

Center for Policy Analysis

A Decade+ of Progressive Vision and Action

3 Organizations

- CPATH: Center for Policy Analysis on Trade and Health
- EQUAL Health Network: Equitable, Quality, Universal, Affordable Health Care
- Trust Women/Silver Ribbon Campaign + Men Who Trust Women: Uniting and mobilizing the majority for women's rights and reproductive health & justice

CPATH Campaigns

- Trade agreements = Operating Manual for Global Economy
- Educate Policy-Makers, Public
- Access to Medicines
- Public Health Representation on Trade Advisory Committees
- Eliminate Tobacco Regulations from Trade Agreements

GHANA 2002

THE WORLD BANK AND IMF
PROPOSE TO PRIVATIZE THE
WATER SUPPLY



REPORT OF THE
INTERNATIONAL FACT-FINDING MISSION ON
WATER SECTOR REFORM IN GHANA

August 2002



Special Benefit!

URINETOWN
The Musical

A hilarious and gripping satire, *Urinetown* depicts a world wracked by ecological disaster, caught in the throes of corporate greed.

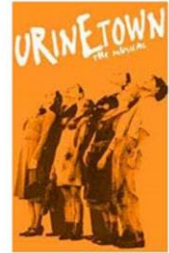
Buy your ticket from CPATH to see the hit musical "Urinetown" on Thursday evening July 31 OR August 14 in San Francisco and you can:

- ✓ Deduct half the regular ticket price or more from taxes - and avoid handling fees!
 - ✓ Support the work of the Center for Policy Analysis on Trade and Health (CPATH)
- H and attend an optional discussion after the show with the cast and CPATH!

Already have your ticket? Buy a present for friends, kids, visitors!

Why "Urinetown?" Praised by critics as one of the most distinctive, intelligent, and subversive musicals in recent years, the Tony award-winning show is a warning love letter to the conventions of the musical theater. A depletion of the earth's water supply has led to control by a single malevolent company that profits by charging admission for one of humanity's most basic needs. And then...

Why CPATH? Joe Bruner and Ellen Shaffer, directors of the Center for Policy Analysis on Trade and Health, bring a distinctive public health voice to the critical issues of universal access to safe, affordable human services, including water and health care. Our policy analysis, research and advocacy have drawn national and international support for a sustainable.



2003
CPATH

Center for Policy Analysis on Trade and
Health

Breaks New Ground in Alerting
Public Health
and Congress

Global Trade Rules Pre-empt the Right
to Regulate in the Interests of the
Public's Health

At Stake:

Clean Air
Safe Water
Affordable Medicines
Tobacco Control Regulations

Democracy

APHA and CPATH:
Beware of Trade Agreements

David Satcher, Surgeon General
Joyce Lashof
Vic Sidel
Tony Robbins
Felix Aguilar
Don Zeigler
Ellen Shaffer



Monterey Institute



Public Hearing: Impact of FTAA on Public Health & Health Care

Miami, Nov. 19, 2003

Free Trade Area of the Americas

- PANEL 1: Do "free" trade agreements undermine health care access and affordability, public health systems and public hospitals, in El Salvador, Canada & the U.S.
- PANEL 2: How does the FTAA threaten health care givers and consumers? What is the effect on tobacco control and water?
- PANEL 3: How does corporate globalization impede access to affordable drugs, from Medicare to essential medicines? What are lessons from Brazil?

CPATH Stops FTAA in Miami:

Tom Houston AMA Ellen Shaffer CPATH
Phyllis Freeman Bill Lucy AFSCME, CBTU



Testimony to the Ways and Means Committee U.S. House of Representatives

US-Australia Free Trade Agreement:

Implications for Prescription Drug Prices in the US and Australia

June 22, 2004

Center for Policy Analysis on Trade and
Health
CPATH

Joseph E. Brenner, MA
Ellen R. Shaffer, PhD MPH

July 13, 2004

Australia FTA Could Jeopardize VA's Prescription Drug Benefit

Dear Colleague:

As members of the Veterans Affairs Committee, we would like to call your attention to information recently published by The Center for Policy Analysis on Trade and Health (CPATH) regarding the Australia Free Trade Agreement.

