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Lessons from the Philippines: Public Health, Privatization, and Women's Activism

by Sylvia Estrada-Claudio, M.D., PhD

Speaking Notes for Presentation to
Inter Pares Annual General Meeting on
Democracy, Health and Justice: Health Care in the Public Interest
Ottawa
April 24, 2006

When I mentioned to Anna Paskal and Karen Seabrooke that I wanted to be invited to the Inter Pares office, seeing as I was going come to Canada anyway, I was pleasantly surprised to learn that I would be given the opportunity to come speak at this AGM.

There are many reasons why I make it a point to impose myself on the Inter Pares. In the course of my talk, I hope to tell you quite a few of them. Those reasons are intimately connected to this evening's theme.

The biggest reason I am happy to be with you tonight is it gives me the opportunity to thank you. If, like other general meetings in other organizations, one of the objectives of this meeting is to help you feel good about yourselves, then I hope I can help accomplish that. I intend to flatter you all shamelessly. Inter Pares deserves it.

So let me get the bad news out of the way first. It is about one of our themes, democracy. The Philippines is sliding again towards fascism. On February 24, 2006, on the eve of the anniversary of the People Power revolution that ended the Marcos dictatorship, Pres. Gloria Macapagal Arroyo declared a state of emergency. Although she lifted this state of emergency a week later because of strong protests, she has been attempting to continue with the repressive measures she had hoped she could justify with her declaration of a state of emergency. The Philippine military has raided one newspaper office, has stated that it is monitoring all media outlets and intends to put out guidelines for all media establishments to follow. Warrants of arrest have been filed against a number of people critical of government. Rallies, demonstrations and other forms of civil protest are violently dispersed without exception.

The reason given by government for these measures is that there was and is ongoing unrest in the military. Coup rumors are flying thick and fast. Indeed, there is widespread discontent in the highly politicized military.

However, the immediate cause of this military adventurism is that there are credible allegations that the President cheated her way into office. There is also strong evidence that she has corrupted several major government institutions including our Commission on Elections in the process. It is also alleged that her husband and her eldest son are profiting from widespread corruption and profits from illegal gambling.

In the light of these events my organization Likhaan, an organization working on sexual and reproductive health and rights and an Inter Pares counterpart, called for an emergency meeting of its staff and the leaders of the people's organizations it works with. Apart from condemning the suppression

of people's democratic rights, we considered the issue of alternatives to the present government. In particular we studied calls made by a wide range of opposition groups (including some groups of the rebellious military) for a transitional revolutionary government—essentially a revolutionary government.

Most of us were afraid that such a process would merely legitimize the power grab of another set of messiahs who really did not have a democratic mandate.

Amidst all this tension and prolonged discussions, one of our community workers said, "We do not need a transitional revolutionary government; we need a transitional democratic governance process." What she meant is that if the present government should fall, any group of people who would take over should govern as democratically as possible and set up the conditions for new national elections very quickly. This both summarized and united our thinking on the matter.

That health worker who used the English term "transitional democratic governance process" stopped schooling in high school. She works in and lives in one of the biggest slum communities in Metro Manila. Her path towards becoming one of our leaders and a member of Likhaan's Board of Directors is tied to our partnership with Inter Pares.

So let me tell you a little bit about more about Likhaan. Likhaan is a non-governmental organization that delivers comprehensive primary health care to four large urban poor communities in Metro Manila. A few months ago, we began to work with two rural communities in central Philippines. When I say comprehensive health care, I mean that in addition to what was defined as primary health care in Alma Ata, we have included most elements of reproductive health care: maternal care, family planning, reproductive tract infections, violence against women, adolescent education and services, infertility, reproductive system malignancies.

Our approach is one that empowers communities, especially the women, to take charge of their health care needs. We train community health workers, chosen by people's health organizations. The people's organizations are open to men and women; however most of the health care workers are women. This is reflective of women's traditional role, but it is fine with us. These women are also often the ones elected to lead the people's health organization in their community. Therefore, they are both healers and leaders.

The reason it has been alright for us to reinforce women's traditional role as health providers at the community level is that we pay our health workers. Not much, but we pay them. This policy, which we began almost 20 years ago, broke with previous traditions of our own people's organizations. It also anticipated gender critiques of development initiatives that burden already over-burdened women with more voluntary work. Our move to pay our health workers could not have been done without Inter Pares support.

One of the difficulties of our work is that despite mission statements that say that they are working for the poor, especially poor women, many development organizations prefer to pay the salaries of our technical people. Inter Pares capacity to "walk its talk" has been crucial.

To recognize women's reproductive work by actually paying them for community health work, speaks volumes. In Filipino families and communities, it gives value to women's work that has so long been devalued and pushes equality in gender relations. And now I wish to make my first point about the assumptions that underlie issues of paying health care providers and privatization, something I have been told is a problem you are also facing here in Canada. I notice that these seem based on the idea that we should pay doctors, nurses and technicians and so on for their services. I have no problem with that because I think they should be paid. My problem is the inequity involved when we say that it is good to pay for private health care and that is what privatization means. There is a gender and class problem with these ideas. In many parts of the world, health care begins in the private area which is the home, and it is usually done by women for free. In other words, we must take into account that a lot of really important health care is being done in the private realm. If we are to be consistent, then we should pay all private health care workers, then that should include all those who care for children, the elderly and others in their home.

I am not being facetious really. I merely want to point out that basic assumptions that attempt to put health and health care in a capitalist/commodity framework rather than a human rights/ social service framework have very particular assumptions behind what some people think is common sense. If you want to tell people that privatized health care is more efficient and cost-effective, then pay both the specialists and the housewives and househusbands---and then we can do the cost analysis.

From our experience, our governments would get far more cost efficiency if it increased funding to workers at the basic and preventive levels of health care rather than in the tertiary hospital system. And that we have done in the communities we work with.

I wish I could tell you more about how this has changed the lives of our health workers. I wish I could tell you how women, many with very little formal education, some of them suffering the violence of their partners and all of them dealing with poverty, have become empowered.

I wish I could take you to them somehow. The leaders of each community organization sit on the Likhaan Board. I interact with them often and they direct the organization as equals. They help formulate political positions, carry out personnel decisions, and decide on budgets. These same women are now leading a confederation of urban poor organizations. These are the health organizations we work with but also organizations they have linked to or helped set up in the various communities. The feminist perspective has made our women-led organizations focal points in the organizing of youth as well as gay, lesbian, bisexual and transgendered groups. This alliance called PILAKK (United Strength of Women and Youth) was also launched with Inter Pares support. In my opinion it is a historic alliance because it is the first such alliance in the history of the Philippines that recognizes that inequity in the reproductive aspects of life must also be eradicated. It is the first urban poor alliance that takes a stand against patriarchy and commits itself to upholding sexual and reproductive rights and freedoms including freedom of sexual orientation.

But the real foundation of all these gains has been the work done at the individual and community level. Despite a focus on health care, the women who lead the health organizations we work with, have become important players in other community struggles such as those for water and electricity services and security of land tenure. In situations where criminal syndicates control almost all aspects of community life, they are making headway in carving out alternative power structures.

I am reminded of a fire that gutted one of our communities some years ago. Fires in our poor communities happen for a variety reasons. One of them is that homes are built with highly flammable materials, with poor quality and overburdened electrical connections. Overcrowding also adds to the risk. Other factors such as the poor quality of gas tanks used for cooking or frequent power interruptions that lead to people leaving candles unattended, can be the source of fire. Sometimes, a landowner who is disputing ownership of the property the community is on, will ask criminals to deliberately cause a fire in order to move in.

Thus when a fire occurred in Apelo Cruz, Pasay, the people's difficulties were made worse by the worry that land syndicates or the landowner would seize the opportunity to grab land. Our community health workers, some of them fire victims themselves, played a leadership role. Having built the people's trust they were the natural "go to" women anyway. They decided to take all the money out of their savings cooperative to begin immediate in-site rehabilitation of people's houses. With Likhaan and again, Inter Pares support, they were able to mobilize local and international friends to complete this rehabilitation. Those of you who work in disaster rehabilitation know how crucial the women's decision was in assuring a positive outcome. That savings cooperative is no more. But it takes political wisdom to know when to sacrifice one good project for larger political aims.

To review the themes of this meeting, I believe I have been talking to you about justice especially social justice and democracy. I am very happy with the theme actually because I believe our own experiences show us the health care, apart from its intrinsic value, is also a tool for social justice as well as democracy.

Likhaan attempts to closely link our health work to these values. In a recent Likhaan statement we said that health while non-partisan in the sense that it should be available to all regardless of race, class, sex, ethnicity, caste, sexual orientation, disability, marital status, religious or political affiliations---is nonetheless always political.

As the organization that ensures the quality of the services delivered by the women's health associations we work with, we are deeply invested in quality of care. We attempt to put in place most of the technical aspects like ensuring that medically sound clinical protocols are clearly stated and rigorously followed; that adequate and correct information is available to patients; that there is a good relationship between the health worker and her patient; that within the limits of what we can do, that facilities are clean and ensure privacy; and that there is equipment and supplies appropriate to the service being delivered.

But we add an element to the various quality of care frameworks. That is, that the health services occur within the framework of our community organizing for democracy and social justice. None of these quality of care elements can be ensured without the commitment of our health workers and the vigilance of the health organizations to which they belong.

We have had opportunities to compare our health workers performance with those trained by the government. Government health workers themselves have expressed envy at the amount of training and trust given to Likhaan workers. We train our health workers rigorously. Our thinking here is that the

poverty of their patients cannot be used to justify incompetent health care. Added to this we emphasize values such as service and solidarity. We know that the health care system and the kind of service received can either reinforce social injustice and poverty or alleviate it.

Our health workers will tell you of their early struggles to gain the people's trust. They will tell you about how they have had to contend with questions about their competence and how the people preferred to see a doctor or nurse. But their patience and attitude of service have won people over. The story of our community clinics has shown a steady increase in their patient load over the years. Happily, when challenged by our clinic's performance, the government health clinic in one of our communities has begun to improve services as well.

Indeed in one of our communities, talks are ongoing with the city government that would put in place a new system of emergency obstetric care that we hope will make a significant impact on maternal mortality and morbidity. The interest of the local government and its health managers in this effort is not merely because they wish to serve the public. It is a recognition of the power of the people's organization Likhaan works with.

Poverty, after all, is not merely a matter of material lack. Equally important to poverty and its alleviation is the way people feel about their social relations to each other and to social institutions. People are less poor when they feel that they have the skills to intervene and that social institutions can be made to change to meet their demands. They not only feel their poverty less, they are also more likely to seek solutions and to make those solutions work. As I have mentioned, our organizing has changed the local health center's response to people's demand for better services. But our attempts to help people intervene in their institutions have gone beyond the local level.

Two years ago, Likhaan, along with several other organizations threw its efforts into having a reproductive health bill enacted. The hierarchy of the Philippine Catholic Church, which wants to restrict access to only one contraceptive method, pulled out all the stops. It called the proposed bill an abortion bill to whip up moralistic hysteria, read pastoral letters in all Churches against the bill, threatened politicians that they would lose in the next election and deployed Church-mandated lay organizations to write letters, send text messages and lobby at public hearings on the bill. On the other hand, Likhaan's communities served as the backbone of advocacy efforts for the bill's passage. At one crucial point, Church forces came face to face with our communities in a rally at the gates of the Philippine Congress. We outnumbered them 10 to 1, and the bill passed out of the health committee that day. I like to hype this story by saying that this was the first defeat of the hierarchy of the Philippine Catholic Church since our anti-friar revolution against Spanish colonial rule in 1898.

Lest I get carried away with myself, I must inform you however, that the bill was never enacted. The Church hierarchy managed to get a few powerful allies in Congress to derail it on a technicality.

But such outcomes begin with long term organizing efforts that do not expect immediate pay-offs. I can still recall the impact on some of the women when we began to talk to them almost twenty years ago. Like any group of community organizers, we started by listening to the women about their problems and what they thought were the causes. We listened also to their dreams and how they thought they might achieve them. Then, we began to exchange our own views and opinions with them. In short,

we took them seriously. For many of the women, it was the first time that anyone took them as serious political actors. It was an important first step.

It has taken years of patient organizing before we saw the results of effective intervention with social institutions. And here is where I would like to give Inter Pares its greatest accolade. You have been with us through all these years.

