



Council for Health and Development

TAMBALAN

The CBHP Newsletter

July - December 2012

NO to Privatization of Public Hospitals and Health Services! Assert the People's Right to Health!

WARNING: PRIVATIZATION IS DANGEROUS!
SANTOS JR., All UP Workers Union-Manila Resident during health workers and patients outside the Out-patient General Hospital (PGH) today.



Privatization is dangerous to our Health

Privatization: A Form of Oppression

"The State shall protect and promote the health of the people and instil health consciousness among them." 1987 Philippine Constitution, Art. II, Sec. 15

This is how explicit the Philippine Constitution is about the government's responsibility regarding the right to health of the people. The Universal Declaration of Human Rights (UDHR) and other international covenants support this declaration. Article 25, of the 1948 UDHR states, "Everyone has the right to standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing and medical care."

Privatization of health facilities and services, the abandonment of state's responsibility for people's health and allowing private business to take over health services for profit is definitely an outrage.

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No To Privatization of Public Hospitals and Health Services! Assert the People's Right to Health!

Amidst the deteriorating health situation of the Filipino people and the continuing lack of public health facilities, the government's solution has been the privatization of public hospitals and health services. Privatization goes by various forms: outright sale, outsourcing, public-private partnership, corporatization, users' fee schemes and revenue enhancement program, to name a few. What is privatization of health facilities and services and how does it affect the Filipino people?

What is privatization?

Privatization, a global phenomenon dictated by the monopoly capitalists as their solution to the crisis of the world capitalist system, is contradictory to state's provision of health care and services. Privatization is part of the neo-liberal policies intertwined with deregulation, liberalization and flexibilization of labor imposed by international financial institutions such as the International Monetary Fund, World Bank and

the Asian Development Bank since the early 1980's. These policies lead to drastic cut on government health spending and increased out-of-pocket spending which bleed the people dry because they have to shoulder all their health needs and expenditures.

Forms of privatization

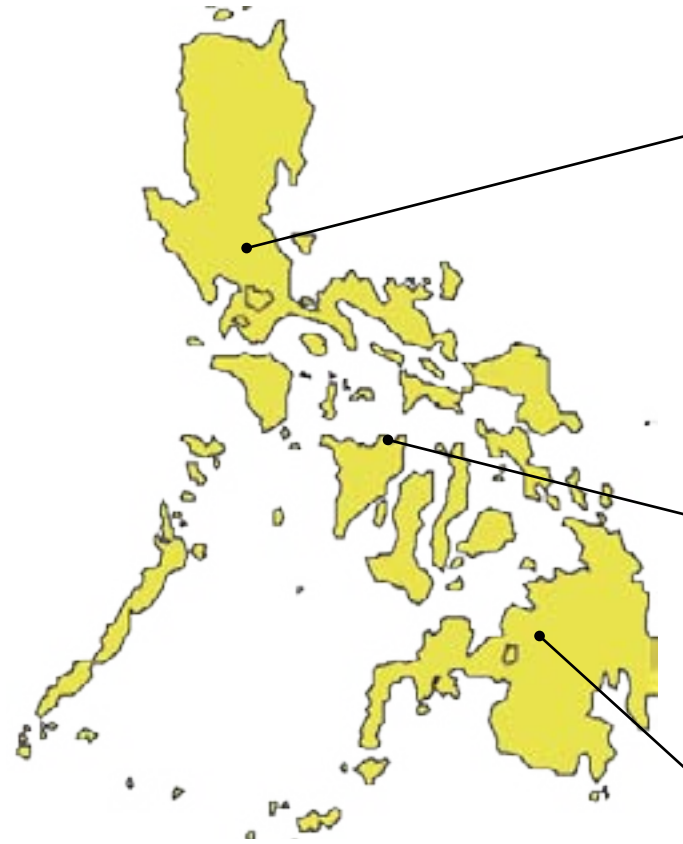
Consider the following:

Open land area, which are public assets and where government hospitals stand, are now for sale for commercial operations. These include the National Center for Mental Health and the Welfareville Property in Mandaluyong City, Eversley Childs Sanitarium in Cebu and Western Visayas Sanitarium in Iloilo.

Government hospitals under the guise of Public-Private Partnership are now open to foreign investors. San Lazaro Hospital, the country's premier hospital for infectious diseases, is open to foreign investors at



26 PUBLIC HOSPITALS FOR CORPORATIZATION



LUZON:

1. Cagayan Valley Medical Center (Tuguegarao City, Cagayan Valley)
2. Veterans Regional Hospital (Bayombong, Nueva Vizcaya)
3. Baguio General Hospital and Medical Center (Baguio City)
4. Ilocos Training and Regional Medical Center (San Fernando, La Union)
5. Region I Medical Center (Dagupan City, Pangasinan)
6. Dr. Paulino J. Garcia Memorial Research and Medical Center (Cabanatuan City, Nueva Ecija)
7. Jose B. Lingad Memorial Medical Center (San Fernando, Pampanga)
8. Batangas Regional Hospital (Batangas City)
9. Bicol Medical Center (Naga City, Bicol)
10. Bicol Regional Training and Teaching Hospital (Legaspi City, Bicol)
11. Quirino Memorial Medical Center (Quezon City)
12. Jose R. Reyes Memorial Medical Center (Sta. Cruz, Manila)
13. Rizal Medical Center (Pasig City)
14. Amang Rodriguez Medical Center (Marikina City)
15. San Lazaro Hospital (Sta. Cruz, Manila)

VISAYAS:

1. Vicente Sotto Memorial Medical Center (Cebu City)
2. Eastern Visayas Regional Medical Center (Tacloban City, Leyte)
3. Corazon Locsin Montelibano Memorial Regional Hospital (Bacolod City)
4. Western Visayas Medical Center (Iloilo City)

MINDANAO:

1. Northern Mindanao Medical Center (Cagayan de Oro City, Misamis Oriental)
2. Southern Philippines Medical Center (Davao City)
3. Zamboanga City Medical Center
4. Cotabato Regional and Medical Center (Cotabato City)
5. CARAGA Regional Hospital (Surigao City)
6. Davao Regional Hospital (Tagum, Davao del Norte)
7. Mayor Hilarion A. Ramiro, Sr. Regional Training and Training Hospital (Ozamiz City)

the price of USD 121.87 Million (Php 5.44 Billion) to transform the hospital into a clinical research center for infectious diseases. The revenue opportunity being offered to private investors is income sharing, lease per treatment, clinical trials for research and data mining. The Research Institute for Tropical Medicine which produces DPT, HepaB and HiB vaccines is open for bidding at the price of USD 11.11 Million (Php 500 millions). The revenue opportunity is sales/revenue sharing. The Philippine Orthopedic Center, the country's center for bone diseases, trauma, rehabilitation and commercial production of limb prosthesis, is up for bidding at USD 45 million (Php 2,000 million). The revenue opportunity offered is revenue sharing and lease per treatment for diagnostic equipment. Ten retained government hospitals have been identified to establish a multi-specialty center in oncology, neurosciences and stem cell research for a cost of USD 45 million (P2,000 million). The revenue opportunity is lease per treatment.

Twenty-six public hospitals in various parts of the Philippines face conversion into corporatized hospitals. Under the corporatization scheme, public hospital assets will be transformed into investable funds. The hospital director will become the President and Chief

Executive Officer (CEO) who will be allowed to conduct business contracts. A corporate board of seven members will be set up composed of three members from the private sector. Through corporatization, the government opens the public hospital to the private sector as it fulfills its plan to fully remove subsidies to public hospitals' Maintenance and Other Operating Expenses (MOOE) by the year 2014 and Personal Services (PS) by 2020.

Conversion of public hospitals like the Dr. Jose Fabella Memorial Hospital, a maternal and new born tertiary hospital, into a women's wellness center for those who can afford to pay.

Integration/merging of four GOCC (government owned and controlled corporation) hospitals namely the Philippine Heart Center, National Kidney and Transplant Institute, Philippine Children's Medical Center, Lung Center of the Philippines and the East Avenue Medical Center into the Philippine Center for Specialized Health Care as part of the medical tourism program of the government.

Sections of public hospitals are outsourced to the private sector. The radiology facility of the Jose R.

Reyes Memorial Medical Hospital has been outsourced to HIMEX and the laboratory services at the Tondo Medical Center to HiPrecision Laboratory. Previously, patients could avail of free services. But with the entry of the privately-owned facilities there are now fees that patients have to shoulder.

Establishment of private entities within a public hospital. At the Philippine General Hospital, the Faculty Medical Arts Building (FMAB) of UP-PGH has been set up to accommodate patients who can afford to pay consultation fees in lieu of long lines at the Out-Patient Department and to avail of laboratory services, x-ray and ultrasound especially when medical equipments are not functioning at the PGH.

Revenue enhancement/user fees schemes or ways public hospitals use to increase their income. Patients pay for supplies like cotton ball and adhesive tape and for services like intravenous line insertion; all of which were previously free.

Privatization: Abandonment of state's responsibility

The Network Opposed to Privatization (NOP), a broad formation of hospital workers, health professionals, community health workers, health science students, patients, indigent communities and all concerned Filipinos, united against the intensifying privatization of government hospitals and health services, believes that privatization will further worsen the already deteriorating health situation of the people. The NOP conducts information and education activities to reach out to hospital workers, medical professionals and the public to stand against all attempts to privatize health care services and facilities.

The NOP disclaims two premises posed by the government for pushing for privatization. First, that privatization will bring about quality health services for the poor. The truth is that every Filipino deserves quality health care. This is possible when government is service-oriented and not profit-oriented. Privatization will make health care services inaccessible for poor families all over the country. Representative Teddy Casiño of Bayan Muna is actively campaigning against privatization saying that privatizing government hospitals will only worsen the already considerable problems the hospitals are already facing. He said many public hospitals are already charging exorbitant fees for their services. Rizal Medical Center, which has already been corporatized with the entry of business tycoon Manuel V. Pangilinan, now charges P290 (USD 6.90) to P310 (USD 7.38) for chest x-ray services. Rizal Medical Center is one of 26 hospitals

targeted for corporatization. Casiño said the poor in the country's poorest regions will have to pay higher rates for procedures. "The only thing that should be increased in all government hospitals is the government budget for medicines, infrastructure and the health workers' and professionals salaries and benefits," he said.

Second, the NOP disclaims that corporatization, a form of privatization, will serve goals of modernization and efficiency. Experiences of GOCC hospitals prove otherwise. Laboratory, diagnostic procedures and hemodialysis are more expensive at National Kidney and Transplant Institute (NKTi) compared to other public hospitals or private hospitals like Capitol Medical Center. In the Philippine Heart Center, more than 1,600 cardiac patients are waiting to be operated on. It could not afford the repair or replacement of the non-functional Cathlab machine and could not procure additional echocardiograph machines. As of 2011, it has P800M unpaid bills to contractors and suppliers and P46M unpaid taxes to Quezon City government. The Philippine Children's Medical Center's income accounts for 47 percent of its budget, but 53 percent goes to expenses as of 2010. It has P38M worth of unpaid promissory notes.

However, the government plays with words and denies that they are not doing privatization; but instead is modernizing and improving the services of government hospitals, one thing is crystal clear: Privatization of health facilities and services is the abandonment of state's responsibility for people's health. It is an outright and blatant violation of people's right to health which is enshrined in the 1987 Philippine Constitution. In Article II, Section 15, it states "The State shall protect and promote the health of the people and instill health consciousness among them." Likewise, the Universal Declaration of Human Rights (UDHR) and other international covenants support this declaration. This reads as "Everyone has the right to standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing and medical care." (Article 25, of the 1948 UDHR).

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Health Workers Pursue Fight for Justice and Human Rights

Justice for human rights victims continues to remain elusive while hundreds more fell victims to human right violations. President Benigno “Noy” Cojuangco Aquino III fell short in his promise to bring justice to victims of human rights violations and failed to abate the spates of human rights abuses.

In the last decade, the human rights situation in the Philippines has worsened. Human rights violations; especially political killings, enforced disappearances, internal displacements due to armed conflict and torture have reached very alarming levels particularly in 2006 that made the international community concerned about the situation. From January 1, 2001 to December 2010, the human rights organization, KARAPATAN has documented 210 cases of enforced disappearances, 1,234 victims of extra-judicial killings; 2,095 cases of illegal arrests. From July 2010 to October 2012 alone, there were still 129 cases of extra-judicial killings, 154 cases of frustrated extrajudicial killings, 12 cases of enforced or involuntary disappearance; 72 cases of torture, 228 cases of illegal arrests without detention and 239 cases of illegal arrests and detention.

In spite of the Armed Forces of the Philippines’ claim that *Oplan Bayanihan* is refocused on “developmental activities” and protecting human rights and civil liberties instead of traditional combat operations to quash the 43 year old civil war waged by the Communist Party of the Philippines (CPP) and the New People’s Army (NPA); the number of human rights violations escalated this year. It was under *Oplan Bayanihan* that the lives of development workers and leaders of progressive people’s organizations were claimed or were threatened. The livelihood and peace situation of entire communities around the country were placed under threat. This resulted to numerous economic and geographical displacements.

Health care providers under threat

Even development workers and health care providers were not spared. The Council for Health and Development and member community-based health programs (CBHPs) have also become favorite targets of attacks and abuse. The most glaring of these human right abuses was the illegal arrest and detention of 43 health professionals and community health workers while attending a First Responders’ Skills Training on February 6, 2010 in a seminar house in Morong, Rizal. The 43 health workers experienced physical, emotional and mental torture while in detention for 10 months.

Officers and personnel CBHPs as well as trained community health workers experience harassment, physical intimidations and falsely charged with various criminal cases. Josephine Torrecampo, NIHIP’s former officer-in charge was charged with arson, murder and robbery in April 2012. Helen Igloria, a registered nurse and staff of Community-Based Health Services Association-Mindanao (CBHSA-Mindanao,) was arrested but was later released on false charges of murder in April 2012.

Up north, the personnel and trained community health workers of Community Health, Education and Training Services in the Cordillera Region (CHESTCORE) continuously experience various forms of harassments and intimidations such as death threats from government soldiers. Milagros Ao-wat, CHESTCORE program coordinator, received text messages that “she may be killed like the other victims of extra-judicial killings in the Cordillera”.

Recent addition to the spate of human rights violations among CBHP workers was the murder of Wilhelm Geertman, Executive Director of AlayBayan-Central



Luzon (ABI-CL). Geertman was mercilessly gunned down in front of ABI’s office in Angeles City, Pampanga in July, 2012. Geertman led ABI into forming a health program to support and empower the farmers of Hacienda Luisita in Central Luzon. He and ABI’s dedicated staff sought the assistance of CHD in 2011 for the trainings of community health workers and guidance in the formation of health committees to contribute in the improvement of the farmers’ health.

The increasing attacks against health workers are an affront against the people’s right to health. Attacks against the health workers and the health programs delay the delivery of health services to the community people. By violating the rights of health workers and health service providers doing community health work, the state is also depriving thousands of poor families of basic health services of their right to health.

Health workers pursue fight for justice and human rights

The release of the Morong 43 on December 17, 2010 after 10 months of illegal detention is a victory celebrated by both national and international communities. The Morong 43’s release was a fruit of the people’s struggle. They gained freedom because

of the people’s perseverance through different forms of mass campaigns, legal battles and actions waged here and abroad by different organizations as well as individual advocates.

Seeking justice for the ordeal they went through, some members of the Morong 43 filed civil and criminal cases against the personalities involved and responsible for their illegal arrest, detention and torture. However, their captors, torturers and the masterminds of the crimes against their human rights are still in power and with authority. Some like Lt. General Jorge Segovia and Lt. Colonel Cristobal Zaragosa received medals during Arroyo’s presidency and were even promoted in President Aquino’s term. They are still in active service in the government and continue to perpetrate further human rights violations against activists and other humanitarian workers. Gloria Macapagal Arroyo remains free amidst civil, criminal and administrative charges filed against her.

