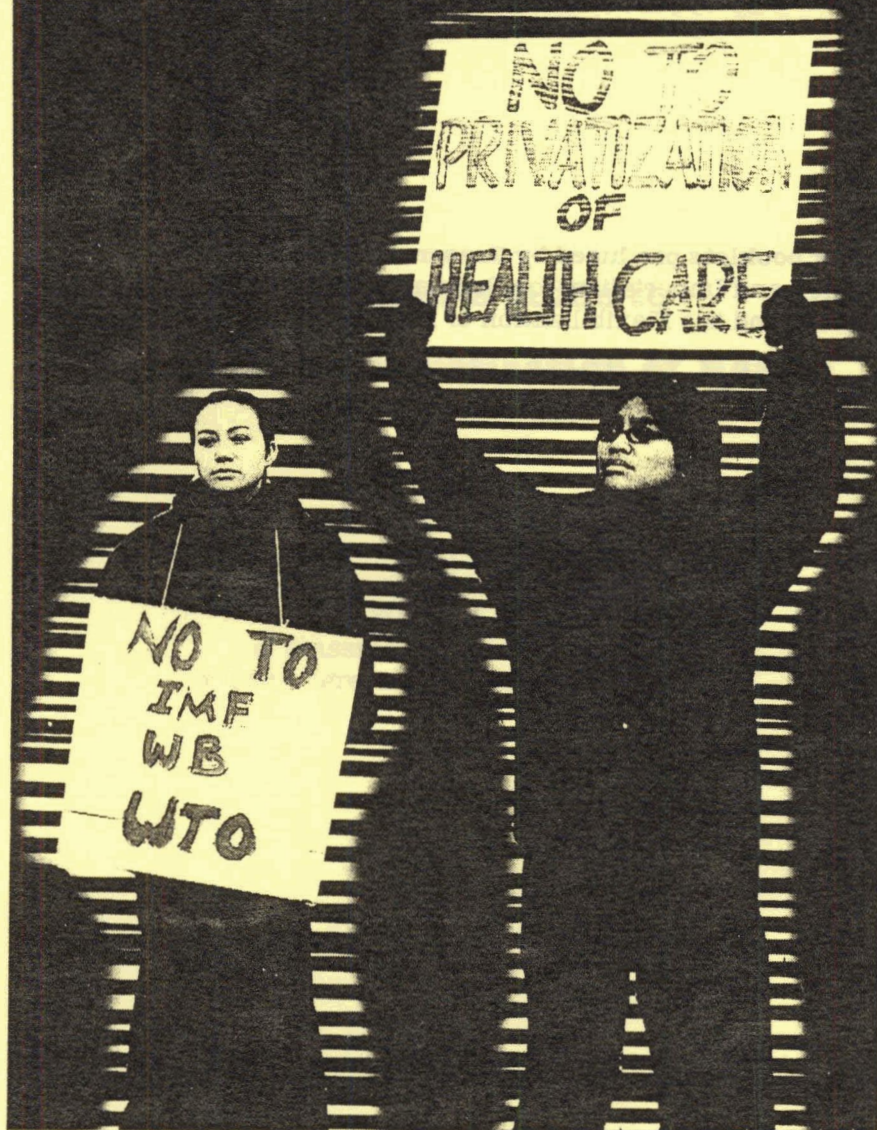


a beginner's guide to

Women & the privatization of health



Produced by Grassroots Women

May 2003

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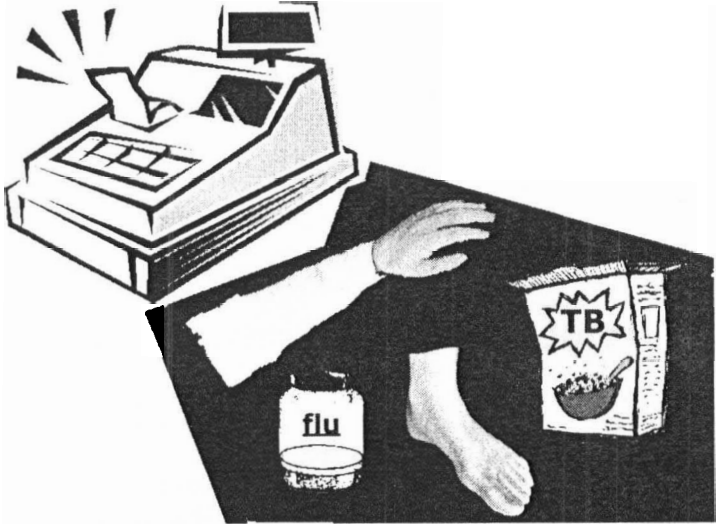
Other booklets produced by Grassroots Women:
Women and Imperialism for Beginners (2002)
Women and the Flexibilization of Labour (2003)

**A beginner's guide to
Women & the Privatization of Health**

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What the heck is privatization?

