

January 10, 2002
CJSR Radio Interview
The State of Health Care
Interviewed by Emily ~~45~~30 minutes

1. Explain what the VWHC does and the services you provide.
 - We are Celebrating our 30 anniversary this year
 - The VWHC is a volunteer-driven, membership-based, feminist, non-profit organization serving women's health information needs
 - Our Information Centre is open to women 20 hours per week and it's predominantly staffed by volunteers
 - Women visit the information centre when they are looking for a new doctor, naturopath, chiropractor, dentist, etc.; women are able to read evaluations completed by other women about their experience with a particular health practitioner
 - If women are interested in sharing their experiences with us the evaluation forms are available at the Information Centre and on line
 - Our web site is www.womenshealthcollective.ca; the web site gives you a pretty good overview of our services
 - Women also visit the Information Centre to do research on health topics of interest to them; we have an extensive collection of journals, books, newsletters, and health files by topic which contain alternative and more mainstream information
 - We offer women a health information telephone line 604-736-5262; women can call for specific information or about a particular service you are looking for and we can share with you the services available in the community

2. Give a brief outline of the cuts to health services.

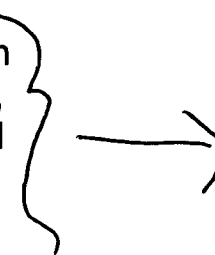
- ①
- Funding for health care is frozen for the next 3 years
 - Inflation, aging population, population growth
 - Real terms the freeze will mean big cuts

Compound Present Problems
numbers
lists
equip.

- ②
- Health services that were previously covered for all BC under the Medical Services Plan and are no longer covered include: eye examinations, and chiropractic, massage therapy, podiatrist, naturopath, and physiotherapist care

100%

- For those who are on income assistance there is now a cap on the number of combined visits you can make to a chiropractor, physiotherapist, massage therapist. 10 visits are now covered per year. Previously, you could visit each health service provider for up to 12 visits per year.



- ③
- Pharmacare which is our provincial prescription drugs (and medical devices) plan has been cut.

- This means that those who are eligible for Pharmacare will have to pay more. *for their drugs*
- In 1999, Pharmacare paid for prescriptions for 850,000 patients.
- About 50% of Pharmacare expenditures are for drugs for seniors,
- about 20% of the drug costs are for people on social assistance and disability benefits
- around 15% is for people and families with greater drug needs,
- and the remainder includes drug costs for long-term care residents, and people who are on anti-HIV/AIDS drug therapies.
- Deductibles will increase for everyone who qualifies for Pharmacare by between \$200 and \$275 a year:
 - For example, for me, the deductible rises by \$200 from \$800 to \$1000. This means that I need to pay more

now qualify under greater drug needs

for drug costs

than \$1000 for drugs and medical devices before I will see any tax relief when I file my taxes

- An increase in deductibles will be a real hardship for people on income assistance, for poorer seniors, and low-wage earners

(4)

- Province-wide, the number of health regions has been cut from 52 to 5, the new Vancouver Coastal Health Authority will cover the huge and populous Lower Mainland ~~health region~~ *area*

- service delivery
- layoffs
- programs

- Effect on VWHC and our Patient's Rights Workshop funded by the health board under the SMART fund

Who will be most affected by these cuts

3) Which of these cuts will affect women explicitly?

- In 1997, women earned 64 cents for every dollar a man earns on average
- In 1997, 56% of all families headed by lone-parent mothers had incomes that fell below Statistics Canada's low-income cut-off.
- Over 50% of women with disabilities live in poverty.
- And families with a child with a disability are almost twice as likely to live in poverty as families without a child with a disability.
- In 1997, close to half a million women, 65 years and older, lived in what Statistics Canada describes as a low-income situation. That's 24% of senior women. Senior women had an average income of just over \$16,000, \$10,000 less than senior men
- Health cuts are therefore compounded for women

on average less less health care

4) Which of these cuts do you see as most devastating?

- The freeze on the health care budget will be devastating to our health care system.
- All of the cuts are going to affect people each and every day to different degrees depending on their wealth/poverty,

our our health/

5) How will the cuts affect members of different socio-economic groups? Who will be effected the most?

- The working poor, people on fixed incomes like seniors and students, those who are unwell, and women will all be severely affected by the cuts

Save #5



- .A study published in 2001 found that when Quebec started charging seniors and people on social assistance 25% of the total cost of their prescriptions, fewer patients filled their prescriptions, therefore fewer patients took the drugs they were prescribed, resulting in adverse effects and costly visits to emergency rooms. ~~So in the long run forcing people to pay for their drugs does not save money; it costs both lives and money.~~

2x

- The UBC economics prof, Robert Evans, was quoted in early December in the Vancouver Sun in response to the cuts as saying: "In general, rich people pay more taxes and poor people tend to be sicker. You haven't controlled the system's costs, but you have moved them from the shoulders of the people who are healthy and wealthy to those who are unwealthy and unhealthy."

6. Talk a bit about the financial realities of decreasing preventative health services?

- Studies show that cutting coverage of preventative care such as massage therapy, chiropractic, naturopathy etc. costs money down the road
- The government says it will save \$130 million dollars by cutting services under the MSP; 2, or 5 or 10 years down the road we will see the effects as people require back surgery because they couldn't afford to go to their chiropractor once a month and pay \$35 each visit
- or people will develop eye diseases because they did not have their eyes examined because they couldn't pay the \$65 charge. All of this means extra spending on doctors and hospitals and for costly surgery.
- If effective chiropractic or physio treatment gets sick or injured people out of the health care system more quickly and back to work then it saves money all round and makes for a healthier population

7. Could you talk about the provincial trends we are seeing from ~~Ontario~~, to Alberta, and now in BC.

- Alberta's Bill 11 which became law more than a year ago, has opened the door for profit-driven medicine in Alberta. For profit facilities were opened to offer day surgery and ^{paid} for with public, tax dollars. That was the first step - to allow day surgery in private for-profit facilities. Now applications have been made to allow 5 operations (hip, knee and shoulder-joint replacements and 2 procedures involving the lumbar) requiring overnight postoperative care to be performed in for-profit clinics. When these applications are approved this surgery which used to take place at public hospitals will be offered in for-profit clinics and will be paid for with taxpayers money.

soon

- In early December the BC government released a report from the Standing Committee on Health Care which made 90 recommendations, such as surgery being performed in private for-profit clinics paid for with taxpayers money, significantly reducing the number of health regions in the province which was just done, diagnostic equipment like MRIs ^{could} be operated by the private sector, more public-private partnerships like the construction of hospitals, discouraging people from using walk-in clinics by charging a fee, and medical savings accounts for BC

When will BC go with this?
Time will tell.

- Yesterday, January 9, an Alberta report by the Premier's Advisory Council on Health led by Don Mazankowski, a former federal cabinet minister in the Mulroney government, was released. The underlying assumption of the report is that we can no longer afford our health care system. Some of the recommendations include: removing some services from health coverage otherwise known as delisting; medical savings accounts, ^{and} a hefty increase in health care premiums so that premiums cover 20% of the cost of insured services (15% presently);
- ~~Romanow Report at the end of 2002~~

8. How do these cuts fit into the larger national movement towards privatized health services?

- Year after year, the federal government cut back on the health funding that it transferred to the provinces
- More recently it has reversed that trend but the funding cuts have been so deep that the federal share of overall health care costs is now about 20 %
- This has left the federal government without the clout to enforce national standards
- and has opened the door to provincial governments introducing regressive health policy because they claim we can't afford our health care system anymore
- Ironically, it is those same governments, Ontario, Alberta, and now BC who continue to cut taxes instead of investing in our social programs like health care

→ Romanow 2002 comprehensive

9. How do you see the health care system changing under private control?

- Our health care is a public good. Private for-profit care will ruin our system.
- For-profit health care will take us down the road of an American style health system.

10. What kind of organizing is being done to react to health services cuts?

- Health care belongs to all of us.
- It doesn't belong to provincial Premiers or the federal government, or Allan Rock the federal health minister.
- We need to remind governments of this.
- All of the proposals coming out of Alberta, Ontario, and now BC rest on the notion that we can't afford our health care system.
- I believe we can't afford the tax cuts these governments have made.
- We can't afford the bad health policy they are implementing.

- BC Health Coalition rally on Friday January 25th at noon at Canada Place
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- Get involved with the BC Health Coalition our next meeting is January 17th call me for details at 604-736-4234
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- Fight back



*Anti globalization
letter to MLK As
MPS
to editor
etc.*