



European Action Day Against the Commercialisation, Marketisation and Privatisation of Health Care, Social Care and Social Welfare/Protection

Thursday, 7 April 2016 (= World Health Day)

Mediatised Action 1400-15h00, Point Rond Schuman, 1040 Bruxelles

Bullet Points / Text Elements Speech Jan Willem Goudriaan, GS EPSU

1) Thank you:

- To Belgian Trade Unions
 - 1) CSC et FGTB
 - 2) Trade union federations for health sector of CNE-CSC SP and Setca-CGSP-CG => EPSU members
- to co-organisers
 - 3) Network Against Privatisation and Commercialisation of Health and Social Protection/Réseau Contre la Privatisation de la Santé et de la Protection Sociale
 - 4) Peoples Health Movement
 - 5) Alter Summit)

for initiative taken and for joint efforts to prepare the press conference, the European seminar and the media action

Thank you for support to other organisations from Belgium and abroad
Mutualité Chrétienne; Solidaris; Fédération des maisons médicales; CNCD-11.11.11 (et la campagne « Protection Sociale »); CBCS; FOS; Médecine pour le peuple; M3M; Femmes et Santé; Trade and Health Network; Memisa; la LUSS; Médecins du Monde

EPSU has intention to continue work and actions against the commercialisation, marketisation and privatisation of health care, social services and social welfare/social protection together with

- international trade union movement (PSI) and
- with civil society organisations representing the patients/citizens as well as in coalitions with bodies of social security institutions

Together, with the service users, as citizens, as and with the health and social care professional/workers, **we have to, but also can change wrong decisions/developments**: We have shown today that **we can mobilise, that we are a powerful coalition** of trade unionists and citizens (and the organisations representing them and defending their interest) **that can ultimately change policies!** We need to start in our own countries, but we also have to change the concrete policies, policy priorities and policy instruments at EU-level

2) Main trends/developments we can witness in many countries in Europe: Our trade union colleagues have reported them to us in the last years. The economic crisis and austerity policies with partially sharp cuts in public budgets as well as wrong policy frameworks at EU-level have unfortunately given more weight to them.

- Since 2009/2010 **cuts in national health budgets** were implemented in Bulgaria (over 20%), Croatia, Greece, Hungary, Iceland, Ireland, Italy, Latvia (over 20%; to ~3% of GDP only!), Portugal, Romania, and Spain
- **Increased use of instruments of marketisation, commercialisation and privatisation of health and social care**
 - **Outsourcing** (cleaning; laundry; security; IT; catering; laboratory)
 - **PPP and PFI**: As a rule they ultimately serve to suck out public money into private pockets that also increase the debt in public households. In its nearly 25-year history PPP and PFI have shown no evidence of being a cheaper, more efficient or innovative method of providing public services. Rather, PFI has been associated (in particular in the NHS) with service cutbacks, hospital closures and spiraling debts for hospitals
 - Introduction of **co-payments/user fees**
 - Introduction of **complementary (private) insurance schemes**
=> Higher costs due to need to make profit for shareholders, high pay for top executives and transaction costs due to public procurement
=> High costs for regulating and administering “health markets”
- **Deteriorating of working conditions** for those in the health workforce, not least due to **staff shortages/understaffed services**, an **increased workload, physically and psychologically demanding working conditions** with an increased number of colleagues with long-term sickness absences, that are constantly under stress, face burnout
 - **Profit making objective implies need to cuts of costs in biggest “cost block” of HSS = workforce**
 - **Replacement of contracts with unlimited duration by fixed-term contracts and of qualified workers by casual workers**; knock-on effects on quality of services and morale/motivation of workers
 - **Private sector: Often lower pay rates** (in GB in 2013: 220,000 care workers being paid less than national minimum wage), with low-paid workers being concentrated amongst migrants and women
 - Partially demand to do more complex tasks without having received the necessary training (GB: elderly care sector)
 - Use of instrument of “zero hours contract” (in GB: up to 60% in social care), not guaranteeing any paid weekly working time