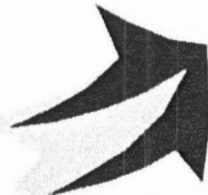


The term privatization encompasses the many ways that public ownership of resources (like water) and provision of services (like health care and education) are shifted to private, for-profit ownership.

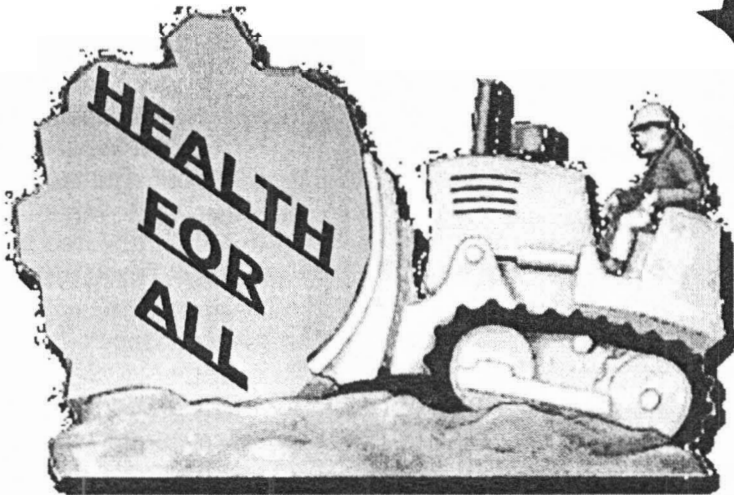
Privatization is one of three pillars of imperialist globalization along with liberalization and deregulation.



Don't worry... read on and we'll try to make it clearer...



Under privatization, programs like health care, which should be about our basic human right to comprehensive and accessible health for all, become about profit. Under privatized health, our bodies and our illnesses are viewed as commodities to be bought and sold for the profit of a few. Big companies cheer at the appearance of each old and new disease.

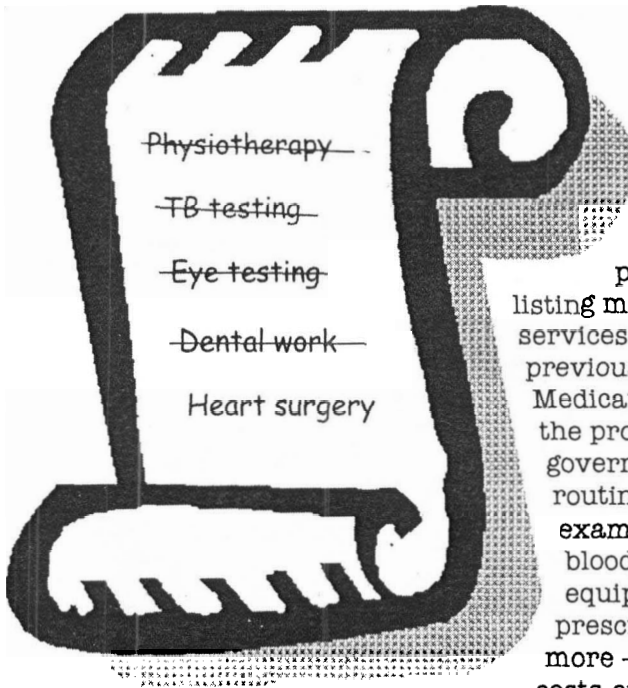


In the end, privatization adds up to less or no access to necessary services for the majority of us who can not afford to pay skyrocketing costs - particularly those in the Third World.



What does privatization have to do with health?

