

Keith Wiley

KW: I do communications for United Nurses of Alberta, and I have done since 1999. In that position I've been lucky enough to be involved with Friends of Medicare the whole time, because the nurses' union strongly supports Friends of Medicare and the movement for public healthcare in Alberta. I've been involved with all the campaigns and it's been a great pleasure to be involved with such great people working on such a great cause. I want to start with this anecdote. This came out of research that I saw recently from Wendy Armstrong. I didn't know this, but there's a news clipping from the Edmonton Journal from 1991, where 22 Alberta MPs wrote a letter to Brian Mulroney, prime minister at the time, about changes they wanted to see in Canada, from an Alberta perspective. They wanted to see big changes in healthcare and more private healthcare. That's one of the things they said had to happen. What's interesting about this is that two of those MPs are names that you'll recognize today. Of course in 1993 they all lost their seats. Every Conservative was wiped out with Mulroney and Reform took over, so they all lost their seats. Two of them went on to illustrious careers in the insurance industry. One of those became a director of Great West Life and a big proponent for the insurance industry and a spokesperson for the insurance industry across Canada. His name is Don Mazankowski. He of course went on to be invited by Ralph Klein to come in in 2001 and 2002 to write a report on how healthcare should go in Alberta. He wanted more private payment and to open up the monopoly system of public healthcare. Of course he made all these recommendations, which pretty much clearly outlined what has been the government's agenda for healthcare ever since. So that was one of them. Another of those MPs, less well known, also went into the insurance industry and owned his own insurance business and has been in insurance ever since. His name is Ken Hughes. He incidentally is now the chairperson of the Alberta Health Services Board. He was appointed by Ed Stelmach in 2008 to be the head of the Alberta Health Services Board. The value of this story is to show how the insurance industry and private interests in healthcare are connected into the Alberta government's agenda for healthcare, and have been for years, and are intimately connected up to this day, and how they influence the Alberta government's constant push towards more private healthcare and breaking up our Medicare system to allow a market system in healthcare where people can make money off other people's sickness and illness.

Q: Of course we've got a private system now in a sense...

KW: That's what they always say; that's what Fred Horne said last night. He said, well we've got lots of private delivery of healthcare now. What are you complaining about?

Q: What's your answer to that?

KW: About 30% of, and you could talk to Diana Gibson about this, but about 30% of our healthcare is privately paid now, mostly by insurance plans that people get through their work, their benefit plans. But only about half of Albertans have a benefit plan through

their work, and half of Albertans have to find some other way to pay for their own drugs, their own chiropractic, their own ophthalmology, their own dentistry. They have to find their own way. So there's big holes in Medicare, it doesn't cover everything. The thing about private delivery is it's always more expensive. Albertans pay more out of pocket for healthcare outside of the public system than any other province in the country. Diana Gibson will tell you that right away. So we're already paying more privately. The more private you have the more incentive there is to have more private payment as well. When a private clinic is running, they'll look for ways to expand on the side, additional services they can offer, and so on. The problem with the private doctors on the fee for service and the doctor corporations is also a problem. It's a historical problem that was created by Tommy Douglas actually and the Saskatchewan CCF. When they settled the strike by compromising with the doctors and allowing them to go on a fee-for-service system, they set up a long term problem for us until today, where we have an entrepreneurial doctor class who see their work as a business enterprise. It should not be a business enterprise. It's inappropriate that it be a business enterprise. They should be salaried public servants working to the public good. We'd all be better off for it. But that continues to be a problem and it creates an entrepreneurial culture in medicine that costs us all a lot of money. When we talk about our healthcare costs going up too much, the reason our healthcare costs go up too much, and they do go up a lot, is partly because of the entrepreneurial costs of doctors. It's private medicine that makes our costs go up, and pharmaceuticals. There's American companies who are eager to sell new technologies into our healthcare system. This all pushes our costs up.

Q: You've kind of outlined the hidden agenda.

