

The Fight for Universal Medicare

An Interview with Healthcare Activist, Pat Armstrong

JAN NOEL

La sociologue Pat Armstrong a parlé haut et fort au nom du féminisme canadien après la publication en 1978 de son livre "Le Double ghetto" qui a éclairé des milliers de lectrices qui tentaient de mener de front la famille et le travail. Dans cette entrevue, elle affirme son engagement pour conserver l'assurance santé universelle et explique pourquoi les femmes paieront un prix plus élevé s'il y a privatisation.

Sociologist Pat Armstrong has been a lucid voice in Canadian feminism since the 1978 publication of *The Double Ghetto*, which clearly documented the plight of women who juggle jobs and families. In this interview, she revisits the early years. She then explains why she spends so many of her waking hours on another feminist issue: conserving universal medicare. By "feminism" we mean a commitment to equitable treatment of women, men, of all people—which is the same goal a universal public healthcare system has. This interview discusses why women pay a heavier price when privatization occurs.

So important that it has become a source of the national identity, our public healthcare system is designed to provide basic care for all Canadians regardless of ability to pay. Pioneered in Saskatchewan, the system spread to the other provinces in the 1970s. By the 1980s corporations were already lobbying governments for privatization of laboratory work and various clinical and hospital services. Election of neo-conservative governments in Ontario, Alberta and British Columbia and other provinces opened doors for for-profit facilities. Many supporters of the public system believe changes have been rushed through at the expense of healthcare workers, quality or of accessibility. A feminist sociologist who began her career writing about women's work, Dr. Pat Armstrong recognized the threat privatization poses to us all, and particularly to women. Women are the most common providers of healthcare services. Since we bear children and live longer than men, we are also the heavier users of the system.

Recognizing that Canada offered a useful model in a

globalizing age, Armstrong became an international speaker and activist on public healthcare as well as a tireless defender of the public system in academic, media, and government circles. Over the last quarter-century she has collaborated to produce important studies such as *Caring for/Caring About, Exposing Privatization: Women and Health Reform in Canada* (Grant et al.); *Unhealthy Times: Managing Health Care Reform* (Armstrong, Armstrong and Coburn); *Wasting Away: The Undermining of Canadian Health Care* (Armstrong and Armstrong); *Universal Health Care: What the United States Can Learn From Canada* (Armstrong and Armstrong); *Medical Alert: New Work Organizations in Health Care* (Armstrong et al.); *Vital Signs: Nursing in Transition* (Armstrong, Choiniere and Day); and *Take Care: Warning Signals for Canada's Health System* (Armstrong et al.). Pat Armstrong has served as Chair of the Department of Sociology at York University and Director of the School of Canadian Studies at Carleton University. Currently, she is a partner in the National Network on Environments and Women's Health and chairs a working group on health reform that crosses the Centres of Excellence for Women's Health. While holding a research chair in Health Services, she continues to speak out. She travels well armed with facts and statistics that prove universal public care is a matter of the head as well as the heart: it delivers better, more cost-efficient care. Public universal health care has been called a national treasure. An articulate feminist who has spent much of her life championing it, Pat Armstrong is a national treasure too.

Jan: *When and why did you become a feminist?*

Pat: I was raised in northern Ontario in the small town of Matheson. My parents were small "c" Progressive Conservatives which meant community involvement from the time we were born, a real emphasis on social responsibility and engagement. I see that as pretty feminist even though it comes from perhaps different sorts of roots. And I grew up in a family of four girls, no boys. My father was in

construction. I'm quite sure that if there had been boys, the boys would have been outside and the girls inside; but he only had girls so we were drawn into the work and I think that made a big difference. There was a real emphasis on us being part of the community, and speaking up when we thought something was wrong.

Jan: *Can you recall an issue you spoke up about?*

Pat: Well, when I was about 15, there was a big argument in our town about whether the teenagers were responsible enough to use the curling rink on Saturday when no adult was on duty. My father was mayor then. I went to the

your husband and co-author, Hugh Armstrong, published in 1978 your influential The Double Ghetto: Canadian Women and their Segregated Work, a book now in its third edition. Are there notable ways in which problems associated with women's "double ghetto" have been reduced since your book first appeared?

Pat: There were fundamental changes, no question. Those really were days of rapid change, just as was the case in university residences. The 1960s and '70s saw an enormous expansion of jobs for women. Then, as now, many of the best jobs were in the public sector. There

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council and argued with my father in this, which was fine with him. We won.

Jan: *Were there other influences too?*

Pat: As someone who was born with a physical disability (of the hand), I was really privileged to have parents who didn't treat me in any particular way. I was expected to do what everybody else did and it wasn't until I got to high school, which I had to attend in another town, that I even thought of myself as someone who was different in any way. That was really important to my sense of self and what I think is integral to feminism, that sense of being a worthwhile person with something to contribute, whatever the specifics of your body or your mind.