After more than a year, the cases filed at the Supreme Court, the Commission on Human Rights and the Quezon City Regional Trial Court, are still not moving. Yet threats and harassments against community health workers as well as health and other humanitarian workers continue. The military and their agents never

Attacks against doctors and health workers doing service to the people have been going on even before:

- Benjie Paldas, a community health worker in Davao del Sur, was charged with frustrated murder on February 11, 2010
- Dr. Rogelio Penera, a member of the Alliance of Health Worker, was shot dead by motorcycle-riding gunmen near his house in Davao City
- Dr. Oliver Jimenez, Executive Director of Community Empowerment Resource Network Inc. (CERNET) and a CBHP doctor, was charged with trumped up cases of arson and murder in 2008
- Dr. Chandu Claver, former Program Coordinator of the Community Health Concerns for Kalinga (CHECK-Kalinga), together with his wife, were shot on the way home after bringing their children to school in 2006. Dr. Claver's wife was killed.
- Jerry Ladica, a community health worker of the Religious of the Good Shepherd in Misamis Oriental, was shot dead in January 26, 2006
- Emilia Quirante and her sister Maricris, community health workers in Guihulngan Mountain Clinic in Negros Oriental, were arrested and detained for trumped up cases of rebellion and child abuse.

cease to sow terror among the people and tag activists and health workers as communists or terrorists.

The Morong 43's struggle must continue not only for their own quest for justice but for all the victims of human rights violations as well. In September 26, 2012 the Justice for the Morong 43! Justice for All Victims of Human Rights! was formed. The alliance is composed of health professionals and health workers, human rights and people's health advocates, church workers, students, and community leaders working for respect and promotion of human rights and calling for punishment of all human rights violators, especially those behind the Morong 43's illegal arrest, detention, and torture.

The Justice for Morong 43 Alliance commits to a continuing campaign for justice and human rights

through various information and education, campaigns and mobilization activities to generate increasing public awareness on human rights and justice.

Working for people's health and development is a worthwhile cause but even this is subject to state-sponsored red-baiting and witch hunting. Despite risks, the health workers' commitment to serve and contribute to the people's clamor for genuine social change will continue.

Amid the climate of impunity that is strongly influenced by a US-backed counterinsurgency plan, history will prove that however sad and enraging these facts are, these are stories of inspiration of individuals and the collective Filipino people's hard struggle for social justice.##

Reflections

Editor's Note:

In August 2012, Ms. Laravic T. Flores, a long time friend of CBHPs and now studying medicine in Cuba, spent her summer break with the Council for Health and Development to do community outreach and work on an independent project on a comparative analysis of health care models in Cuba and the Philippines from a historical and social justice perspective. During her stay, Lara immersed herself with the work CHD and CBHPs are involved with; which during the period was providing immediate food and health relief to communities affected by the Habagat flooding. Below is Lara's reflections of her experiences.

The torrential rain and monsoons that hit the Philippines in August 2012 left many already vulnerable communities even more devastated as the floods affected over two million people, with thousands of homes destroyed and over 90 dead as a result of this disaster. I was able to participate in the medical missions organized by Council for Health and Development (CHD) in conjunction with *Samahang Operasyon Sagip* (S.O.S.), a network of volunteer health workers, professionals, and students formed in the 1990's that provides assistance to disaster victims through relief and medical missions.

Commitment to serve the people

Although I thought I would be helping out with taking vital signs and other simple tasks for the medical missions, to my surprise, I was assigned to help out with medical consultations – in Tagalog nonetheless! Given that there were usually only two or three physicians available to volunteer, this was not enough to handle the hundreds of patients expected at the medical missions. In one medical mission, there was an estimated 450 patients seen that day. They informed me that I would be most useful doing consultations to make the patient flow process more efficient and this would help relieve the other doctors from being too overwhelmed. Although I was a bit anxious at first, I gladly obliged.

