

Trudy Richardson

TR: My name is Trudy Richardson. My first connection with the Friends of Medicare was in the early '80s. I was the staff supervisor at the Boyle Street Co-op. We were facing severe cuts to the social services budget federally. Is that the time of Brian Mulroney? It must have been in there somewhere. Anyway, they were also threatening to cut healthcare dollars. I started trying to figure out how the Boyle Street Co-op was going to be affected by cuts in these programs. We had a housing component and we also had the social services component, which did all kinds of different things, whatever people needed help doing. So we were interested in the housing budget of the federal government but also the whole question of the social services. Just before I started at the Boyle Street Co-op the people in the inner city had opened up the Boyle McCauley Health Clinic. The actual health needs of the inner city were being addressed, but as part of the urban core support network in the urban cities of Canada, we were really concerned that the Boyle McCauley Health Centre was going to start getting cut as well in their budget. It was kind of what's happening to the inner city in all this. I had heard that there was this Friends of Medicare group, but I didn't know where it had come from. I'd seen them on the ads. So I remember calling the Edmonton Social Planning Council and talking to Nancy Kotani and Hope Hunter. They were able, particularly Nancy, was able to fill me in on all of the legislation as it pertained through the Canada Assistance Program, which was the social services and post-secondary funding from the feds. Then the question of how federal funding came and funded what at that point looked like a provincial jurisdiction, how did the feds get into that? This was before the Canada Health Act, but there had been many federal acts that had backed up the provinces to provide, like even after the doctors' strike in Saskatchewan and all that. I don't think we ever would've had those services at the provincial level even in Saskatchewan if there hadn't been federal dollars coming back to the provinces for that. So I was trying to figure all that out and got a hold of Nancy and Hope, and we were able to do that. The other way that I was involved in this is I was on the National Action Committee for the Status of Women, and I was on their health committee. Again, we were looking at particularly the funding for women's health services and were all involved with the Morgentaler abortion clinics at that point. I was part of Abortion by Choice here. So those were all kind of parts of my interests. I hit a goldmine when I called the Edmonton Social Planning Council, because Nancy and Hope were really good. From that point of us all getting together to six months or a year later, suddenly we were the Friends of Medicare. I don't know how that transition happened except Nancy became the president. I'm not sure what was even there before. So Nancy was the president and Hope and I were her backers. We thought that was kind of us. There wasn't much else in the province, although they had contacts in Calgary, I remember that. I remember Ralph Klein in the papers announcing that the number one enemy of Alberta was the Friends of Medicare. We just looked at each other and went, what, us, how could we be a threat to anybody? We always joked that we could have the annual meeting at the kitchen table. That's kind of where it went for quite a while. I got all my questions answered about how the funding worked. Then the Canada Health Act came in so it kind of made things even clearer in terms of the federal funding.

Q: What did you find yourself doing in those early years, and were you aware of any support from the trade unions?

TR: I'm sure the Edmonton Social Planning Council had an answer that was, yes we knew this. Maybe Nancy had been assigned as part of her job, I don't know. I came in from my side of things and no, I wasn't aware that there was any trade union presence there. We were just struggling to keep up with the funding issues that were changing and the cuts that were coming. That's where we were standing. Then go ahead a year or something, and I was working for the United Nurses of Alberta; so I was working for the nurses' union, which now gave me another whole interest in healthcare.

Q: What year was that?

TR: 1984. I was the labour relations officer. My job wasn't at all the political side of it. But within a year and a half I was the educational director. They didn't call them directors – officers, educational officer. In that capacity I got to do education publication. So I was doing the publications for the nurses and was also teaching the workshops. That's when I started bringing in political content, because the nurses were at the forefront of, well it started with Peter Lougheed and then Don Getty and then Klein who came after the nurses every time they went on strike. We had the big fights. So I was teaching the nurses around history and becoming kind of enlivened myself by it. Then we had the beginning of the, well maybe they'd been doing it before, but it was the beginning for me of the fight against the privatization of healthcare. As much as the Canada Health Act may have cemented the reality of healthcare, and I feel like we've been 30 years fighting just to maintain the Canada Health Act, when in fact the battle should be over here to add in prescription drugs and dental and homecare. You want improvements. We've just been struggling in this province, others too, but I'm not aware of it as bad as here.

Q: What were you fighting against in those early years? What was the government trying to do?

TR: They did a number of things. One was they were, what was the first thing they did? Oh extra-billing, that was the one.

Q: What was it?

TR: The provincial government would provide a fee schedule and if an individual healthcare service wanted to increase the cost, then you'd be stuck with a user fee. Particularly it was focused on the use of emergency medicine. I don't know that the doctors themselves, they were still caught, the doctors have collective agreements, if you can call them that. They have their fee schedule spelled out, so I don't think they were adding to their costs. I think it was the fee to use the emergency room and the fee for this and the fee for that. It just started adding up. I remember that was part of the struggle at the Boyle Street Co-op as well, because our people just couldn't afford anything extra. That was even at the time when we were in a big battle with having the poor be able to

access services without having paid their premiums. Remember that battle? We went on with that. But we were also fighting against the premiums and against user fees. Then it's just like 30 years of one battle after another in terms of how inventive can they be to start handing their friends parts and pieces of the healthcare dollars.

Q: What sort of inventive things did they try?

TR: Well they talked about setting up the two-tier system. If you had the money you could go to the front of the line or if you had the money you could go to the rich hospital. They never said that, but the reality is, go look where those systems are in place and you find that the skilled doctors are over there where the rich go and the poor are lined up over here. They called it the two-tier system. Then they started shifting the structures around. When I first encountered the, at that time it was an odd thing. We had a minister of education. We didn't have a minister of schools; we didn't have a minister of anything, except we had a minister of hospitals. It seemed their focus was on the buildings, not on the people who were getting the care. Then they started shifting these buildings around, who was responsible. When I first started any of this activist stuff, at UNA we had one collective agreement for all of our hospital nurses across the province. We had another collective agreement for all our healthcare nurses across the province. Later we had one for most of our nursing homes. Then they got, I'm jumping ahead to the worst year of all for me, 1993, when they started reducing staff. That was another way that they were going to save money. In the background they're laying off skilled staff and trying to rev up bringing unskilled people into the whole healthcare field. For 30 years they've been shaving off one service after another. If you go into a hospital these days it is frightening how dirty the hospitals are, it's frightening how much things like MRSA and hospital-induced disease and infections are, that they can't even control. They took the workers who were trained and skilled at cleaning a hospital and they brought in cheaper ones that are cleaning office buildings downtown, who don't know anything. They just come in and dust around and they're not trained. It's not the workers' fault; it's that they're being asked to do something that they weren't ever trained for. You've got that and of course there's a whole fight against the unions because you take those workers out of the hospital, you've now gotten rid of AUPE workers or operating engineers or somebody. The same thing happened with the laundry services. It frightens me. Up here on Whyte Avenue, go and have a coffee and watch the truck pull up and go in and collect all the laundry from the hotel, then it goes down the street and collects it from the U of A. All the infections and everything get all mixed up into the hotel laundry. When you go into a hotel you don't know where that sheet's been before you met it. There's a serious problem, again to save money. Yet all our hospitals in the '80s were all built with these huge big laundry services. But again cheaper wages, get rid of the union workers, weaken the unions, and the services are very bad. We've had horror stories told about what people have found in the laundries. So that was another one. Then they tried to replace registered nurses with what they called licensed practical nurses, but what really they were talking about was nurses' aides. If you're an immigrant and you hardly speak English and you've hardly been here and you have no skills, come and work in the hospital and take care of our sick, because we're saying we don't need these skilled people. Again it's tearing away at what was the strongest union in the province, the nurses, and they were systematically... Three

thousand were laid off in 1993. It's funny that under Ron Liepert we had a deficit of 3,000 nurses on a Friday night, and by Monday morning we had a surplus. They just spin it differently, and then they started to freeze it. This is totally frightening. Those nurses are working huge overtime hours right now, and they're all in their 50s and 60s. There's a whole chunk that's going to be retiring very soon. Then who is going to? We're not even hiring; we haven't been up until this latest change of head. We're not hiring new grads. They're going elsewhere. It's like shades of 1993 again. A friend of mine here in this building was an LPN in Manitoba, went and got her RN, and graduated as an RN in 1993, and couldn't get a job anywhere in Canada. They were doing this elsewhere but particularly here. So she went to Texas and was on the Texarkana, the Texas-Arkansas border, and she was treated like royalty. They were given extra wages. She's back here now working in the Heart Institute at the U, and all her skills are all what she learned in Texas. It was Texas's gain and our big loss. A lot of those nurses haven't come back and they haven't brought those skills back with them.

Q: Do you remember the regionalization strategy of the Alberta government?