Jan: *Was it when you arrived at the University of Toronto that you embraced overtly feminist issues?*

Pat: Yes. I came to University of Toronto in 1963, when anyone who was engaged would have found it very hard *not* to become a feminist. I had a roommate who was very active in the New Democratic Party (NDP) and she dragged me along to meetings and that exposed me to a whole other politics. And I was at Radio Varsity and worked for the student council. After graduation I worked full-time for student council, on projects such as running a summer school for inner-city kids.

Jan: *Were other experiences important to your emerging feminism?*

Pat: Lifestyles changed dramatically. When I started in residence at Victoria College in 1963 the rules were the same ones they'd had when Annesley Hall was built early in the twentieth century. By the time we left in 1966 the rules were all gone, you know, rules about having to eat in the formal dining room and having to dress for dinner and no boys allowed past the door, and signing yourself out—all gone!

Jan: *After getting your doctorate in sociology, you and*

was then an idea that the public sector was special and should be run along different lines than for-profit businesses. Unions in that sector made an important push for rights, and even today the majority of unionized women in Canada are in the public sector. Unfortunately, despite our efforts to prevent this, inequality persists among various groups of women themselves. Those who advanced most were already in the best position, having benefit of a union or professional organization.

Jan: *Did the "sexual revolution" touch the lives of the working women you studied?*

Pat: Yes. There were important measures like legalizing birth control, making abortion no longer as illegal as it was before, addressing sexual harassment. Years later I discovered that a group of us at the Montreal community college (CEGEP) where I taught, had developed the first formal sexual harassment policy in a post-secondary institution. It's hard to believe, but there was just so much change around women's access to information, to birth control, to issues that had been private and had really been about the state and the "mothers of the nation." I think these things have been fundamentally transformed, although of course we're seeing those things under threat in the United States and maybe soon in Canada, who knows.

Jan: *Have any new problems arisen for working women?*

Pat: Well, when we were fighting so hard for women's right to be in the labour force we didn't anticipate that they would end up trying to work 80-hour weeks, did we? It's still the case for a significant proportion of them there's no choice about working for pay or the family won't eat, have housing, or other things critical to survival. And we haven't yet provided them with childcare to make that easier or after-school care or decent public transit. I know it's necessary to say that the men aren't doing their share; that domestic duties have to be more equally distributed. I see

the lack of structural changes as even more problematic. This is especially true since people are now expected to work not only very long days, but then to bring work home. That's increasingly happening to women as well as to men. How do you fit a life into that, let alone kids? That is a major concern we face right now and, you know, pursuit of profit seems to be a major part of the issue.

Jan: *You contributed in 1987 to a book called Giving Birth is Just the Beginning (Crawley), which intersperses photographs of mothers and children with reflections on mothering. What drew you to that project?*

Pat: The community of friends I had in Montreal, where we lived for many years, included women in the arts. A group of us team-taught a women's studies course starting in 1973, I believe. It included taking women into an art studio, giving them opportunities to try photography, physics, doing all kinds of things, expanding the notion of women's studies. My friend Judy Crawley was one of the people involved in that. She initiated the book on mothering; one of the photographs is one she took of my daughters when she came and looked after them on one of those crisis days women go through all the time, when kids are sick. As a group we were very active in transforming the college. During International Women's Week, for instance, we'd have breakfasts with support staff and students and faculty, we'd arrange music and dance. The book is in keeping with that tradition.

Jan: *I find that even after 40 years of the current women's movement, today's university students still worry about how they're going to combine their career with mothering. Many still seem to feel that children will be primarily their responsibility. Her career will go on hold, not her husband's. How would you reply to such concerns?*

Pat: Well, there's no question that they *should* be worried. People want to know "how can I raise my kids in some appropriate way?" We still blame mother if kids go wrong: *if mother were just home, or providing a decent background, these kids wouldn't be in a mess.* It's fascinating to watch all of the outrage about violence in the streets of Toronto. Yet it's pretty clear that not having decent income, decent housing, and places where kids can go after school or on the weekends, even *with* their family, is an important factor. As I mentioned, there's a time crunch too. I think there's a fundamental need to restructure our society around caring, to make caring as well as paid labour possible in our lives. We have to have childcare, after-school care, community facilities with interesting programs that are free. We have to go back to having a five-day week and an eight-hour day. We need decent public transit so people don't spend four hours getting to and from work. Until we have those things I don't see how you can mother easily; it's very, very hard.

Jan: *Your suggestions are mostly in terms of publicly-provided community services.*

Pat: Absolutely. If we do it with the for-profit sector it amounts to some women exploiting other women in

order to be able to have decent lives. If you have for-profit daycares with lousy pay and lousy conditions, all you're doing is transferring the burden, not creating the conditions for people to have lives, the conditions for a caring society.

Jan: *What lay behind that decision around 1990 to direct your research more specifically towards health care?*

Pat: Well, most immediately, our older daughter broke her leg and ended up in the Children's Hospital in Montreal. She came home in a body cast. The first thing they did was take me aside, not her father aside, and say this is where you can store the drinks that you're going to bring her, this is where you empty the bed pans that you're going to empty for her, and so on. We had to set up a roster of people to help us care for her. The whole experience made us begin to see the health care system in a different way.

Jan: *That has led to more than a half-dozen books, usually with your husband Hugh Armstrong, sometimes with other co-authors, that relate to health care. They include titles such as Vital Signs: Nursing in Transition (Armstrong, Choiniere and Day); Wasting Away: The Undermining of Canadian Health Care (Armstrong and Armstrong) and Universal Health Care: What the United States Can Learn from the Canadian Experience (Armstrong and Armstrong). Why has the topic been of such enduring interest for someone who initially studied female labour force participation?*

Pat: The health care sector offers the absolute best—and worst—case scenarios. It includes the whole range of women's work: the traditional, the new, part-time, full-time, shift/not, management/not. We wanted to study the hospital as a workplace and link it to what happened in households. Those things got us into health care. And we stayed with health care, in part because it's such an extraordinary case of collective provision that has worked, and worked really well. In the process it has created an enormous amount of support—and that's despite what I see as ten years of efforts to undermine the system, both in terms of making people think there's a crisis, and in terms of trying to undermine the services themselves so that people demand alternatives. I still think it's an extraordinary example of what we can do together when we base provision on need and not on ability to pay.

Jan: *Your work seems to involve a good deal of international travel and interviews with media. Does this extend beyond the usual academic work?*

Pat: I made a conscious decision right from the beginning to do collective work. I perceive scholarship as a shared intellectual process that is connected to making a difference. That means that I try to avoid producing scholarship that can only be read in a seminar room. I want to engage with different kinds of communities. I connect with government organizations in other countries where people are trying to make change. I think it's really important for us to learn from their experiences too, as I did at a recent United Nations conference in Mexico on

work-life balance—a rich western concept that doesn't necessarily work everywhere! Overall, I've done much more government, community, third-sector speaking than I have done academic.

Jan: *You have often spoken out against growing efforts to privatize Canada's health care system. Do you see that as a feminist issue?*

Pat: I do. I belong to National Coordinating Group on Health Care Reform and Women, which has representatives from the four Centres of Excellence for Women's Health. Our group has interviewed women across Canada to see how they define quality in health care. We talked with women who were Aboriginal, Black, White, rural and urban, young and old, lesbian, bi-sexual and heterosexual. We heard from women living on the streets and others in comfortable condominiums. One common theme was *guilt!*

Jan: *Why do women feel guilty about health care?*

Pat: They are often blamed. They're accused of abusing the system by using it too much, by growing too old, by failing to keep their children healthy and by refusing to do their traditional care work for free. They feel "guilty about taking up some of their doctor's time because she looks like she's worn out." They feel guilty about using the Emergency Room for their children who get ill in the middle in the night and about their children getting sick in the first place. And as both paid and unpaid caregivers they feel guilty about not having provided enough care or appropriate care especially for the young and the elderly.

In fact, current trends in health care raise a lot of feminist issues. For example, the privatization of costs affects women disproportionately, since they are more likely to be poor and to have responsibility for children. When we introduced public physician care and public hospital care, the principle was public payment for those services. But increasingly people are expected to pay user fees or costs of tests and services. There are rising indirect costs associated with the shift of care to private households, and the failure to cover new kinds of care such as those relating to HIV/AIDS. Some changes are justified as a means of improving choice—apparently if you pay for it you have more choice. This is the argument in fact that was made in the recent Supreme Court decision (*Chaoulli v. Quebec*): you should be able to go out and buy insurance for the possibility that you might need a new hip. And the argument is that you should be able to do that because the wait time in the public system's too long. But this notion of choice is a choice that's strictly based on purchasing power, which means disempowerment and no options for many women—and many men too, I should say.

We are also seeing privatization of service delivery. Services are contracted out; or public-private partnerships are introduced, which is happening in Ontario right now. Or entire services are taken over by the for-profit sector—eye clinics for example. In the wake of the Supreme Court decision I mentioned, private clinics are being further promoted. Yet research by Pollock in the UK for example,

by Devereaux and others in the U.S. and by researchers in Canada indicate that private delivery costs more to the patient or to the government, while reducing wages of health care workers.

