Chapter 7

TRADE AND HEALTH CARE: CORPORATIZING VITAL HUMAN SERVICES

ELLEN SHAFFER AND JOSEPH BRENNER

In 1854, renowned English physician John Snow, often referred to as the father of public health, ushered in a new era in medicine by tracing a cholera epidemic in London to a contaminated water pump.[1] Snow's findings contributed to the development of government policies and other organized efforts to prevent, monitor and control disease, and to maintain and prolong life in entire populations.[2]

As budgets and authority wane for the world's health ministries and the World Health Organization (WHO),[3] protections for public health—guarantees for safe housing, food, water, and economic security—are giving way to new organizing principles. With little public attention, internationally binding trade agreements, which assure that commerce in services (like health care) is not "unnecessarily" burdened by regulations (including those that safeguard public health), are being put into place.

Equally alarming, these trade agreements supersede democratic decision making by local, regional, and national governments and shift the power to tribunals. Secret tribunals, like those of the World Trade Organization (WTO) or the North American Free Trade Agreement (NAFTA), determine which local regulations or legislation may stand and impose fines and trade sanctions on governments for going against their wishes. Instead of regulating tariffs on commodities like steel, the trade agreements currently being negotiated, such as the General Agreement in Trades and Services (GATS) and the Free Trade Area of the Americas (FTAA), will facilitate the privatization of vital services such as health care and water and deregulate standards for food, the environment, and working conditions. (A timeline of trade agreements, past and present, follows this chapter.)

Meanwhile, national and international bodies, including the WHO and national governments, are just starting to cooperate effectively on critical threats to global health. Some of these threats were enumerated by a National Academy of Sciences study in 1997. They include epidemics of water-related diseases such as cholera and malaria (which are preventable by providing universal, affordable access to safe water and sanitation); the spread of tuberculosis and AIDS; emerging drug-resistant diseases; biohazards; income inequality and financial instability; depletion of natural resources; and global warming.[4] Obviously, protecting population health, public health systems, and access to vital human services is still a necessity, even as international trade and economic policies are being determined.

While the present direction of trade negotiations is disturbing, the agreements are not complete. In this chapter, we review trade agreements and negotiation and dispute processes, with particular focus on the General Agreement on Trade in Services (GATS); and the Free Trade Area of the Americas (FTAA). The GATS is of special concern because of its potential to limit access to health care and other essential services and the FTAA is of interest because of its potential size. With 34 countries participating, the FTAA would be the largest trade bloc ever, and would affect public health regulations and access to goods and services for more than 800 million people. We suggest that an informed health care community call for an assessment of the impact on health by these agreements, and for a moratorium on further negotiations on trade in health care and other essential services until such an assessment is complete.

Global Trade: Who Makes the Rules?

International trade has been conducted for millennia. But in the past twenty-five years, cross-border financial transactions and exchanges between multinationals have occurred at an accelerated pace, and these corporations have been able to consolidate their power and influence. Today, they are increasingly successful in pressuring governments to adopt trade policies which benefit their bottom lines.

These "free trade" policies, largely guided by a set of principles sometimes referred to as the "Washington Consensus," restrict the ability of governments to regulate industry and provide public safeguards in a number of ways. They reduce public funding and establish user fees and copayments for social services that were previously subsidized, while allocating money for corporate welfare. They also lead to privatization of services, decentralizing

administrative and financial procedures and weakening controls at the national level.

Until recently the liberalization of trade meant eliminating financial measures, such as tariffs, alleged by neoliberals and conservatives to discourage competitive trade from foreign producers and slow down development. Part of the Bretton Woods system, the General Agreement on Tariffs and Trade (GATT) was created in 1947 to reduce tariffs and import quotas and impose requirements for foreign and domestic goods to be "treated equally." Bretton Woods also led to the creation of the International Monetary Fund (IMF) and the World Bank, described in Chapter Four.