- Since the onset of the economic/financial crisis, **salary cuts** took place in Cyprus for all public sector health professionals, in the Czech Republic (by 10% in 2009), in France (fees for certain health professionals decreased from 2011), Greece (by 14% comparing 2011 with 2009, in addition physicians' wages and fees were cut by 25% in 2012), Iceland, Ireland, Lithuania (by 10% in 2009 and 6% in 2010 in salaries for medical staff), Romania (by 25% in 2010), and Spain (for all civil servants, health personnel included, as of 2010). There are **freezes of salaries** in England (at least for two years for health professionals), Portugal (as of 2010), Slovenia (since 2009) and **staff cuts** (e.g. in Greece, Ireland, Portugal, Spain)
- **Deterioration of the quality of care**
 - Often less (paid) time available for cure and care activities: Crammed working schedules implying shortened time for medical interventions and care work that then partially is being done during unpaid time and "comprising" unpaid travel time
 - GB: Lower/poor quality in community care after privatisation
 - GB: Risk of low hygiene standards and patient neglect, jeopardising the dignity of care
 - Risk of non-continuity of service delivery
 - Risk of cutting up more integrated services
- **Access to health care increasingly limited**, especially for the most vulnerable groups in society => Ex. GR after austerity packages about 1.5 to 2 million citizens were no longer covered by the public health system
- **Shifts towards a two-tier health care** (longer waiting lists, higher co-payments, different types of equipment for different categories of patients):
 - Health system in which those who can afford to pay receive better and faster care
 - Health systems in which commercial providers aim at "cherry picking" by focusing on better-off and lower risks patients and on types of treatments that can be easier standardised.
 - For EPSU, however, the pursuit of profit margins must never trump the duty of care to patients or the health and safety of our workforce; our health and wellbeing is not a commodity to be sold to the lowest bidder

3) What we conclude/say:

- In a time of rapidly ageing populations and rising comorbidities, chronic diseases and dementia, public health and social care services need a vital injection of investment in order to meet complex needs. Instead, they have become one of the primary targets for governments determined to slash budgets at any cost.
- Evidence shows that economic crisis in Greece, Ireland, Latvia, Portugal and Spain, where mass cuts in staff and salaries and hospital privatisations have taken place, has resulted in an upsurge in infectious diseases, including HIV, and suicides. New costs for patients and increasing waiting lists are not simply financial and bureaucratic matters: they are costing us our health and lives
- Tens of thousands of nurses and other health professionals have lost their jobs; many more have had their wages cut and frozen. Increasing numbers of healthcare workers are leaving their home countries in search of better pay and working conditions abroad.

The resulting pressures on the staff that remain is reaching boiling point, of which this week's 48-hour strike by junior doctors in the UK is just a snapshot.

- Looking to the countries with outwards migration, the past months and years saw industrial actions and protests of health workers e.g. in Croatia, Kosovo, Latvia, Poland, Romania and Slovakia. But also in other countries workers face pressure from staff shortages leading to increasing workloads and higher levels of psycho-social risks

4) What we request/claim:

- Our health is not for sale: Stop commercialisation, marketisation and privatisation of health and social services!
- The free trade agreements (CETA, TTIP and TiSA) currently negotiated are endangering our health! They are very likely to open up health care for competition and a bigger role for private commercial providers and financial investors and insurance companies. We don't want this! The trade agreements as they currently stand would also endanger regulations and state intervention in the interest of the patients, users and workers related to hospital or elderly care planning, staff-patient ratios, gender pay differences and occupational safety and health. Even more reasons to oppose them!
- End tax evasion by private health companies. In the UK, out of the 10 biggest enterprises, only 2 pay a significant amount of taxes in the UK. All have complex corporate structures and links to offshore tax havens

5) EPSU's demands / requests:

- **High-quality health and social care that are affordable and accessible for all** when they need them (to the extent and in the quality needed)
- **Investment in healthy and safe working conditions:** Adequate number of qualified staff / good staff-patient ratios, with good working conditions
- **Investment in health and social care:** In a time of rapidly ageing populations and an increasing number of people with multi-morbidities, chronic-degenerative diseases and dementia, public health and social care services need a vital injection of investment in order to meet complex needs. This also means investment in training and continued professional development
- **Health and social services provided in the public/general interest and not pursuing a profit-making objective**
- **Sustainable and solidarity-based financing** of social security systems

On World Health Day 2016 we as EPSU and we together in the coalition for the European Action Day call on governments and the EU to reverse this dangerous trend and give healthcare the support and investment it urgently needs.

Let's mobilise, let's work together, let's fight for our objectives and defend the public service principles and the public service not-profit-making logic of health and social services! Such services will also help to promote equality, diversity, social justice and user/patient empowerment. They are close to the needs and preferences of the citizens in our cities and in the local neighbourhoods.