KW: Ya, and it continues. Right now Ed Stelmach, the premier, will say, I'm a strong supporter of the Canada Health Act and of publicly funded healthcare. That is their current plan. They're going to use public funds to pay into private companies to provide services. This came out in a report from the Graydon, following up to Mazankowski in 2002, and they said that Alberta's health regions should be purchasers of health services, not providers of health services. What that amounts to is using public money to pay private corporate healthcare to build up private parallel infrastructure and system – private clinics, private hospitals, private services. We're going to use public money to finance them while they build up a parallel private healthcare system waiting in the wings, waiting to take over, and taking over more and more public services. That agenda is there and it's been there since Manning was dragged kicking and screaming into Medicare in 1968 against his wishes. But by force of public opinion that said, we want public healthcare, Manning was forced to do it. But there's been a class of doctors, insurance company executives and free marketeers who all along have wanted to break up what they call the monopoly of public healthcare.

Q: There doesn't seem to be any shortage of new buildings, so how does that relate to this parallel system?

KW: There's a couple of things about that. The Peter Lougheed government, the Conservative government of Peter Lougheed in the late '60s and '70s actually wasn't

aggressive about dismantling public healthcare. It's right after we got it, and they rolled with it. But they had newfound oil wealth and they had a chicken in the pot politics where they built lots of roads and lots of rural hospitals. They built lots of beautiful brick buildings all over the province, which was good for local contractors, spread some money around, it was good politics, and it gave them hospitals. It established the Conservative dynasty by that kind of politics, putting a hospital in every town. That made those rural people Conservatives to this day. They were solidified because of that. But at the same time, that was all done in the public system. They weren't at that time actively attacking the public system. That was the glory days when we built up a good public healthcare system in the '70s. They're all public buildings. But today, as they announced recently, they are putting public money into private buildings, especially in long-term care, with private partners. They are subsidizing private companies to build private long-term care facilities with public money.

Q: That's an important distinction.

KW: It's very important. They are selling off public buildings to private companies. They're doing that now – they're selling off public long term-care facilities to private interests. They're actively doing that. Long-term care is where privatization has proceeded most rapidly in Alberta. Going back to 1999 and the Broeder Report, they have actively been privatizing long-term care, to the detriment of care. It really has hurt people. The same thing happened in the '70s. They built up a system of lodges, they built nursing homes, we had auxiliary hospitals. We had a nice network that provided care for my grandfather. They got good care and appropriate. But since 1999 and before they've been shutting down, reducing capacity. They say, we're not building any more public nursing homes. We're locked at 14,000; even though our population of seniors is growing and the number of people who will need a full-service nursing home care with nurses is growing, they're not increasing that capacity. They're saying they have to age in place and with reduced services, or having to pay themselves for their services. We're going to have an increasing problem with older Albertans having to pay for nursing services privately, because our public long-term care system has been choked back and reduced so much.

Q: They've cut back on a number of things that strictly speaking they have to provide for under the Canada Health Act. Is that right?

KW: No, they don't have to provide long-term care.

Q: That's the point.

KW: Yes. When Ed Stelmach, they always said they strongly support the Canada Health Act. The Canada Health Act does talk about comprehensive healthcare services. The Alberta government now is talking about basic healthcare services. There's a huge difference. But the Canada Health Act, strictly speaking, is for hospital and physician services. In Alberta we expanded it, we covered more than that actually. We covered a lot of long-term care under Medicare. We covered some drugs. No drugs need to be covered under Medicare. We covered drugs under Medicare. But if they reduce it back to strictly

hospital and doctor services, the costs transferred to people will be huge. It's been happening. What happens now is if you're in hospital and you're on IV therapy, you're getting medications via IV, and then they send you home because we're terribly short of hospital beds, and you're still on IV therapy, in the hospital those drugs are covered but when you go home you have to pay for your own IV tubing, you have to pay for your own drugs. Now it's yours, and if you don't have a benefit plan or your benefit plan is inadequate, you're out of pocket for it. That's why Albertans pay more for healthcare costs than anybody else in the country. Wendy Armstrong can explain that to you, the IV therapy example, very clearly. It's really important. It's a really good example of how healthcare privatization is impacting Albertans already.

Q: The history of the Friends of Medicare is really the history of the implementation of this thing that you're calling a hidden agenda.

