

John Kolkman

JK: My name is John Kolkman, and I'm the research and policy analysis coordinator for the Edmonton Social Planning Council.

Q: How did you get involved with Friends of Medicare?

JK: I first became aware of the Friends of Medicare pretty much when it was formed in that 1979, 1980 period. I was involved. I was living in the McCauley neighborhood in Edmonton. A number of us, including myself, when we were in our early to mid 20s, helped form the Boyle McCauley Health Centre. I think my awareness of Friends of Medicare came because of two issues that were really hot back in the 1980, early '80s period. It first had to do with extra billing. That's probably the best known one. Certainly again being involved with an inner city health centre, we were even hearing doctors were wanting to charge extra. The feeling was that if you couldn't afford it you wouldn't have to pay, but things don't always work that easily, despite the assurances. I think it's really important to remember that at the time the medical profession saw this as a major right that doctors had to extra bill their patients beyond what they were allowed to bill the public healthcare plan for. So that was one issue. The second issue had to do with at that particular time if you didn't pay your healthcare premium you could actually lose your healthcare coverage. So we basically, those of us who were involved with the Boyle McCauley Health Centre, and whether it was already called Friends of Medicare at that time or not, we certainly collaborated with a number of others, including people in the labour movement. Including people like Dr. Richard Plain, I now remember, from the University of Alberta, who has always been very helpful to our cause. I remember even then he did a lot of economic analyses to show the phoniness of doctors being hard done by and also about how it really, you know, this was something that had been growing since Medicare was brought in in about the mid '60s, the extra billing. It was getting worse and worse. This was a big fight and, in my view, a huge achievement not only for Friends of Medicare here in Alberta but in terms of partners across the country, to convince, interestingly enough, Monique Bégin I believe may have been the federal health minister, and somewhat to the surprised of a number of us, the federal Conservatives at that time. That was probably during the Joe Clark and maybe after Mulroney became, somewhat to our surprise, they actually came onside with the banning of extra billing. As far as the other issue, that also took considerable effort to convince the provincial government that people who couldn't pay their healthcare premiums should not lose their healthcare coverage. I believe there were also some appeals to Monique Bégin again on that issue. I think there was clarification to the Alberta government that, while they had the right to levy the premium, they had no right to kick people off of healthcare coverage if they couldn't afford to pay their premiums. So I think those were two pretty tangible achievements that Friends of Medicare and others in the community were involved in during those early years.

Q: Was this largely an Alberta phenomenon?

JK: I personally think at that particular time that the Alberta government was amongst the strongest supporters of like the Canadian Medical Association and others who were insisting on the right to extra bill. You're quite right, it's only when the federal government put a stop to it and amended the Canada Health Act to put a stop to extra billing that in a sense the Alberta government in a sense had to kind of back down on that particular issue. I believe again, there'd been a bit of a pattern of this, the same thing applied to the other issue of if you couldn't pay your premium you could lose your healthcare coverage. The reason we became aware of that at the Boyle McCauley Health Centre is we were getting people, even though we were supposed to be serving people in inner-city neighborhoods, we were getting people from all over the city. When we asked them why they came, it's because they had lost their healthcare coverage. When we asked them why they lost their healthcare coverage, it's because they were behind in paying their premium. So again I'm pretty sure there had to be an appeal to the federal government to get the Alberta government to back down on that as well. Now admittedly, it was 30 years ago and my memory could be a little bit fuzzy. But that is my recollection.

Q: Say a few words about the Boyle McCauley Health Centre.

