

Remarks by the Right Honourable Kim Campbell
Opening Ceremony of the Intl Symposium on Public Health Security: China and the World
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In December, 2006, I had the pleasure of meeting Gen. Xiong Guangkai, Chairman of the China Institute for International Strategic Studies in Shantou where he invited me to come to Beijing to address his excellent and prestigious institution. I am only sorry that it took so long to find a mutually convenient time and occasion for me to accept his generous invitation but it is with great pleasure that I am here today to help inaugurate the discussion of this very important topic – “Public Health Security: China and the World.”

It is a sign of the changes in our modern world and of the impact of globalization that public health security should be a priority for an institute devoted to international strategic studies. Like Gen. Xiong, I have a background in military affairs, although unlike him, mine was not “in uniform” but as Canada’s Minister of National Defense. I held this portfolio in 1993 just before becoming Prime Minister. In those days, the end of the Cold War presented serious challenges to those who were responsible for long term military and security planning in their countries. My own view at the time was that Canada would continue to need a well trained and well equipped conventional warfare capacity for the foreseeable future but clearly, the geopolitical changes accompanying the end of the Cold War would present new and unanticipated challenges to us.

The year that the Berlin Wall came down, 1989, was the same year that Canada and the United States entered into their Free Trade Agreement. This was part of a growing liberalization of trade around the world. China’s entry into the World Trade Organization was a significant development in the expansion of world trading relationships. But as countries have become more and more dependent on international trade and global financial markets, so, too, have the issues related to their security changed.

Threats to the trading patterns that have been so important to the prosperity of countries like Canada and China can become as potentially devastating to the well being of our populations as threats to our territorial security. Thus, those of us who have been engaged in trying to assess and prepare for those threats must think in new and imaginative ways. And so, public health security becomes not just a question of how to ensure the health of our citizens – protecting them from disease and disability – but it has become inextricably linked with broader security issues that transcend our own borders.

One of the most dramatic examples of this was the SARS epidemic in 2002-2003. It was a significant turning point in public policy in both our countries. In Canada, there were 44 deaths from SARS but the economic losses added up to over \$1 billion. Cancelled conventions, meetings, tourist visits and film productions were among the major losses felt primarily, but not only, in Toronto. The epidemic started in Guangdong province and the Chinese government was initially slow in reporting the outbreak to international authorities. However, the government later apologized for this and began to address the issue of how better to deal with such outbreaks in the future. In Canada, while our national health authorities had early on identified the outbreak, the province of Ontario, where most of the cases were treated, later acknowledged that its health

care system was not up to the task of dealing with the epidemic. SARS was a wake-up call to a world that had not really learned the lessons of the Spanish flu epidemic of 1918 which killed an estimated 20 million people worldwide.

One of the lessons we learned during the SARS epidemic was that it is very difficult to keep secrets regarding public health threats in the world and where authorities do not succeed in communicating accurate information, baseless rumor can be just as damaging as actual danger. In New York City, for example, businesses and restaurants in its famous Chinatown suffered terrible losses, notwithstanding that there was no SARS there. In 2003, Walter Leu, former CEO of the European Travel Commission spoke of the billions of dollars and millions of jobs lost in the tourism industry worldwide because of SARS – a result partly of the way the media enlarged the danger. Fear is a dangerous force and one of the most important devices for ensuring the security of our public health is full and accurate information.

Public health is much more than just the control of infectious diseases. It includes all the factors that allow a child to grow up strong and every person to live out a normal lifespan. This includes workplace safety, environmental integrity, prenatal care as well as the prevention, detection and treatment of disease. The security of food and water is basic to this. As an example of the devastating economic effects of failure to ensure these qualities one has only to look at recent events in Italy. Failure to deal with garbage disposal around the city of Naples led to concerns about the physical integrity of one of Italy's most important food products – mozzarella cheese made from buffalo milk. While reports of garbage pile-ups led to dramatic drops in tourism that continued even when the garbage was removed, the government was forced to recall enormous quantities of buffalo mozzarella cheese after pollution from the garbage was found to have tainted some samples. The injury to the reputation of Italian food products is hard to calculate now, but it is devastating. The injury to citizens was not just from the danger posed by uncollected garbage but from the economic blow inflicted from the damaged reputation of an important export.

The garbage problem in Naples has been linked to corruption and the involvement of organized crime in the waste disposal business in that city. This raises another way in which public health conditions can be a very important indicator of the honesty and effectiveness of public administration. I know that the Communist Party of China has dedicated itself to the struggle against corruption and there are many steps governments can take through law and policy. Public health issues often serve as the "canary in the mine" for the success of these policies. (In early days, miners used to take canaries into the mines in order to detect poisonous gases. If the canaries stopped singing or died, the miners knew to evacuate the mines as quickly as possible. Since then, we have used the expression "canary in the mine" to identify phenomena that indicate a hidden danger.) When companies do not obey, or local authorities do not enforce regulations to protect the health of citizens, doctors may see the first evidence of this. Changes in the incidence of certain diseases or conditions can be the first warnings of underlying problems that require public response. From my experience in politics I can say that few issues are more important to the public than the protection of health. How governments deal with these issues can make the difference between unrest and instability on the one hand, and cooperative problem solving and mutual confidence on the other.

