

**IMPACTING WOMEN: PROVINCIAL GOVERNMENT CUTS  
TO HEALTH CARE**

I'm excited about being a part of the Raging Women's Conference. And I can tell you that not only am I raging, but I have a fury in me about what's going on in BC. We know that women are hurting in our province. We know that the BC Liberal government is pushing more and more women into poverty. We also know that women's health is going to be effected as women are confronted with increased violence in their lives, cuts to health services, and the reality that they are losing their jobs.

For 30 years the Vancouver Women's Health Collective has been offering women complementary and mainstream health information, helping women find a new doctor, speaking out against drugs and medical practices that are harmful to women, and working in coalitions to raise women's voices about health care.

The VWHC recognized after the provincial election that if we were going to take the provincial government on we needed to do it as part of a coalition. So, with seniors, people who are HIV positive or living with AIDS, anti-poverty activists, workers at community clinics, nurses, concerned citizens, hospital workers, and many others we have been working as an active member of the BCHC to raise our objections to the attacks on health care in this province. Putting a focus on women, is one of the four priorities for the BCHC. As a member of the women's' working group we meet monthly to develop actions, campaigns and material and discuss a range of issues pertaining to women and health.

Ironically, the loss of our provincial funding next year has catapulted the VWHC into a much more activist state. And the BCHC has enabled us to speak out, time and again, about provincial funding cuts to women's centres and provided us with many opportunities to raise our concerns about how health care cuts are effecting women. On the downside, a lot of time has been spent trying to figure out how we are going to keep our doors open next year and continue to serve the thousands of women who rely on our services. But, its worth emphasizing that our funding crisis has precipitated new partnerships and energized our advocacy role.

So, I'm here today to talk to you about cuts to health services and how they are hurting women in this province. Unfortunately, the list is long and I find that when I start discussing health cuts, some listeners snooze off. So here goes, and please remember that the impact on women's lives is as varied and great as this list is long.

It goes without saying that user fees, increases in user fees, and higher deductibles all disproportionately affect women. 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 who make decent wages and have health benefits, are facing the prospect of losing their jobs. And, of course, the \$2 billion tax cut that the liberals made on their first day in office 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.

MSP premiums increased 50% on May 1st, 2002. Only BC and Alberta charge residents this tax to access health care. A single woman who makes \$24,000 or more a year saw her MSP premium climb to \$54 a month from \$36. A family with a combined income of \$33,000 or more will pay \$432 more this year than last year for MSP premiums, or a total of \$1,296 over the year.

At the same time that MSP premiums were being increased the provincial government was cutting services covered by MSP. Women are now paying 100% of the cost of physiotherapy, chiropractic care, massage therapy, podiatry, visits to a naturopath, and for their eye examinations.

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 extended benefits plans, with their drug costs. The so-called Fair Pharmacare plan announced by the government this week will result in a \$90 million cut in the Pharmacare budget. What this means is that individual British Columbians will be 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.

"Fair" Pharmacare eliminates a separate plan for seniors and eliminates lower deductibles for seniors. The new plan 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 will be paying more for their drugs. 175,000 families, where one or both members is a senior, will pay more. This is almost half the senior families in BC. Lower

income families, however, will see their drug costs drop under the new Pharmacare plan. What this means is that the provincial government is pitting seniors against lower income British Columbians and that's a disgrace. 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. This week's reforms to Pharmacare are the government's second attempt at shifting drugs costs on to individuals. Last year, deductibles were increased for most British Columbians and 17 drugs were de-listed under Pharmacare.

25,000 BC seniors live in residential care facilities (also referred to as long-term care facilities or nursing homes). The vast majority are women. Three quarters of these seniors are low income. The closure of 3,000 residential care beds is going to leave senior women and their families in dire straights. In addition to closing beds, the government has also tightened up requirements for eligibility for residential care. An estimated 6-8,000 seniors, many of whom are women - who up to now were eligible for residential care - will no longer be eligible.

The government is offering seniors assisted living instead of residential care. And in some instances, assisted living is the best of all worlds for independent, healthy, middle-class seniors. However, assisted living is not going to meet the needs of senior women whose health is declining, and who have limited incomes or are poor.