GATT was a second attempt at a trade regime after the failure of the broader International Trade Organization (ITO), which was negotiated in the Havana charter in 1948. The ITO, which would have been part of the UN system, was to have a broad regulatory mandate, including trade, employment rules, and business practices. But because of pressure from the business community and US government concerns about the ITO impinging on its sovereignty, the US Senate, which in effect scuttled the entire framework, refused to ratify it. Instead the GATT was created with a more narrow focus on eliminating tariffs on manufactured goods.[5]

In the early 1980s, US President Ronald Reagan and British Prime Minister Margaret Thatcher began planning to expand the GATT focus to also cover services, agriculture, investments and intellectual property rights. This expansion led to the 1986–1994 round of GATT negotiations, known as the Uruguay Round. The agenda for this set of negotiations was advanced largely by US-based global corporations and government officials.[6] After this round, the GATT was succeeded by the World Trade Organization (WTO), which came into effect on January 1, 1995, with 76 member countries;[7] since then membership has almost doubled and now includes 146 countries. Based in Geneva with a staff of 550 nonelected bureaucrats, the WTO oversees international trade agreements. A number of the agreements directly affect health, including the General Agreement on Trade in Services (GATS), the Agreement on Agriculture, the Agreement on Trade Related Aspects on Intellectual Property Rights (TRIPS), the Agreement on the Application on Sanitary and Phyto-Sanitary Standards (SPS), and the Agreement on Technical Barriers to Trade (TBT).

These agreements have implications not only for global health, but also for food and environmental safety and labor standards. For example, the TRIPS agreement has been used to uphold patent protections for pharmaceutical companies, limiting people's access to essential drugs, and to

protect profits of agrochemical companies while limiting farmers' control of seed exchange and access to agricultural inputs. (TRIPS is described in more detail in Chapters Nine and Twelve.)

World Trade Organization: Rulings Against Public Health

While international conventions and declarations designed to protect the environment or health such as the Framework Convention on Climate Change and the Alma-Ata Declaration on Primary Health Care depend on action by each country, the WTO's centralized enforcement system is highly effective. WTO disputes are adjudicated by three person tribunals that deliberate without public scrutiny, and the WTO can impose substantial financial penalties on nations that do not comply with its rules and can authorize trade retaliation between countries.

In its relatively short life, the WTO has not hesitated to overturn national government decisions that protect public health in the interest of trade. For example, the European Union's ban on the sale of beef from cattle treated with artificial hormones was overturned by a WTO panel in 1999 after complaints from the US.[8] To justify its ban, the EU relied on the precautionary principle, an important basis for public health policy, which asserts that potentially dangerous substances should be proven safe before they are marketed. The WTO ruled that the ban was illegal under the SPS in part because it did not rely on a risk assessment approved by the WTO and authorized the US to retaliate with sanctions against European goods.[9]

For some countries, especially developing countries with limited budgets, the possibility of being tried in a WTO tribunal is sufficient to induce them to back down on laws that protect public health and well being. In 1988, Guatemala adopted the WHO-UNICEF Infant Formula Marketing Code into laws prohibiting infant formula companies from using advertising labels that made their products appear to be healthier than breast milk. For four years US-based Gerber Products launched a campaign to eliminate the law and refused to comply. In 1995, Gerber gained US support to challenge the law in a WTO tribunal, and the threat of trade sanctions were enough to have the government exempt imported baby food products from Guatemala's infant health laws.[10]

Shrinking the Public Sector

One major aim of free trade agreements is to downsize the public sector. Neoliberals and conservatives argue that privatization and deregulation increase prosperity, but analysts are increasingly suggesting that they are

contributing to the rise in poverty, economic inequality, and instability throughout the world, and therefore lead to increased preventable illness and death.[11] These trends reverberate throughout health care systems around the world, placing more demands on safety net providers and other poorly funded services, spurring the global migration of health care workers, and creating uneven quality safeguards.

There is growing consensus among economists that while markets are important for a successful economy, there is also an important role for the state.[12] For example, Nobel Prize–winning economist Joseph Stiglitz recently cited Brazil's strong regulatory policies as a reason for that country's successful handling of its electricity crisis, "while the US let market forces (and companies like Enron) handle the matter."[13] All analysts, including the World Trade Organization's, agree that privatization of services can only proceed effectively to the extent that there is accountability.[14]

Whether assuring common rules and a level playing field for commerce, providing vital human and social services such as health care, education, and water, or protecting the commons through national parks and clean air standards, public sector accountability is a necessary prerequisite. Safe work places, living spaces, prescription drugs, and consumer products, as well as near-universal vaccination and many other major health accomplishments, are products of government action, legislation, and regulation, not of unregulated market forces. Trade agreements not only impose these rules, they increasingly curtail the rights and abilities of governments to determine whether they wish to abide by them. For example, the WTO can override government prohibitions against purchases of goods made by child labor.