CPATH's report explains that because Chapter 15 of the U.S.-Australia Free Trade Agreement applies to federal agencies like the Department of Veterans Affairs that procure pharmaceuticals, under the agreement drug companies would have new rights to challenge VA procurement decisions. This would include VA decisions about the coverage and pricing of pharmaceuticals. Virtually any aspect of drug coverage or pricing could be challenged based on technical specifications, timing, process, or any number of other disagreements.

2005
Mar del Plata, Argentina

The Americas Rally to Oppose Bush Trade Agenda



WE ARE
PROTAGONISTS
In the Stories
Of Our Lives



CPATH • Center for Policy Analysis on Trade and Health
Bringing a Public Health Voice to Trade and Sustainable Development

**DR-CAFTA Undermines Affordable
Medicines;
Pharmaceutical Industry's Role on USTR
Advisory Committees**

**Testimony by the Center for Policy Analysis
on Trade and Health
to the
Ways and Means Committee
U.S. House of Representatives**

**Hearing on Implementation of the
Dominican Republic-Central America Free
Trade Agreement (DR-CAFTA)**

Thursday, April 21, 2005

Trade Agreements: Barriers to AIDS Treatment in the U.S. and Abroad

Ellen R. Shaffer PhD MPH,
Joe Brenner MA

*Center for Policy Analysis on
Trade and Health (CPATH)*

www.cpath.org

APHA November 8, 2006

Teaching Semester Abroad in

India, China, South Africa

2006



2007:
Health Ministry of South Korea Invites
CPATH for Briefings on Korea-U.S.
Trade Agreement

PUBLIC HEALTH AND THE U.S.-SOUTH KOREA TRADE AGREEMENT: PROTECT TOBACCO CONTROL AND ACCESS TO MEDICINES

Testimony to the Trade Subcommittee,
Ways and Means Committee
U.S. House of Representatives
[Hearing on the U.S.-Korea Free Trade
Agreement Negotiations,](#)

March 20, 2007

by

Ellen R. Shaffer, PhD MPH, Co-Director,
Joe Brenner, MA, Co-Director,



Effects of Globalization on Health and Health Insurance: Public Health Response

Ellen R. Shaffer, PhD MPH and Joe Brenner, MA,
Co-Directors,
Center for Policy Analysis on Trade & Health
(CPATH)
June 6, 2007
NHIC, South Korea



CPATH • Center for Policy Analysis on Trade and Health

Bringing a Public Health Voice to Trade and Sustainable Development

KOREAN TRADE AGREEMENT: THREAT TO PUBLIC HEALTH
June 11, 2007

"Public Health Report Card on KORUS"

Public Health Objective	Grade
1. Access to affordable medicines	Fail
2. Tobacco control	Fail
3. Democratic participation by public health and transparency in trade policy	Fail
4. Protect vital human services such as health care, water supply and sanitation	Fail
5. National, regional and local government sovereignty to protect population health	Fail
6. Sustainable economic development	Fail
7. Alcohol beverage control	Fail

AIDS Healthcare Foundation
American Medical Student Association
American Public Health Association (APHA)
APHA Trade and Health Forum
California Conference of Local Health Officers
California Public Health Association - North
CPATH
Chinese Progressive Association
Church World Service
Doctors for Global Health
Essential Action
Health Alliance International
Health Care Without Harm
Health GAP (Global Access Project)
Hesperian Foundation

Johns Hopkins Health and Human Rights
Student Group
Maquiladora Health and Safety Support Network
Masonry Obstacles Justice
Peace/Integrity of Creation Office
National Legislative Association on Prescription Drug Prices
Network in Solidarity with the People of Guatemala
Partners in Health
People's Health Movement USA
Physicians for Social Responsibility
Public Health Association of Australia
Santitas Farmacos, USA
San Francisco Tobacco Free Coalition
World Federation of Public Health Associations

GUATEMALA

A Trade Agreement's Impact On Access To Generic Drugs

The Central America Free Trade Agreement has kept some generic drugs from Guatemala even though they're available in the United States.

by Ellen R. Shaffer and Joseph E. Brenner

ABSTRACT: Millions of people lack access to affordable medicines. The intellectual property rules in the Central America Free Trade Agreement (CAFTA) provide pharmaceutical companies with monopoly protections that allow them to market some drugs without competition from less costly generics. We examined availability of certain drugs in Guatemala and found that CAFTA intellectual property rules reduced access to some generic drugs already on the market and delayed new entry of other generics. Some drugs protected from competition in Guatemala will become open to generic competition in the United States before generic versions will be legally available in Guatemala. *Health Affairs* 28, no. 5 (2009): w557-w568 [published online 25 August 2009; 10.1377/hlthaff.28.5.w557].

