

In BC, women are hurting because of cuts to health services and ever increasing health user fees. Today, I am here to tell you that the BC government puts Canada's compliance with CEDAW in jeopardy.

User fees, increases in user fees, and higher deductibles all disproportionately affect women. As Statistics Canada tells us year after year, women make on average less than men. Women earn ⁷³~~64~~ 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. 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 (\$1,296 a 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.

Deductibles under Pharmacare, our provincial plan for drugs and medical devices, have increased by \$200. A woman now has to spend in excess of \$1,000 a year, before she sees any tax relief for medical costs. As well, 17 drugs have been de-listed under Pharmacare.

50% of expenditures under Pharmacare are for drugs for seniors. Effective January 1st, 2002, senior women, depending on their income, pay \$10 or \$25 each time they fill a prescription. This is up from the \$7 dispensing fee previously charged seniors.

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 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 lower pensions for women, when they retire.

Lastly, 85% of health care workers are women and many of these women are losing their jobs. It's estimated that cuts to health services will translate into up to 28,000 jobs lost. And these are good paying jobs with health benefit plans that support women and their families in all of 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. If we don't find this money from somewhere else, we will have to layoff our only two part-time staff and run the centre with volunteers. Not only will there be layoffs, but it will be very difficult to meet the needs of the thousands of women who visit our centre looking for a new doctor or for health information.

In closing, I'd like to say that the women of BC are facing a very difficult road ahead. Will we be healthier, in four year's time, when the United Nations again reviews Canada's track record on eliminating discrimination against women? I doubt it.