

# Health in Guatemala: subcontracting fosters nepotism and corruption

*LO/FTF Council, Carsten Flint Hunneche, February 2012*



**From 2008 to 2012, the number of permanent staff in the Guatemalan health sector was cut by 5,000, from 27,000 to 22,000. These figures conceal a patchwork of deteriorating working conditions, causing a broadening of the gap between staff groups, while patients from the poorest sectors of the population are the clear losers.**

The emergency room is full of people this morning. The odour of disinfectants combines with the monotonous mechanical sound of a breathing device, briefly interrupted by the tinkling of a needle discarded in a metal tray after use. A doctor wearing a white coat whose surgical mask is streaked with blood passes me as I make my way into a less busy section of the room to speak with nurse María de Lourdes Sacoj. Partially hidden behind a curtain, a man writhes in pain – his face covered in bruises and so swollen that only the outlines of his eyes and mouth can be made out. He appears to be the victim of a violent traffic accident.

## **Scandalous working conditions**

María is sitting behind a small table, taking notes on a patient. She gives me a friendly smile and invites me to take a seat. She has worked at San Juan de Dios de Quetzaltenango provincial

hospital, situated at an altitude of 2,000 metres in the west of the Guatemalan plateau, for three years. She is one of an increasingly large group of hospital staff who do not have permanent contracts. She looks over at a recently-arrived patient as she answers my first question concerning her working conditions:



"Up to now I've had to sign a new contract every year, I don't have a maximum number of working hours and I don't have access to the employment benefits that permanent staff have. I'm not entitled to holidays and I don't have social security. My salary is 2,200 quetzales (Q) a month" (approximately 1,800 Danish kroner, ed.).

*Firstly, why did you apply for this post?*

"I used to work in a modern, elegant private hospital, but I was earning even less – Q 1800 a month. Although Q 400 doesn't sound much, it represents a significant amount in terms of my tight budget, and it's difficult to get by until the end of the month".

*How many staff in the hospital are employed on annual contracts?*

"Out of a total of 842 staff, 220 are employed on this type of contract.

### **An ailing political culture**

One floor above in the cardiology department, I have a chat with the chair of the hospital's health union, Flor de María Luna. She is deeply concerned about the deteriorating working conditions and subcontracting that have characterised the sector in recent years. Flor de María believes that the hospital management deliberately require co-workers with the same occupation, background and

similar experience to work together – knowing full well that some of them earn considerably more than others. This is conducive neither to motivation nor to confidence, and patients are the big losers.

*What has led to this growth in the tendency to cut permanent staff and increase the number of staff on contracts?*

"I think there are several reasons, but the most important is that this country has a political culture based on nepotism. Elected officials want to give jobs to friends and acquaintances – in fact such behaviour is virtually institutionalised. Since they can't fire permanent staff, they 'freeze' recruitment, which ultimately results in a lower number of permanent staff, while jobs on a contract basis, which can be filled by their biggest 'pals', are created. And what's more, many politicians want to promote health sector privatisation".



The health sector is a golden calf that many people would like to be part of. Most workers contracted in public institutions are unceremoniously ousted after municipal and general elections, particularly if a different party wins. Some of the medical staff, nurses, assistants and others are hired and fired according to the colour of the party – and to a lesser extent according to their professional skills.

### **Being poor is costly**

*Can you give us some examples of the functions of private companies?*

They work a lot with concessions in various areas and levels of the health sector. People say that non-governmental organisations (NGOs) come in to take charge of some tasks, but in principle these are private companies. Our dialysis section here in the hospital, among others, is run by an NGO which is an external company with 12 employees who cannot join the union. They are physically in a special section with their own equipment and have a particularly high profile because they have painted the walls another colour. But private clinics and hospitals really make a lot of money out of interminable referrals to other hospitals and clinics, even for very basic treatment. As part of their diagnosis and subsequent treatment, a patient who turns up with a heart condition has to shuttle between a series of private clinics in the city, where they have to pay out of their own pockets each time. These private clinics and hospitals rarely allow trade unions, and both working and employment conditions are often highly questionable.

## A strong trade unionist

Flor de Maria Luna has over 20 years' experience of fighting against the attitude of the hospital management, but very little experience has given her as much concern as the current tendency to outsource and subcontract jobs.

"We are put on the defensive and have to fight tooth and nail to defend our legal rights, but at the same time we can't leave our work to organise young people and raise their interest in fighting for workers' rights and decent work", she says.

As union representative for San Juan de Dios Hospital staff, Maria Luna communicates regularly with the regional office of the FMLL\* trade union training centre in Quetzaltenango and with the international public sector organisation ISP\*\*. She seeks assistance, advice and support for her trade union work in these forums.

Outside, in the bright sunlight that bathes the steps below the main entrance, we say goodbye to Flor de Maria. An indigenous woman passes by, carrying her sick child, a few steps away. I wonder whether she has social security. Will she have enough money to use the Guatemalan health system? Or does she prefer to seek help from the local folk healer, whose vast knowledge of medicinal herbs continues to be so important, particularly among indigenous peoples in Guatemala?

\*FMLL: Fundación Mario López Larrave - [www.fundacionmariolopezlarrave.org](http://www.fundacionmariolopezlarrave.org)

\*\* ISP in Central America: <http://www.world-psi.org/es/issue/america>

\*\*\*EU delegation in Guatemala: <http://www.delgtm.ec.europa.eu>

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