THE CENTRAL AMERICA FREE TRADE AGREEMENT (CAFTA) covers the United States, the Central American countries (Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua), and the Dominican Republic. Its rules protect the products and processes of brand-name pharmaceutical companies—intellectual property—from competition by generic companies. Generic competition can lower drug prices. CAFTA's rules on intellectual property provide stronger monopoly protections than in existing U.S. law or the World Trade Organization's multilateral Agreement on Trade-Related Aspects of Intellectual Property (TRIPS).¹ The World Health Organization and others have expressed concerns that these "TRIPS Plus" rules will further delay competition from generic companies and will have the most serious consequences in lower-income countries, where price is an important factor in access.²

We examined intellectual property provisions of CAFTA and their effects on access to lower-price medicines, including generics, in Guatemala—a low-income country that also has a domestic generic drug industry.³ This paper focuses on one key TRIPS Plus rule, known as data exclusivity, which provides relatively quick access to monopoly protection, and related higher prices.⁴

Historic CPATH Study in *Health Affairs*:CAFTA = Unaffordable Medicines for Guatemala
2009

2009-2014

CPATH Leads AMA, Pediatricians, OB/Gyns, to Oppose Trade Rules on Tobacco



FILE NO. 100822 RESOLUTION NO. 297-10

[Excluding Tobacco Products from the Trans-Pacific Partnership Trade Negotiations and all Future Trade Agreements]

Resolution Calling on U.S. Trade Negotiators to Exclude lethal tobacco and tobacco products from the Trans-Pacific Partnership and other trade agreements negotiated by the United States and urging the appointment of public health representatives to advise U.S. Trade Negotiators to protect public health.

WHEREAS, San Francisco is a global leader in tobacco control, having recently expanded protections to exposure to second hand smoke. California was the first state to raise cigarette taxes, dramatically reducing smoking rates and saving lives...

RESOLVED, That the San Francisco Board of Supervisors urges our trade leaders to change course to protect our health by excluding tobacco and tobacco products from the Trans-Pacific Partnership Agreement and from all future trade agreements...

San Francisco Board of Supervisors - Date Passed: June 22, 2010

CPATH • Center for Policy Analysis on Trade and Health

Bringing a Public Health Voice to Trade and Sustainable Development

Media Advisory
For Immediate Release
May 6, 2009

Contact: Ellen R. Shaffer, Co-Director, CPATH
415-680-4653
Joe Brenner, Co-Director, CPATH
415-692-6204, 415-305-6149

Public Health Officials Applaud Bill to Open Trade Committees

The House-Douglas-Legislative Health Open (D-LH) Committee to Public Health (Washington, D.C.)—Public health officials praised proposed legislation introduced by Reps. Chris Van Hollen (D-MD) and Lloyd Doggett (D-TX) that would allow increased public health participation in the formation of trade bills. "Trade agreements have become a product of secrecy and smoke-backroom deals. The bill lets in the sunlight, so the Obama Administration has pledged," stated Ellen R. Shaffer, Co-Director of the Center for Policy Analysis on Trade and Health (CPATH).

