Speaking Notes for Caryn Duncan, VWHC
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IMPACTING WOMEN: PROVINCIAL GOVERNMENT CUTS TO HEALTH CARE

I'm pleased to be here today to speak to you about the impact of provincial government initiatives on women's health. As I speak over the next half-hour or so, I would encourage you to reflect on the value of putting public policy under a gender lens and the implications for furthering women's equality.

As you may know, the Vancouver Women's Health Collective has for 33 years been offering women complementary and mainstream health information, helping women find a new doctor, speaking out against health policy and service cuts that are harmful to women, and working in coalitions to raise women's voices about health care and women's rights. We have two part-time staff, many active volunteers, and operate our organization on about $100,000 a year.

In April 2004, the provincial government cut 100% of our core funding. We continue to operate in large part thanks to the City of Vancouver. In an eleventh hour decision, on April 8 2004 and again in April 2005, upon appeal to City of Vancouver councillors, the VWHC was awarded a Community Services Grant to enable us to continue our important work for women. This process begins again this month for next year's city grant allocation. These days I spend a lot of time doing fundraising, when I should be advocating for women's health.

Although the focus of my presentation is on cuts to health care, I think it is important to remember that the impact of social service cuts on women's lives is as varied and great as the list of cuts is long. It goes without saying, that social service and program cuts including the 100% cut in funding to women's centres, eliminating the Ministry of Women's Equality, cuts to legal aid, restrictions in welfare eligibility and cuts to welfare benefits – that all of these government actions impact the quality of women's lives and effect their health.

As you all know and Statistics Canada tells us year after year, women make on average less than men. Women earn 73 cents for every dollar a man earns. A senior woman's average annual income is $16,000, $10,000 less than a senior man. 56% of lone-parent mothers and 24% of senior women live in what Statistics Canada describes as a low-income situation, more commonly referred to as living below the poverty line. Most minimum wage workers in Canada, nearly 60%, are adults, not teenagers, and most of them are women. As well, many women working in the health sector that made decent wages and had health benefits, have either lost their jobs or been forced to accept their old job at half the hourly rate with little or no benefits.

And, of course, the $2 billion tax cut that the provincial government introduced on their first day in office in their first term didn't benefit any of these women or, for that matter, most women in BC. All of this means that many women have less money to spend to pay the rent, buy their groceries, and meet the ever increasing costs that are being offloaded, by government, on to their shoulders, including ever increasing health care costs. The reality is that user fees, increases in user fees, higher deductibles and cuts to services and programs all disproportionately affect women.

MSP premiums increased 50% on May 1st, 2002. We are one of three provinces that charge residents a tax to access health care. A single woman who makes $28,000 or more a year pays $54 a month in MSP premiums, up from $36 a month three years ago. And a family with a combined income of $37,000 or more pays $1,296 a year for MSP premiums, a $432 increase over 2002. The 2005 BC budget acknowledged the negative impact of premium increases by reducing or eliminating premiums for a further 215,000 people. However, the vast majority of British Columbians pay the full amount of the MSP premium.

At the same time that MSP premiums have increased the provincial government has cut services covered by the Medical Services Plan. We are now paying 100% of the cost of physiotherapy, chiropractic care, massage therapy, podiatry, visits to a naturopath, and for our eye examinations, if we don't have an extended benefits plan.

Women on income assistance have had their access to these services severely reduced to a total of 10 visits a year, from 12 visits per year, for each service.

Pharmacare, our provincial plan for drugs and medical supplies, is supposed to help people who don't have an extended benefits plan, with their drug costs. The changes to the Pharmacare plan announced by the government in May 2003 eliminated universality and introduced income testing. The government has made a simple and fair program more complicated and less fair. Over the last two and a half years we have seen drug costs skyrocket for many British Columbians, including seniors, people with disabilities and those with chronic diseases.

So called "Fair" Pharmacare, eliminates a separate plan for seniors and eliminates lower deductibles for seniors. The plan now combines seniors with the majority of people and links how much a person pays for her drugs to her income. 50% of expenditures under Pharmacare are for drugs for seniors. Many more seniors are paying more for their drugs. 175,000 families, where one or both members is a senior, are paying more. This is almost half the senior families in BC. Lower income families, however, have seen their drug costs drop

under Pharmacare. What this means is that the provincial government is pitting seniors against lower income British Columbians and that's a disgrace.

The 2003 changes to Pharmacare also resulted in a $90 million cut in the Pharmacare budget. What this means is that individual British Columbians are spending $90 million more a year to meet their medication needs. Because, of course, the drug costs don't disappear they are simply shifted from our collective responsibility to the individual. Essentially, the sicker you are and the more prescriptions you need, the more you will have to pay.

Of course the government's changes to Pharmacare aren't going to address the real problem, which is the expensive cost of drugs due to the predatory nature of the pharmaceutical industry. Pharmacare costs have increased by 147% over the last decade and are projected to grow 487% over the next 20 years.

