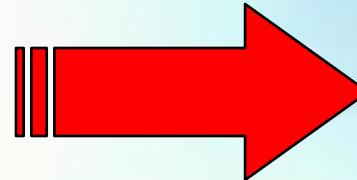


Commercialization and health labour force

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Capitalist class and their actors
with structural crisis of capitalism



To
overcome

Neoliberal economic-politics

Unlimited domination programs of capital class

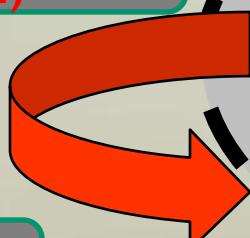
Capitalist class and their actors trended towards to other areas
like health services to provide new capital accumulation.

Health Reform

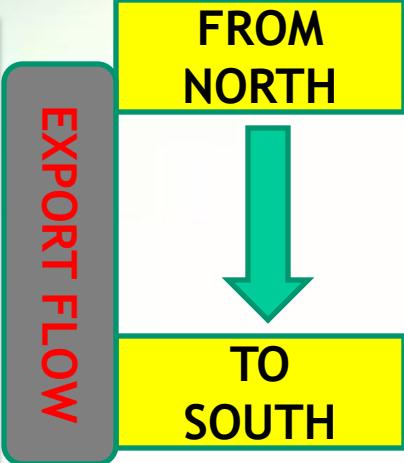
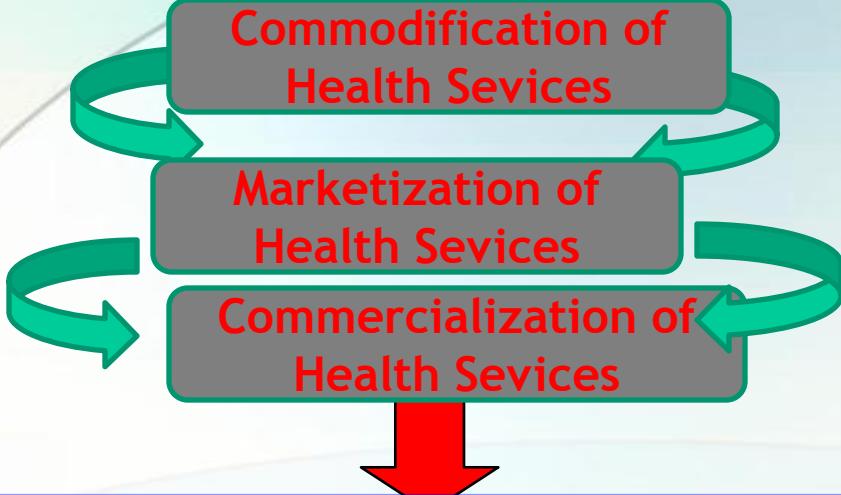
Commodification
(1)

Marketization
(2)

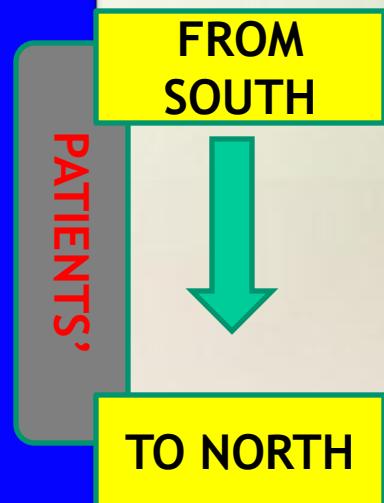
Health services
Health institutions
Health labour force
Health financing
Vaccine, and medical technology
Drugs
HEALTH SYSTEM



Commercialization
(3)



1. Termination of public health service production
2. Privatization of public health services
3. Decentralization of public health services .
4. Renting to private sector profitable public health institutions
5. Supporting of private health institutions by the public
6. Transferred to subcontractors with contracts of public health services
7. The purchase of services from public to private health institutions
8. Giving by private health institutions of health services
9. Increasing of the number of private health institutions



With Commercialization of Health Services

* The world health market value will be 58.8 billion dollars market in 2020 year. It is the amount of Turkey's current account deficit in 2014 year.

- * Health care sector' profit has reached \$4 trillion in OECD countries
- * The share of foreign investment in the health sector is more than 20 times compared to other service sectors over the last two decades.
- * 7% of the total economy compose of health sector in European countries. The share of foreign companies is 18.2%

Health Labour Force in Commercialization



- **Health labour force**
- **Health labour power**
- **Health employees**
- **Health workers**
- **Health care workers**
- **Health manpower**
- **Health workforce**
- **Health care professionals**
- **Health care providers**
- **Health care personnel**
- **Health personnel**
- **Health staff**
- **Health human resources**

Health Labour Force in in Commercialization

New Situations

1. Numerical flexibility
2. The migration of health labour force in international level
3. Tele medicine, tele pathology, tele surgery, tele psychiatry, teleradiology, tele home care, tele laboratory tests analysis and tele medical diagnosis in international level
4. Flexible employment
5. Total Quality Management which is labour control mechanism and absolute exploitation mechanism
6. Functional flexibility
7. Performance-based salary
8. Especially proletarianization in physicians
9. Community based home care services

Increasing Situations

1. Increasing in the number of employment in private health institutions
2. Increasing in the number of technician and allied health workers.
3. Increasing in the number of women in male-dominated occupations and man in women-dominated occupations.

