



## Privatization of Medicare and Women

### What is Privatization?

**Cost Shifting**-the transfer of responsibility of service payment from the government to alternate sources such as the individual, insurance companies, the sale or rental of good and services, etc.

**Downloading**-to other levels of government; to communities; and to private households and individuals often resulting in the transfer of paid work in public institutions to unpaid work in the home.

**Delisting**-the removal of procedures, devices and drugs from the list of "medically necessary" (as defined in the Canada Health Act) services which are publicly funded through provincial health insurance plans such as OHIP.

**Restructuring**-the shifting of patients from one sector, where patients are covered, to another sector where they are not (ie, the shift of patients from hospitals to home care and long term care).

**Public/Private Partnerships**-whereby publicly funded institutions seek to recover revenues lost to budget cuts through corporate sponsorship, advertising revenues and partnership arrangements.

## What's happened?

---

In the last decade we have seen dramatic changes to our public Medicare system. Privatization has created imbalance and inequality. Healthcare privatization has taken 2 forms:

- There's been a change in who pays (ie. Do we pool our resources through taxes and provide "free" health services to all when needed or do we pay out-of-pocket when sick and least able to afford it?)
- There's been a change in who delivers health care (ie. Is health care to be a non-profit/public service or is it to be a for-profit commodity sold to us by a corporation?)

The Provincial Conservative government has created an increasingly private and for-profit health care system by:

- an almost \$1 billion cut in hospital budgets for 1996-1999.
- closing hospitals-45 community hospitals ordered closed during the mid 1990s-2000.
- introducing user fees (these included a \$2 "co-payment" per drug prescription for social assistance recipients and seniors on fixed incomes).
- forced thousands of hospital patients waiting for a bed in nursing home to pay a daily charge for room and board (\$26.94, increased to \$40.29 in November 1996).
- privatizing and profitizing labs, x-rays, cancer treatment, MRIs, etc.
- delisting \$100 million in OHIP services over the last 8 years.
- giving majority of new nursing home bed licenses to large for-profit nursing home corporations.
- forcing privatization of homecare, leading to closures of non-profit Victorian Order of Nurses and Red Cross in communities all across Ontario.

### **What Women Want:**

- 1) Publicly funded and non-profit administered health care system
- 2) Canada Health Act enforced and expanded to include:
  - a National Homecare and Pharmacare Program with mechanisms to control drug prices and manage equitable access to medical technologies and new techniques
  - a focus on health promotion and disease prevention
- 3) Exclusion of Medicare from trade agreements
- 4) A health human resource strategy that respects women health care workers' jobs

### **Women are Saying:**

---

- Privatization means more of a two-tier health care system where the rich get service because they can pay for it and the poor don't.
- Most women cannot afford the user fees associated with private hospitals and privately delivered services. Women and children already make up the majority of poor people living in Canada.

- Women consume between 60-70% of pharmaceuticals worldwide, largely due to the fact that they generally take full responsibility for contraception. This leaves women very vulnerable to pharmaceutical companies.
- Research shows all these changes to be hazardous to the health of women physically, psychologically, and mentally.
- Pre and post operation teaching use to be done in the hospital. Due to a decrease of staffing levels and cuts to funding these programs have been cancelled. Leaving patients and family members with inadequate instructions for pre and post operation care.
- Pap tests often have a 3 months wait for results, this means treatable pre-cancerous pap tests now have time to become cancerous.
- There's a decrease in quality and quantity of publicly funded care due to under staffing and lack of resources. Women are the primary caregivers and have a heavier burden to bear when social services collapse.
- Women have little say in how, where and when health care policy reforms happens, despite the fact that they are the majority of both care recipients and care providers.
- Women's choices about care are increasingly restricted, especially for the elderly, differently abled, poor, and racialized women without resources in the community.



## Listen Up! Women and the Future of Medicare

The last decade has seen dramatic changes to the basic structure of Medicare and its delivery. Women as the majority of caregivers, frontline health workers and as patients have felt the brunt of these changes, through privatization, de-regulation, cuts and downloading of care. The Ontario Health Coalition has created this project "Listen Up! Women and the Future of Medicare" to help engage women in the debate around the future of Medicare.

Listen Up! Women and the Future of Medicare project has been funded by the Status of Women Canada, Women's Program. This document expresses the views and opinions of the authors and does not necessarily represent the official policy or opinion of Status of Women Canada or the Government of Canada. All photos were taken without the expectation of privacy.