Until recently, 25,000 BC seniors lived in residential care facilities (also known as long-term care or nursing homes). The vast majority are women. Three quarters of these seniors are low income. The closure of residential care beds is putting senior women and their families in dire straights. From May 2001 to May 2004, 1,890 long-term beds were closed, while the number of BC seniors over 75 years old increased by more than 10%.

In addition to closing residential care beds, the government has also severely restricted access to residential care. An estimated 6-8,000 seniors, many of whom are women - who used to be eligible for residential care - will no longer be eligible. So, when a government minister speaks about eliminating waiting lists for residential care, its not because these seniors have found a bed in a residential care facility, its because they are no longer eligible for this care.

Just prior to the May 2005 election, the provincial government disclosed that it would not meet its 2001 election promise to build 5,000 new residential care beds by 2005. In fact, only 170 new residential care beds have been added to the system over the past 4 years. The government has shifted its goal. Now it is promising 5,000 new beds by 2008 and these beds will be a mix of assisted living and residential care beds.

Seniors who live in assisted living complexes are supposed to be able to direct their own care, but require some assistance with daily tasks. And in some instances, assisted living is the best of all worlds for independent, healthy, middle-class seniors.

The BC government, in partnership with BC Housing, plans to open 2,500 new assisted living units and to convert 1,000 existing units into assisted living housing. Individuals will pay up to 70% of their after-tax income for basic accommodation and support services which includes utilities, building

maintenance, hospitality services (two meals a day), weekly housekeeping, activities and some personal support. Additional care and services are available for a fee.

Assisted living, however, is not going to meet the needs of senior women whose health is declining, and who have limited incomes or are poor. As of June 2004, only 1,035 publicly subsidized assisted living units were available across the province. This is far less than what is needed given the cuts to residential care, the increasing size of the seniors' population, and the numbers of seniors, particularly women, who live on very low incomes.

While the provincial government is pushing assisted living, the health authorities across the province have been reducing home support services. Home support workers help seniors, the chronically ill, and people with disabilities to live with dignity and independence in their home. They help with the tasks of daily living such as getting dressed, bathing, shopping, cleaning and laundry services.

Between 1997 and 2002, the number of British Columbians receiving basic home support services dropped by more than 50%. Since 2002, even more people have been denied home support. Only those with the highest level of need now receive home support. Many British Columbians are no longer eligible for grooming and hygiene services, assistance with meals, housekeeping, banking, general laundry and grocery shopping.

In October 2002, the VCHA began reducing home support services for about 5,600 residents in the Lower Mainland. The VCHA also subjected 7,000 seniors to a case-by-case reassessment for home support services. About 80% of these seniors had already been judged by professionals to need the services, and have had their home support reduced. The VCHA is arguing that it must focus home care on meeting direct health care needs such as the services provided by registered nurses, physiotherapists, and occupational therapists. I would argue that a senior living in an unclean home or sleeping in unwashed sheets is going to see her health decline because of these cuts to home support.

Cuts to home support also force women, who are societies traditional caregivers, to take on ever more care of aging and chronically ill family members and friends in need. This results in greater stress in women's day-to-day lives, more family stress and strain, and for women who choose between paid and unpaid work, less hours of paid work. This means even lower pensions for women, when they retire.

87% of health care workers are women. The provincial government's Bill 29 shredded legally bargained health care contracts clearing the way for health care privatization and job cuts. Thousands of unionized health care workers mostly women and many of them immigrant women, have lost their jobs. When

jobs are privatized wages drop from the $19 an hour earned by women who work in the kitchens at our hospitals or clean the laundry at these facilities, to about $10.00 per hour with few if any extended benefits. As well, pay equity – a hard won battle for women health care workers – is lost with private contractors. Let's remember that we are talking about traditionally undervalued women's work. The loss of these jobs means the loss of good paying jobs with health benefit plans that support women and their families in all our communities.

The provincial government also eliminated the 52 community health boards which delivered health care to British Columbians across the province. These 52 boards were replaced with 6 regional health authorities headed by current or retired corporate executives, many of them forestry executives. The VCHA, which I mentioned earlier, is one of these 6 health authorities.

The provincial government also abolished the population health advisory committees, or PHACs, which provided the health boards with community-based input into the health of women, Aboriginal people, Lesbians, seniors and others. The six new regional health authorities are not accountable to British Columbians and severely limit public input into the direction of health care in our communities. The VCHA has also cut funding for community-based health initiatives under the SMART fund including the VWHC's Patient's Rights workshop for women facing barriers to accessing quality, appropriate health care.

The health authorities have not only reduced home support services across the province but they have also closed hospitals, downgraded hospital services at facilities that remain open, and are building new facilities through private profit-driven financing. Downgrading services and closing hospitals altogether means that community-based hospitals are not able to offer residents a full range of required services. Women must travel further to have their babies and emergency health needs may not be met. Hospital closures also result in the loss of family supporting jobs in resource-based communities outside the Lower Mainland.