JK: The Boyle McCauley Health Centre is a primary healthcare center that services several of the poorest neighborhoods in Edmonton, including the Boyle Street and McCauley neighborhoods. At the time that I moved into the McCauley neighbourhood in the late 1970s, there was only one medical doctor that had their offices within the boundaries of the inner city. He was somewhat of a controversial character, and we had a huge problem at that time with sort of prescription drugs. Let me put it this way, he was generous enough in his prescribing practices that it created a little bit of a black market for prescription medications in the inner city. I feel fair to say this, because he subsequently, it took some period of time, but he subsequently lost his licence to practice. So that was really the kind of medicine that was being practised in the inner city. Our view very much was that we wanted to set up a primary healthcare centre. We wanted to have doctors working on salaries. We wanted to have multidisciplinary healthcare teams, including nurse practitioners and other related healthcare professionals. So the Boyle McCauley Health Centre, which is actually next year celebrating its, no it's actually later this year, celebrating its 30th anniversary. It opened its doors in May of 1980. It was certainly a pioneer in terms of primary healthcare reform. At that time we saw the lower-income residents in the inner city neighborhoods as being the clientele, but it's a concept that actually makes a whole lot of sense. A lot of the good things that are happening in the healthcare system in terms of primary healthcare reform were things that the Boyle McCauley Health Centre has been doing for the past 30 years already.

Q: In many ways it's part of the vision that Medicare was about.

JK: Absolutely. Certainly it was very much part of Tommy Douglas's vision for Medicare, that we would have primary healthcare centres with doctors who were on alternative payment programs, including being on salary and working as part of healthcare teams with other healthcare professionals. Not only was it part of the vision,

but certainly Saskatchewan was also an early pioneer in establishing primary healthcare centres. When we were setting up the Boyle McCauley Health Centre, certainly the primary healthcare centres in Saskatchewan that already existed and were set up in the '60s, starting in the '60s already, were one of the things that we modeled the Boyle McCauley Health Centre after.

Q: Who else was involved with you in Friends of Medicare at that stage?

JK: Who was involved with me? Some of the people, cuz I've known a number of the people for some period of time. I don't know if I became directly involved like as a member of Friends of Medicare during that first five to ten year period. I knew some people who were part of it. The dates can get a little bit messed up in your mind. But I certainly remember people like Neil Reimer, people like Don Aitken, a former president, as well as his predecessor, whose name is escaping me at the moment.

Q: Harry Kostiuk?

JK: Perhaps it was Harry, yes. And actually I think Richard Plain always had an interesting relationship with the group. He was always very supportive, if not... But his thing was really not to be an activist. He was the guy who kind of crunched the numbers and kind of did the kind of showing how Medicare was a better deal for Albertans than going with a more privatized healthcare delivery model. I think certainly my memory is that Richard was part of that for quite a number of years. There probably were some others, like Peter Faid perhaps. I don't know if you've talked to Peter. You might want to talk to Peter and ask him about his recollections. He was the executive director of the Edmonton Social Planning Council pretty much throughout the 1980s. That was well before my time at the Council. In fact probably the other way that I started to really connect with Friends of Medicare was through the Alberta NDP. I joined the NDP even during the Grant Notley period. I always pretty much voted with it but even in terms of becoming a member it was probably somewhere in the early to mid '80s. Then I started running into some of the same folks through the NDP as well. I think another person who, speaking of people I wouldn't want to overlook, people like Grant Notley and people like Ray Martin and so on, and other folks involved with the NDP, as probably being close allies of Friends of Medicare during those early years. Although my memory about exactly how and when is a little bit foggy.

Q: When did you go to work as a researcher for NDP?

JK: It wasn't until 1989.

Q: Were you involved with the Emmett Hall proceedings?

JK: I don't think I was directly. I'm trying to remember, when was the Emmett Hall commission? ... Right. That was sort of, a little bit in a sense, the final nail in the coffin for some of the practices that were tolerated until that point, including extra billing. Have I got my history correct? I would not be surprised if the Boyle McCauley Health Centre

would've made a submission to the Hall Commission. Did they hold hearings across the country? Something is ringing a bell about that. Another person you could possibly talk to, have you spoken to Bob McKeon? He'd be another one that you might want to talk to about his recollections. He was, perhaps even more so than me, a catalyst for the formation of the Boyle McCauley Health Centre. I think he also had some pretty early involvement with Friends of Medicare or its predecessor organizations. He, I don't know if you have contact information for Bob or not. I know his home phone number; it'd probably be fine to phone him there. It's 424-4395 I believe.