Common Features of New Situations and Increasing Situations

1. To be entegre rapidly increasing and unlimited capital mobility

To be provide for get into circulation of capital in a short time.

To be increase to profit rates of capital class.

To be response to sudden, rapid, evolving, changing and fluctuating conditions of markets

To be adapt to new production sectors and new forms of governance

To be use to advanced and developed technologies

To be not interrupt the production flow

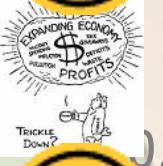
To be produce with 'zero error'

To be compete in global market and to be have multitasking

J. Low cost

. Highly competitive

To be not act for collective activities



Tablo. Share of employment in human health and social work sectors on total employment by country and year

	1970	1980	1985	1990	1995	2000	2005	2010	2014
USA	4.5	4.2		6.1			11.9		12
Germany		3.6			9.0		8.9		7.9
Austria	2.3				7.4		8.0	9.7	10.1
Australia		3.4	7.5		8.4	9.1	10.2	11.3	12.6
Belgium				9.7	9.2	8.5	8.4	8.0	6.9
UK				8.1	10.7	11.0	12.2	13.2	13.5
Brazil	0.9	2.0		2.5		3.2	3.5	4.0	4.3
Denmark					6	5.7	5.5	5.2	5.3
Finland	4.3	6.4		8.4	7.1	7.2	7.1	6.1	6.0
France	1.1					9.8	9.3	7.3	7.6
Netherland				7.5	7.4	7.3	6.3	6.2	6.3
Ireland			13.2	12.9	12.7	12.6	10.2	7.8	8.0
Spain		1.5		4.2	5.2	5.4	14.6	11.7	12.0
Sweden	6	9.1	7.6			8.0	7.2	6.9	6.5
Italy				5.7	6.2	6.8	6.9		7.8
Japan	2.7	3.8		3.0		11.4	9.6	8.9	9.2
Canada	3.8	4.3		9.8	10.4	10.2	10.6	12.0	12.4
Hungary	2.0	6.3	7.7	8.2	6.3	6.3	13.5	13.8	14.3
Mexican				2.6	2.4	2.8			3.6
Norway	3.7	6.8			5.7	5.6	4.9	4.7	5.0
Turkey						2.5	2.6	3.2	3.7
New Zeland				4.7	8.0	12.5	11	9.6	9.5

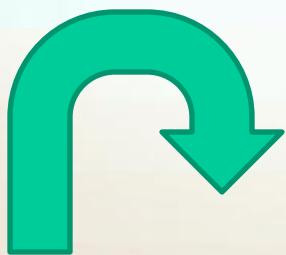
The Trade of International Health Labour Force

1. Migration

2. Tele medicine and tele health services

3. Medical tourism

To integrate vertically and horizontally into the global economy



- Capital class and/or employer
have saved from variable capital

- Capital class and/or employer
have saved from stable capital

The International Migration of Health Labour Force

- Sayısal esneklik ile 1990'lı yıllarda dünyada yaklaşık 35 milyon sağlık çalışanı sayısı, 2006 yılında 60 milyona ulaşmıştır. AB ülkelerinde 2013 yılında toplam istihdamın yaklaşık %11'i) insan sağlığı ve sosyal hizmet çalışanlarıdır.
- Göç veren ülkeler büyük oranda yoksullaşmış Sahra Altı Afrika ülkeleri, Asya ülkeleri ve eski sosyalist ülkeler, en fazla göç alan ülkeler ise ABD, Birleşik Krallık, Fransa, Kanada ve Avustralya'dır.
- AB ülkelerindeki sağlık emek-güçünün %6'sı tele çalışmaktadır. E-sağlık hizmetleri, patrona hem değişen hem de değişmeyen sermayeden tasarruf etme olanağı verir.

Flexible employment in health labour force

- In Europe regions countries, 14% of health care workers with contractual work for a certain period
- In the United States, temporary employment in the health care sector varies between 6% and 20%.
- About one out of four midwives in Australia
- One out of three physicians in Finland and Norway
- One out of three physiotherapists in Canada
- One out of six physiotherapists in New Zealand
- About half (57%, 53% and 48.2%) of the nurses in Norway, Denmark and New Zealand, respectively and 29.6% of the nurses in Ireland

Health Labour Force in Health/ Medical Tourism

- **Health/ Medical tourism is a rapidly growing global industry. As a result of this;**
- Rised private sector institutions in health care
- Unregulated growth of the private sector
- Declined utilization of public health care services
- Increased cost of medical treatment
- Increased shortages of skilled health labour force
- the public sector is encumbered with staff and resource shortages
- Medical tourism has raised concerns regarding the quality of care in destination countries



As a Result of The Trade of International Health Labour Force

- “Ideologically desensitization”:

çalışma yaşamları ve günlük yaşamları ne kadar olumsuzlaşırsa olumsuzlaşın ait olduğu sınıfının bütün ortak inanc, davranış kalıpları unutmuş, doğrudan kendisini ilgilendiren durumlar karşısında geri çekilme, olumsuz sonuçları kanıksama ve kabullenmedir. Egemen ideolojinin dolaylı taşıyıcı olma, ona yaslanma ondan güç bulma.

- To focus on only good nursing practices or good medical practices:

- kendisini dar mesleki uygulamalar içinde tutmak, fedakârca hizmet vermek ve mevcut ekonomi-politikalarla biçimlenen sağlık sistemini fark etmemek, fark etmemeye çalışmaktadır

- To resist and to struggle: