

INTERNATIONAL CONFEDERATION OF FREE TRADE UNIONS

ICFTU OnLine...

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Spotlight on Sofía Ríos (COB/COMUANDE-Bolivia)

We're fighting for a long-term strategic approach to universal health care

Brussels, 18 September 2006 (ICFTU OnLine): Sofía Ríos, General Secretary of the Bolivian Health Workers' Union and Secretary of the Bolivian Section of the Andean Women Workers' Network, COMUANDE (1) explains the problems and demands of health workers

As a woman, have you met any resistance in your rise to your current leadership post in the union?

My role as a leader of the health workers' union is the culmination of twenty years involvement in the revolutionary trade union struggle. I started out as an auxiliary nurse and was later elected general secretary of the confederation. It is difficult for women to attain leadership posts. The role of women is still very limited; we don't have the same opportunities as men. That's why I can say that I achieved this post thanks to my work as an activist and the struggle for and with my colleagues at grassroots level.

What are the specific demands of the health sector and what are hoping to achieve through the battles you mentioned?

Our main battle is to secure strategic public health policies in our country, rather than vote-grabbing policies, because short-term initiatives are harmful in the long run, they are not economically sustainable; they change with every change of government and do nothing to help the sectors in real and urgent need. In rural areas, for example, there is a shortage of doctors, nursing staff and medicines. It's essential that workers in rural areas have access to free healthcare, which is why we are committed to achieving public healthcare that is universal and in line with the massive population growth. Moreover, priority should be given to the budget allocated to our health system, as stipulated in our National Constitution, and the same goes for education.

Aside from the problems with the public health system in general, how are public health workers treated?

One thing we feel should be pointed out are the differences that exist within the public health system, which is divided into two branches. One is the Caja de Seguridad Social, funded by the social security contributions of salaried workers, the other is known as Salud Pública (Public Health) and is open to the population in general. We belong to the second sector, Salud Pública, where the workers are discriminated against in many ways. There are no pension rights in this sector, for example. When someone retires in this sector, they are given no more than a retirement gift, as a token of gratitude. There is no compensation for working nightshifts, weekends or public holidays, which is why we are demanding that we be covered by the General Labour Law and enjoy all the benefits it affords. Our right to holidays, which are practically prohibited, is violated, in the sense that when workers want to take leave they have to look for a replacement to cover for them during their absence, because there is not enough staff to cover the needs of the sector. The same applies to the nurses and the administrative staff. In the same way, pre- and post natal leave are also prohibited in practice, meaning that women working for the Public Health sector can no longer even get pregnant.

How many health sector workers are unionised?

There are twelve thousand members at national level and the main demand within our sector is that we be covered by the provisions of the General Labour Law. One of our demands is that the transport costs of the workers travelling to rural areas be reimbursed. These workers have to make their own way to

rural clinics where they work, and have to be available twenty four hours a day, without any financial recompense. So these are the demands we are presenting to the government, to bring an end to the discrimination against the public health workers.

Why are these workers not covered by the General Labour Law?

The public health service has developed almost spontaneously, in line with the growth of the cities and the emergence of a large segment of the population in need of healthcare but with no social security coverage. People living in rural areas also built their own clinics and started to ask for qualified health personnel. We cannot carry on living in a country where there are two types of health system and two types of health worker, one with benefits and the other without. The State, I insist, must prioritise healthcare for all. We are urging the government to take appropriate action, and are also hoping that the Constituent Assembly will define and decide on the type of health system best suited to Bolivia.

What is the situation in the private health system and the private clinics in particular? What is the situation of the workers in this sector? What line does the confederation take with regard to the private health system?

Well, the private health system is very damaging, as it puts business before health: it only gives healthcare to those who can pay for it and is organised in function of an economically privileged section of the population. Another problem is that the private healthcare workers are not unionised, they do not demand respect for their rights as workers. The owners prohibit the formation of unions as well as membership of any workers' federation. We are also hoping that the government will intervene once and for all, and regulate the private health system.

(1)The Coordinadora de Mujeres Trabajadoras Andinas (COMUANDE) is a body bringing together working women from the Andean region. It was founded by Agreement CCLA -14/2000 of the Consejo Consultivo Laboral Andino and is composed of representatives from the various women's sections of the different trade union centres in Bolivia, Ecuador, Colombia, Peru and Venezuela.

Also see the interview with Rosa Calle (COB/COMUANDE-Bolivia)

<http://www.icftu.org/displaydocument.asp?Index=991225025&Language=EN>

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