KW: That's a problem. Friends of Medicare has constantly been on the defensive and reactive position, pretty much. Friends of Medicare would like to be advocating for a stronger, improved, more community-oriented healthcare system that expands coverage, includes more things. The biggest cost savings in healthcare will come by taking better care of people, by providing more direct care to people, getting at problems before they become really acute and serious and costly. Tommy Douglas knew this and said this. That's the way we can provide better care and reduce our costs. Friends of Medicare has lots that they could be doing on that front or advocating for improved services for real team-based healthcare that provides good care for families, so we don't have people whose teeth go bad on them. Then that costs us a lot of money. First thing you know they've got heart problems... Friends of Medicare has been forced constantly by this agenda of taking apart or constantly eroding parts of our healthcare system, to be constantly defending it. That has allowed the government to say, Friends of Medicare just wants the status quo. The healthcare advocates don't want things to change; they just want the status quo. Well nothing could be further from the truth. Friends of Medicare want things to improve, but they certainly don't want our public healthcare system to be taken apart, reduced, hived off and privatized into a much more costly system.

Q: What was happening when you got involved?

KW: One of the biggest things that happened to the healthcare system was the cuts of '93, '94 and '95. In '94 and '95 they laid off 5,000 RNs out of our healthcare system, they closed half our healthcare beds. We went from having the most hospital beds in the country per person to having one of the lowest. Now we have the lowest. We have the lowest of anywhere in Canada and just about the lowest number of beds per person of anywhere in the OECD. So the cuts that Ralph Klein brought in in '93 and '94 and even '95 reduced our hospital beds from 13,500 to about 6,500. Half our hospital beds were closed. They blew up the Calgary General, they sold the Holy Cross Hospital in Calgary to a private interest, they sold the Grace Hospital in Calgary to private interests at bargain prices.

Q: The Holy Cross Hospital became one of those private clinics.

KW: Ya, and still is today. The Holy Cross was sold to the Wang brothers, the ophthalmologists. One of them is an ophthalmologist; they're two specialists. They converted part of it into a long term care facility, then they had to renovate it. I've lost track now. They've had problems with it.

Q: And the Grace, do you remember what happened to that one?

KW: Yes, they sold the Grace to HRC.

Q: HRG.

KW: Well at the time HRG, but now it's called HRC. It's a private hospital. And again, at bargain prices. The Holy Cross they just finished spending millions of dollars to revamp it, then they sold it off for a fraction of the value. So that was the framework, that's what happened in the '90s, and that was a major blow to our public healthcare system and the capacity of our healthcare system – a huge reduction of capacity that has dogged our healthcare system and caused problems for our healthcare system ever since. It's caused waiting lists to go up, it caused ER waits to go up. It suits the government's purposes as well, because whenever Albertans are saying our public healthcare system isn't working for us, they say, well we have to innovate and do something different, obviously. That's not true – we have to fix it and make it work well. So Friends of Medicare is always caught in this position of saying we need to fix it, and supposedly defending a system that isn't working very well. I have a great cartoon. There's a great cartoon of Brian Day with a big sledgehammer and a broken hospital. He says, oh geez, our Medicare system is broken. It suits their purposes well. They want Albertans to be frustrated with our public healthcare system, they want Albertans to be losing confidence in our public healthcare system. And they've effectively done that by eroding it. Even you could say that the constant change and the chaos and churn of change in administration of our healthcare system, going from one system to another, 17 regions to 9 regions to a single region – every one of these changes disrupts the good administration and huge disruption in the last year and a half in healthcare. It's all symptomatic of a government that has no interest in a good functioning, well-administered public healthcare system.

Q: When you first got involved in '99 that process was well underway, in fact it was starting to recover in a way.