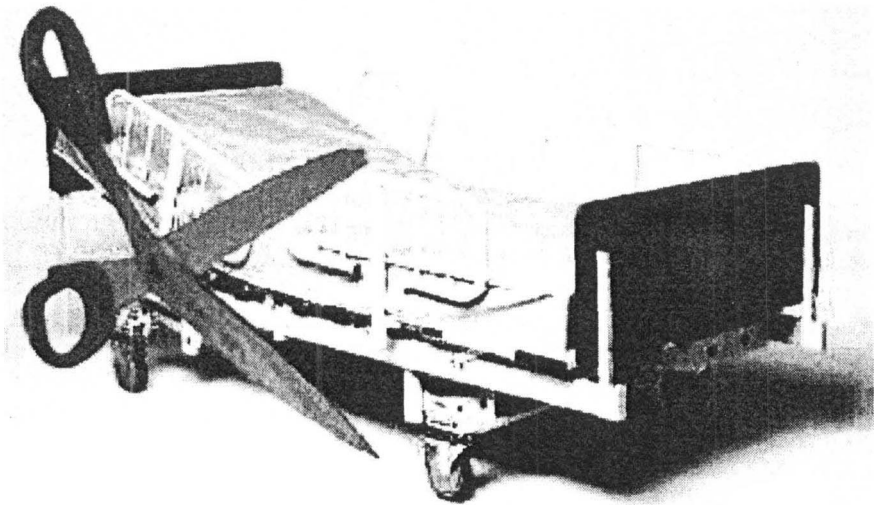
Privatization of health care can take many different forms. One way that governments promote privatization is by **de-listing** services. This means that certain health services are deemed not “medically necessary.” If they are not medically necessary, they are not covered by Medicare, our public health insurance plan in B.C.



For the past several years provincial governments have encouraged privatization by de-listing more and more services that were previously covered under Medicare. In BC, in 2002, the provincial government de-listed routine eye examinations, diabetic blood sugar-testing equipment, at least 17 prescription drugs, and more – increasing the costs of health care and

decreasing already limited access to treatments for working class and marginalized people.

Another form of privatization is **contracting out** publicly funded health care services to private, for-profit companies. When services are contracted out, the working class pay for infrastructure, start-up costs, equipment, and maintenance while the companies owners take home the fees we pay to access health services.



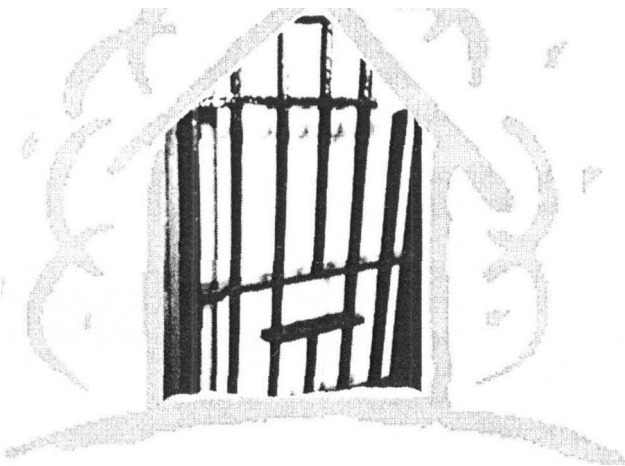
Since the goal of these companies is to increase profit, they cut corners wherever they can. This means lowering wages (replacing unionized with non-unionized health care workers), increasing the number of patients per health care worker, and cutting back on safety protocols and worker training. Patients experience negative impacts of privatization on their health. When the number of nurses to care for patients is reduced, patients wait much longer for things like help to the toilet and changing soiled bandages. This is a serious compromise of patient safety, well-being and dignity.

The result is worse health for the people, while the government walks away from what should be a social responsibility to provide health for all.

The **Live-in Caregiver Program** is an example of how privatization is already happening in Canada.

Long-term health care services for the chronically ill, disabled, or frail elderly, are not always paid for by the government. Instead the government off-loads the cost of health care to the working class. Yet, people with money can choose to employ domestic workers to look after family members who require care. Using the Live-in Caregiver Program of Citizenship and Immigration Canada, Third World women - many from the Philippines - are brought to Canada to provide private health care for those who can afford it.

The fundamental pillars of the LCP (the requirement that caregivers live in their employer's home and the insecure nature of their immigration status) ensure the exploitation and oppression of the women working as caregivers. Although many of these women are trained nurses, providing skilled health services, they are frequently paid as little as \$1 per hour for their 24 hour day. Meanwhile, working class people are effectively denied long-term, full time home support services - since they are not provided publicly and private options are too expensive!