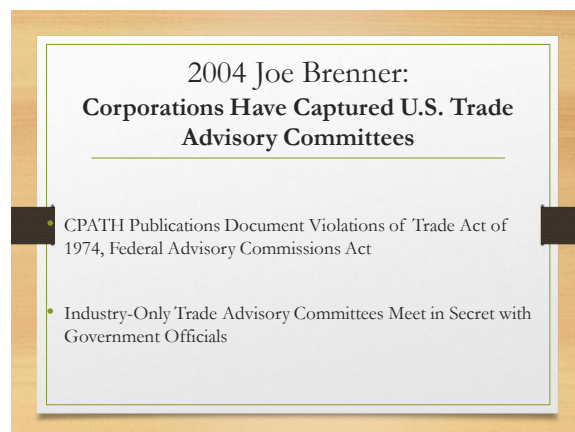
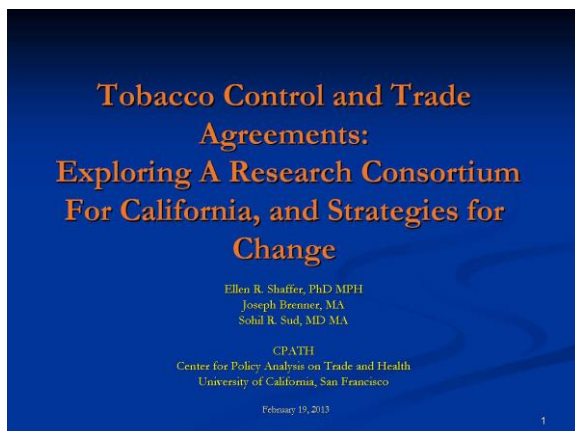
"Global trade agreements increasingly affect the public's health, from industrial farms that breed disease to the price of medicines and the safety of water supplies. Until now, the pharmaceutical, tobacco, processed foods and health insurance industries have had exclusive access to government trade negotiations," according to CPATH Co-Director Joe Brenner. "CPATH has issued influential reports documenting the role of health-related industries and the absence of public health representation on U.S. trade advisory committees, and with partner public health organizations, has coordinated a national campaign for public health representation."

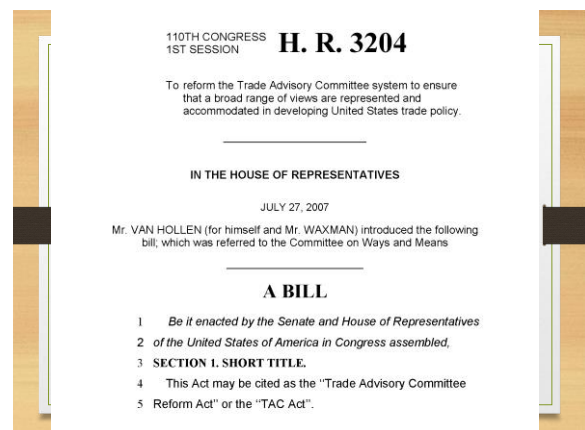
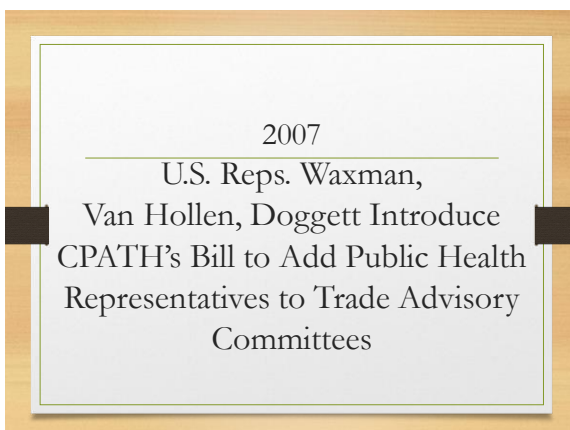
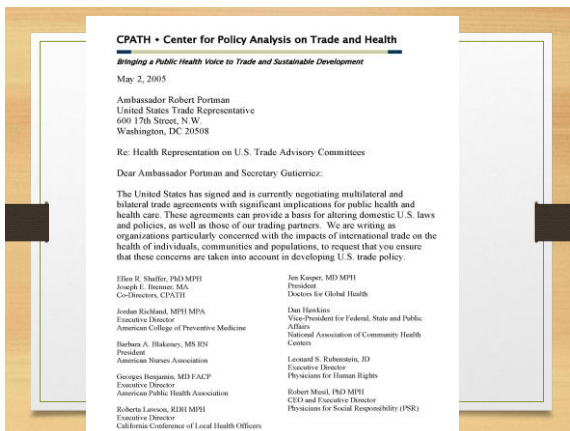
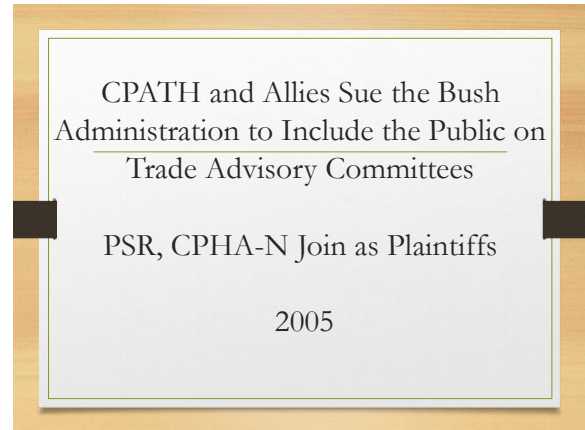
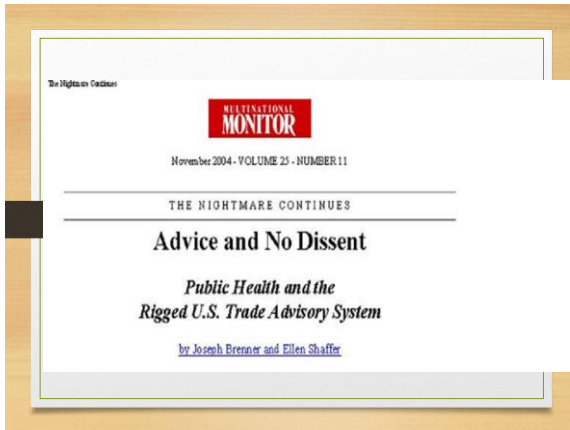
The Van Hollen-Doggett legislation calls for establishing a Public Health Advisory Committee on Trade with a strong presence by nongovernmental public health organizations at the senior tier of the trade advisory system. The system has three tiers with the Advisory Committee for Trade Policy and Negotiations (ACTPN) on the top tier and the Industry Trade Advisory Committee (ITAC) on the lowest tier. The bill paves the way for greater public health representation on the ITAC.

