispute to block generic imports several years ago.

So it is little wonder that Canada is supporting a TRIPS-plus regime at the upcoming FTAA negotiations where the drug companies are seeking a patent extension to 25 years. Or that Canada is a cheerleader for GATS, exposing medicare to the cold shower of international competition in order to promote its fledgling health care industry abroad. Or that International Trade Minister Pierre Pettigrew backed off his promise not to extend NAFTA’s Chapter 11 investment provisions to the rest of the hemisphere the moment George W. Bush had a “word” with Jean Chretien at the Summit of the Americas in Quebec City three years ago.

In fact, in foreign policy, and increasingly in domestic policy, the Canadian government has abandoned any pretence of progressive policy – the recent war being a welcome exception- and embraced the Washington Consensus in all its facets. The tragic consequence of the collective adoption of this ideology in the West can be seen in the townships and favellas of the Third World. The single most important action we civil society groups of the QUAD countries can do in this global struggle against HIV/AIDS is to fight our own governments and corporations and the policies and ideologies they are forcing on an increasingly divided world. This is global class warfare; it is clear which side the Canadian government has taken. Let us make it equally clear where our movement stands.

For here is the third hard truth tonight: because our governments no longer even attempt to appear fair, and listen only to the voice of their corporate elite, civil society - ordinary people - are the only chance the world has for a system of real and sustained social justice. We are going to have to become what some commentators called “the other superpower,” referring to the massive street protests that gathered

on the eve of the recent war. We must renew our fight against the WTO, the GATS and the FTAA – something we have let slide in recent years – and challenge the immoral power and monstrous greed of the patent drug transnationals.

The suffering of millions with AIDS is not inevitable; it is the natural consequence of a system based on winners and losers. A system that has lost its soul. A system that is destroying the planet in the name of economic freedom. Everything is for sale in their world – the fish before they are caught; the rain before it falls; the seed deep in the forest; the very building blocks of life. It cannot be sustained. Unlimited growth has the same DNA as the cancer cell. We will not stop the suffering of millions of AIDS-afflicted people until we confront corporate-driven, pro-privatization globalization. To confront this system is our greatest task. It will take the rest of our lives ; but then, what else have we to do?

Links

Background Declarations, Statements, and Charters

Alma Ata Declaration for "Health for All":

<http://www.who.int/hpr/NPH/docs/DeclarationAlmaAta.pdf>

"Standing Together for Medicare: A Call to Care", the joint statement from CLC and CHC conference on Oct 12, 2001: <http://www.healthcoalition.ca/chc-romanow.pdf>

Declaration of Action (25 Aug 2002) from the launch of the Pan-African HIV/AIDS Treatment Access Movement:

http://www.globaltreatmentaccess.org/content/press_releases/02/082202_PTM_PP_PLAN_ACT.pdf

People's Health Charter from the People's Health Movement:

<http://phmovement.org/pdf/charter/phm-pch-english.pdf>

The Declaration of Commitment on HIV/AIDS from the UN General Assembly Special Session (June 2001): <http://www.un.org/ga/aids/docs/aress262.pdf>

HUMAN RIGHTS

Statement to the 3rd Ministerial Conference of the WTO, by the UN Committee on Economic, Social and Cultural Rights (1999)

[http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/E.C.12.1999.9.En?Opendocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/E.C.12.1999.9.En?Opendocument)

General Comment No. 14: "The Right to Health" of the UN Committee on Economic, Social and Cultural Rights (2000) at:

[http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4,+CESCR+General+comment+14.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4,+CESCR+General+comment+14.En?OpenDocument)

Revised Guideline 6 of HIV/AIDS and Human Rights: International Guidelines (on access to HIV/AIDS prevention, treatment, care and support) at:

[http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/E.C.12.1999.9.En?Opendocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/E.C.12.1999.9.En?Opendocument)

Commission on Human Rights -- 2003 resolutions: "Access to medication in the context of pandemics such as HIV/AIDS, tuberculosis and malaria"
http://www.unaids.org/whatsnew/conferences/unhchr59session/AdoptedCHRresL33_%20Access_en.pdf