Generic Brand



\$4.99 / 100 pills

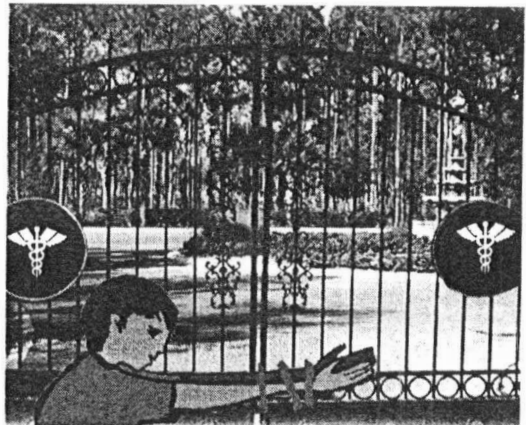
Monopoly Brand

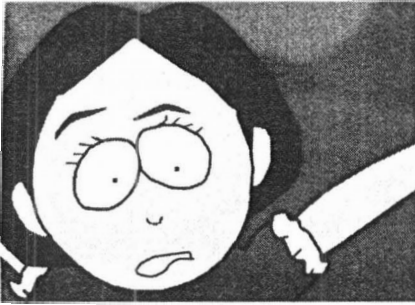


\$13.98 / 100 pills

Allowing clinics to charge **user fees** in order to increase their profits is another example of privatization, as is extending the length of **drug patents** (which give companies the sole right to produce and distribute certain necessary drugs). This grants monopolies for pharmaceutical companies. In other words, it protects the companies from competition by preventing the sale of cheaper generic versions of necessary drugs. This allows them to generate huge profits at the expense of working class people who often find the patented versions of prescription drugs prohibitively expensive.

At the far end of the privatization continuum is a **completely private** health care system where individual users are forced to pay for all health care services. This model of health care completely eliminates all social responsibility for health. Under this type of system, no money equals no health care.





If the rich can pay for private health services, why not let them?

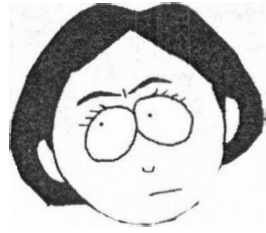
Wouldn't that take the burden off the public system, making services more available to the rest of us?

Allowing rich people to pay for private health services only validates the idea that having money makes one more deserving of better health care. Why should the rich receive better health care? Health is a basic human right and all of us should have equal access to quality health services - not just those who can afford them.

If wealthy people were paying for their own services, they would likely be tempted to argue that they should not have to pay into the public system at all. Chances are, they would almost certainly continue to use some aspects of the public system. But even supposing that the rich were to use private services exclusively, we should remember that their wealth is created by working class people who produce the goods and services that create profits. Why should the rich be allowed to use profits to pay for higher quality health services that working class people cannot afford?



But won't privatization shorten my wait time at the doctor's office?



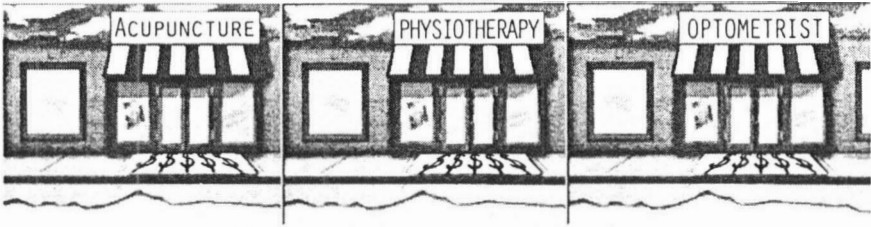
I heard that my doctor will spend a longer time with me during visits.

Supporters of privatization argue that if doctors and other health care service providers are motivated by profit, they will compete for your "business" by providing the best quality "product" possible. But privatization will simply reinforce profiting from our illness, and will not improve the quality of care.



The average time with a doctor is already 5 minutes because doctor's are paid on a fee-for-service basis, meaning that the doctor receives a payment from Medicare for each patient who comes to his office.

The profit motive will ensure that doctors push even more people through the health care system to make as much money as possible, further limiting our access to doctors. If doctors were allowed to charge patients directly, you would be able to spend more time with your doctor—but only if you could afford it!



But doesn't the government keep saying they are not privatizing health care?