"The current bill outbreak is a stark reminder of the importance of ensuring widespread access to affordable medicines both at home and among our trading partners," said Raymond C. O'Brien, President of O'Brien America. "By giving the public health community a seat at the table, this bill is a vital step in making sure that our trade policy serves to promote public health for all."

"Trade and commerce shape our increasingly interconnected world," said Georges Benjamin, Executive Director of the American Public Health Association (APHA). "Done right, trade policies can not only expand economic opportunity, but can help promote and protect the health and well-being of the public and communities. We will all benefit from this important initiative and by including the public health community in these critical decisions."

"The United States can and should use trade negotiations to improve the health of people worldwide. Good trade policy can diminish trade in hazardous or unhealthy commodities, improve access to medicines, and ensure that governments worldwide can make laws that protect their own health and environment. The creation of the Public Health Advisory Committee on Trade is an important step toward U.S. leadership on trade and health," said Susanna Bohm, Deputy Editor, International Journal of Occupational and Environmental Health and Chair, American Public Health Association.





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Bringing a Public Health Voice to Trade and Sustainable Development

Congress Must Act to Add Public Health Representation on Trade Advisory Committees

Testimony to the Trade Subcommittee
 Committee on Ways and Means
 U.S. House of Representatives

Hearing on the
 Trade Advisory Committee System
 July 21, 2009

Ellen R. Shaffer PhD MPH, and Joseph Brenner MA
 Co-Directors, Center for Policy Analysis on Trade and Health (CPATH)

Industry Represented	2005	2005	2009	2009
	No. of Advisory Committees	No. of Industry Representatives	No. of Advisory Committees	No. of Industry Representatives
Pharmaceuticals	6	26	7	27
Tobacco	2	7	3	6
Alcohol	4	6	5	8
Food	11	4	11	7
Health Services, Products, Insurance	2	5	5	17
TOTAL:	25	42	31	65

FEB. 2014 – A VICTORY!

OBAMA ADMIN INVITES PUBLIC HEALTH AND PUBLIC INTEREST REPS TO TRADE ADVISORY COMMITTEES

but they're still secret!

EQUAL

Equitable, Quality, Universal, Affordable health care

- Center for Policy Analysis, anchor
- Network for progressive policy and advocacy
 - Links: Public health, women, seniors, faith groups
 - Policy-makers
- Forums
- Policy Statements
- Conference calls
- Radio Series - KPFA

June, 2010

EQUAL/Center for Policy Analysis

3

2008

Obama, Hillary
 Campaign on Health Care!

Déjà vu All Over Again???

Mobilizing Our Communities: The Truth About the Candidates' Plans for National Health Care Reform

Wednesday, October 22, 2008

TODAY 9:30 a.m. to 1:00 p.m. **TODAY**

MILTON MARKS AUDITORIUM
 State of California Office Building, 455 Golden Gate Ave., San Francisco

What are the presidential candidates' proposals?

Do they address our concerns?

- Public health
- Women
- Low-income residents
- Health care providers

Strategies to win real reform in 2009 that -

• Improves the public's health
 • Covers all of us for quality, affordable care

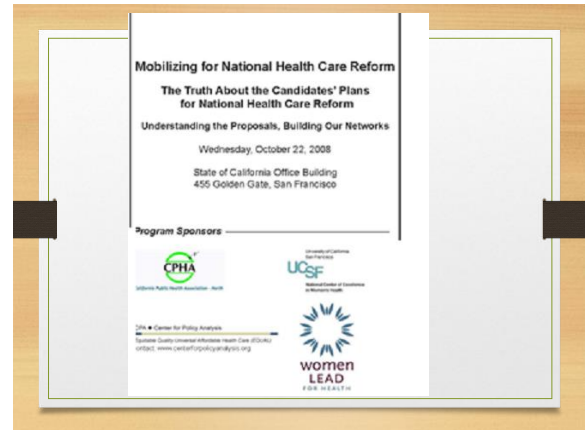
Speakers:

Ellen R. Shaffer, PhD MPH, Center for Policy Analysis
 Deborah Lefkowitz, PhD, Women LEAD for Health
 Drew Manning, UCSF National Center of Excellence in Women's Health
 George Piccoli, California Public Health Association-North
 Renee Gray, California Women's Agenda
 Jacobo S. Racker, PhD, UC Berkeley
 Tangere Brinkman, MPH, Healthy San Francisco
 Doreen Loefer, ACCESS Women's Health Rights Coalition
 Michael Lighty, California Nurses Association
 Anthony Wright, Health Care for America Now, Health Access
 Jeremy Cantor, MPH, Prevention Institute
 Bob Prentice, PhD, Bay Area Regional Health Inequities Initiative
 Raga Bhalla, MD, SF Dept. of Public Health

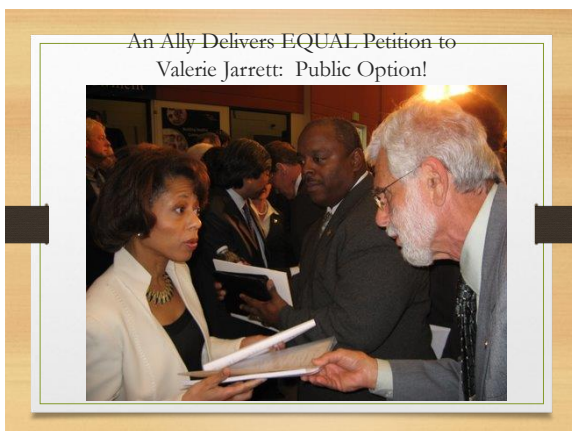
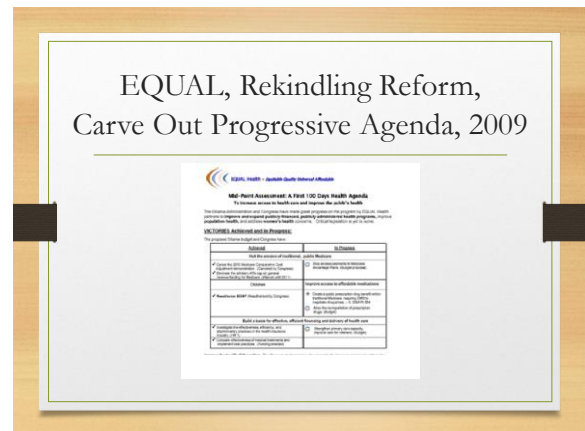
Invited elected officials:
 U.S. Senator Barbara Boxer
 House Speaker Nancy Pelosi
 U.S. Representative Jackie Speier

Sponsors: Center for Policy Analysis - California Public Health Association-North - UCSF Center of Excellence

Ellen joins Susan Wood
 on Women's Health Advisory
 Committee to the Obama Campaign
 Fall, 2008