Tariffs and subsidies are important development tools that industrialized countries have used historically and continue to use. But poor countries with fragile economies are accused of "protectionism" when they try to implement them. In many developing countries, tariffs are an important source of government funds, accounting for 10 to 20 percent of revenue, and in some cases even more. In most industrialized countries, tariffs are less important, representing on average only 1 to 2 percent of total government revenue. When a developing country eliminates or reduces tariffs, it has to replace them with other taxes, which are potentially much more difficult to impose. As the WTO urges developing countries to eliminate subsidies, industrialized countries continue to subsidize their farmers. Farmers and the poor in developing countries depend on support from their government in order to survive. The US and European countries use a double standard to the disadvantage of the developing world.

Turning Vital Services into Commodities

The WTO's General Agreement on Trade in Services (GATS) could have a devastating effect on public health and health care in member countries. The GATS explicitly proposes opening up services to private competition and reducing regulations on health care, environmental services such as drinking water and sanitation, research, and education.

The services market is a new frontier in global commerce considered to be highly profitable by multinational service corporations and their host governments. Commercial services accounted for around one-fifth of world exports of goods and services, reaching $7 trillion in 1998.[15] Nearly 90 percent of all mergers and acquisitions in developing countries were in the services sector in 1999, mostly resulting from the privatization of state enterprises.[16] Furthermore, services now account for 60 to 70 percent of gross domestic product (GDP) and employment in industrialized countries, including traditionally private commercial enterprises such as banking and insurance; and traditionally public sector services, including telecommunications, health care, environmental services (such as water and sanitation), education, and corrections.

Water provides a perverse opportunity for commercial expansion. In the developing world over a billion people lack access to safe drinking water and 2.4 billion lack adequate sanitation. In the developed world an aging water infrastructure and the demands of development on water supplies promise scarcity, and an opportunity for private water companies. It is estimated that the private provision of clean and safe water could generate $800 billion to $1 trillion a year, and private corporations have increasingly sought a role. Absent adequate government oversight and accountability, private water companies have often raised charges to unaffordable levels, even as service, quality, and access worsened. In Chapter Ten, Patrick Bond describes how the privatization of water in South Africa led to a cholera outbreak and intense hardship for the poor.

Initiated in 1995, the GATS is still under negotiations by WTO member countries, but the framework is already in place. GATS establishes "disciplines," or limits, on broadly defined "government measures," that pose "barriers to trade" in the area of services. Measures include those taken by "central, regional or local governments and authorities, and nongovernmental bodies in the exercise of powers delegated by" those government bodies.[17] These disciplines restrict what governments can do to regulate services, in the interest of facilitating trade by foreign service providers. It is at once complex and sweeping, and crucial details are not publicly available.

Even so, because of some political sensitivity to the importance of necessary services for life, welfare and equity, the GATS negotiations have developed differently than other WTO agreements. GATS is structured to allow countries to establish limits, at least initially, on the services and regulations they are willing to subject to some of the more far-reaching GATS guidelines. These are "Market Access" rules, which prevent countries from regulating or limiting the amount of services, how they are provided, or the percent of foreign ownership; and "National Treatment" rules, which state that a country cannot provide more favorable conditions to domestic companies than to foreign companies. For example, governments would not be able to restrict transactions with companies in countries with repressive labor practices or poor environmental practices. Similarly under GATS, a country could not choose to promote progressive practices within social service industries (such as education).

But some GATS guidelines apply automatically to all services. These are the "top down" disciplines, which no WTO member countries would be exempt from. Under these universal rules, government measures must not present unnecessary barriers to trade.[18] As described above, the decision on whether a public health protection is "necessary" rests with the WTO, not with the government in question. And while governments may exempt or enact measures to protect health, they cannot "unjustifiably discriminate" or use such measures as "disguised restrictions on trade in services." Again, WTO trade tribunals decide what is necessary and justifiable. Finally, governments must commit to avoiding the "trade-distortive effects" of subsidies.[19]

Under GATS, once a country has committed to open up (or "list") any service, it becomes very difficult to backtrack; governments must wait for three years to initiate the withdrawal of a commitment once it has been made. Furthermore, withdrawal requires compensation, often in the form of further liberalization or financial penalties, and also requires the consent of other WTO countries. For example, if a WTO member country agrees to open up health care under GATS, and then later decides to change national policy to offer universal or expanded health care services to its population, a WTO tribunal can rule that the country is not GATS compliant and impose a penalty that it deems appropriate.