KW: In fact, at the end of 1999 Ralph Klein felt the heat, especially after in 2000 he brought in what was called the Healthcare Protection Act, Bill 11, which was an act to allow non-hospital surgical facilities, which is an oxymoron. If you've got a surgical facility where they do operations and they keep people overnight but it's not a hospital, well it's a hospital. That's how you define a hospital, is with overnight stays for acute care. But they were called non-hospital surgical facilities because all hospital care under the Canada Health Act has to be public, has to be publicly funded. So these are non-hospital surgical facilities. They brought in Bill 11, the Healthcare Protection Act, to allow for the expansion of private hospitals and for the HRC at the Grace Hospital in

Calgary to become a private hospital. The Friends of Medicare at that time mounted a very big campaign against this. In my time it was the most successful campaign. It was protracted and long and built up over time, strongly supported by UNA and other unions. There was a good financing for it, leafleted door to door across the province. Albertans did not want and do not want private hospitals and private healthcare, and they said so. Perhaps the most brilliant tactical thing we did at that time was to hold very large public meetings in Calgary and in Edmonton, just as Bill 11 was on the floor of the legislature. We brought 10,000 people. There was a lot of campaigning that had gone on for a long time. We'd leafleted door to door across the province and got 10,000 people to a big event in Calgary at the Saddledome. Part of the way we did that is we got Kiefer Sutherland to come, Tommy Douglas's grandson and the famous actor. He came and his mother, Shirley Douglas, came to speak. So it became a major cause and it was seen nationally as being the front line of the attack on our public healthcare system and the front line of the defence of our public healthcare system. And Mary Walsh came. We had huge crowds in Calgary and Edmonton. And we got other speakers. Wally Temple, a prominent cancer surgeon from Calgary, came and said, some things are not for commerce – not children and not healthcare. It's just not for commerce. His name's Dr. Wally Temple, and he spoke. We put online a little while ago the movie we made with Don Bouzek right after Bill 11 called "This is What Democracy Looks Like". It's online and you can see it from our website, and it documents the Bill 11 campaign and those big meetings. After those big meetings we called a rally at the Legislature the next day. More people than we expected came, and they were very mad about Bill 11. They were on the steps of the Legislature. I got a call at home and they said, you've gotta get down here, things are really hot. I got down there, and they'd stormed into the Legislature building, into the rotunda, and up the stairs towards the assembly. There was a crowd of 300 people, mad as heck about this, who were ready to storm the Legislature. They stopped there on the steps but they were chanting on the steps. The MLAs were meeting inside in the assembly and they could hear the people chanting on the steps going up into the assembly. They were scared. That was the beginning, and night after night every night that week people grew and it was a great thing. There was lots of activity and great chants. Well this had a huge impact; it scared the heck out of the government. So they modified Bill 11 dramatically. They mailed everybody in the province with a glowing leaflet about how Bill 11 was there to be the Healthcare Protection Act. It was there to make private hospitals possible, and they called it the Healthcare Protection Act. In our movie there's a great clip of Ralph Klein saying, we would never do anything to erode Medicare. They keep saying this – we would never do anything to hurt your public healthcare folks. But they modified it and they modified Bill 11 to where they actually ended up quite tightly restricting what could be a private hospital and a private surgical facility. We still have that in place today. So they did not do what they wanted to do, which was open it wide open for private healthcare. In the end, the Healthcare Protection Act set some really strong parameters around what could be allowed in private hospitals. So the huge rallies were a success in one sense. They did pass the bill and they weren't going to allow themselves to be talked out of passing the bill, but they passed a much amended act that actually did in some ways prevent huge expansion of private hospitals. That happened in the spring of 2000.

Q: What was allowed to be private after that? The privateers made some gains, didn't they?

KW: They did. The Health Resource Centre in Calgary, that private hospital did go ahead and proceeded to make money doing surgeries, mostly joint replacements. They do them for WCB – the government was quite happy to get WCB to support this private clinic – for the army, and I think even for some private insurance companies. And contracted from the public healthcare system. Some surgeries contracted from the Calgary health region. And just two weeks ago hundreds of procedures contracted from our public healthcare system. Public dollars going to this private hospital to perform surgeries that are paid for by the public system. That's what you call publicly funded healthcare!

Q: Why two weeks ago – what happened two weeks ago?