PROGRAM AGENDA	
9:30: Registration	11:10: Perspectives
10:00: Welcome and introductions	<ul style="list-style-type: none"> Assessment—Coverage, Access, Cost, Quality: What works, what doesn't, what needs to be improved? <ul style="list-style-type: none"> Destiny Lopez, Women LEAD for Health, ACCESS/Women's Health Rights Coalition Michael Lighty, California Nurses Association Anthony Wright, Health Access, Health Care for America Now Q&A
Center for Policy Analysis: Ellen Shaffer, PhD, MPH, Co-Director Center of Excellence in Women's Health, UCSF; Dixie Horning, Executive Director California Public Health Association-North; Giorgio Piccagli, Co-Director Women LEAD for Health: Destiny Lopez, Executive Director	<ul style="list-style-type: none"> Public Health and Health Care Reform: What should be incorporated, and how? <ul style="list-style-type: none"> Jerry Cantor, Prevention Institute Tangerine Bringham, MPH, Healthy San Francisco Bob Prentice, PhD, Bay Area Regional Health Inequities Initiative Discussion, Q&A
10:10: Criteria for Reform: Why Do We Need Them; What are the Problems?	12:15: Mobilizing for Health Care Reform in the New Economy
<ul style="list-style-type: none"> Group Discussion—Moderators <ul style="list-style-type: none"> Ellen Shaffer: Universal coverage, Comprehensive benefits, Affordability Roma Guy, California Women's Agenda: Quality Giorgio Piccagli: Strong public health system Ellen Shaffer: Feasibility 	<ul style="list-style-type: none"> Jacob Hacker, PhD, UC Berkeley Discussants: Offices of <ul style="list-style-type: none"> U.S. Senator Barbara Boxer U.S. Speaker of the House of Representatives Nancy Pelosi U.S. Representative Jackie Speier Q&A
10:30: National Plans: Toward the first 100 days	12:50: Conclusion: Next steps
<ul style="list-style-type: none"> Overview: Ellen Shaffer Evaluation of the presidential candidates' proposals <ul style="list-style-type: none"> Deborah LeVeen, PhD, Professor Emerita, SF State University Ellen Shaffer Q&A for clarification 	
11:00: Break	





Feb. 2010:

EQUAL and Daily Kos
Contact Unions, MoveOn

Create “Virtual” March for Health Care
Reform

Email:

Zip:

[Send my Faxes](#)

Congress: Click to see a picture of the
Sen. We'll also send you updates on this
and other important campaigns by email.

**We did it!
1,124,457 Voices for Real Health Care Reform!**

Why are we marching?

Why's calling right now?

**For marching because...
affordable health care
should be the right of
all Americans.**

— Nancy C. Gray MHA

**2.3 MILLION
PEOPLE DIE
930,000
45,000
PEOPLE DIE**

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CAMPAIN AMERICA'S FUTURE **DFA DEMOCRACY FOR AMERICA** **DOCTORS FOR AMERICA** **EQUAL HEALTH**

HEALTH CARE FOR AMERICA

Over 1 Million
Weigh In on One Day
for Health Care Reform!!

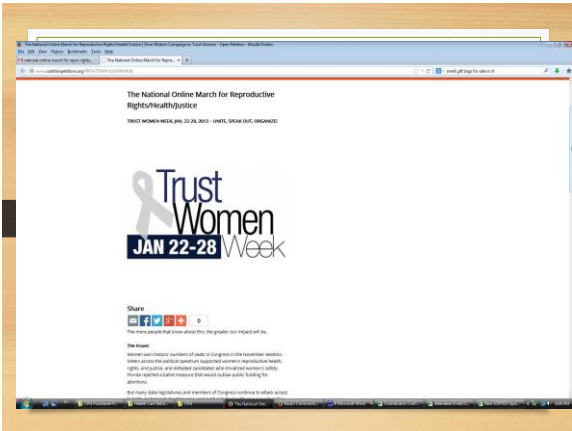
Feb., 2010:

The Affordable Care Act

ACA COVERS CONTRACEPTION, BUT
BACKTRACKS ON ABORTION

DR. SOPHIA YEN AND THE CENTER FORM
THE TRUST WOMEN/SILVER RIBBON
CAMPAIGN, 2010





San Francisco Chronicle

THE VOICE OF THE WEST
Founded in 1865 by Charles and M. H. O'Young
A HEBER-LEWIS PUBLICATION

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ORIAL On Federal Health Care Rules

birth control option

Access to affordable birth control is lacking for too many American women, resulting in a high rate of unintended pregnancies. That is changing. Following a recommendation from the nonprofit, independent Institute of Medicine, the government said Monday that it will require insurers to cover birth control and co-pay for FDA-approved contraception devices, including "morning after pills."