While the provincial government is pushing assisted living, the regional government announced in late-October 2002, that it is reducing home care services including shopping, cleaning and laundry services for about 5,600 residents in the Lower Mainland. The majority of seniors relying on home care and support are women. The VCHA is subjecting 7,000 seniors to a case-by-case reassessment for home care services. About 80% of these seniors, who have already been judged by professionals to need the services, will experience a reduction in home care. The VCHA is arguing that it must focus home care on meeting direct health care needs, 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 care.

Reducing home care not only puts many seniors at risk, it also forces women, who are societies traditional caregivers, to take on ever more care of elderly 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. Down the road this means even lower pensions for women, when they retire.

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 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.

More than a dozen hospitals in BC have been closed or had their services downgraded. 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. Some of the same communities have had their court houses closed, have seen a dramatic decrease in other government services available to them, have seen public sector jobs lost, and may see their women's centres close next year.

87% of health care workers are women and many of these women are losing their jobs. The provincial government's own February 2002, Budget Briefing Book estimated that cuts to health services will translate into up to 28,000 jobs lost. Last year, the provincial government's Bill 29 shredded legally bargained health care contracts clearing the way for hospital closures, health care privatization, and job cuts. By June of this year, 5,000 unionized health care workers mostly women, may lose their jobs. When jobs are privatized wages drop from the \$19 average wage now earned by women who work in the kitchens at our hospitals or clean the laundry at these facilities, to \$9.50 an hour with no extended benefits. As well, pay equity is under threat. 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.

As well, we at the VWHC will see our provincial funding cut in 2004. Along with all other women's centres in the province, we are losing 100% of our core \$47,000 provincial grant. The BC Coalition of Women's Centres estimates that half of BC's 37 women's centres will be forced to close their doors in 2004, when they lose their provincial funding. This will increase service demands on the remaining centres, deny many women access to these services, and result in the further loss of decent women's jobs.

The provincial government is also leading the charge to privatize health services. In October 2002, the government called for private sector bids on a public-private partnership to build and run a \$90 million 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. The VCHA announced that 1,000 housekeeping jobs and a hundred in-house security positions will be privatized at a number of Lower Mainland hospitals. This push to privatize will leave Canada vulnerable to private sector intrusion into health care by US and multinational corporations.

And this raises the important issue of the international context in which these changes are happening. Because, of course, we are not immune to the neo-liberal agenda being advanced around the globe. In the health care sector the stakes are huge. Global expenditures on health care exceed \$3.5 trillion Canadian. Unfortunately, the need to shelter health care policy and law from deregulation, privatization, and international trade isn't as apparent to the Canadian government as it should be. And many Canadians including a number of academics are expressing concern about the degree to which Canada's health system is exposed to trade challenges and foreign investor claims.

The move to public-private partnerships to build hospitals such as the Abbotsford hospital or the outpatient facility at VGH will leave us vulnerable under GATS and Chapter 11 of the NAFTA. Pierre Pettigrew, Canada's International Trade Minister, contends that Canada's medicare system will be protected under the GATS rules. And there is provision for the exemption of public services provided by government. But this exemption can only be granted to public services delivered directly by the government to the people, without private sector involvement. As well, under NAFTA for health care services to be exempt they must be "social services established or maintained for a public purpose." As soon as private firms are supplying health care services, whether for a profit or not-for-profit, it falls under NAFTA's Chapter 11 rule. The BC government, like Alberta and Ontario, is a big supporter of P3s and as the government pushes public-private partnerships in health care it is also pushing the neo-liberal agenda and opening Canada's health care to serious threat of privatization.

In closing, I'd like to say that as women we are facing a very difficult road ahead. It's hard to see how women will we be healthier, next year, or the year after that. Gordon Campbell and his Liberal government have declared war on women. Today we are here to rage against the government and the cuts. I believe this government is going to find it difficult to silence women's voices. And, I know, they aren't going to shut me up. I'm pleased to be a part of developing strategies to fight back against the government cuts to women's programs and services.