Q: Did you know Liz Reid at all?

JK: I've known Liz for many years, probably since sometime in the 1980s.

Q: Was she involved at the time you were?

JK: You'd have to ask. I don't know. I know Liz has been involved for a long time in Friends of Medicare, but exactly when her involvement began, I'm a little fuzzy about. I'm not sure. ... It's a C. Reid. They're on 38th Avenue and 11438 – 38 Avenue, or something like that.

Q: What about Hope Hunter?

JK: You know, I think you asked me about Hope and I'm pretty sure she still lives in Edmonton but I don't have contact information for Hope. I wouldn't know, because I think she's still involved a bit with the Homeless Commission. You might try their office, cuz I'm not exactly sure what Hope is up to these days.

Q: So you weren't particularly involved with the Hall Commission or the Canada Health Act?

JK: If I would've been, it would've been through being on the board of directors of the Boyle McCauley Health Centre. We were definitely raising some of the issues around extra billing as well as the other issue that I mentioned, where you used to be able to lose your healthcare coverage if you were in arrears on your premiums. So we were, so probably, and in terms of, I just can't remember the executive director of the Boyle McCauley Health Centre at that time has passed away, a woman called Alice Hanson. Alice might have been involved. Bob may have a recollection. I just can't recall. There were a lot of things going on back then. And in fact I can't say. I was certainly aware of the Hall Commission even at the time, but not necessarily in terms of personal involvement.

Q: So you were not formally a member of Friends of Medicare.

JK: At that time. I would've joined later, I'm not exactly sure when.

Q: What happened after that, in the '80s?

JK: I think there've been ongoing issues. Again I wasn't really deeply involved. I was supportive of the Friends of Medicare. But the whole private clinics issue is one. That started already. Some of these private clinics started that were more than just for cosmetic surgery but actually delivering insured services, so to speak, on a privatized model. That started to happen in the '80s already, certainly toward the latter end of the 1980s. Then certainly I think the cuts in federal transfers had a big impact. The impact with the private clinics issue, and this was still very much an issue during my first stint with the NDP at the legislature starting in 1989. They found this kind of, I can't remember, it was an extra billing type of, a facility fee, that's what it was called. Essentially what they would do is if you had to get your cataracts done or something in one of these private eye clinics, they'd be allowed to charge a direct-to-patient sort of facility fee, which started small but grew and then became a big political issue and another big political fight.

Q: What sort of political fight?

JK: It was basically again a political fight about those of us who were fighting them took the position that it undermined universality, that the facility fees were in fact contrary to the Canada Health Act. I do think eventually, I'm a little fuzzy on exactly when they, it was probably sometime in the '90s. I can't remember if it was the early '90s or exactly when that happened. You'll have to supplement your remembrances with those of others, like Wendy Armstrong. But finally we did get the federal government to again take the position on the facility fee that it was a form of extra billing and therefore prohibited under the Canada Health Act. And the government again backed down at a certain point, the provincial Conservative government. That was another climbdown. They didn't back down obviously on the private clinics themselves, but they were required to compensate. In fact what ended up happening, it ended up being a further subsidy to private for-profit healthcare. Because in addition to covering the professional fee, let's say of the ophthalmologist in the case of a private eye clinic, they ended up having to cover the facility fee as well. Then the overhead fee and so on. Then of course, I mean another big fight obviously was the fight over Bill 11. That actually came more in the '79 to 2000 period. Remembering that more clearly, that was a big fight then. Again at the end of the day it's one of those situations where it could've been a whole lot worse. The bill that the government thought it could get away with politically did have more restrictions on the types of extended stays, as they called them, that could be performed in private for-profit clinics. We do still have the Health Resource Centre operating in Calgary. There's continued to be this incremental expansion of private services over the years even though, partly, and I think that's another fight that we're going to have to keep fighting. I think one of the things that put a bit of a brake on further private clinic development was that a lot of the, with the exception of the Calgary Health Region, when we had the regional health authorities, none of them were particularly keen on it. I think because at the end of the day, first of all they knew it didn't really save any money. In fact, you may have ended up paying a premium. And there's other negative things in terms of private clinics. For example, we have a public like Royal Alex eye centre and the University of Alberta. There's the research and teaching dimensions that are better delivered in a public facility.

It's hard to require a private entrepreneur who's trying to make a buck to provide the same kinds of research and training opportunities for interns and students and so on.

Q: What's providing the impetus to these continued attacks on Medicare?

JK: Healthcare is a huge part of, in a sense, the economy, if you want to look at it that way. When there's a dollar to be made there's an entrepreneur out there someplace that's going to want to make the dollar. At the end of the day I think that commercial imperative is a key component about why we have these privatization thrusts. I think that's combined with ideology. I think during the last 30 years we went through the whole neoconservative, neoliberal kind of movement. Part of the ideological view of that particular movement is that the private sector is inherently superior to the public sector in every area of endeavour. While I definitely think that isn't the case in terms of the healthcare system, that's a very powerful ideological imperative that certainly finds a lot of sympathy in the halls of power, in the halls of the political party that's been in power in Alberta now for almost 40 years. Then of course we also had the huge cutbacks period. To some degree the privatization and the facility fee took place commensurate with that. When you're closing half the hospital beds in the province and closing some hospitals, blowing up others, you're creating opportunities for for-profit healthcare. I think it was no accident that we saw that, while some of the private clinics have been around since the 1980s, that we saw quite an expansion of the private clinics during that period when they cut health spending by about 20% over a three-year period. If you'll certainly recall, that became a huge, that became the dominant issue probably in the '93 to '97 period, simply fighting the cuts. Certainly Friends of Medicare, the labour movement, were front and centre in terms of fighting those draconian cutbacks which did a tremendous amount of damage to the healthcare system, some of which has still not been completely undone to this day.

Q: Part of the legacy are all of these private for-profit clinics.

JK: As well as diminished capacity in terms of public facilities.

Q: What is the vision of public healthcare that we're trying to preserve?

JK: I personally think we're trying to have a public healthcare system that's more comprehensive and more in line with the original vision of Tommy Douglas. Because certainly Tommy Douglas, and he wrote about it when Medicare was coming in way back in the early 1960s, he envisaged a new model for healthcare delivery, which we already talked about, with sort of primary healthcare clinics focusing very much on prevention and wellness rather than treating sickness, as much as possible. But he also focused on a more comprehensive system that covered not only hospitals and doctors but also others. Already at that time he sought to cover things like dental services. He sought to cover prescription drugs. Then of course we have, like homecare. There's something good about homecare but the trouble is that as soon as you want to look after a loved one at home, you end up having to pay lots of things out of pocket that would be covered if you were in an acute care facility, for example. So certainly I think, far from shrinking Medicare,

we should be looking at making Medicare more comprehensive and taking steps toward achieving that vision. Again I think we have somewhat of a blueprint for doing that that's still very relevant. We talked about the Hall Commission. But more recently, in the 2000 and 2002 period, we had the Romanow Commission. In many ways the Romanow Report, "The Future of Healthcare in Canada," does provide that kind of blueprint. There are a number of recommendations in there to expand the Medicare umbrella to cover things like medically necessary homecare. Certainly to begin to do a better and more universal job of covering prescription drug costs, first by bringing in a universal catastrophic drug coverage plan, so that there would be a limit on how much any family or person was asked to contribute toward prescription drug costs in this country, which there still isn't to this day. So again, another blueprint I think. Not only does it lay out a blueprint for the future of healthcare, but when you read that report it makes the argument for Medicare I think in a very compelling fashion. I would highly recommend, particularly in about the 15-page forward to the Romanow Report. I think it's must reading for anyone who wants to know why Medicare matters.