Many times we have had to deal with actors in the development community who ask us when we will become self-sufficient as an organization. Our answer has been, "when we are allowed to levy taxes for our health services". We do understand that there are many valid reasons why a partnership should end. This is not an argument against short-term partnerships. I also have no wish to discount the need for NGOs to achieve financial autonomy. But I believe that there should be more long term partnerships because these are congruent with the long-term commitment necessary to health, social justice and democracy.

We are one in the belief that health is a basic right that cannot be made to follow the logic of profit. There is a difference between being efficient in our use of resources and the criminal assault that has resulted from such "reform measures" like user fees, health sector reform and privatization that purportedly increase cost-efficiency and self-sufficiency. Like you we believe in the standard of accessible, appropriate and competent health care for all. The multinational corporations, the IMF-WB, and our own governments attempt to convince us that this is impossible and should not be the gold standard. They are wrong. Their attempts to find a better system have failed. They may fight all the ideological battles they like, spend endless sums on research and pilot projects, talk about effective safety nets for the victims of globalization, and blame as many victims of corporate greed for their own ill health or death. The truth of the matter is, unbridled capitalism, the kind increasingly pushed by neo-liberal globalization is contradictory to the kind of health care necessary to ensure human dignity.

We have a saying back home, that when the over-developed north sneezes, we get pneumonia. The recent attempts in Canada to privatize health care by creating a two tier system and to evade federal government's accountability for enforcing the Canada health act, are the sneeze. Let me tell you what the pneumonia looks like.

In the Philippines we have a two-tiered system. The private system is for the rich who are the only ones who can choose to use it. This effectively leaves the public system for the poor. Because it is mostly poor people who are in the public system, it is badly funded and poorly managed. We do not have the problem with what you call "wait times" here in Canada. Those Filipinos lucky enough to get into the public system may get the services that they need before they die if they are luckier still. Many never have to deal with long wait times because they never get in to the system.

There is no waiting time in the private health care system either. Many doctors are only too happy to get the surgeries done the very next day. Of course the costs can be astronomical and a serious illness can decimate a middle class family's finances.

Our health care system has also been decentralized and local officials have the power to allocate budgets that come from their own revenues or are sent to them by the national government. Our

Department of Health is supposed to set standards but it has no power to enforce them and has long abnegated any accountability on the matter.

So at the local level, the health system is run by politicians to suit their political needs. The mayor of Manila for example, has decided that contraceptives are immoral. So he has closed down all contraceptive services and has harassed NGOs in our network who are attempting to fill the gap. There are clear guidelines against this at the international and national level. In fact, our constitution guarantees the right of a couple to determine the number of children they want. But, our health secretary has done nothing.

I am not making any dire predictions that your health system will eventually look like ours. I do not have the kind of psychic powers that would allow me to predict that. An analysis of the processes of globalization however, seems to indicate that the neo-liberal economic agenda will continue to universalize the abrogation of basic social services for the world's population. It is obvious to me that many of our local struggles are against a global problem. So I say, resist the privatization of health cares services here and hold the Minister of Health here accountable to the Canada health act. Make Canada a rebuke to those who would take away high standard and universal health care. We will be grateful for your victories in the Philippines.

Let me end by going back to the present political situation in the Philippines. It would be foolhardy of me not to be worried. But I do not think we will go back easily to the dark times of the Marcos dictatorship. Marcos essentially united the military while it is extremely factionalized at this point. The Philippine elite also united around martial law during its earlier years, something unlikely to happen again. The old activists who brought about the downfall of the Marcos dictatorship, myself included, are still around. In the week under a state of emergency, it took very little time for us to orchestrate wide scale protests. Furthermore, as my sharing has indicated, we are now joined by new democratic forces like the women of our communities.

Inter Pares was there with us too, during the darkest times of the Marcos dictatorship. My first friendships with some of the people here today began in those days when it was dangerous to support us. I have no doubt that we can call upon that solidarity yet again if needed.

And so I have come indeed to thank you all---for years of unstinting and wise partnership and for a future of shared struggles.

Sylvia is the co-founder and chair of the board of Likhaan*, a national women's health organization in the Philippines, co-chair of the board of the Women's Global Network for Reproductive Rights, Associate Professor of Women and Development Studies at the University of the Philippines, physician, feminist counsellor, author, poet. As an activist and leader in the women's health movement, Sylvia is a strong advocate for integrated, public, not-for-profit, health care.*