



Vancouver Women's Health Collective

# HER VOICE

Spring 2002

## Are you interested in...

Doing research on complementary therapies, reproductive issues, or endometriosis? Knowing about the health resources available to you in your community? Finding a new doctor or therapist? Hosting a Patient's Rights workshop for women in your organization? Inviting the VWHC to your meeting to do a breast health workshop?

Then please call our health information line: 604-736-5262 or visit our Health Information Centre at 1 - 175 East 15th Avenue in Vancouver.

### Staffed exclusively by volunteers, the information centre is open:

Monday through Thursday  
10:00 a.m. to 1:00 p.m.

Monday and Tuesday  
2:00 to 5:00 p.m.

Wednesday  
6:30 to 8:30 p.m.

## HEALTH CARE UNDER ATTACK IN BC

What's health care going to look like in BC when the Liberals get through with it? The Vancouver Women's Health Collective's provincial funding will be cut – 100% - in 2004. At a recent meeting with Lynn Stephens, Minister of State for Women's Equality, we were told that "information, referral, and advocacy are not services". Therefore, the VWHC, along with all women's centres and many other non-profit organizations, will have its provincial funding cut. The government has set 2004/2005 as the year to balance the budget and, consequently, the year to end our \$47,000 in core funding. As I'm sure you can appreciate this has huge implications for the VWHC and the women we serve. Unfortunately, our looming funding crisis is merely added to the long list of cuts the Liberals are making to health services.

In early February, the provincial government decided to increase Medical Services Plan premiums by 50% effective May 1, 2002. Only BC and Alberta charge residents this tax to access health care. The other provinces and territories have no MSP premium. What do these changes mean for us? A single person who makes \$24,000 or more a year will see her premiums climb to \$54 a month from \$36, for a total of \$648 in a year. Families with a combined income of \$33,000 will pay \$1,296 a year in MSP premiums, or \$432 more a year.

***"Information, referral, and advocacy are not services."***

*-Lynn Stephens,  
Minister of State for  
Women's Equality*

The government tried to make the case that these increases were accompanied by a more generous subsidy for low income British Columbians. The fact is, a single woman who is working full time will have to make less than \$7.70 an hour to be exempt from paying the MSP premium. You only

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## WOMEN MAY LOSE THE PATIENT'S RIGHTS WORKSHOP

Since our founding in 1972, the VWHC has exposed the overt disrespect that the health care system shows women. Although there have been gains in recognizing the importance of women-centred health care, women continue to face barriers in receiving basic respectful health care.

The fact is today, in 2002, women from a range of backgrounds face challenges in receiving respectful health care. Health care practitioners have told women that midwife services are not available in BC. Or, how about the inference that you have health problems because you are Italian and eat too much pasta? What if someone you love is dying from cancer and has been told by the doctor that treatment will not be administered because your loved one wants alternative or complementary treatment, as well?

The VWHC's Community Health Advocate project has been working hard to help women tackle this disrespectful care. Since March 2000, the CHA project has worked with 17 community host organizations and provided Patient's Rights workshops for approximately 220 women. The CHA project works with a range of community hosts such as MOSAIC, The Centre and PACE and helps women who access these organizations' services gain an understanding about how to receive care that will help them become and stay healthy.

The Patient's Rights workshop informs women that yes, midwife services are available and covered by the Medical Services Plan. We assure women that they have the right to receive health care that takes their health concerns seriously. The Patient's Rights workshop also informs women that they have a right to a second opinion and that this is covered by the Medical Services Plan. Women are supported if they choose to seek out alternative methods of treatment. The workshop also provides women with information about how to access appropriate services, such as when to use services offered by a clinic and when to go to emergency. The Patient's Rights workshop and the 28 page Information Kit workshop participants

receive, are tools women can use to speak up for themselves and their families within the health care system.

Despite the gains the CHA project has made since its inception in 1998, we find ourselves, like many organizations, concerned about the future of this project. We may lose our Sharon Martin Community Health Initiative grant this April. The SMART fund is administered by the Vancouver Coastal Health Authority, formerly the Vancouver/Richmond Health Board, and because of provincial government cuts to health care and health board restructuring our funding is at risk. If we lose our funding, the Patient's Rights workshop is in jeopardy.

We will no longer have the capacity to offer the Patient's Rights workshop to women. We will no longer be able to work with all of the women's and community organizations we presently work with. We will no

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longer be able to provide translated health documents for women such as our flyer outlining patient's rights, in English and five other languages. This spring, we will also be translating our Menopause Kit into Chinese, possibly the only other language in which it will be available.

The VWHC and CHA project's Patient's Rights workshop embraces the philosophy of helping women help themselves. The loss of the Patient's Rights

workshop is clear. Our ability to reach out to women who need and value this health service will end and women will continue to struggle to receive the safe, respectful, and appropriate care they and their families deserve.

**Angela J. Gray** is the Community Health Advocate Coordinator and Patient's Rights workshop facilitator.

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need to be making \$16,000 a year to begin to pay a portion of the premium and when your annual income reaches \$24,000 you pay the full premium. For couples and families you begin paying the premium if your combined household income is \$25,000 and when your annual income reaches \$33,00 you pay the premium in full.