KW: There was an announcement two weeks ago, in February this year, the government announced it was going to have a surge to take care of a backlog of waiting lists in hip and joint replacements. For that surge, it announced more procedures, something like 20,000 to 30,000 more procedures to be performed, focusing a lot on hip and joint replacements, and cataract surgery. The vast majority or a lot of those are going to private clinics at, ironically, the Holy Cross Hospital and the Grace Hospital in Calgary, that are now HRC and the Wang brothers' ophthalmological surgical centre at the Holy Cross. So we are paying to give business to a private healthcare facility so that they can make money, make profits, and build up their capacity. At the same time, we have closed operating rooms that can't be opened now because of a lack of staff because of cuts. There were operating rooms closed at the Royal Alec a year ago in May because of a lack of money, and are still not open again. Then this new surge to undo the backlog and waiting lists for some of these surgeries. Very few are going to the Royal Alec, because they don't have the capacity. The public system doesn't have the capacity. The government will say, well we've got to do these surgeries. There's this capacity in the private sector, let's do it. Are you telling us we should not do them, we should make people wait because we don't have the capacity in the public sector? So it's a self-fulfilling prophecy. They cut back the capacity, the ORs in the public hospitals. They had a very successful waiting list reduction in hip and joint replacement in Alberta. They brought the waiting list down dramatically, almost entirely in the public system, in the last few years, by putting a little bit of money in and streamlining the waiting lists for the orthopedic surgeons. They brought the waiting lists down dramatically, all within the public system, and they could do that again. The reason we have so much wait lists for these surgeries is because we've got our capacity problems. We don't have room in the hospitals for people. We don't have beds for people to recover. Right now we have overcapacity beds in our hospitals – people put in corridors, in family lounges, or three patients to a two-patient room. They squeeze a third patient into the middle of the room on a cot. These are called overcapacity beds, and they're doing this now at even rural hospitals, hospitals all over the province, because they don't have enough beds. But instead of opening the beds, they're going with the short-term measure. The nurses say it's a hairy business, it's a dangerous business when you put three patients in a room that was designed to have two patients. They said, if we have to have a code in there, we've got

big trouble. There's no room to work, there's no room to save somebody's life. They're very worried about it.

Q: The opposition has had this mantra about moving healthcare into the community.

KW: I first twigged to what the Alberta... the language that they use, that the Alberta government uses and the health privatizers use, is very carefully crafted. I can talk a little bit about the major multinational consulting companies that they have coming in to help them do their planning for this privatization, and provide them with their glossy language. They called them community-based healthcare services. I first twigged to that a few years ago with the fertility clinic that was operated at the University of Alberta and the Foothills Hospital in Calgary out of the Calgary Health Region. It was very successful. Fertility, a lot of the services there were not covered by Medicare, they were not considered to be medically necessary services. They're optional, so they were paid by benefit plans or insurance or privately. They had a lot of Americans coming for their services as well. So there was a cash business in this public fertility clinic that was bringing money into the public healthcare system. This just couldn't stand. So what they did was essentially they gave the fertility clinic to the doctors that were involved. They said, you operate the service, take it out of the healthcare system, and we'll make it community-based. That's what they said; they were converting it to a community-based facility, when what happened was it became privately owned. They moved it out to a private building and it was owned and operated and run by most of the doctors who had been in the public system before. They called it community-based. So when they say community-based now, often they mean privately owned. That's an important thing to say. Winston, let me outline the highlights of the past 10 years. Let's just do a quick chronology. In 2000 they brought forward Bill 11 and there was huge resistance. In 2001 healthcare was the major topic across Canada. The Chrétien government hired Roy Romanow to be a royal commissioner on the way forward for public healthcare. Because he was a New Democrat, everybody looked forward to a very strong positive report, from Saskatchewan yet. So the Alberta government was very concerned about this; so they brought in Don Mazankowski from Great West Life Insurance to head up a commission on where healthcare should go in Alberta. Friends of Medicare rallied around this and attacked the Mazankowski Report and debunked it for what it was, which was a plan for private healthcare, more private healthcare, and private insurance to cover healthcare too. Mazankowski didn't pull any punches. They talked about medical savings accounts, about private insurance for paying healthcare services, about limiting what services are provided in the public healthcare system. So Friends of Medicare, in 2001 and 2002, mounted a major campaign opposing Mazankowski. Then they mounted a major campaign, mostly tailored, focused in Edmonton, on the federal health minister's riding, Anne McLellan's riding, and saying, implement the Romanow Report. The Romanow Report came out; it said we've got to boost our healthcare system, and Chrétien went ahead and did to some degree, and they put more money into the public healthcare system. We said, fully implement Romanow. So that was another major campaign.