GATS negotiations are far from complete. Currently countries are determining which services they are willing to "offer" and which services they would like other countries to offer. In addition, much of the final wording, even of important "top down" disciplines that apply to all services and all

countries, is still under consideration. Recently, unions such as Public Services International, and organizations such as the Center for Policy Analysis (CPATH) and and Public Citizen's Global Trade Watch, have been organizing to inform the public about the potential negative effects of GATS on essential services. This round of negotiations is scheduled to be completed in January, 2005, but disagreements between rich and poor countries may delay that deadline.

GATS Negotiations Put Health Care at Risk

Health care is a very large "market" that corporations are eager to tap into and GATS could be the means by which corporations do so. World expenditure on health care is more than $3.5 trillion.[20] In the 1990s, international financial institutions such as the World Bank and International Monetary Fund encouraged developing countries to privatize curative health care and many public health activities, leaving only the poorest population to be served by the public sector. Affiliates of US health insurance companies established a significant presence in Latin America starting in the mid-1990s. (See Chapter Six for details.) The resulting privatization of formerly public health systems has diverted funds and other resources from critical health needs to administration.[21] Copayments and other mechanisms have driven up the cost of care, increasing family spending on health care, and presenting barriers to access. Increasing demand is straining public hospitals and clinics.

The United States, an even clearer example of problems resulting from health care privatization, spends nearly half of the entire world's health care budget (equal to about 15 percent of its GNP).[22] Yet the US has over 40 million persons uninsured by either private or public means, and ranks 22nd—just between Slovenia and Portugal—in life expectancy.[23] In contrast, Canada has a heavily subsidized system of publicly financed, provincially based universal coverage and spends less than 10 percent of its GNP on health services.[24] Canada ranks tenth in life expectancy, tying with France, and after Japan and Sweden, among others.[25]

There is already substantial trade in health care services among nations and that commercial activity primarily benefits wealthy individuals and corporations, at the expense of social objectives such as expanded primary care systems. Some developing countries have created "niche markets" that provide high-quality specialized health services at lower cost than in developed countries, attracting foreign users.[26] These include Cuba, Jordan, India, and Tunisia, and China for traditional therapies. There is little evidence, however, that revenues generated by niche markets are channeled to improve the domestic infrastructure and systems for providing medical care and public

health services. In fact, greater economic activity in commercial health care services does not necessarily result in any net economic benefit to national economies or to the population. Niche marketing of specialty services exacerbates two-tier systems and drains public health resources.

If a country chooses not to commit health care services through the GATS agreement, the liberalization of other services can affect health care, for example, administrative services (data processing, cleaning and maintenance, research, etc.), financial services (insurance and loans), and construction and environmental services (including waste disposal).[27] It is likely that the privatization of these services would result in increased costs for citizens and governments. In addition to increased costs, an ever downsizing public sector (especially in the developing world) will find it increasingly difficult to regulate contracts with foreign companies.

Bilateral and Regional Trade Agreements

As the WTO rounds continue, industrialized countries are also pursuing nation-to-nation bilateral agreements, such as the recent agreement between the US and Chile; and regional agreements, such as the North American Free Trade Agreement (NAFTA) between Canada, the US and Mexico to augment the WTO. These bilateral and regional agreements give industrialized nations, and the corporations that influence them, the power to impose rules that are even less favorable for developing countries than those established through the WTO. The Free Trade Area of the Americas, which is currently being negotiated, would create the largest regional trade bloc to date, establishing rules for every country in the Western Hemisphere, with the exception of Cuba.

FTAA is intended to facilitate trade and reduce regulation in agriculture, government procurement, investment, services, and intellectual property rights. It also proposes rules for market access, subsidies, settlement of trade disputes, and competition policy. Unlike GATS, all services would be subject to privatization and deregulation under FTAA purportedly to reduce barriers to trade in services presented by public sector provision of services and by regulation. Unlike GATS, no FTAA provisions are in force yet—the agreement is scheduled to kick in 2005. Latin American governments like Brazil and Ecuador have expressed serious reservations about signing on, buttressed by massive popular demonstrations against the agreement.