This increase in MSP premiums is added to all the other health care costs that the government has off-loaded on to us. We now must pay 100% of the cost to have our eyes examined, and to visit a physiotherapist, chiropractor, massage therapist, podiatrist, or naturopath. People on income assistance have had their access to these services severely reduced to ten visits a year. In the past, people on income assistance received up to 12 visits per year for each of these services.

The government has de-listed 17 drugs under the Pharmacare plan and increased deductibles for drugs

and medical devices by between \$200 and \$275 a year depending on your circumstances. In 1999, Pharmacare paid for prescriptions for 850,000 patients. About 50% of Pharmacare expenditures are for drugs for seniors, 20% are for people on social assistance and disability benefits, around 15% for people and families with greater drug needs, and the remainder includes drug costs for long-term care residents and people who are on anti-HIV/AIDS drug therapies.

The government's cost cutting of health services under the Medical Services Plan and drug coverage under Pharmacare does not mean the costs disappear. Rather, the costs are passed on to each and every one of us – the user. In real terms, this means that single moms, families, and individuals who are already struggling on income assistance will have to pay for the drugs and care they need, what this means is charging seniors more for their drugs, and it also means making people pay more who have

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illnesses such as HIV or Schizophrenia and require costly drugs to lead their lives.

During the spring 2001 election campaign, the Liberals promised British Columbians that they would not cut health or education spending. Months later, they are doing just that and they are doing it at a frantic pace. Initially, the provincial government claimed that it had not cut health spending, just frozen it. In recent weeks it has become increasingly difficult for the Liberals to argue this. Now the government's line is: "we're putting patients first." This is somehow supposed to justify renegeing on a promise. With hospital closures on the horizon, a 45% cut in the health ministry's administrative costs, and the massive restructuring of regional health boards, health care cuts are well underway.

Due to population growth, aging baby boomers, inflation, increases in doctors' fees, and health care sector wage increases and Medical

Services Plan premium increases, health care costs are increasing. A freeze in government health care spending spells drastic cuts in health services, hospital closures, off-loading the costs of drugs and services on to users, and the privatization of health services. All of this affects most of us, but it particularly affects women who make on average 64 cents for every dollar a man makes, seniors and students on fixed incomes, and families with lower incomes. If the government was really serious about getting health costs under control, it would tackle the huge problem of rising drug costs, the monopolistic practices of drug companies, drug patent laws, and put doctors on salary. If the government was really serious about covering our health care costs, it would not have cut taxes by \$2.2 billion on its first day in office.

We are going to see a boom in privately owned clinics and privately built hospitals delivering publicly funded services – for profit. We are going to see the closure of women's centres and other women's organizations because, according to the Minister of State for Women's Equality, we don't provide a service worth funding. We are going to see the elimination of community-based programming such as the VWHC's Patient's Rights workshop. We are going to see more women in desperate situations. We are going to see more poverty and more violence against women. We are going to see more chronic illness and a decline in women's healthfulness and well being. We will continue to provide women, as best we can, with our much-in-demand services and we will continue to fight to protect basic and preventative health care services for the women of BC.

**Afterword:** *On February 19, 2002, budget day in BC, the Liberal government announced an increase in provincial sales tax by half of one percentage point, to 7.5%. As well, the government increased the tax on tobacco by 35%. Health activists applaud the increase in the price of cigarettes, as a disincentive to smoking. However, the rise in sales tax will further burden those on limited and fixed incomes. The government's rationale for these tax increases is that they need to raise additional revenue to offset the recently announced arbitrator's ruling to increase doctors' fees.*

**Caryn Duncan** has been the VWHC Administrator since December 1997. She is also the VWHC representative on the steering committee of the BC Health Coalition.

## YOU CAN GET INVOLVED

If you feel inclined to raise your voice in support of the Vancouver Women's Health Collective and the important services we provide women, then please send a letter to the editor of your local newspaper, call your MLA, or write Lynn Stephens, Minister of State for Women's Equality at the following address: Ministry of Community, Aboriginal and Women's Services, Room 323, Parliament Buildings, PO Box 9056 Stn Prov Govt, Victoria, BC, V8W 9E2.

As well, the VWHC is a member of the BC Health Coalition along with a number of seniors' groups including COSCO, anti-poverty organizations like ELP, the Canadian Federation of Students, nurses with the BCNU, the Hospital Employees' Union's many hospital workers, and the BCGEU which represents government employees including workers at legal aid offices. Please come out to one of the following events, or call 604-736-4234 for more information about the BCHC.

## COMMUNITY EVENTS & CONTACTS

### Tuesday March 12, 2002

- Health Care public meeting - "Profit is not the Cure"

Guest speakers include: Maude Barlow, author and head of the Council of Canadians; Joanne Foote, front line worker at a private health care facility; and a member of the BC Health Coalition. This event, co-sponsored by The Council of Canadians and the BC Health Coalition, is at the Christ Church Cathedral in Vancouver, from 7:30 – 10:00 p.m.

- The Romanow Commission on the Future of Health Care in Canada will be in Vancouver (location of hearings TBA).

