Elected officials are trailing voters on the critical issues of trade and health. Voters, including Republicans, increasingly oppose the current crop of trade agreements and also support raising taxes to pay for health care, according to recent polls.

It looks as if the public is prioritizing jobs and health benefits over buying cheap imports at Walmart. Trade agreements that dismantle the middle class sap all nations’ political will, and ability to protect public health. Voters are catching on that all these issues are linked.

We understand that countries don’t win or lose from deals like NAFTA. Rather, some large corporations win market share, while the majority of households lose income and services.

The corporate winners who now drive the global economy have unmoored themselves from the social contract, no longer relying on secure employment and rising standards of living to bolster consumer spending. The safety net to tide us over in troubled times has been abandoned. Weakened public institutions have also damaged health and the availability of health care.

Domestically, the shift in public opinion has not deterred unconditional cheerleading for the bottom line. The Bush administration’s best idea for fiscal austerity at the moment is to slash publicly subsidized health care coverage for kids so that for-profit insurance companies can take a swipe at them.

The private sector has declined to enroll these uninsured young malingerers, to date, and probably won’t start now. But this misguided stonewalling gives an ideological lift to the fable that market-driven health care is still a viable policy option.

Specific trade policies damage health and undermine health protections. Until this year, fast-track rules prevented Congress from amending trade agreements. Unhealthy trade policies written by corporations were virtually assured to be enacted.

· Drug companies have imposed trade rules that protect their rights to exorbitant profits while excluding many from needed life-saving drugs, by driving out competition from generics.

· The tobacco industry has stealthily used trade agreements to pry open export opportunities and to increase consumption of their lethal products.
· State, local and national measures to ban a carcinogenic gasoline additive, and to regulate internet gambling, have been delayed or overturned by powerful international trade tribunals with no expertise in health, or accountability to the U.S. court system.

· Licensing establishes both quality standards and fair treatment for health care professionals. But under the pending trade agreement with Korea, hospital chains could employ U.S. health care personnel in Korea, with no respect for local licensing rules. Other trade agreements would impose discriminatory treatment of immigrant Filipino nurses working in Japan.

What do all these policies have in common? Selected corporations benefit from policies they write, while the public is shut out. Through these agreements, corporate lobbyists are dictating public policy. Bringing public health voices to the table can provide balance to our trade policy and is long overdue. It’s also time for elected officials to catch up with the public in supporting trade deals that boost our economic security, while expanding health care to all Americans.

Ellen R. Shaffer, PhD, MPH and Joe Brenner, MA, are Co-Directors of CPATH, the Center for Policy Analysis on Trade and Health.