Ted Woynillowicz

Q: Could you give us your name and position with Friends of Medicare?

TW: My name is Ted Woynillowicz, and I am chair of the Calgary Friends of Medicare. I have been for the last several years. I've started off with Friends of Medicare back in the days of Bill 11, one of the first assaults on public healthcare. It was quite by accident that we kind of fell into it. At that time, back in about 1999, the Council of Canadians established a chapter in the city. So lo and behold, we got a call from some of Christine Burdett's people to see if we would like to join forces and rebirth the Calgary chapter of the Friends of Medicare, which we did around the time of Bill 11. I was then on the board of directors. I've worked myself into this position over time. But it was around Bill 11. It was kind of a crucial time and it seemed to be the turning point. We had that phenomenal rally in the spring of 2000 where we had thousands of people who showed up in support of public healthcare at the Big Four building. That kind of launched our campaigns and we've been going at it ever since.

Q: Do you have any pictures or mementos of that?

TW: I do have a T-shirt and probably some posters and some small flyers advertising it. I remember the day of the rally we were even on the platform of the LRT distributing those, trying to get as many people involved as possible. So ya, that still ranks up there among one of the big highlights of Friends of Medicare. We had Shirley Douglas speaking, Kiefer Sutherland came in. I remember speeches by Dr. Wally Temple, an extremely compelling speech in terms of supporting public healthcare. There were folk singers there, all kinds of people. It was a real festive celebration. At the same time it brought together to look at it and really look at what the concerns are in terms of the assault on public healthcare. It was phenomenal. We also remember seeing the friends of Ralph Klein all in their suits and so forth, standing at the very back observing this whole procedure and probably wondering, where is this going to go? They didn't say very much but we knew that they were there. They were pointed out. There were about five or six of them standing in the background observing, listening to it all. It was a great launching point for our chapter to continue the work into the future. We've been going strong and tried to get the message out to community for the last 10 years.

Q: What was this particular assault all about?

TW: It was essentially opening the door to privatization. We felt that was really the wrong way to go, because privatization would then crack open that whole two-tier aspect. We know that when you have two tier, those people that have the money can access it faster and it creates longer lineups for those who can't afford it. Canada has always kind of looked at itself in an egalitarian way in terms of community helping one another. Public healthcare was one of the main components of that spirit of sharing for survival, as Maude Barlow would say.

Q: Talk about privatization of healthcare as it's been happening in Calgary.

TW: I'm more familiar with 2000 and on, but it seems to us that Calgary has become the hotbed of privatization. There have been a number of different think tanks who have come in. The conversation really became very narrowed in criticizing public healthcare and here's the other option, privatization. So there are groups that started pounding away for that through newspaper articles and all kinds of propaganda-like activities that started discussing the merits of privatization. The word "choice" then comes in, that choice is such a good thing for people. We kind of felt, wait a minute, let's step back and have a real discussion about it. That didn't happen. The government kind of steered in the direction of privatization. Election campaigns really essentially shut down any kinds of forums and things like that. MLAs didn't have any forums; they weren't interested in what the public had to say about it. So it kind of shut it down here. They were unwilling to have any kind of public discussion, public discourse. The few meetings they had were really kind of controlled. You had to write your questions on a piece of paper and so forth. We found it really unprecedented and it was a real assault on the democratic institution of this province. I thought, you know, there's something wrong with that. Hospitals were shut down. There was the infamous blowing up of the General Hospital on the claim that it was old and dysfunctional. Well eight of the 11 buildings of the old General were newer than Foothills Hospital, and Foothills Hospital opened in 1965. So I mean it was a teaching hospital, so it wasn't just the destruction of bricks and mortar, it was actually the destruction of a community of healthcare workers and supporters and doctors and nurses and so forth. It was followed by the closing of the Holy Cross Hospital and it was sold for pennies on the dollar. There were two other hospitals – the Belcher and the Grace, that were closed. It left Calgary with three hospitals from seven. That was part of the big picture where, for instance, in Alberta in 1989 we had 13,300 hospital beds, to the current 6,800, at the same time that the population increased by 25%. So it was kind of unprecedented in the sense that it destroyed an inner-city hospital. Really Calgary is the only city in North America without an inner-city hospital, and it's created all kinds of problems. They had a psychiatric unit that was world class, and all of that is gone. It's like pulling rug from under the feet of sick people. So it's brought us to really the catastrophic situation that we have in Calgary today.

Q: So at the same time as they were closing down these public facilities, they were opening private facilities. Talk a bit about some of the private facilities.

TW: A number of clinics have opened up that require you to pay anywhere from $3,500 to $8,000 a year for membership. They're pretty exclusive. One of the clinic owners indicated that they wouldn't be raiding the public. Well they have. I have a neighbor in Silver Springs who lost her doctor to the Copeman Clinic. So she had to look, and now she has to drive to Cochrane because that's where she was able to find a doctor. From that perspective, she wasn't willing and she couldn't afford to pay the membership fee to this kind of exclusive boutique health kind of club. So these are cropping up. There are a number of them in Calgary. There's a private for-profit hospital that's been built just below Foothills Hospital. Very few Calgarians are aware of it. We found out about it quite

by accident in the business section of the Herald in August of 2009. Yet it's going ahead. We don't know what the funding is on that, how much taxpayer dollars have gone in, and those kinds of services. So there's a lot of situations that are very unclear about it. That direction makes us feel very uncomfortable, because really it eliminates a possibility of people who can't afford this kind of healthcare from seeing it. So basically what we're seeing is a transition from seeing a doctor based on health need to looking at it on your ability to pay. If you can't pay, too bad.

Q: Who is driving this movement?

TW: There are a number of think tanks that have been behind it – groups like the Fraser Institute. We don't know who's funding them but we can assume that it's big business and pharmaceutical and private for-profit insurance and people like that. They've been at it for over 30 years, just pounding away, working their way into the media, op-eds, and so forth. To a certain extent there's been a real imbalance in terms of reporting. It seems that a lot of the Fraser Institute and people like them, who manage to influence papers and influence editorial boards and so forth, and also narrow the discussion. So I would assume that, because there's so much public money out there, there are a number of different private for-profit corporations that are quite willing to get their hands on it. So I think for the last 30 years there's been that kind of repeated thing that public healthcare is inefficient, it doesn't work, and the only way to improve it is through efficiency and by privatization. There's no evidence that points to that. There have been these kind of research papers that have been put out, that seem to be that the conclusion was already made before the research even began. Donald Gutstein really mentioned this in his book, Not a Conspiracy Theory, that these predetermined positions are already taken. No reputable peer-reviewed magazine would pick them up. So they created their own magazines to print their so-called research. They've brought on a lot of different politicians, like Ralph Klein, and Harris from Ontario, and Preston Manning. He's Preston Manning that's actually working on this kind of privatization through his Manning Ethic Institute for Democracy, and so forth. It's those kinds of people who, some of them were regarded as pillars of the community, who are really working to undermine public healthcare.

Q: And democracy.

TW: And democracy, right. I think really what's happening to healthcare, it's a wider issue of a lack of democracy in this province – the fact that people haven't been listened to, and so forth. Those are the kinds of issues that have been driving this agenda. They've come a long way and they've been quite successful. As I say, if you repeat a lie over and over, people come to believe it.

Q: It seems that they're winning the little battles and they're starting to win the war…. How is this not offending the Canada Health Act?

TW: Well it really is offending the Canada Health Act. Because in the Canada Health Act it clearly stipulates that access to medically necessary services should not be blocked by

your inability to pay. Yet that's happening. So I think it comes down to a will of government. If you have ideological people in the health departments overlooking that, they're just going to overlook it and let things just kind of glide over, which we find grievous. Just going back to those think tanks that put out this propaganda, we have to remember that they're extremely well funded. They have paid professional people, they have access to researchers who they can pay and so forth. So it is an uphill battle for us. But the fact is that we've been able to put a dent in it, to perhaps slow it down. I think it's quite clear now that this government is starting to kind of listen a little bit more to people. They've put the brakes on certain things. Now whether that continues or not, we don't know. But that's a reflection of public pressure. I think that people still can make a difference if they speak out. If you go back to Edmonton when they wanted to shut the Grey Nuns Hospital, there were thousands of people who came out to demonstrate. Consequently the Grey Nuns is still standing here. In Calgary, which seems to have a different point of view, when they were talking about blowing up the General, maybe 25 or 30 people showed up to protest that. So the community involvement is really critical. But I have to say that the community involvement is starting to grow here as people are starting to hit the wall and say, wait a minute, this isn't right. I'm getting calls from families of seniors asking Friends of Medicare to help, to intervene, to help them know what to do when their loved ones are really being ignored and their needs aren't being met in terms of elder care, that type of thing.

Q: How has Friends of Medicare been able to be successful?

TW: Well there's certainly a lot of passion about making sure that, and it's not about preserving healthcare – it's promoting and strengthening it. So it's that type of attitude that we've got working for us. And it's also public support. We're getting a lot of public support. People are saying, hey what can we do to help? And that type of thing. I think that that translates into putting pressure on government. We've been actually asking people to use the right line and call directly to the premier's office to ask to speak to him to express concerns. I think it's that type of thing that's starting to make a difference. The premier does realize now that he has to roll things back a little bit and begin to listen to people. Our work isn't done, it's just beginning. But it's the strong belief by so many people that this is a battle worth fighting for. We've come a long way and we've had to struggle for a long time to get public healthcare. But it's still the best deal in town in terms of payment and so forth. Can there be efficiencies made? Absolutely. There are great ideas out there, there are best practices around the world, there are best practices in Canada. They can be brought into it without costing that much more. When you mention that federal governments have intervened, there's one point that I would like to make, and that's with the PanAm Clinic in Winnipeg. The PanAm Clinic, Dr. Wayne Hilldale, actually broke out and privatized it. He was really flaunting in the nose of the federal government until about 1997. At that time the federal government actually contacted the Manitoba government and said, listen, we're gonna stop our transfer payments if you guys don't bring this in order. So eventually the Winnipeg Health Region actually bought PanAm Clinic and brought Dr. Wayne Hilldale into his fold. He has become one of the biggest proponents of public healthcare, and his clinic is doing extremely well. It's a teaching hospital and so forth. If he can do it, why can't we? That's an example where the

federal government actually showed a will and did something about it, and it turned out for the good. So it's not a private for-profit clinic, it's meeting the needs of people, it's bringing in students, it's created a partnership with a high school nearby, and so forth. It's flourishing. I would encourage anybody just to bring Dr. Hilldale in to speak about it. It's an incredible success story on how privatization actually was proven, it was actually undermined in favour of a better public healthcare approach.

Q: Privatization in one of the heads of the hydra. The other one has to do with the idea that somehow we're putting healthcare back into the community.

TW: Well it's not happening here.

Q: What's the state of community-based care and seniors' care?

TW: Number one, the community thing hasn't happened. They've centralized healthcare. It's been quarterbacked essentially out of Edmonton. So it's distanced itself with community needs. So how will Edmonton know what Strathmore needs, or Northwest Calgary and so forth? Yet when we look at what Ontario's done with community health centres, and community health centres by the way have been around since about 1945 or '46. They started in Swift Current, Saskatchewan. There's another one that started up in Sault Ste. Marie in Ontario back in '65. I have to say that during the H1N1, that community health centre is so well organized that the longest wait anybody had for an H1N1 shot was 15 minutes. Compared to 8 and 9 hours here, and people had to go back day after day to get their shots. So community health centres which have community boards are the way to go. It kind of focuses on health, not sickness. One that stands out in my mind is a phenomenal community health centre in Ottawa, called the Sandy Hills Community Centre. You need to Google it to see the amazing work these people do. The focus is to keep seniors at home, to provide them with supports, and so forth. Which leads me to what's happened in senior care here. We know that in Alberta there's about 800 seniors occupying hospital beds, where what they really need are long-term care beds. Essentially, hospital beds are costing taxpayers thousands of dollars a day versus long-term care beds which are hundreds of dollars a day. So why our government would break the promise of building 600 more long-term care beds across the province – it's astounding that they would actually promise it and then cancel it, and continue to have these seniors in hospitals rather than long-term care centers. That would alleviate some of the pressure in emergency wards. Imagine if all of a sudden 800 beds freed up in Alberta. That would actually take some of the waiting times and reduce them in emergency wards, and really free up those beds for people who really need them. Why the government wouldn't think long term and say, you know if we built these beds, we could actually do a lot of that and alleviate some of those pressures, it's beyond me. I would imagine it's purely ideology. They're not interested in it; they want to replace it with designated assisted living. Designated assisted living centres are way above what most seniors can afford. It's a business thing. As soon as you have profit in that, then your priority changes. So what we're saying is, let's look at the best practices. Some of the best practices that I've read about were in Denmark. The focus is not on economic efficiencies for seniors, and they're not warehoused in these buildings of hundreds of seniors in them. The focus

is on quality of life. These people, seniors there are flourishing. They're not waiting their last days, but they're actually living…[phone rings]
Denmark has a focus on quality of care for their seniors. I kid you not, the seniors are absolutely flourishing. They have smaller group homes for seniors, and so forth. The thing that stands out with them too is that when a senior turns 75 they have a visit from a geriatric nurse that says, how are you doing, what are some things you need? They go right into the house. So not only do they get to ask questions, but they also view how people are getting along. Does the house have lots of stairs? And so forth. Is it easily accessible to seniors in terms of going outside and going into the community and so forth? What they basically do is an evaluation. Their number one mandate is to keep people at home, because that's where people really want to be. People don't want to go into long-term care, but some have to because of the situation that they're in and so forth. But anyway, after this visit they might get people in there just to support them on a regular basis. They'll have perhaps weekly visits and so forth. But they then become part of this community that's been noted and they're looking after them in order to keep them in their homes. If they can't, they do find group homes. One thing that's so nice about the homes that they've been building in Denmark was that they might have a kitchen in the middle of the house and then bedrooms across, so that everybody has a window to the outside and so forth. They also have this philosophy that if you can hold a broom…
[clock chimes]
They have this wonderful philosophy that says if you can hold a broom you can sweep the floor. So what it does really is it gets the seniors engaged. They're involved in food preparation and things like that. If they want a wine at their meal, they don't mind it. It sure beats medication. What they're finding too is that the amount of medication that people there take is significantly less than here. In many cases here, seniors are very, very over-medicated. Some seniors are up to about 20 different pills per day, where one kind of medication starts altering the effectiveness of another, and that type of thing. And instead of giving people relaxants and sleeping pills they say, well you know what, there's nothing wrong with a glass of schnapps or a glass of wine. You're treating seniors as adults, not reverting back to childhood – well you can only drink in your room, that type of thing. The thing that's striking is that in Denmark the amount spent on GDP on long-term care is about 2.6% of GDP, whereas in Canada it's 1.2% of GDP. Sweden it's a little more, it's at 3.3. But the thing is that there's been such a drive on lowering taxes here. We have to say, hey you know what, we need to have another look at it. It's not a race to the bottom. Let's take a look at what's really fair. In Alberta in particular, we have the flat tax, which is taking away billions of dollars. The people at the high-end incomes are the beneficiaries, and it really puts the squeeze on the middle and lower income. So why not have a discussion and a return to a progressive tax in this province that's going to benefit everybody? There are a lot of different things. I think that economist Greg Flanagan was saying, we have such low taxes here, there is flexibility. We can meet people's needs in terms of long-term care and healthcare and a pharmaceutical strategy, that type of thing. The seniors have been targeted, especially with pharmaceutical strategy and long-term care. Now they have to pay really higher premiums that really they weren't expecting when they planned their retirement. They had the Blue Cross and all of a sudden it was altered. They're the only group too that have been almost scapegoated to be means-tested. They're going to have to pay premiums based on their income. Well nobody else is doing

that across this province. So those are kinds of concerns. Instead of honouring seniors for all their contributions and so forth, they're scapegoated and made to feel like a liability. As a matter of fact, one federal politician told me that outside of Alberta the feeling is that if you're a senior, don't move to Alberta. That's a terrible thing. Seniors feel really hurt. They've been sort of punished for being seniors. We feel that that's egregious.

Q: What does Friends of Medicare do to get the message out?

TW: I've been invited to speak to many different seniors' groups. I speak on issues of pharmaceutical, long-term care, and also their involvement. They need to be involved. Friends of Medicare isn't there to change things as much as to motivate people, to inform people. I've spoken to seniors' groups, to church groups, and so forth. Really I'm asking people to become engaged in a political process. We're encouraging people to contact their MLAs, to ask for public forums on issues of concern, and bring them to realize that we need to have more than 42% of people participating and voting. This is the lowest in Canada. When I look at PEI, it's in the 90s in terms of percentage of people coming out to vote. Instead of disengaging from that, become involved. We try to talk to young people too, because that seems to be the group that's sort of dropping out of the political process. Yet they're going to be the ones most affected. So I said, you know what, you guys are a large constituency, you can make a difference; you can ensure that you have a good life and you can ensure that your children will have a good life and your grandchildren and so forth, if you're out there. But you can't kind of eliminate yourself from the political process – we're all part of it. So we're trying to do those kinds of group engagements as well as public functions too. We hold meetings here to invite people to come and participate. We bring in different speakers and so forth. We do a lot of media work, interviews, and that type of thing. We've even had people coming in from England to do documentaries on healthcare in Alberta, where we've actually been involved. A few weeks back in August we had a debate with Ralph Klein on healthcare on the Christian Television Network. I don't think it's been shown, but it was about healthcare. So maintaining healthcare in the public and making people aware of the different things that are happening, then holding the government accountable.

Q: So Friends of Medicare is going to live to fight another day.

TW: Oh absolutely. We're not giving up on this. We feel really encouraged with the things that are happening now. We're hoping that eventually the federal government is going to become more involved as well. People are waking up to the issue that we have a problem. We've been working with people in other communities. We've been very supportive of people in Strathmore, who've been promised a 100-bed long-term care. As a matter of fact, the stakes were already in the ground there, and all of a sudden it was cancelled. There's a wonderful lady, she's a retired nurse, her name is Marian Peck. She has done an incredible work in that area, to the point where her MLA actually tiptoes around her. So she's been a real force there and we've been supporting her and sending material too. So this is where we're feeling really energized by the developments that have happened recently. We want to push forward on that and have our government understand that they need to listen to us and we want our input.

Q: What should Friends of Medicare be doing next?

TW: Actually one thing that I've been working on is trying to inform people on the merit of community health centres, to really realize the second phase of Medicare. The first phase was public funding and public delivery and so forth. But the other is to really develop ways of keeping Canadians healthy, through community health centres and integrating that into education and all kinds of things. That's a long-term thing, but if Medicare is going to survive and flourish, then people also need to be healthier, and really focus on that. For instance, an example is type II diabetes. To a large extent, type II diabetes is preventable, through exercise and proper nutrition and things like that. There's been a real push on junk food and all of this type of thing, and we really need to push on healthy foods. Healthy foods are great as well. Look what Jamie Oliver has done in England in terms of the high school lunch programs and so forth, and actually made that into something that has become a trademark in England. We need to focus on those things. That's going to take cooperation from different government departments and ministries and so forth, but it's really doable. Keeping people healthy and looking at exercise and those kinds of things, I think that should be, that's a passion of mine. As I learn more about it I get more excited. Also look at best practices around the world. The national pharmaceutical program in New Zealand, for instance. Why can't we adopt something like that? It's been phenomenal. If we can cut back the costs, if we do have a national pharmaceutical program, we could eliminate all advertising. That will be a savings, and the pharmaceutical companies can still make lots of money But I would also like the government to really tap into experts in the field as well. We have Dr. Tom Noseworthy doing phenomenal work at the University of Calgary. Professor Aiden Hollis, an economist, who works on, one of his specialties is pharmaceuticals. Engage those people rather than bringing in people from the private mystery. We all know what they're all headed for it, we know what their priorities are. But let's open it up, and may the best man win type of thing. Look at what's good for society.

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