As with GATS, the FTAA exempts services supplied in the exercise of governmental authority, but states that these must be supplied "neither on a commercial basis, nor in competition with one or more service providers." *No*

vital human service in the US would be exempted under these definitions, including health care and water. As presently drafted, the FTAA would facilitate further privatization and deregulation of vital human services.

Another worrisome aspect of the FTAA is the power it would give to corporations over national and local governments. A foreign investment provision of NAFTA gives private companies the right to challenge laws and regulations ("measures") adopted by democratically elected governments and officials. The text proposed for the FTAA includes a similar provision. Under NAFTA, any "measure" may be overridden by the tribunal if it decides that it is not "necessary," or "unduly burdensome to trade." Governments may also be liable for the company's loss of unearned future profits.

There are many examples of what NAFTA's foreign investment provision means for public health and welfare. Sun Belt Water of Santa Barbara, California, sued the government of Canada for $14 billion because British Columbia banned the export of bulk water. The claim was based on future profits the company would have realized had it not been precluded from entering the water-export business in that province. California and other parts of the US face similar proposals by private companies seeking to export water both to and from the state. Public scrutiny and regulatory protection of the population could be effectively chilled by the threat of lawsuits and penalties, to the detriment of the public's health. If NAFTA investment provisions are adopted by the FTAA, the US and state governments would be similarly prohibited from imposing performance requirements on foreign investments.

In another case, the Metalclad Corporation took the Mexican state of San Luis Potosí to a NAFTA court in 1997 for not being permitted to install a toxic waste site in the state, claiming that the state violated NAFTA provisions when the governor declared the site an ecological zone. The secret tribunal decided in favor of Metalclad and required the Mexican government to pay $16.7 million.[28]

Our Stake in Public Health

Opposition to these unfair trade terms is growing. In August 2002 the California legislature approved Senate Joint Resolution 40, calling upon Congress, the president, and the United States trade representative that investment provisions such as NAFTA's threaten democracy and should not be included in future agreements such as the GATS and the FTAA.[29]

Trade representatives and economic ministers from the 146 WTO nations negotiate the details of agreements such as GATS and TRIPS. These

officials have the responsibility to respond to the concerns of their citizens who are working to promote access to health care, water, and other basic needs. In the United States, because of the Trade Promotion Authority bill passed in the summer of 2002, Congress is not allowed to amend or modify international agreements presented for a vote. However, there are many opportunities in the interim for Congressmembers to communicate with the US trade representative, and for Congressional committees to shape the language that is presented for a final yes or no vote.

WTO and bilateral trade meetings in Seattle, Doha, Quito, and Cancún have been influenced by informed activists who have been present at the meetings to manifest civil society's views on trade. There is a growing concern in many countries about the impact of global trade agreements on health and human welfare. National and international public health and health care communities have an opportunity to advocate for laws that protect public health and prioritize health over trade.

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TRADE AGREEMENT TIMELINE

Complied by Megan Morrissey

- 1944 – North American Treaty Organization (NATO) established to defend its 16 member nations and ensure peace and economic stability in Europe.
- 1944 – Bretton Woods Agreements create the World Bank and International Monetary Fund (IMF) to boost "postwar economies" and urge international economic cooperation.
- 1947 – General Agreement on Tariffs and Trade (GATT) signed in Geneva, setting rules for reducing impediments to international trade among member states.
- 1957 – European Economic Community Treaty (EEC), one of the four constituent treaties creating the European Union, signed in Rome.
- 1960 – The Organization of the Petroleum Exporting Countries (OPEC) formed to coordinate and unify petroleum prices in first five member nations Iran, Iraq, Kuwait, Saudi Arabia, and Venezuela.
- 1960 – Central American Common Market (CACM) signed, unifying the national economies of Guatemala, Honduras, Nicaragua, and El Salvador.
- 1960 – Latin American Free Trade Agreement (LAFTA) signed, otherwise known as the first Montevideo Treaty, in which 11 countries agree to eliminate tariffs.
- 1961 – Organization for Economic Cooperation and Development (OECD) founded to promote economic growth and free trade among northern industrialized states.
- 1965 – Dickenson Bay Agreement establishes the Caribbean Free Trade Association (CARIFTA) among member nations Antigua, Barbados, and British Guyana.
- 1968 – CARIFTA agreement adds eight new members from the English-speaking Caribbean.