BC has seen a huge increase in private health centres that offer surgical and diagnostic services for a fee. The privatization of health care has proliferated in BC over the last decade and has intensified in the last 4 years. For example, a public-private partnership will build and run an outpatient facility at the Vancouver General Hospital. The government is also moving ahead with the privately financed construction of the Abbotsford hospital, also a P3 initiative. And the future of St. Paul's hospital is up for grabs. There is a strong lobby pushing for the closure of St. Paul's and Mount Saint Joseph's hospitals and for a new hospital to be built near Main and Station streets as a public-private partnership. This means community hospitals are being closed at the expense of for-profit financed facilities. This push to privatize will leave Canada vulnerable to private sector intrusion into health care by US and multinational corporations. It will also drive up health care costs while diminishing health outcomes.

In September 2004, the federal government and provincial and territorial governments signed a 10-year health care plan. The federal government has committed to investing an additional $41 billion in health care and is encouraging the provinces to reduce wait times for medical procedures with some of this money. In its February 2005 budget, the federal government began this infusion of health care dollars with the transfer of $33.4 billion to the provinces and territories for health care in 2005/06. BC will receive $5.4 billion in new federal funding for health care over the next 10 years. Many are concerned that this new federal money will be directed to for-profit health care, rather than invested in pubic health care.

The 2005 provincial throne speech and budget emphasized personal responsibility for one's health and was short on details about how to invest in and fix the public health care system. The provincial budget entitled, Towards a Golden Decade for BC, increased spending on health care by $1.5 billion over the next three years. 95% of this money is federal money and about $1 billion dollars will be handed over to the health authorities. The budget was short on details regarding how the health authorities should be spending this money.

In the recent September budget update, the new Minister of Finance Carole Taylor announced a $1 billion increase in spending for business tax cuts, aboriginal skills training and support for our seniors. This mid-year spending is possible because the provincial government is anticipating an even greater budget surplus than projected for this fiscal year. 242 million of the one billion dollars will be targeted at low-income seniors. The provincial government is bringing back the seniors' income supplement and increasing rental subsidies for elderly renters. This is a bit of good news for low-income seniors, the majority of whom are women.

The provincial Finance Minister is also anticipating budget surpluses to total more than $2.3 billion over the next three years. As I mentioned earlier, the VWHC lost its provincial funding in 2004. The provincial government cut 100% of its core $47,000 grant to each of BC's 37 women's centres. This amounted to a $1.7 million annual saving. As women's centres close, legal aid is cut, welfare eligibility and benefits are restricted, and fewer health services are available to women; it is difficult to reconcile these lost services and programs against billion dollar annual surpluses.

As well, MSP premium increases and cuts to coverage, changes to BC's Pharmacare plan, the shift from residential care to assisted living and cuts to home support all mean that seniors, the chronically ill and people with disabilities – most of whom are women – will see their health deteriorate. Studies have shown that when drug costs go up for people on fixed and limited incomes, individuals either cut down or stop taking medication, or cut back on other essentials. People who can't afford to pay for increased drug costs, home support, or the many fees associated with assisted living may end up at

emergency rooms or at their local hospital. Down the road people get sicker and this brings with it collective costs in terms of the quality of people's health, as well as further driving up health care costs.

I believe that funding for women's programs and services including women's centres is good government policy. We need to continue to place public policy including health policy under a gender lens so that organizations like the VWHC can continue to speak out against bad public policy and pressure all levels of government to develop policies, services, and programs that further women's equality.

So, this ends the formal part of my presentation. What I'd like to do now, is share a few stories with you that illustrate some of the accomplishments of BC women over the last few years. Because, from the perspective of the VWHC, undertaking public policy work isn't just about talking about the good and bad developments under successive governments. It's also about lobbying and working with allies to move women's equality forward and it's about the fight back.

First, UN CEDAW report February 2003.
The work of women's organizations through the BC CEDAW group resulted in a UN committee – the United Nations Committee to End Discrimination Against Women – issuing a highly critical report of Canada that included special criticism of BC.

A second success story is the *Gender Equality Strategy* developed by the Women's Task Force for the City of Vancouver. Women from about a dozen organizations including the VWHC worked for a year to develop the *Gender Equality Strategy* that includes 21 recommended actions among them the establishment of a Women's Advisory Committee to implement the Strategy. I would encourage you to check out the City of Vancouver's web site (July 12, 2005 council meeting minutes) for the full report.

The third accomplishment is that the VWHC secured replacement funding after the loss of our provincial core grant in April 2004. City of Vancouver council values our work and has supported us by providing us with CSG funding.

Fourth, the VWHC's fight back against cosmetic surgery. In August 2004, Vancouver hosted Canada's first VEME. We were there and we pressured the BC College of Physicians and Surgeons to regulate against cosmetic surgery as a prize.

In closing I'd like to say that we need to acknowledge, celebrate and support women's centres and other women's organizations in BC. Some of us are going to survive this period, one way or another and that's because feminist voices are strong and women are doing important work in their communities to further women's equality in BC.

Thank you and I'd love to open things up for discussion and questions.