Q: And successful, because we got more money.

KW: Well, we got more money out of the federal government. I don't think it was well used, entirely, but it was less successful in a way. But then they kept bringing... we've had a new healthcare report just about every two years. Then they got this MLA, Gordon Graydon, to bring a report on implementing Mazankowski--where are we at with that? He came out with a report in 2003 or 2004, the Graydon Report. Again, they had a bunch of MLAs involved and a bunch of names who are involved now still today. Gordon Graydon was on the recent minister's advisory committee on health that was chaired by Fred Horne. He was back. His report came out saying the public health regions should be purchasers of health services, not providers of health services. But the result was, the Mazankowski, because of the opposition at the time, we did win. The Mazankowski Report went on the back burner. The Graydon Report, which also called for a lot more privatization, they didn't come out publicly and implement it, it went on the back burner. Then Ralph Klein decided to try again. He came out and said, we need to try something new in healthcare. Their refrain is, it's unsustainable, it costs too much, it's eating up our whole budget; we just have to find a new and innovative way to provide health services in Alberta that won't break the bank. He did this in 2005 and 2006. He said, we need a third way to deliver healthcare. We don't want the American way. Clearly Albertans don't want to go the American way, but we know the Canadian public Medicare way isn't working either, because it's unsustainable. We need to go a third way in healthcare. So we had the Third Way Campaign. He was pushing hard to bring in much more private services, a blended system. But it's not two-tier, it's just blended. It's more like European healthcare. And it's not. It was a move towards more private healthcare, is what he was doing, and more private payment for healthcare. And private insurance to cover more and more healthcare services that are covered by public healthcare now. So what happened at that time was Friends of Medicare was very active opposing the third way as well, and had great publicity about it. We managed to make the third way synonymous with what it was – private healthcare. Ralph called it, he wanted it to be something new and innovative, but we managed to tag it and make everybody understand that this was a plan for private healthcare. Albertans are very astute and they clued in. All we had to do was point out some things about it, and everybody understood. So everybody knew what the third way was. So the government said, we're going to have a major international forum to talk about options for our third way for healthcare. So they brought all these experts into a big... they spent millions of dollars to bring all these experts into Calgary to have a conference, a big conference on which way to go forward for healthcare. Friends of Medicare had a counter-conference ahead of it, and we brought in several international experts, people from the United States and Britain and across Canada, to talk about private health care and the third way. That conference was called “The Weighing the Evidence”. We called it “Weighing the Evidence”.

Q: What year was that?

KW: I think that was 2005, but it might've been 2006. When did Ralph lose the vote, 2007? It was the year before he lost the vote, I think, when he got the low rating. But the amazing thing was, we attended, we went to our conference and we got great PR. Everybody said the third way private healthcare is just going to cost you more, get you less. It's going to erode our public healthcare system. The experts we had all said that,

