

TİCARİLEŞME,  
SAĞLIK HİZMETLERİ VE  
AKADEMİK ÖZGÜRLÜK

COMMERCIALIZATION,  
HEALTH SERVICES AND  
ACADEMIC FREEDOM

SAĞLIKTA  
TİCARET ÖLÜM  
DEMECTİR

OUR HEALTH  
IS NOT  
FOR SALE

IAHPE ve  
TTB Ortak Etkinliği  
Pre-Conference  
Workshop of  
IAHPE in Collaboration  
with TMA

14-15 JANUARY

OCAK 14-15

2017 2017



Yer / Venue  
İstanbul Tabip Odası  
Chamber of Medicine of Istanbul  
Türkocağı Cad. No: 19 Cağaloğlu-İstanbul



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# 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

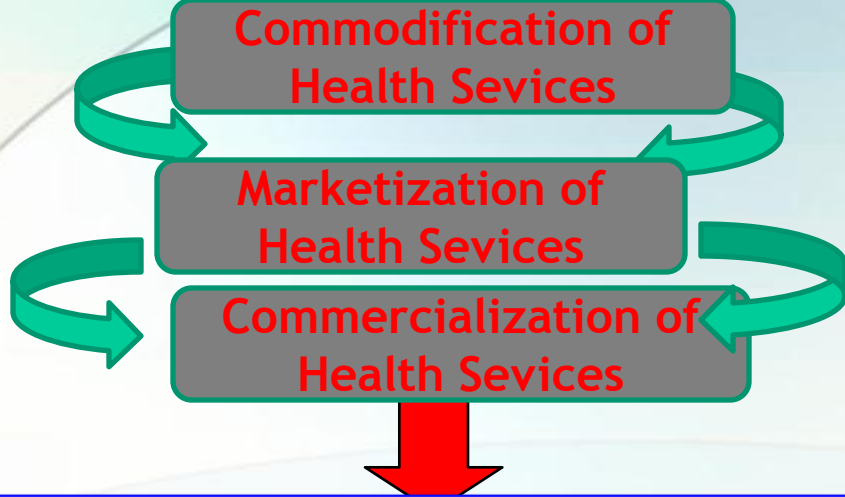
Commodification  
(1)

Marketization  
(2)

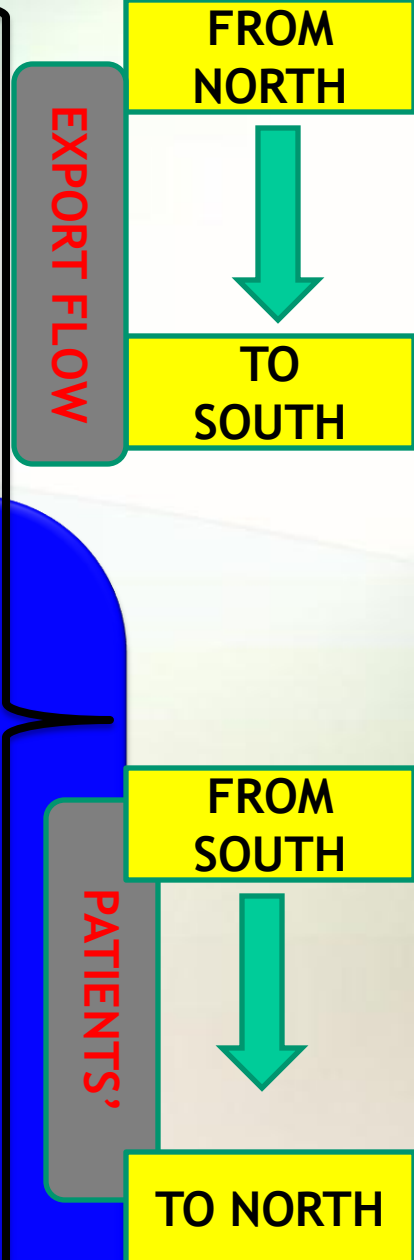
Commercialization  
(3)

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

HEALTH SYSTEM



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 personel
- Health personel
- Health staff
- Health human resources



# Health Labour Force 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

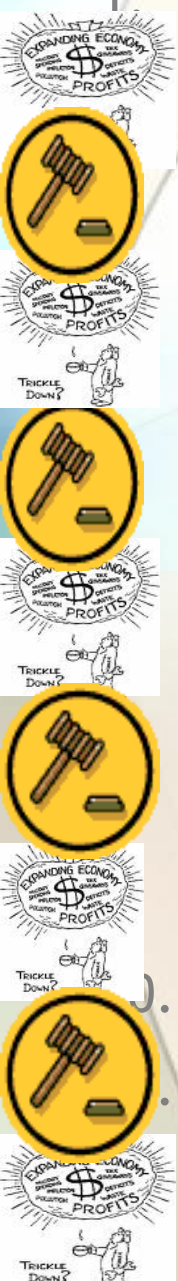
## *Increasing Situations*

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

TRANSFORMATION OF HUMAN RESOURCES

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
- 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**

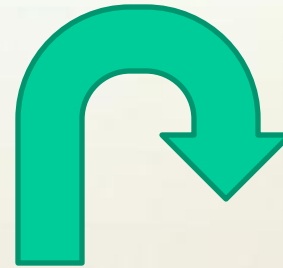
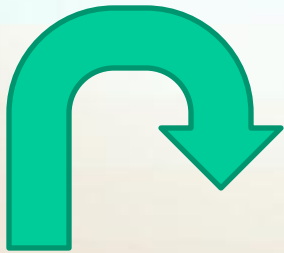
	1970	1980	1985	1990	1995	2000	2005	2010	2014
USA	4.5	4.2		6.1			11.9		12
Germany		3.6			9.0		8.9		7.9
Austria	2.3				7.4		8.0	9.7	10.1
Australia		3.4	7.5		8.4	9.1	10.2	11.3	12.6
Belgium				9.7	9.2	8.5	8.4	8.0	6.9
UK				8.1	10.7	11.0	12.2	13.2	13.5
Brazil	0.9	2.0		2.5		3.2	3.5	4.0	4.3
Denmark					6	5.7	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
İreland			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
İtaly				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 entegre  
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-gücünün %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 olumsuzlaşırsın ait olduğu sınıfının bütün ortak inanç, 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 çalışmaktır

- To resist and to struggle:

