The US-EU trade and investment treaty, which has been under negotiation—long kept secret—in Brussels since 2013, casts many shadows on topics that are of primary importance for people’s health.

An article in Epidemiologia & Prevenzione analyzes the treaty from the point of view of public health, examining the aspects that may negatively affect food quality, as well as people’s access to healthcare, policies to combat climate change, and the very sovereignty of individual European countries in their choice of their healthcare system.

Thus, the TTIP looms as a threat not only to the health of individuals, but to democracy itself in Europe.

In their article “The potential impact of the Transatlantic Trade and Investment Partnership on public health”, published by Epidemiologia & Prevenzione, the Italian Epidemiology association’s journal, authors Roberto De Vogli and Noemi Renzetti (UC Davis, USA) review the various TTIP chapters which could have an impact on the safeguard of the health of European citizens.

The TTIP, a European version of free-trade deals (NAFTA and TPP) already in place on the other side of the world, is a complex treaty. The authors analyze the possible effects of its introduction on public health, meticulously probing the text, comparing the opinions of supporters and critics, and providing concrete examples to corroborate their analysis.

ACCESS TO DRUGS AND HEALTHCARE

In theory, by favouring exchanges between the two sides of the Atlantic Ocean and promoting greater cooperation between the governmental agencies superintending drug policies, the TTIP could improve scientific cooperation in pharmacological research and reduce the duplication of processes. But the chapter on intellectual property and its trade aspects, which extend the monopoly of patents, would lead to an increase in the price of drugs and, ultimately, reduced access to care, especially for the disadvantaged.

That is not all. A possible threat comes from the chapter on services which, besides calling for the opening of public healthcare services to competition, including private competition, contains a “ratchet clause” which prevents countries that have privatized their healthcare services to make them public again, which amounts to “a serious violation of the freedom of nations to choose their preferred healthcare system”.

ALCOHOL AND TOBACCO CONSUMPTION

Several episodes which occurred in various parts of the world show that policies put in place to limit the consumption of alcohol and tobacco have been attacked as constituting an obstacle to free trade.

The TTIP chapter addressing investor-state disputes would make the situation worse, as it would allow foreign investors to sue, in private international courts, any country approving a law that reduces the value of their investment. De Vogli and Renzetti stress that “tobacco multinationals have already shown to be well-inclined to exploit this mechanism”, citing the case of Uruguay, sued by Philip Morris in 2010 for having placed shocking images on cigarette packs to dissuade smokers.
DIET- AND AGRICULTURE-RELATED DISEASES

One of the goals of the TTIP is to promote less restrictive trade regulations; this could have a negative impact both on food consumption and food safety.

Mexico is a clear example: since NAFTA was introduced in 1994, the presence in the country of fast food and soft drink multinationals has grown, and Mexico now ranks second in the world for the consumption of sugar-sweetened beverages and has one of the highest diabetes prevalence rates worldwide.

But there is another risk, posed by the chapter concerned with “sanitary and phytosanitary issues”, which addresses the regulations regarding additives, contaminants, and toxins in food. The danger is that European laws may be watered down to be more in line with the—notoriously less restrictive—US ones. This might result in an increase in the import not only of genetically modified foods, but also of hormone-treated beef and chlorine-washed chicken (which are allowed in the USA).

Environmental health

According to the authors, “TTIP’s worst effect on health would likely be its capacity of influencing environmental policies”. For instance, regulations about state-investor disputes “would most likely be exploited by large fossil fuel companies to sue governments that attempt to limit the extraction and export of fuels”, conflicting with the agreement that has just been signed at the Paris climate change conference.

Profit versus health

The authors conclude with an assessment of the possible consequences of the TTIP on countries’ domestic policies, giving examples of what has already occurred in countries where similar free-trade treaties (such as NAFTA in North America) have existed for years.

“Our analysis,” they write, “shows that, even though according to TTIP promoters the treaty will have positive effects on factors that can improve health, such as economic growth and occupation, historical evidence, on the contrary, documents that trade liberalization policies tend to increase economic inequality and, consequently, disparities in access to care.

Furthermore: “Trade policies should not consider rules that safeguard public health as technical obstacles to business, and the ‘right to profit’ should not have priority over the ‘right to health’”.

In the editorial accompanying the article by De Vogli and Renzetti, in the same issue of Epidemiologia & Prevenzione, Paolo Vineis, a prominent Italian epidemiologist who works at the Imperial College of London, uses well-documented examples to show that all rational strategies to tackle climate change and the spread of non-communicable diseases (co-benefits) point to the opposite direction to the one traced by the neoliberal strategy implicit in international treaties such as the TTIP.

Available online: www.epiprev.it
De Vogli R e Renzetti N. Il potenziale impatto del partenariato transatlantico sul commercio e gli investimenti (TTIP) sulla salute pubblica (Epidemiol Prev 2016; 40(2) online in advance) http://dx.doi.org/10.19191/EP16.2.A001.037

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