and strongly said that. We got good coverage of that. Then they had their conference, which was to show that... But the funny thing was, at their conference, and I was there, at the government's conference on options in healthcare, almost all their experts got up and said private healthcare costs more, it's more expensive. They came from Australia and everywhere and said, oh don't do that, that'll be more expensive. So much so that Health Minister Iris Evans did some remarks summing up the conference at the end. She said, 'well from what we've heard, private healthcare is more expensive, I have to admit it.' So that didn't go well. Friends of Medicare does so well because Albertans basically get it. Certainly older Albertans, younger Albertans less so maybe. But most Albertans understand that private healthcare is just going to cost us more and give us less. They know that and they're concerned about that. We have an astute citizenry who really pays attention to healthcare. Friends of Medicare has a willing audience who looks at it and looks at the evidence, and that's part of the reason Friends of Medicare has been so successful. So what we did, but Ralph Klein was proceeding and proceeding. So we created a campaign around umbrellas. Will you be covered? We had this umbrella campaign. We had rallies in front of the Legislature. There were vigils at noon hour and they were talking about what are they doing to our healthcare. Are they trying to bring more private insurance into our healthcare? Will you be covered? We produced a nice little TV ad, the umbrella ad, that show people. Some people have small umbrellas and were getting wet because it was raining. We shot this in a studio in Edmonton. There were two actors in a tuxedo and very well dressed, had this great big umbrella. They're smiling and dry but they look behind them and all these other people don't have the coverage, they can't afford the same private insurance. We said, will you be covered with the government's plans? So we ran the ad. We bought TV time and we ran the ad in the week leading up to the Progressive Conservative convention in Calgary, in Red Deer in 2007. Healthcare, public opinion was very concerned about the third way. Albertans were very concerned about it. That was the Progressive Conservative convention where Ralph Klein only got a very mediocre showing of support, a 50% vote. As soon as we got that vote I knew that Ralph's career was over and the third way was going to go with him. They lost again. Albertans have stood up and turned them back every time. It was so refreshing. Ralph Klein, bless his soul, shoots from the hip and tells it like it is. He said recently, just this spring, he said, I tried two times to bring in private healthcare and I failed both times. One of those times was Mazankowski and the other was the third way. He said, I failed both times to bring in two-tier private healthcare. He was very upfront about it. But that agenda has not gone away, just because Ralph's gone away. Those insurance companies, those entrepreneurial doctors, those medical corporations who want to make money out of healthcare, are still there. They still have the ear of many people in government to do this. They're still pushing on it and they're pushing on it now. Today they're pushing on it with the Alberta Health Act. They're doing it in a couple of ways. They're doing it the same way they did it before, first of all choking the public system with funding and chaos and bad organization with the Alberta Health Services. They've made a mess and caused a lot of problems in our healthcare system. Just when the Capital Health Region and the Calgary Health Region and the other health regions were finally getting their act together and doing some good things in healthcare, they shut them down and said, 'we're starting over'. For a year nothing progressed in our healthcare system; everything was stymied. They totally revamped the administration and nobody knew

what was going on. Then of course the waiting lists go up, public satisfaction with our healthcare system is dropping dramatically. If you hear Donna Wilson, she'll tell you that for years, they always do surveys about satisfaction of Albertans with healthcare. For years, Donna Wilson would be somebody good to talk to too. She says, for years, maybe you have her saying this on tape, she says, for years surveys showed 95% of Albertans thought they got good or excellent care in our healthcare system, mostly excellent. Just in the last couple of years it's dropped dramatically, so now that's down to 65%. The confidence in our healthcare system is eroding, and it should be, because our healthcare system has been eroded. It's a problem. That is by far their most effective technique for moving to a private healthcare system, is to erode our public system and erode confidence in it. And to keep it hidden. ... Even Ron Liepert, the health minister who was fired for being a bully and a boor, he said a few things. He said at a major conference in Banff, he said last year, he said down the road we're going to have to have private payment for healthcare services; there's just no other way around it. So there's no doubt that they want to get government out of healthcare and make it a private production. That would just be disastrous for everybody in Alberta who doesn't make over \$100,000 a year.

Q: Why does the government keep doing this?

KW: The reason that the private healthcare finds a willing audience in the Alberta government, in the Conservative government in Alberta, there's a couple of reasons. First of all, they really believe that private for-profit market works better for everything. They don't think the government should be; they want smaller government. Less government services, free enterprise, everything including healthcare. That's their natural ideological inclination. So they're quite open when these American corporations like McKinsey Consulting or Deloitte come in. These are the people who are doing their healthcare planning for them. Or Aeon Consulting. These are the people who come in and do the reports for them. They all say, they're American companies, they all have an American vision of healthcare. If you look on McKinsey Consulting's website they talk about healthcare reform and healthcare changes, all in the private healthcare context, all in a market healthcare context. They're all about market healthcare. So these people come in and they're listening to these people talk about how you need to make a market healthcare system, make it work better. They believe it'll be more efficient. At the same time, there are quite a few doctors, many of them very well connected in the Conservative party, like Ian Wang from Calgary, the Wang brothers from Calgary, who are the ear, eye, nose and throat specialists and ophthalmologist, go to every Conservative convention. They want to expand. They have friends who want to expand their profits in private healthcare too. The heart surgeon, Dennis Modry, who was very involved with the Conservative party for a long time. At one time it was rumoured he wanted to buy the Charles Camsell Hospital and set up a private heart surgical facility. It didn't happen. But he thinks Medicare is just a disaster, and he wants market medicine. And the insurance companies. The insurance companies are desperate to provide more and more services. What's really troubling is they're advertising now. They're softening up the Alberta market saying, maybe you need to buy a little extra insurance to cover what public healthcare doesn't cover. Blue Cross is doing it, the AMA is doing it. Just get some extra insurance just so you're sure that