As we are taught in our medical training in Cuba, we must always practice *solidaridad* and be pro-active when assigned with responsibility that is required of us, especially if it involves providing services to underserved communities. So I let go of any fears or hesitations,

threw myself into my assigned tasks and learned so much in the process.

Medical mission process

Attempting to screen anywhere from 200 to 450+ patients all in a day's time requires some proper organization and coordination, especially when an everyday space like a basketball court or community center has to be spontaneously turned into an impromptu medical clinic to see patients. The medical mission volunteers all displayed great teamwork to



make sure the whole process flowed efficiently to meet the needs of the community.

Patient coordinators direct the lines of registered patients to the consultation area, where doctors and medical students take a brief history and intake, perform relevant physical exams and provide consultations and assessments. They also write prescriptions for medications if needed, depending on the patient case.

Patients with prescriptions from their consultations pick up medications, which included both prescription and over-the-counter drugs that were donated from different health institutions or bought using monetary donations collected from fundraising efforts. Herbal treatments like *lagundi* syrup for coughs and colds and *acapulco* cream for fungal infections were also available. All medications dispensed to patients were free of charge.

The struggle for health is a struggle for social justice

Most of the communities affected by the flooding were urban-poor communities in the capital of Manila who are already struggling to make ends meet for their families. As such, many lack access to health care because they lack the financial resources to pay for such services. Given this dire situation, the medical missions were filled with hundreds of patients lined up early in the morning even before the medical mission volunteer team arrived. Common cases that were seen as a result of the flooding included acute respiratory infections as well as dermatological issues, such as fungal infections from the stagnant floodwaters. Diseases such as dengue and leptospirosis were also issues of concern that patients were screened for and given educational talks to learn how to identify symptoms and help prevent the spread of these tropical diseases. For the majority of these impoverished communities, this was their only chance to access health services free of charge. In one medical mission, I saw a patient who was nearly six months pregnant and still had not had a single pre-natal appointment. I emphasized to her the importance of taking pre-natal vitamins and having regular pre-natal visits to be able to monitor the baby's development and prevent malformations or complications. Her automatic response was: "Is that expensive? How much will it cost? Because I'm struggling to find a job right now and don't have the money to pay for doctor's visits." It truly was a heartbreaking reality that unfortunately many poor Filipinos grapple with on a daily basis – the difficult situation of having to choose between their health or their immediate concern of their daily survival.

Until the government of the Philippines recognizes that health care is a human right and makes it a priority to provide accessible health services to indigent communities, millions of Filipinos will continue to get sick or die without even seeing a doctor.

Health education

Community-Based Health Programs (CBHPs) and Community Health Workers (CHWs) follow a primary care community empowerment model similar to that we are taught in Cuba – that health must be viewed from a bio-pyscho-social perspective. In addition to providing medical care, there must also be education and advocacy to address the political, social, and economic factors that affect health. I was able to work with various CBHPs and speak to CHWs who shared with me their experiences of promoting health and well-being in their communities through providing free basic health services, conducting outreach and education that emphasize disease prevention, and participating in political activities that advocate for policies that are pro-people and consider the needs of marginalized communities.

Education and advocacy

Participating in various forums, workshops, and political mobilizations demonstrated the importance of looking at health from a holistic perspective and recognizing that education and advocacy are key components in tackling health disparities. Among others, these activities included: exclusive breastfeeding training for health workers; forums on issues such as environmental and health effects of unregulated mining, corporatization of health care, and the reproductive health bill; mobilization against policies prohibiting home-births.

Cuba-Philippines solidarity

I was able to meet with the Former Cuban Ambassador to the Philippines Ambassador Jorge Rey Jimenez. I also gave presentations on the Latin American School of Medicine and the Cuban Health Care System in an effort to share the Cuban health model and have discussions on how to build connections and initiate collaboration between the health sector in Cuba and the Philippines.##

Unity Statement against Privatization of Public Hospitals...

boasts of the Public-Private Partnership Program or PPP and the Philippine Health Insurance Program as its two main pillars.