"The right of everyone to the highest attainable standard of health"
http://www.unaids.org/whatsnew/conferences/unhchr59session/AdoptedCHRresL32_%20Righttohealth_en.pdf

TRADE

FTAA MSF comments on second draft of the FTAA-ALCA text 28 February, 2003
<http://www.accessmedmsf.org/prod/publications.asp?scentid=4320031157162&contenttype=PARA>

The Declaration on the TRIPS Agreement and Public Health
http://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_trips_e.htm
(English)

http://www.wto.org/french/thewto_f/minist_f/min01_f/mindecl_trips_f.htm (French)

<http://www.aidslaw.ca/Maincontent/issues/cts/Patents-international-trade-law-and-access.pdf> (English)

<http://www.aidslaw.ca/Maincontent/issues/cts/Patents-international-trade-law-and-access.pdf> (French)

GTAG letter of 17 December 2002 to Government of Canada re TRIPS post-Doha negotiations:
<http://www.aidslaw.ca/Maincontent/issues/cts/letter17dec2002.pdf> (in English only)

"Prescription for Pain", editorial by James Love, Consumer Project on Technology, Le Monde Diplomatique, March 2003 at:
<http://lists.essential.org/pipermail/ip-health/2003-March/004508.html>

"Free Trade and Medicines in the Americas" by Robert Weissman, Essential Action Foreign Policy in Focus, vol 6(13), April 2001
<http://www.fpif.org/briefs/vol6/v6n13meds.html>

"Fatal Imbalance: The Crisis in Research and Development for Drugs for Neglected Diseases". A report by the MSF Access to Essential Medicines Campaign and the Drugs for Neglected Diseases Working Group. Report shows near empty pipeline of drugs for diseases of the world's poor. Virtually no new drugs are being developed for diseases that predominantly affect the poor, according to "Fatal Imbalance", a report issued today by MSF.
<http://www.msf.org/source/access/2001/fatal/fatal.pdf>

GLOBAL FUND

AIDSPAN page on the Global Fund, including information from the Global Fund Observer <http://www.aidspace.org/globalfund/index.htm>, and in particular the paper:

"How Much Money Does the Global Fund Need? How Much Does it Have?" (24 March 2003) that is downloadable from there

"Africa Shortchanged" The Global Fund and the G8 Agenda, By Marc Lee

<http://www.policyalternatives.ca/publications/btn4-4.pdf>

ODA & DEBT

International Development Community Applauds Foreign Aid Increases: CCIC applauded the increases in foreign aid spending in a news release issued on February 18, immediately following the budget announcement. In the release CCIC said that "foreign aid spending, derailed for over a decade, is finally back on track" and that the "Prime Minister has fulfilled his commitment to an 8 per cent increase." Foreign aid spending received an \$820 million increase to the base for the International Assistance Envelope by 2004/05 and a cumulative increase of \$1.8 billion available for new spending. "The bar has been raised today," said Gerry Barr, President and CEO of the Canadian Council for International Co-operation. Calling for this increase to be sustained, Barr added "this is also a challenge to the Prime Minister's successor who will need to show that what was announced in the budget is not just a good beginning, but also a reliable one." The CCIC news release and budget analysis document are both available on the CCIC web site at www.ccic.ca.

The Federal Budget Plan for 2003 -- Fulfilling Canada's Commitment to Increase Aid by 8%. Analysis by CCIC's Policy Team (February 2003) (PDF Format)

<http://www.ccic.ca/devpol/Federal%20Budget%202003/The%20Federal%20Budget%20Plan%20for%202003.pdf>

MSF Briefing Document for G8, Evian, France 5 May, 2003

<http://www.accessmed->

[msf.org/prod/publications.asp?sctid=55200393522&contenttype=PARA](http://www.accessmed-
msf.org/prod/publications.asp?sctid=55200393522&contenttype=PARA)

CORPORATE RESPONSIBILITY

S Rosen & JL Simon. "Shifting the burden: the private sector's response to the AIDS epidemic in Africa." *Bulletin of the World Health Organization* 2003; 81(2): 131.