Jan: *How does that affect women?*

Pat: Women are the overwhelming majority of paid and unpaid care providers—about 80 per cent of those who provide paid care and 80 per cent of those providing unpaid direct personal care. Reorganization of care to make it more efficient in market terms primarily affects female labour. In British Columbia contracting out or outsourcing promoted by the government meant job losses for 1,000 unionized workers as well as foreign ownership of the services. Those who kept their jobs saw their wages cut almost in half, their benefits either eliminated or drastically reduced, and guarantees of work hours and job security abolished. Not only were most of those workers women, many of them were from racialized and/or immigrant groups. The conditions of contracting out ensure that this is the case. The deterioration of working conditions in health care reverberates throughout the economy, contributing to low wages for women in other sectors as well.

It also contributes to unsafe care. Research in the United Kingdom demonstrated that by contracting out these kinds of services you increase, for instance, the level of disease transmission within the hospital. When time/motion studies are used to reorganize, control and speed up work, it leaves providers with "no time to care" and "not enough hands." The Chief Nursing Officer in Canada, in response to "data" that a patient could be bathed in six minutes, said even the good Lord himself couldn't do it in that time unless he threw him in a chair, hosed him down and let him drip dry. Another interviewee observed that nurses "are all wearing running shoes because that's all they do all day is run." I think it's important to note this, though: most of the increase in the costs of health care in this country do not result from paying more to the mainly female labour force. They arise primarily from what we spend on drugs and on technologies—both of which are almost totally in the for-profit private sector.

Jan: *Do you see home care as a step forward?*

Pat: Increasingly care work is being sent home to be done by women, sometimes expected even when their relatives or friends are in institutional care. Our interviewees said they didn't want to be conscripted into care, to feel they had no choice about it. There's really nothing "natural," traditional or unskilled about cleaning catheters, applying oxygen masks and dressing wounds, the kind of care that now is being done at home. And we know as feminists that homes are not always a haven in a heartless world; our data on child and wife abuse make that clear.

Jan: *A lot of Canadians have been concerned to hear public officials such as the Premier of Alberta propose to flout the Canada Health Act. Do you have suggestions for what ordinary citizens, who lack your expertise, might do if they're worried about erosion of our universal system?*

Pat: I still think that one of the best things about the women's movement was the kitchen table conversations. To defend public health care, the public needs to know and discuss what's going on. We need to combat fear-mongering along the lines seen in a recent big story in the *The Globe and Mail* about this woman who can't get one particular drug—never bothering to mention there's a major controversy about whether the drug actually works. People can start by reading the eleven-page *Canada Health Act* on the Health Canada webpage, an easy read. It affirms that you shouldn't be prevented by financial or any other barriers from getting medically necessary care. It's not that I think all the answers are simple. It's important to work with unions, community organizations, church organizations. It gets pretty depressing sometimes, but it's better than doing nothing. I have to say I'm more depressed right now than I have ever been. I suppose I have no right to be. If you look at (medicare founder) Tommy Douglas, you realize the odds that *he* fought against....

Pat Armstrong has been a tireless fighter since the 1950s when she convinced the Matheson town fathers to liberate the curling rink. Her work has taught two generations of students to appreciate the needs of working women. For the last two decades she has dispelled myths about the "efficiency" of privatized healthcare. Privatized care holds the lure of billions of dollars of potential profit for private providers, and they wage a relentless campaign to create a two-tier system in which the affluent buy better care and the public system is impoverished. Armstrong's research and writing, and conferences, speeches, interviews, the many miles she has travelled, have helped present the other side of the story. The case is clear: universal public healthcare is one of the most important issues of our time; and it is a key issue for feminists, too.

Jan Noel was Coordinator of the Study of Women and Gender at University of Toronto's Mississauga Campus 2003-2006. She is an associate professor of Canadian History. Her book, Canada Dry: Temperance Crusades before Confederation, won the Canadian Historical Association's Macdonald Prize. Dr. Noel is currently completing a book on women in early French Canada.

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DESI DI NARDO

Jabberwocky

Beware the Jabberwocky
 Sprawled on the soil
 Tilling the earth
 Without a care in her mind
 Her visage — dowdy, puffy,
 Enormous but calm —
 Hovers vacantly
 Like the taciturn moon
 For she is void of ambition
 Bungling and bland
 Not full-fledged yet
 Nor properly female
 Jabberwocky,
 Master of disguise
 Taps the soft gedanite
 With her jagged, sharp claws
 Her Goliath head flops to the ground
 Probing for possibilities
 Something other than domesticity
 Jabberwocky is so sick and tired
 Uncovering mud, bugs, and coal
 Discarding all that is good and genuine
 To be a slick, stupid tourist
 Speaking gibberish in a conjured land

Desi Di Nardo's poetry appears earlier in this issue.