everything's covered. Well that's not the way it works. Our public healthcare system should be comprehensive; that's what Canadians expect. It covers everything. It's cheapest that way, we have public services, it's fair that way. We don't have rich people getting a bunch of deluxe boutique healthcare and poor people getting second-rate basic healthcare services. That's not the Canadian way. But that force is always there. I want to talk a little just briefly about the Canadian way in healthcare and the values that underpin it. The reason that Canadians voted Tommy Douglas the greatest Canadian, that's because Canadians are compassionate people. At root we say, we don't think anybody who's suffering should go without care. We will not abide that. We are pooling our resources and we're going to provide a healthcare system that takes care of everybody. The daughter of a poor family, the daughter of a rich family, it makes no difference. We give care to everybody, and that's compassion. That's a core Canadian value. We've adopted that. We say that's the way we want; that's the kind of country we want to have. That's the kind of country I want to live in, where we say, we take care of everybody. What a great, great core founding value for a country – compassion--that we take care of our people in healthcare. We don't let some people suffer needlessly because they don't have money or don't have insurance. We don't do that. That's what Canadians are. Canadians are fiercely proud of that, and fiercely proud that we have that compassionate basis for our country. They said, Tommy Douglas brought us that and that's important. We should not let ourselves be fooled that just a little bit of private won't hurt, or we'll have some private delivery. It does hurt. It sets up a two-tier system. It means that some people are buying their way to the front of the line. It's happening. And the result is other people get less care. We're short of doctors partly because more and more of them are moving into commercial medicine to make more money. That means the rest of us have to wait longer because we don't have the doctors that we need. We have a finite supply of doctors. We do not have a huge market that can provide deluxe care for some and great care for everybody else. Healthcare is too expensive for that. It's too labour intensive. We need everybody in the system providing care for everybody. The way it works is the people with the most need, the most urgent need, come first. That's the way we want it. The people who are most in pain, most life threatening, they come first. Not the people who have the most money or the people who have the best insurance. That's not the way we want to run our healthcare system. That is a profound value that is held by Albertans and Canadians. It trumps the free enterprise values of, we want a market system. It absolutely trumps that for Canadians. It's a wonderful thing, and it's part of why I'm proud to be Canadian.

Q: Extra billing, as we knew it in the old days, has morphed into public purchase of private services.

KW: It's entirely different. They tried to go that way and that was effectively beaten back in the 1990s by Friends of Medicare and ultimately by the federal government too and by public pressure. So you're absolutely right. They've tried it in a number of ways. They keep coming at it a different way. The current way that they're approaching it now is with publicly funded healthcare services. So don't worry, it's all going to be publicly funded, we're going to respect the Canada Health Act. We're just going to pay private providers to provide the services. That's a way of providing public money to give private companies

the ability to build up the infrastructure and the beds and the staffing to have a private healthcare system. Already, as soon as you do that, already they start to sell subscriptions to wealthy people who want to get in first in line. We've got these private clinics in Calgary where if you put up \$3,000 or \$4,000 or \$5,000 a year they'll get you boutique services. You'll get access to your doctor more rapidly. Then in the clinic, when the doctor does see you, he charges the public healthcare system for that. He charges the \$5,000 on the side. So as soon as you've got that private healthcare, then they will find ways to make more money, to charge extra for an extra tier of service for those who want to get to the front of the line, who want to get the first service or better service.

Q: So there's still a role for Friends of Medicare?

KW: Yes. Everybody involved with the Friends of Medicare movement says, as long as we have a public healthcare system, we will have to defend it from the forces who want to make money off sickness and illness.

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