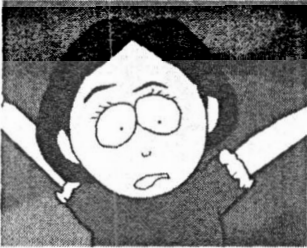


Regardless of what the government says, our current health care system already supports the idea that if you can pay for a service, there are better and more options for you in the private sector (e.g., physiotherapy, chiropractic services, acupuncture, naturopathy, etc.). If you can't pay, you will just have to endure long waiting lists and overstretched public services.

The Live-in Caregiver Program and Public Private Partnerships (PPPs) are examples of privatized health care in Canada.

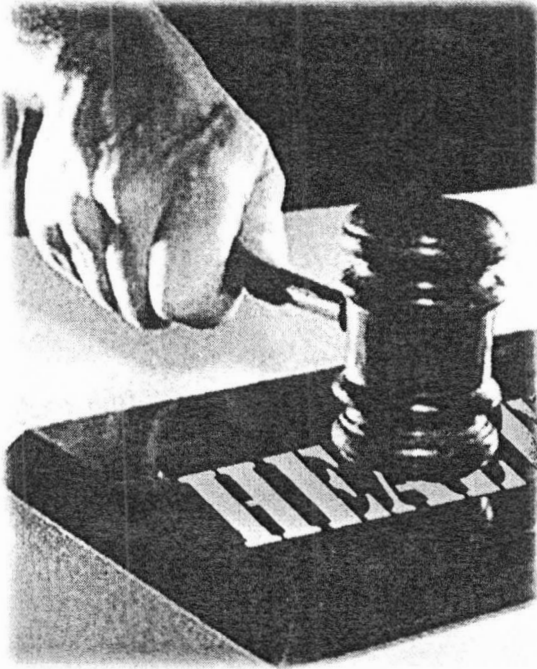
PPPs are a model of privatization where the public pays for the costs and the companies take all the profits. An example of Public Private Partnerships in BC are the new Assisted Living Units, which are replacing Long-term Care Facilities for the frail elderly. The basic costs of these 'homes' are paid for by public dollars, but the families must pay for equipment, prescription drugs, and 'perks' (such as urinals and help with personal care) which were previously paid for under Medicare. This model is not much of a 'partnership' as money from working class taxes is funnelled straight into corporate pockets.

The US, which has extensively implemented PPPs, spends more public dollars per capita on health care than any other country in the world, and yet 45 million Americans have no access to health care! Privatization does not reduce government deficit or improve efficiency in health care delivery - it simply transfers money from the working class to the rich in the form of profits from our sickness.



Well, couldn't we just try and see what privatization is like?

We can always go back to a public health care system if we find it is better after all, right?



No! Our federal government actively pursues trade agreements such as the General Agreement on Trade and Services (GATS) and the North American Free Trade Agreement (NAFTA). These agreements state that the public provision of services - such as health care - represent "unfair competition" with private companies that would like to be able to profit by providing such services. Once

health services are privatized, they could not be made public again, since corporations would be able to claim that it was "illegal" under World Trade Organization (WTO) guidelines.

We need only look to underdeveloped countries to see how the WTO has acted to prevent the provision of public health services in favour of those provided by private corporations. These examples show us that it will be difficult if not impossible (under the present economic and political system) to reverse the trend toward privatization once it has been established.

What does privatization look like in Third World countries?



The World Bank and International Monetary Fund conditions for continuing aid to **Africa** has forced over 30 African countries to operate their health care systems on a 'cost-recovery' basis, implementing user fees for health care services, resulting in a steady decline in attendance at health care facilities, and a subsequent reduction in overall health.



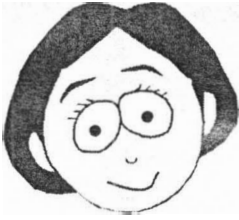
Study and fight! Workers awake!



The Intra-American Development Bank and the World Bank have been pushing the government of **El Salvador** to 'modernize' their Ministry of Health and Social Assistance by transferring the total provision of health and social services to the private sector. These moves stand to render unaffordable health care services for the majority of Salvadorians who live in poverty.

