

December 7, 2012

Dear Trans Pacific Partnership Negotiators:

On behalf of physicians-in-training in countries participating in Trans Pacific Partnership Agreement (TPP) negotiations, we are writing to urge you, as negotiators, and our government officials to ensure that any provisions included in the agreement text promote public health and access to medicines rather than prioritizing multinational corporate profits over patients.

As the next generation of physician leaders, we are deeply troubled by both the lack of transparency surrounding these negotiations as well as the preferential access to agreement text and negotiators afforded to industry. A recent Avaaz petition asking to make the “TPP process transparent and accountable to all, and call on all participating parties to reject any plans that limit our governments’ power to regulate in the public interest” gathered over 700,000 signatures from concerned citizens around the world.<sup>1</sup> We echo this call and others by various civil society organizations for release of the full text of the draft agreement as well as the same privileges for stakeholders to participate in negotiations as has been provided to corporations. It is essential that the TPP text be subject to public scrutiny and reflect the priorities of the global citizenry.

During our medical training, we witness firsthand the crucial benefit that access to affordable medicines gives to patients. The ability to receive such life-saving medicines is critical in preventing unnecessary deaths due to both infectious and noncommunicable diseases. Unfortunately, it appears that current negotiations may compromise this access by imposing unprecedented TRIPS-plus intellectual property (IP) provisions. If included in the agreement, these provisions have the potential to jeopardize millions of lives in TPP participating countries by granting monopoly protections to pharmaceutical companies, driving up the costs of medicines significantly. It is unacceptable that the cost of this agreement will be access to medicines and, ultimately, the health of our nations’ citizens.

Therefore, we call for the following:

- Prohibition of “evergreening” or use of minor modifications of existing drugs to extend market exclusivity
- Exemption from patent infringement of diagnostic, therapeutic, and surgical procedures similar to 35 USC 287(c)
- Rejection of any provision to provide data exclusivity for biologics
- Preservation of existing national pharmaceutical benefit schemes such as Pharmac in New Zealand and Australia’s Pharmaceutical Benefits Scheme

In addition, tobacco and alcohol have been demonstrated to significantly contribute to global disease morbidity and mortality. Tobacco alone is responsible for one in ten deaths worldwide, and alcohol use accounts for nearly four percent of deaths globally each year.<sup>2,3</sup> The Framework Convention on Tobacco Control (FCTC) recognized the role of “price and tax measures” in reducing tobacco consumption.<sup>4</sup> In light of the unique status and potential for harm that these products have, it is essential that both tobacco and alcohol be carved out of any agreement.

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<sup>1</sup> [http://www.avaaz.org/en/stop\\_the\\_corporate\\_death\\_star/](http://www.avaaz.org/en/stop_the_corporate_death_star/)

<sup>2</sup> World Health Organization (2008). The top 10 causes of death. Available at <http://www.who.int/mediacentre/factsheets/fs310/en/index2.html>

<sup>3</sup> World Health Organization (2011). Global Status Report on Alcohol and Health 2011. Available at [http://www.who.int/entity/substance\\_abuse/publications/global\\_alcohol\\_report/msbgsruprofiles.pdf](http://www.who.int/entity/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf)

<sup>4</sup> World Health Organization (2003). Framework Convention on Tobacco Control. Available at <http://whqlibdoc.who.int/publications/2003/9241591013.pdf>

On behalf of physicians-in-training in five TPP participating countries, we implore you to ensure that any TPP agreement ensures our future patients are able to access evidence-based and effective medicines and procedures rather than forcing us as practitioners to compromise our medical professionalism and the quality of care we are able to provide our patients. As the TPP is a historic effort expected to set a precedent for future agreements, we hope that it will also set a precedent in prioritizing the health of our nations.

Thank you for your consideration.

Sincerely,



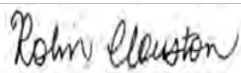
**Elizabeth Wiley, MD, JD, MPH**  
National President  
American Medical Student Association



**James Churchill**  
National President  
Australian Medical Students' Association



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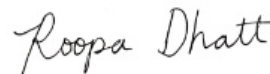
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