### Saturday March 9, 2002

- For the International Women's Day March in Vancouver, meet at the Broadway skytrain station at 11:00 a.m.

### Monday, March 11, 2002

- Maude Barlow will be speaking in Victoria, call the Victoria Council of Canadian's office for further details.

### Thursday, March 14, 2002

- The Romanow Commission on the Future of Health Care in Canada will be in Victoria.

**BC FEDERATION OF LABOUR**  
**For information about**  
**Campaign BC**  
**see the website**  
**[www.campaignbc.ca](http://www.campaignbc.ca)**



*I want access to information about ME  
My problems, my concerns, my dis-ease  
Essentialism*

*Essentially I need easily accessible, readily available  
Wisdom*

*I want to be able to ask someone  
For help  
So I do not feel alone with  
My problems, my concerns, my dis-ease*

*Liberation, CONNECTION  
Slashing services means cutting  
Amputating knowledge  
Causing  
Loneliness, isolation, disempowerment, depression  
Because I am a woman  
No one hears my voice  
Unless it is unified, loud  
Liberated, connected*

*I want CHOICES  
What are my rights?  
Options?  
Am I to place my trust solely in my practitioner?  
Experts  
I do not want to be humiliated anymore  
When I ask my doctor questions  
And do not understand his answers  
Jargon*

*Do you hear what I WANT?  
Knowledge is power  
Empowerment  
Is the ability to make choices  
After learning all of my  
Options  
My own choices  
That are relevant, accurate and apply  
To ME*

*This poem was submitted to HER VOICE by **Terri Padavell**, a UBC Women's  
Studies student who is doing her practicum with the VWHC.*

## The Vancouver Women's Health Collective

### Our Purpose

We have all been taught that only medical experts know about good health care. In fact, health information has been passed down from one generation of women to the next for centuries. Since our founding in 1972, the VWHC has promoted and supported women helping women to help themselves.

### Our Mission Statement

The Vancouver Women's Health Collective provides information, resources and other support for women to empower themselves to take charge of their own health care.

### Our Members

We are a charitable, non-profit women's organization, funded primarily by donations, membership fees, grants, and fund-raising initiatives. Volunteer members are an essential part of the VWHC. There are many opportunities for volunteers to share their stories and enhance their skills. Please call us for more information. Many thanks to past and present volunteers and members, without you we would not be here!

### HER VOICE

Our re-vamped newsletter — HER VOICE — made its appearance in January 2001. HER VOICE will be published up to three times a year. HER VOICE is a forum to connect VWHC members, as well as the broader community, around women's health issues and activities at the VWHC. Submissions relevant to women's health and/or well-being are always welcome. Opinions expressed are those of the writer and not necessarily those of the VWHC.

The VWHC's new  
menopause kit,  
*Menopause: a self-help  
approach*, is now available  
for \$10 (plus \$2.50 if  
postage is required).

Please call  
604-736-5262 to order a  
VWHC menopause kit.

Are you looking for a  
welcoming, comfortable,  
women-centred meeting  
space to offer a workshop,  
hold training sessions,  
etc...

The VWHC has  
space available for  
\$12.50/hr plus GST.

Please call  
604-736-4234  
for more information.

The VWHC will be hiring a student this summer to staff the Information Centre. The position will run for 12 to 16 weeks at 30 hrs/wk, depending on the amount of government funding secured. To be eligible you must be a full-time student now and be returning to school full-time this fall. Please call 604-736-4234 for more information.

Please check out the  
VWHC's new web site!  
[www.womenshealthcollective.ca](http://www.womenshealthcollective.ca)

Yes, I want to help women access quality health information!

I would like to join the VWHC  would like to renew my VWHC membership

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city/province)

\_\_\_\_\_  
(postal code)

**VWHC membership category:** Fee enclosed: \$ \_\_\_\_\_

- Volunteer pay what you can up to \$25/yr
- Associate \$10-\$25/yr
- Health Practitioner/Therapist/Business \$50/yr

**All VWHC Members**

- receive the VWHC's newsletter and invitations to special events
- may participate at the monthly Steering Committee meeting & the AGM
- support the mission statement, values, and goals of the VWHC

**Volunteer Members**

- expected to volunteer at the information centre & attend one bingo shift

**Health Practitioner/Therapist/Business Member**

- entitled to a business card ad in HER VOICE

I wish to make a donation to the VWHC (a charitable tax receipt will be issued ) \$ \_\_\_\_\_

Full amount of my membership fee and donation \$ \_\_\_\_\_

**Thank you for your support!**

**Contact Us**

1 - 175 East 15th Avenue  
Vancouver, BC V5T 2P6

**health information line:** 604-736-5262

**fax:** 604-876-1282

**administration line:** 604-736-4234

**www.womenshealthcollective.ca**

**e-mail:** vwhc@vcn.bc.ca

**Thank you to our  
2001/2002 Funders!**

BC Ministry of Community, Aboriginal  
and Women's Services

Vancouver Coastal Health Authority

Vancouver Foundation

BC Gaming Commission

VWHC Members & Donors

Summer Career Placement Program, HRDC