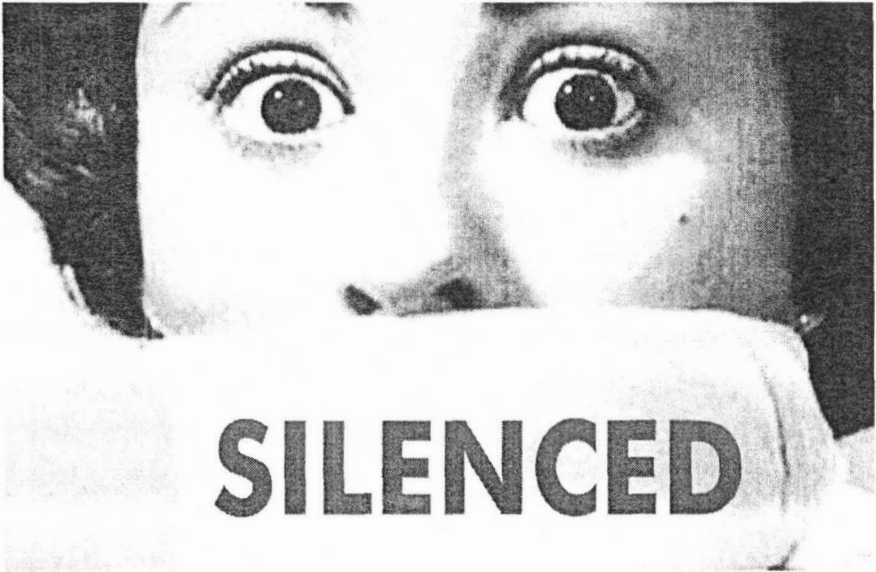
In the **Philippines**, the World Bank and International Monetary Fund have forced the government to reduce spending on health care. This has resulted several public hospitals reopening as private for-profit hospitals, completely eliminating the health care services of thousands.

Canada plays an active role in the privatization of health care in underdeveloped nations. Canadian corporations stand to reap huge profits off of the privatization of health care, and Canadian trade negotiators push for policies to advance this national corporate interest at each round of negotiations under the World Trade Organization. As a G8 country, Canada has influence in trade negotiations which have devastating consequences for working class and marginalized women internationally.



Why is privatization a women's issue?

All people suffer when health care declines in quality and increases in cost. But women in particular have a lot to lose—both as health care workers and users of the health care system.



SILENCED

Women provide the majority of health services, both in the formal economy as **health workers** and in the informal economy as caregivers. For example, the membership of the Hospital Employees' Union is over 80% women. This union is facing massive job losses, as the BC government contracts out health services to private companies. These women will lose their unionized positions, a blatant attempt to silence worker opposition by attacking our right to organize. If women are rehired as non-unionized workers they will be forced to provide their professional skills for low wages and will often end up in dangerous work environments. Private service providers compromise worker safety in order to increase profit.

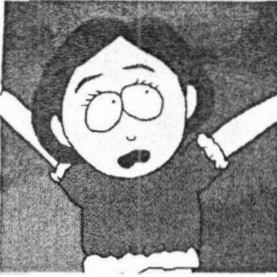
Women who cannot afford to pay for services not provided under the public health care system – such as long term care for sick or elderly family members – often end up providing that care themselves. As more services are privatized, working class women - who are already struggling to meet their basic needs – will be forced to take up the slack to ensure the health and well being of their families. While women's working conditions are deteriorating and their wages are dropping, their **responsibilities and expenses at home** are increasing.

What's more, a **health gap** exists between the rich and the working class. This gap is twofold. First of all, the rich have better health because they have the money to afford secure homes, proper nutrition, and are not exposed to unsafe working conditions, while those of us with less money can't afford to meet our basic needs and are more likely to be sick. Secondly, this health gap exists because those with more money can access more and better health care services (both public and private) while marginalized and working class women wait in overcrowded and underfunded emergency units.



Women own less than 1% of the world's property

Since women receive less than 10% of the world's income and own less than 1% of the world's property, marginalized and working class women suffer the greatest impact of the health gap.



If we don't benefit from privatization, then who does?

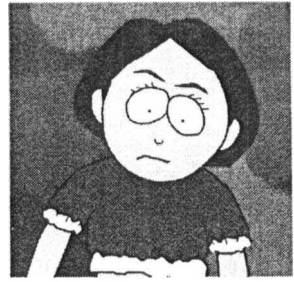
At the moment, the pharmaceutical trade is the third biggest industry in the world. In one year, the five largest pharmaceutical companies produced two times as much as the entire sub-Saharan Africa, and in 1999 the ten largest pharmaceutical companies made a profit of US\$25.5 billion.

Private insurance companies are poised to increase the profits as services are increasingly de-listed from public health insurance coverage. Privatization will benefit these industries and others like it, in keeping with the idea of health care as an 'industry'.

It's not just the corporations who stand to benefit. Our governments do as well. Privatization allows a government to wash its hands of the social responsibility of health care. It's easy to balance the budget if you're not providing the services. Furthermore, conflicts of interest exist that will be further legitimized by privatization. For instance, government officials often sit on the boards of health companies and politicians frequently accept campaign donations from health industry corporations.



If privatization is so bad, then why is it happening?



The elite would have us believe that “there is no alternative” to the privatization of health care. They tell us that it’s the natural evolution of our political and economic system. But that’s not true!

Privatization is a practice that is being pursued by the powerful for specific reasons. Privatization, along with deregulation and liberalization, is one of the three pillars of imperialist globalization. Imperialism is now the dominant political and economic system of our time, and its policies and practices impact everyone. Its benefits go first and foremost to a small ruling class while its heaviest burdens are borne by marginalized and working class women in the Third World.

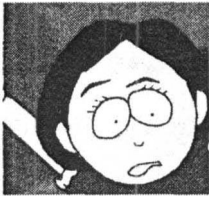


Since the 1970s imperialism has been in severe crisis. It is a crisis caused by overproduction. Increasing numbers of people can no longer afford to purchase the products of imperialism as they sink deeper and deeper into poverty. When no one can afford to buy the products they produce, the capitalist’s ability to increase their profits is limited. Since the nature of the system requires the continual increase of profits, new ways to make money must be found. Policies of imperialist globalization are implemented to ensure the pockets of the rich are lined.



As those in power struggle to sustain imperialism, social programs and publicly provided services (like health care) are the first to fall by the wayside. Cuts to social programs and policies of privatization, deregulation, and liberalization are desperate attempts of the imperialist states, bosses and owners to address this crisis of overproduction. Health care, if privatized, has great profit making potential. After all, everybody needs it.

Marginalized and working class women are being hit hard and hit first by these policies and practices.



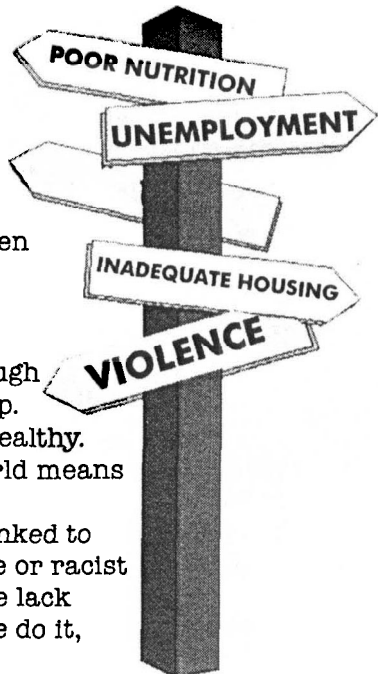
So should we just fight to keep Medicare the way it was?

While we have won programs like Medicare through our hard struggle, health care in Canada has never been a human right for everyone. Medicare was never intended as a socialized health care system that met everyone's needs. It didn't address the fundamentals of health (like good housing and nutrition). It was only ever about services. In fact, it was about certain services only. For instance, dental care has never been covered under Medicare. Medicare also always left room for corporate profit making at the expense of our health.

In Canada the working class are nearly always more sick than the wealthiest. The working class have 78% more sight disorders, 57% more hearing disorders, 40% more dental problems, and 65% more cases of the flu. Even with Medicare, people still have to pay monthly medical premiums (\$56 / month in BC). We have to pay for hospital charges, prescription drugs, and many health care services that are considered "medically unnecessary" like eye glasses and dental care.

This is the real crisis in health care: the **health gap** means the rich have much better health and health care than the working class. This health gap already exists within and between countries and will only get worse as health is privatized.

Providing more health services through Medicare will not close the health gap. Services alone cannot make people healthy. The best Medicare system in the world means nothing if leaving the clinic we face inadequate housing; poor nutrition linked to chronic under / unemployment; male or racist violence; and, a work place where we lack control over what we do, how fast we do it, and what we're exposed to.