As with the mozzarella in Naples, fears about the standards of production of foodstuffs can devastate a market. The concern about dangerous additives to pet foods originating in China or the integrity of the manufacture of warfarin, have been recent examples of such fears to which the Chinese government has had to respond in order to protect the reputation of goods made in

China. Not all of these problems will first be evident in local populations, but in Italy the government ignored these indications at considerable ultimate expense.

Public health can have a direct impact on security in cases such as the HIV/AIDS epidemic in Africa which has left hundreds of thousands of AIDS orphans in the worst-hit countries. These children are vulnerable to recruitment into criminal activities or to being trafficked as slaves or prostitutes. Diseases which have this type of demographic effect are not common today, but the globalization of political issues and causes has raised another way that health and security are directly intertwined and that is through the possible use of biological weapons by non state actors. Anthrax attacks in the United States caused very few deaths but the crimes have still not been solved, indicating how hard it may be to identify and stop perpetrators of such crimes. The sarin gas attacks in Tokyo's subway system showed how even a poorly organized cult could wreak devastating effects. Controlling dangerous substances is thus an important mandate of public health authorities, but the capacity to respond to such attacks is also critical. International cooperation in sharing antidotes, vaccines and protocols for treatment can enhance the effectiveness of public health authorities in all countries.

Last month I addressed a conference of the World Bank on the socioeconomic dimensions of Climate Change. My topic was the security dimension of this topic and clearly, public health issues resulting from global warming will be challenges we will all have to face. Already, European countries are experiencing incidences of tropical diseases, hitherto unknown in Europe. All of this underlines the need to focus on the second phase of the topic of this seminar- China and the World. Today, security consists of maintaining economic prosperity, the mobility of people within and between countries, meeting unconventional threats as well as the traditional goal of territorial integrity. Failure to address the issues of public health can undermine these goals in very costly ways.

I would not like to leave you with the idea that these problems are not being addressed. Throughout the next two days you will hear many stories of progress and cooperation. Perhaps I can end my presentation by focusing on the excellent cooperation that is being built between Canada and China in the field of health care.

Canada's health relations with China are formalized through a number of Memoranda of Understanding (MOU) and Plans of Action with various Chinese Ministries and Administrations, including the Chinese Ministry of Health, the State Food and Drug Administration, the Chinese General Administration on Quality Supervision, Inspection and Quarantine, the Ministry of Education, and the National Natural Sciences Foundation of China.

The bilateral health relationship is focussed on strengthening cooperation on overall bilateral health policy as well as technical and regulatory issues by facilitating information exchanges and by exchanging policy expertise and experience in areas of standards development, inspection, surveillance, laboratory capacity and biosafety programs. Priority areas for cooperation include: product safety, emerging and re-emerging infectious diseases, and health systems reform and strengthening.

Following the visit to Beijing in November 2007 by Health Minister Tony Clement, officials from Health Canada and the Chinese Ministry of Health are finalising Terms of Reference to create a Canada-China Joint Committee on Health. The Joint Committee, to be co-chaired by the two Health Ministers, will provide a regular forum for both high-level and specialist-to-specialist dialogue on health issues of mutual interest and concern.

Canada and China enjoy a significant bilateral engagement across a variety of policy areas and share important economic and people-to-people ties. In June 2007, Prime Minister Harper met with Chinese President HU Jintao in the margins of the G-8 summit in Germany, at which time he reiterated Canada's commitment to further cooperation with China in the following priority areas: trade and investment; environment; **health and disease control**; and governance. China is Canada's second most important bilateral trading partner after the United States and Chinese is the third most spoken language in Canada, after English and French.

Given the increasing level of people-to-people interactions between the two countries (China is the largest source of migrants to Canada, there are 1 million Canadians of Chinese origin, and Canada welcomes approximately 35,000 Chinese students at Canadian educational institutions), a solid and productive health relationship with China is in Canada's strategic interests.

Many Chinese know Canada through the role played by a Canadian doctor Norman Bethune in the 1930s as a battlefield surgeon for the Chinese Army in their fight against the Japanese Army. Indeed, Bethune was immortalised in China in an essay written by Mao Zedong entitled *In Memory of Norman Bethune*. Today, we are pleased that Canada is seen by China as a favoured partner in the health realm for our expertise in areas of interest to China including: health care system reform, chronic disease management and emergency preparedness - particularly following the SARS outbreak in 2003).

For many countries, public health statistics and outbreaks of disease have traditionally been seen as issues to be kept within the confines of that state alone. Now, however, we see that countries earn respect globally by being quick to disclose public health issues that may result in cross-border epidemics or undermine confidence in their products in foreign markets. No country can avoid such issues. Canada has faced embargoes on its beef in the United States as a result of outbreaks of "mad cow disease" in Alberta beef herds. Only prompt and effective action can keep such situations from escalating into major disasters.

The end of the Cold War marked the beginning of an era of unprecedented global interaction. China's economic reforms have put it in the center of the growing prosperity and economic interdependence that has resulted from a broadened world trading regime. But these economic relationships need to be accompanied by "health and safety" partnerships that ensure that public health issues do not destroy prosperity and undermine mutual confidence. By sharing information and skills for the purpose of protecting the health and well being of their peoples, countries can reinforce friendship and cooperation. No country can guarantee the public health security of its citizens in isolation. For that reason, perhaps we should express the title of this symposium not as Public Health Security: China AND the World, but Public Health Security, China IN the World.

I look forward to seeing the results of this timely and important conversation.

Thank you.