



ASSOCIATION OF SALARIED MEDICAL SPECIALISTS
TOI MATA HAUORA

Submission to the Foreign Affairs, Defence and Trade Committee on the Comprehensive and Progressive Agreement on Trans-Pacific Partnership (CPTPP)

16 April 2018



Introduction

The Association of Salaried Medical Specialists is the union and professional association of salaried senior doctors and dentists employed throughout New Zealand. We were formed in April 1989 to advocate and promote the common industrial and professional interests of our members and we now represent nearly 5,000 members, most of whom are employed by District Health Boards (DHBs) as medical and dental specialists, including physicians, surgeons, anaesthetists, psychiatrists, oncologists, radiologists, pathologists and paediatricians.

Over 90% of all DHB permanently employed senior doctors and dentists eligible to join the ASMS are in fact members. Although most of our members work in secondary and tertiary care (either as specialists or as non-vocationally registered doctors or dentists) in the public sector, a small but significant and growing number work in primary care and outside DHBs. These members, many of whom are general practitioners, are employed by the New Zealand Family Planning Association, ACC, hospices, community trusts, Iwi health authorities, union health centres and the New Zealand Blood Service.

The ASMS promotes improved health care for all New Zealanders and recognition of the professional skills and training of our members, and their important role in health care provision. We are committed to the establishment and maintenance of a high quality, professionally-led public health system throughout New Zealand.

The ASMS is an affiliate of the New Zealand Council of Trade Unions.

The case for an independent health impact assessment of the CPTPP

The Association of Salaried Medical Specialists (ASMS) is one of a number of health organisations that have called for an independent health impact assessment of the proposed Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP) that should be publicly released before it is ratified.

Our analysis of the changes to the CPTPP text indicates the need for such a health assessment remains as critical as ever. And the scope of this assessment must include consideration of the potential impact of the agreement on key global health issues such as climate change, antibiotic resistance and the social determinants of health.

We remain unconvinced of the Government's rationale for agreeing to ratify the agreement.

The National Interest Analysis (NIA) produced by the Ministry of Foreign Affairs and Trade includes only a superficial assessment of health matters when a risk assessment of much great scope and depth is required. Nor is the NIA independent.

On a few key contentious points:

The suspension of provisions which would have raised medicine prices in New Zealand and increased the power of pharmaceutical companies to attack the Pharmac model means the door remains open for the United States to rejoin the agreement. Media reports that the United States President has asked his advisors to look into rejoining the CPTPP suggests this is a real possibility. This in turn would have the effect of leaving Pharmac vulnerable to multinational pressures to raise medicine prices.

NIA and government claims that the agreement preserves the ‘freedom’ of government to act in the interests of the New Zealand public is in fact a significant legal grey area with loopholes that will test the real extent of that ‘freedom’.

Serious concerns shared by many organisations that the Investor-State Dispute Settlement (ISDS) provisions can undermine our Government’s ability to look after the interests of New Zealanders are still valid. Structural biases and conflict of interest remain in the ISDS court system, which favours commercial interests over civil society.

We note that the Prime Minister has called ISDS ‘a dog’ and has said New Zealand will oppose the inclusion of ISDS provisions in future negotiations. A ‘Trojan Horse’ may be a better description. It should never be allowed through the gate.

Given the widely acknowledged risks to health of climate change, it is alarming that this has been given virtually no consideration in the CPTPP. In order to urgently address the health and environmental impact of climate change, some industries must come under tighter controls to reduce pollution. It is likely that those industries (‘investors’) will use the weaknesses in the CPTPP to delay the necessary reforms and protect their interests in the same way the tobacco industry has done to put its profits before the harmful effects of its product.

We agree entirely with the authors of a recent paper published in the New Zealand Medical Journal, that:

At the very least, New Zealand’s negotiators should have demanded an ISDS ‘carve-out’ to support action on climate change, similar to the clause that excludes tobacco control measures from ISDS action (Article 29.5). Instead, if ratified, the CPTPP would shore up the existing model of underregulated economic growth and impede the adoption of a more balanced, interventionist and sustainable approach to development, despite overwhelming evidence that urgent and decisive reforms are needed to address the climate threat to human health.¹

An assessment of the potential effects of the CPTPP on climate change must be a crucial part of an independent health impact assessment and would be in line with Labour’s manifesto items to “put climate change mitigation and adaptation at the forefront of government decision-making..., require climate change implications to be reported on in Cabinet papers [and] other appropriate policy papers... and to “assess and plan for the risks of changing climate on health...”.

We are aware that the Labour Party, while in Opposition, called on the then-Government to commit to an independent HIA of the earlier Trans-Pacific Partnership text and for this to be made available before the agreement was signed, as in Parliamentary Oral Question No 5, 14 October 2105, for example, and Labour’s minority viewpoint in the select committee report on the text.

We call on the Government today to honour that stand. If the CPTPP holds no health risks, there should be no issue with demonstrating that through an evidence-based, transparent process.

The apparent reluctance not to leaves us questioning whether the Government is afraid of what it might find. But New Zealanders have a fundamental right to know how this agreement could affect their health and health services.

¹ O Hailes, R Jones, D Menkes, et al. Climate change, human health and the CPTPP, *NZMJ*, 9 March 2018, Vol 131, No 1471.