The Affordable Care Act, government will require plans to cover prevention without cost-sharing next year. Preventive health care is a long-term health care not as well used as it is because of their cost. Already approved include immunizations, screenings, high blood pressure, and high cholesterol.

tion they would cover for their employees. The department will collect comments on the policy for 60 days.

The more to include contraception is a much-needed blow to a long-standing gap in the national conversation about women and public health. That discussion has fallen hostage to abortion politics to the point where ideology trumps science, marginalizing the health concerns of most women. "We've lost the place we deserve as full participants in public decisions about our own health," says Ellen R. Shaffer, director of the Trust Women Silver Ribbon Campaign in San Francisco.

Policy debates fail to acknowledge these realities:

Covered preventive services

The federal health care reform now requires health plans to cover without additional cost:

Birth control (religious institutions determine coverage for their employees)
Breastfeeding support and counseling on sexually transmitted diseases
Screenings for HPV, a cause of cervical cancer
Counseling and screening for HIV
Well-woman visits
Counseling to detect and prevent tobacco use

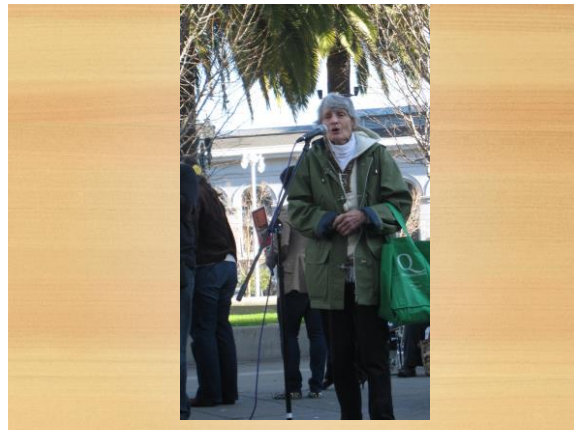
Source: U.S. Department of Health and Human Services

nations (e.g., France, 33 percent; Scotland, 28 percent). 43 percent of Catholics as health insurance coverage, typically planning.

*Affordable access to birth control reduces abortions and saves lives. We welcome a government stamp of approval on science.



[illegible]





Lisa Kernan Social Justice Fellowship: 2010

Lisa Kernan





San Francisco Chronicle

Don't be stunned into silence on women's abortion rights

Ellen R. Shaffer

Published 4:57 pm, Tuesday, March 11, 2014

Silence equals death.

California AIDS activists taught the world the power of plain and direct talk about gender bias and sexuality to save lives.

The ability to control whether and when to have a child is key to the physical, social and economic health of women and families, and access to legal, safe and affordable birth control, and abortion are essential to guarantee that ability.

Currently, a barrage of extreme and punitive laws restricting these rights are streaming out of state legislatures and the House of Representatives. These shockingly offensive departures from American mainstream values demand bolder leadership by our elected officials. Concerted organizing by pro-rights advocates is needed to engage and mobilize the majority of the American public appalled by these assaults but stunned into silence. Politics as usual and polling are not turning the tide.

Draconian restrictions on facilities that provide abortions in Texas have reduced their number from 44 in 2011 to 24 today. The number is expected to drop to six by September. Reports are already surfacing from Texas of women returning to desperate - and deadly - measures of self-abortion, like coat hangers and bleach.

Part of the problem is that the health consequences of the attacks are graphically real but have been surgically isolated to the most vulnerable in our society, by income, race and education. Unintended pregnancies and unplanned births are five to six times higher among women with incomes under 200 percent of the federal poverty level, and also higher for women of color and those without a high school degree.

The odious Hyde Amendment, a congressional measure, prohibits federal funding for abortions. Thirty-five states choose not to supplement Medicaid with state funds for abortions.

With Sister Simone, Nuns on the Bus





20