Q: Is the entrepreneurial philosophy going to have to be addressed at some point?

JK: That's a very interesting question. I personally think that, I think we're going to be, it's sort of an eternal fight for Medicare, partly, as I mentioned, for ideological reasons and partly for to sort of reasons that have to do with the profit motive. It's a fight that's taking place throughout the world. I don't know of any country in the world where people such as ourselves have to fight, not only to in a sense safeguard what our fathers and mothers and grandfathers and grandmothers have built, but also to take it to the next stage. Certainly I think Canada is no exception. How it's going to happen is a really good question. One of the things that's so interesting about the history of Medicare is it didn't start as a grand federal program. It started in one of the Canadian provinces. It's a little bit disappointing to me that in the late '40s they brought in fairly universal hospital insurance for acute care hospitals, and that was followed maybe a dozen or so years later, 15 years later, by physician coverage, and that we really haven't been able to, I mean we have a certain amount of public payment for people who are perhaps low income, for example, for things like prescription drugs. But we really haven't taken it to the next stage. In my view, if you ask what I think we should be focusing on, I think it is in the area of prescription drugs and prescription drug coverage. I think that that's also a really good way of helping to more fully fund homecare. Certainly one of the big costs in terms of homecare is things that were covered if you would be in a hospital bed are no longer covered as part of the public Medicare umbrella when you go home. I think we also have to, if we're going to get something that more closely approaches universal coverage and prescription drugs, I think the federal government is going to have to play a bigger role in that. We're also going to have to contain costs. Like the prescription drugs, being largely privately funded, have for like 20, 30, 40 years been the single largest cost driver in healthcare. Part of it is just because again there's money to be made. The big drug companies are very, very powerful and profitable corporations. I think we're going to have to bring, we're going to have to get tough with some of these companies, like New Zealand has. I think in that way we create perhaps the public space to bring in something that certainly is more closely approximating first dollar coverage, public coverage for

prescription drugs. I do feel that that's the next. I also think there's an old saying that the best defence is a good offence. I think to some degree perhaps some of us, and I'd include myself, I mean we've been so focused on keeping what we've achieved, which also is potentially negative because you can then be painted as being a defender of the status quo. I think the Canadian Health Coalition and others like the national umbrella group to which Friends of Medicare and certainly the labour movement is involved, has been trying to do that in recent years. They've certainly been trying to advocate for and do the necessary research and lay the groundwork for how Canada could bring in public prescription drug coverage, and also how we can sort of constrain costs in prescription drugs at the same time, not only for the public but also just for average citizens. That's kind of my view going forward, I guess.

Q: Were you involved with Hubert Kammerer?

JK: Ya. He worked at the Boyle McCauley Health Centre. I knew Hubert really well during that period of time. He would've been at the Boyle McCauley Health Centre, gosh, mid to late '80s.

Q: He was on salary?

JK: Ya, ya.

Q: Was he involved with the formation of Friends of Medicare?

JK: Well formation, but he certainly has been involved for a long time. He was even the chair I think for a period of time. I can't remember exactly when.

Q: Do you recall Donna Wilson?

JK: I don't know if you've interviewed Donna or not. I've kind of known about Donna. But then I'd have to say, Donna has been very involved. I've kind of known of Donna since kind of the early to mid '90s but I suspect she was active before then. Because again, the nurses are an interesting part of this as well. They've always been champions of public healthcare across the country and certainly also in this province. And Marg Ethier, she was the predecessor of Heather. Heather of course has been in her position for a good long time now. I've known Elisabeth for as long as I've known Elisabeth Ballermann, which is probably the better part of 20 years Elisabeth has been very active. Again I don't have it in my head who the predecessor might've been, but anyway.

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