With Aquino's PPP, government hospitals such as the Philippine Orthopedic Center, San Lazaro Hospital, the Research Institute for Tropical Medicine, the Eversley Childs Sanitarium in Metro Cebu and 21 more regional hospitals are now up for millions-worth bid to big private businesses to help in "modernizing and improving facilities and services" with the promised return of investment in "revenue sharing, lease fee per treatment for diagnostic equipment. In the same vein, 26 government hospitals are being fast-tracked for "corporatization". Very recently, the DOH announced the plan to phase out the charity wards of public hospitals and replace them with PhilHealth wards.

Privatization is a part of the neo-liberal policies intertwined with deregulation, liberalization and flexibilization of labor imposed by International Financial Institutions such as the International Monetary Fund, World Bank and the Asian Development Bank since the early 1980's. These policies led to drastic cut on government health spending and increased out-of-pocket spending which bleed the people dry because they have to shoulder all their health needs and expenditures.

There is no truth to the claim that privatization will lead to more accessible health care to the vast majority of the poor Filipino people. On the contrary, privatization of government hospitals and health services has resulted and will continue to result in:

- Government hospitals and public health care facilities being run like big business entities to enhance revenues and amass big profit by charging exorbitant fees for various health services rendered to patients;
- The poor and the marginalized segment of the population being deprived further of their right to health like access to essential health care.
- Continued diminution, deprivation of benefits, threat to the security of tenure and low wages of health workers which consequently has serious effects in the quality of service and care they rendered to their patients
- Further deterioration in the health status of the people

The 1987 Constitution states that "the government must adopt an integrated and comprehensive approach to health and development which shall endeavor to make essential goods, health and other social services available to all people at affordable costs"

The policy of privatization illustrates how health, which is a basic right and health services, which should be a state-provided social services HAS NOW BECOME AN EXPENSIVE COMMODITY that is beyond the reach of the people. The government has reneged on its responsibility to the people and instead has actively pursued the interest of big business and foreign dictates.

Unity Statement Against Privatization of Public Hospitals

CONFERENCE UNITY STATEMENT
PGH Social Hall, Taft Avenue, Manila
July 18, 2012

We, hospital workers, health professionals, community health workers, health science students, patients, indigent communities and all concerned Filipinos unite against the intensifying privatization of government hospitals and health services through the government's privatization policy.

In all its various forms and names – public-private partnership, corporatization, user's service fee schemes, revenue enhancement program, outsourcing or outright sale, privatization has been the framework of almost all health policies and programs of the various governments since the term of Ferdinand Marcos up to the present .

The late president Ferdinand Marcos laid the legal framework of privatization through Presidential Decree 2029 and 2080 and legalizing the sale of Welfareville Property including the Mental Hospital through Republic Act 5260. During her term, president Corazon Aquino prepared the organizational mechanism by setting up the Committee on Privatization (COP) and the Asset Privatization Trust (APT). The Build-Operate and Transfer Law, allowing the private sector to access official development aid was enacted during her term.

Privatization as a national government program and policy became viral in 1997 when the Ramos' administration moved vigorously to privatize public health care services through the outright sale of four government-owned and controlled corporations or GOCC hospitals. But the short-lived two-year term of the Estrada administration upstaged Ramos' via the Health Sector Reform Agenda and Executive Order 102. EO 102 transformed the functions of the Department of Health from a direct services provider to a mere regulator and monitor of services. The said EO resulted to massive layoff of DOH employees and dissolution of health programs such as the Malaria and Leprosy Control. Corporatization is the catch-word for privatization during Gloria Arroyo's term. The Arroyo government pushed for the plan to corporatize 68 public hospitals under the Department of Health.

However, the Aquino government is surpassing all its predecessors in its aggressiveness to privatize government hospitals and public health care services via the Aquino Health Agenda's "Universal Health Care" which is but a continuation of the IMF-WB recipes of Health Sector Reform Agenda and the FourMula One for Health. The Universal Health Care or Kalusugan Pangkalahatan

(continued on page 9)