As capitalist's drive to increase profits continues to lower our wages, destroy social programs and attack our basic human right to health, it becomes increasingly important that we expose imperialist globalization as the root cause of the health gap. Do we really want a society where the hunger for profit comes before human needs?



How can we forward the struggle for “health for all”?

“Health for All” means access to comprehensive, quality health care for everyone. Health should be a social responsibility and never an arena in which to make profit. “Health for All” also means addressing the root causes of the health gap: privatization and imperialist globalization.

Working class and marginalized women from the Third World have been fighting the privatization of health care for decades. As women living in an industrialized country, we can support their movements for genuine health and national public services, and learn from their inspiring struggles to build the international anti-imperialist movement.

The **International League of Peoples’ Struggles (ILPS)** was formed out of the realization that an international attack on people’s rights demands an internationally coordinated resistance movement. This includes fighting for the right of the people to health care and for the rights of health workers. The ILPS - a democratic and anti-imperialist formation of over 300 mass organizations - has resolved to expose the disastrous effects of imperialist globalization on people’s health and health care, to fight transnational corporation policies on health, and to launch globally coordinated campaigns on privatization and for the removal of health services from GATS.



In the **Philippines** the Health Alliance for Democracy (HEAD) struggles for a society where all have access to basic social services and health care free from foreign and local monopoly control. As well as providing health care services to striking workers, political prisoners, and the urban poor, HEAD leads ongoing education to raise the political consciousness of progressive forces within the health care sector to actively participate in the struggle against imperialism.

In **El Salvador**, despite the threat from paramilitary death squads, wave after wave of protests rock the nation's capital San Salvador to decry the governments attempts to privatize the health and social security services through trade negotiations with the US. In the most recent march, progressive unions and alliances of health care workers mobilized over 100,000 protesters to the streets. The protesters dressed in white in solidarity with striking doctors, nurses, and allied health workers.



In **South Africa** the Anti-Privatization Forum organizes progressive forces in an ongoing campaign against all forms of privatization which impact the health and living conditions of the people.

Help build a movement in BC!



In Vancouver, you can join
Grassroots Women's Health
Committee!

Since 2001, Grassroots Women
has led a comprehensive
"Health for All!" campaign
through workshops, forums,
and rallies exposing the
impact of the health gap on
marginalized and working
class women both locally and
internationally and
campaigning against the
privatization of health under
imperialist globalization.

Grassroots Women's Health
Committee continues this
resistance and encourages
women to join us in the face of
the intensifying health crisis.
Come participate in an event,
plan a workshop, march in a
demonstration. It is our
voices, our sustained
resistance, and our collective
numbers that will stop the
privatization of health and
ensure health for all.

Contact us at 604-682-4451 /
grassrootswomen@telus.net.

Join GRASSROOTS WOMEN!

Grassroots Women was originally organized as a discussion group with the assistance of the Philippine Women Centre in September 1995.



Since 1995, Grassroots Women has evolved into a mass organization whose members seek to:

- (1) Deepen our understanding of imperialism and its impact on women;
- (2) Conduct campaigns on the impact of imperialist globalization;
- (3) Build a militant grassroots women's movement; and,
- (4) Join in solidarity with international people's struggles against exploitation and oppression.

Glossary

Capitalism is an economic and political system in which property, business and industry are owned by private individuals in order to make a profit. The rest of us survive by selling our labour power to owners for a wage.

Colonialism is the process where powerful European nations expanded across the world in search of more minerals, resources, and materials to increase their profits. Indigenous populations were displaced and disrupted as European nations plundered and extracted the resources.

Deregulation is the removal or dismantling of measures or controls put in place in specific industries or areas.

Imperialism is the highest stage of capitalism, and is the dominant political and economic system of our time. It means more monopolies, and increased economic domination of highly industrialized countries – which divide and redivide the world through economic,

political and military means – to create regional trading blocks and spheres of influence to suit their own interests. Imperialism also means the coming together of big bankers and big industrial capitalists. A casino economy evolves, as stocks and currency trading is primary. Finally, imperialism means the increasing polarization of wealth within and between countries.

Imperialist globalization describes the process of globalization taking place in the last 3 decades. Tried and tested in the Third World, the policies and practices of imperialist globalization (privatization, deregulation, and liberalization) are now being implemented in industrialized countries.

Liberalization is the elimination of anything perceived to be a barrier to trade and investment.

Privatization is the many ways that public ownership is shifted to private, for-profit ownership.