[http://www.who.int/bulletin/pdf/2003/bul-2-E-2003/81\(2\)131-137.pdf](http://www.who.int/bulletin/pdf/2003/bul-2-E-2003/81(2)131-137.pdf)

GENERAL/MISCELLANEOUS

Series of UNAIDS Fact Sheets on Global HIV/AIDS Epidemic

<http://www.unaids.org/worldaidsday/2002/press/index.html#facts>

Fact sheet "Meeting the Need" at:

http://www.unaids.org/worldaidsday/2002/press/factsheets/FSneed_en.doc

(English)

http://www.unaids.org/worldaidsday/2002/press/factsheets/FSneed_fr.doc (French)

"Access to Treatment and Care in Africa: Policy Advocacy for the G8 Summit in Kananaskis (Canada), June 2002 -- Ideas for Canadian Advocates"

<http://www.aidslaw.ca/Maincontent/issues/cts/policyadvocacydocument-G8.pdf> (I think this is in English only, but check ICAD website for original English URL and the French one if it exists)

"Look at Brazil: The world's AIDS crisis is solvable."

by Tina Rosenberg, New York Times Magazine, 28 January 2001

<http://www.nytimes.com/library/magazine/home/20010128mag-aids.html> (English only)

"Community-based approaches to HIV treatment in resource-poor settings."

Paul Farmer et al. The Lancet 2001; 358: 404.

(requires free on-line registration to access; gives example from Haiti of successful use of ARVs in the poorest country in hemisphere)

http://pdf.thelancet.com/pdfdownload?uid=llan.358.9279.editorial_and_review.17087.1&x=x.pdf

"Brazil: A Model Response to AIDS."

by Pascual Ortells, Special Report in Americas Policy, April 2003

<http://www.americaspolicy.org/reports/2003/0304aids.html>

"Access to HIV/AIDS Treatment in Developing Countries"

The vast majority of people in developing countries who are living with HIV/AIDS are unable to access life-saving treatment for HIV infection and related opportunistic infections. This problem is not unique to people living with HIV/AIDS; it affects all people with serious diseases and conditions. http://www.icad-cisd.com/content/factsheet_detail.cfm?id=11&lang=e

"Access to Treatment and Care in Africa for HIV/AIDS and Other Diseases"

Although AIDS has made it onto the international agenda, it continues to require greater political and financial commitment, as well as a shift in the global trade order. UNAIDS describes HIV/AIDS as "the biggest threat to (Africa's) development in its quest to bring about a renaissance." The chief of the World Health Organization (WHO) has stated: "Disease is a drain on development; conversely, investments in health care are a concrete input into economic development." http://www.icad-cisd.com/content/factsheet_detail.cfm?id=33&lang=e

Massive Effort: A Global Campaign Against HIV/AIDS, TB and Malaria

<http://www.massiveeffort.org/>

Alternatives to Fatal Imbalance, Overcoming the Crisis in R&D for Neglected Diseases, Rio de Janeiro, Dec 2 2002, Public Event 2 December, 2002

<http://www.accessmed->

[msf.org/prod/publications.asp?sctid=2822003143397&contenttype=PARA](http://www.accessmed-msf.org/prod/publications.asp?sctid=2822003143397&contenttype=PARA)

The Drugs for Neglected Diseases Initiative (DNDi): An Innovative Solution 19 February, 2003

<http://www.accessmed->

[msf.org/prod/publications.asp?sctid=19220031120226&contenttype=PARA](http://www.accessmed-msf.org/prod/publications.asp?sctid=19220031120226&contenttype=PARA)

International meeting on a global framework for supporting health research and development (R&D) in areas of market and public policy failure [presentations] 5 May 2003

<http://www.accessmed->

[msf.org/prod/publications.asp?sctid=5520031444394&contenttype=PARA](http://www.accessmed-msf.org/prod/publications.asp?sctid=5520031444394&contenttype=PARA)

HIV/AIDS patient stories: Report from the field: Hope in small doses (HIV/AIDS in Mozambique) 1 February 2003
[http://www.accessmed-
msf.org/prod/publications.asp?sctid=532003117187&contenttype=PARA](http://www.accessmed-msf.org/prod/publications.asp?sctid=532003117187&contenttype=PARA)