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One system for all

Beverly Bell | Feb. 3, 2010

Julie Castro speaks at a Karen refugee camp on the Thai border where she worked for a medical nongovermental organization.

Women: Birthing justice, birthing hope. Part 10 of 12

Julie Castro is a young doctor from France, a country that offers quality health care for all. All legal residents have access to coverage, and immigrants gain the right to access after three months (though spiraling xenophobia has created restrictions in practice). Those served by the medical system -- including the very poor and the gravely or chronically ill -- are likely to receive better care in France than anywhere in the world. Moreover, the sicker you are, the less you pay. Dire illnesses like tuberculosis or cancer, chronic conditions like diabetes, and major operations like open-heart surgery are covered by the state at 100 percent. France?s commitment is premised on the philosophy that the government has an obligation to the welfare of its people.

Julie Castro
Paris

My interest in health emerged as a way to take action in the fight for social justice. During my medical studies I did internships in Africa and India, and worked in a refugee camp located along the Thai-Burmese border. At the same time I became more aware of the anti-globalization movement, and it appeared to me that it was addressing the structural causes of ill health: inequality at both the global and local level. Today, while I?m working on the fight against AIDS in Mali, I?m also one of those defending the idea that access to public health in France is a right.

Even with its problems, the French health system is a good one. It?s a real distributive system. Universal access to health care is one basic value. A second benefit our system offers is equity in quality of care. In France, this means that the system should not make any distinction in terms of class, race or gender. It could be summarized as ?one system for all.? Poor people don?t have to pay when they go see a doctor. Today, if you arrive in a bad state in a public hospital in France, you will be cured -- wherever you come from, whatever your language, documented or undocumented, all in the same way as a government minister would.

And another practical advantage today, I think, is the quality of care. Even if the infrastructure is overwhelmed

and lacks people, the quality of public health care is still good.

The system is under great threat now. A very common sentence you can hear everywhere is ?There?s a hole in social security? [the fund that pays for health care, retirement and other social benefits]. We have been raised with this idea, ?Okay, the health system is too costly, money is lacking, we have to spend less.? Now in the hospitals, doctors are told not to prescribe too much of this or that, and all health workers are even trained not too use too much gauze -- because it?s all reimbursed by social security.

Talking about a hole is a flawed statement. Long-term benefits -- like lives saved, illnesses prevented, and years of work spared -- aren?t included in this consideration. It?s really an ideological thing, a question of where we decide to put our money.

We already see how this is playing out in the U.S. The reputation American medicine has is that you can be dying in front of a health facility and they will ask you, ?Do you have your insurance?? And if you don?t, you just die. This is very shocking to French people. The other thing we observe from this side of the ocean about American health care is the stigmatization of very poor people.

Cutting the budget so we move toward a U.S. model is only one answer possible to ?filling in the hole.? The direction we should be taking is to improve prevention and start to truly tackle the basic determinants of health (the conditions in which people are born, live and work, which are determined by social factors such as income levels and power). This implies of course substantive shifts in many policy sectors: housing, labor market, education.

During the last months, hundreds of professors started to mobilize to preserve the human rights underlying our current system, because they feel the current reforms are threatening this ethic of care. Health professionals, patients and other sectors are also very engaged in the fight against privatizing health care -- more precisely, the fight against economic considerations trumping medical considerations.

The resistance is as strong as what is at stake: the world we want.

About the "Women: Birthing justice, birthing hope" series

Among income inequality, seemingly endless wars, and debilitating climate change, it is difficult for many to imagine a path to a better way. In fact, throughout the industrialized North and the global South, solutions to these great challenges are in various stages of construction -- and much of the lifting is being done by women. Grass-roots women?s movements -- progressing often almost without money or access or institutional power -- are emerging and offering alternative and empowering visions.

The above is part of a series, titled "Women: Birthing justice, birthing hope," which will appear in NCR *by writer and organizer Beverly Bell, coordinator of* ***Other Worlds****[1]. She features empowered women who offer alternative visions as they birth a new and more just world order.*

Seven of the articles in this series are available in a 2010 Lenten booklet, *Cry Justice! Cry Hope!* with additional reflections by Sister Joan Chittister. Click here to order. [2]

All the stories from the "Women: Birthing justice, birthing hope" series

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