- 1969 – Andean Pact formed between trading partners Bolivia, Peru, Ecuador, Chile, Colombia, and Venezuela.

- 1973 – Caribbean Community and Common Market (CARICOM) signed, replacing CARIFTA and uniting 12 member states under a single economic regime.

- 1973 – Trilateral Commission founded by David Rockefeller to create a forum for corporate executives to address government officials and media representatives.

- 1976 – The Group of Seven (G7) is initiated when Canada joins France, West Germany, Italy, Japan, the US and the UK as a powerful bloc on the world economic scene, with a mandate to influence organizations such as the World Bank and IMF.

- 1980 – Latin American Integration Association (LAIA/ALADI), the second Montevideo Treaty, signed by 11 nations, replacing LAFTA and promoting the creation of a Latin-American common market.

- 1988 – Canada-United States Free Trade Agreement signed, lowering tariffs in key industries and increasing trade between the two nations.

- 1989 – Asia-Pacific Economic Co-operation (APEC) established to liberalize trade and boost economic cooperation among North America and East Asian nations.

- 1991 – Andean Trade Preference Act (ATPA) signed, providing Bolivia, Colombia, Ecuador and Peru duty-free access to the US market for a range of products. In turn, US provides aid for strengthening democracy and fighting narco-terrorism.

- 1991 – Treaty of Asunción launches the Southern Common Market (MERCOSUR) agreement among Argentina, Brazil, Paraguay, Uruguay, and Bolivia.

- 1992 – Treaty on European Union signed following negotiations on monetary and political union, leading to the creation of the Euro.

- 1994 – North American Free Trade Agreement (NAFTA) comes into effect, removing barriers to trade and investment between Canada, Mexico, and the US.

- 1994 – General Agreement on Tariffs and Trade (GATT) re-written to regulate trade in goods while reflecting changes in contemporary geopolitics since GATT 1947.

- 1995 – World Trade Organization (WTO) established to exert control over trade practices and laws on a global scale. Initial membership of 76 grows to 147 in nine years, with 30 observer nations.

- 1995 – WTO General Agreement on Trade in Services (GATS) signed by all WTO members, extending the multilateral trading system to services (such as transportation, health, insurance, education, etc.).

- 1995 – Negotiations on Mutual Agreement on Investments (MAI), which would place rules on governments and corporations restricting the promotion of trade, begin.

- 1997 – Russia joins the G7, creating the Group of Eight (G8), which has broadened efforts to influence non-member countries and international organizations.

- 1998 – Free Trade Area of the Americas (FTAA) formal negotiations begin in Miami, laying plans for free trade among all Western Hemisphere nations except Cuba.

- 1998 – MAI negotiations are twice stalled by popular protest, preventing OECD countries from signing the agreement.

- 2000 – African Growth and Opportunity Act (AGOA) passed to accompany the US Trade and Development Act, making ties with African and Caribbean markets and promoting a US-Sub-Saharan Africa Trade and Economic Cooperation Forum.

- 2001 – WTO holds its Fourth Ministerial Conference in Doha, Qatar, kicking off the Doha Round of Negotiations. The Doha Declaration on TRIPS and Public Health was a major step forward in the struggle for access to medicines.

- 2003 – Middle East Free Trade Area (MEFTA) announced, creating ties between the US and the economies of Jordan, Israel, Morocco, and Bahrain.

- 2003 – Andean Sub-regional Integration Agreement instated to create economic and social cooperation between Bolivia, Peru, Ecuador, Colombia, and Venezuela.

- 2003 – WTO's Ministerial Conference held in Cancún, Mexico. Due to resistance from developing countries and strong protests, no agreement is reached.

- 2004 – US-Central American Free Trade Agreement (CAFTA) signed, linking the economies of Nicaragua, Honduras, Guatemala, Costa Rica, and El Salvador to the US after a year of accelerated negotiations.

- 2004 – Chile-United States bilateral free trade agreement begins, immediately eliminating tariffs on 85 percent of goods.

- 2004 – Caribbean Basin Initiative (CBI) forms Title II of the US Trade and Development Act of 2000. The move to facilitate trade between the US and the Caribbean is the culmination of 20 years of legislation and three separate Acts.

- 2005 – Final deadline for the establishment of the FTAA, an intended successor to NAFTA and the largest trading bloc in history.