TR: Oh ya. When I first dealt with the minister of hospitals, as he was called then, it was one provincial, and I mean AUPE had the same thing, all the unions that worked, Health Sciences, we dealt with Alberta Health or whatever. We knew who the bargainers were, we knew there was a cycle. Everybody went through it. Then every once in a while you'd get this interference from the Leg saying, here's the new bright plan. You mentioned before Hotel de Health. That came before regionalization. This was their bid to advertise to other jurisdictions, particularly Americans, to come up and help pay for our health services, because they didn't want to pay for it out of the coffers of the provincial government. They had these crazy ideas. I can't remember the three hospitals. Hardisty was one of them. They were going to specialize in hip replacements. So if you came from California and needed a hip, you'd go to Hardisty and your recoupment would be that they would take you to Banff and Jasper. It was all part of a recuperative strategy, except nobody told the people in Hardisty their seniors, who were retired and living in the seniors' park, because almost all of our hospitals at that point had an extended care unit, were all going to get bumped out so that we could have the Americans come in. So there was a lot of local protest, huge amounts. Of course the Tories are very strongly embedded – their vote comes from the rural areas. They started getting really nasty letters from the rural areas, so they shut that plan down. But then they had versions of Hotel de Health after that, and we still have one at the old Holy Cross in Calgary. That's now been shaved off, a hospital that had millions of dollars of renovations just before they closed it, and it's now being run as a .. HRG. It's a private hospital. Then you have the shaving off of other services like the eye clinics. To go back with Nancy Kotani and Hope Hunter, one of the things that we became aware of really early was this tremendous fear on the part of all parties in opposition of trying to get the Canada Health Act opened up. That fear had to do with what happened during the time of Mulroney and the pharmacy, the drug patent legislation. So Ted Kennedy stands up in the Congress in the U.S. and says, I don't understand why we have to have all these expensive medications when in fact Canada sells the same medications and they sell it much cheaper. So then all the lobbyists for the pharmaceuticals come flying up to Ottawa to say, raise your prices folks. They didn't care

about us; they cared about protecting the American market. As part of their strategy, we had the greatest lobbying effort ever in Canadian history, to do the drug patent legislation. Of course we had Brian Mulroney doing that along with Michael Wilson and what was her name? A woman from... remember her name? Judy Arola was her name. She really fronted the whole drug patent legislation, which we're still suffering from. So then Kennedy stands up again in the Congress and says, why can't we have the Canada healthcare system, which is way better than ours and costs less? Now they're still trying to get it in the States but we're still getting hit hard and so are our politicians, to privatize. That's where a lot of the privatization push comes from, as well as of course insurance companies. So I remember the fear of the opposition parties – we do not want to open up the Canada Health Act, because they will all come in as vultures and we're not strong enough. We want to improve the Canada Health Act. However if we open it up, we may... the fear is that we're just fighting them all the time on stopping their next version of privatization.

Q: What ?? about the Canadian Health Act?

TR: The Canada Health Act basically, as far as I understand it, I mean there's the five principles and all that that you hear about all the time, but it says that any medical care done by a medical doctor in Canada is covered by the Canada Health Act and therefore is federally-funded, or is government-funded at all levels. The other one is says is, all treatments and therapies and whatever care that is done in hospitals, is covered. There was a time when all medical practices were either done by the doctor in his office, or her, in your house, or it was done in the hospital. So it was pretty easy, they'd covered all their bases. But that allowed something like the whole eye-care business that has been going on in Alberta rampant. You've got the Gimbel Eye Clinic, which is providing services not in a hospital. So hey, we don't have to pay for it, we can charge for it. The irony is the Gimbel doctors still get paid, because they're still under Canada Health Act, so they get paid according to the contract with the AMA; their fee schedule holds. But what the clinic then charges us is huge. It's another form of user fee. But now it's more and more possible. I saw an ad, where was I looking the other day, something about the Olympics. There's an ad in there: you want your MRI within three days? Come to us. So you can have MRI machines, they don't have to be in hospitals. But the reason that the health authorities have packed everything inside the hospitals is because it's covered by provincial funding or federal funding. As soon as you start lopping this stuff off, now our healthcare is all over the place, and that's where the serious inroads to Medicare have happened. I think that's where the privatization has gone rampant. Then on top of that, I don't know what this Gene Zwozdesky is doing, but he's doing hip replacements and knee replacements all over, it's not just in hospitals. So I worry about this one month or six weeks or whatever he's doing, because it's not clear to me that it isn't another form of privatization that'll just from here on after, you want to get a hip replaced, you go over there, don't go to the hospital.

Q: What message do you have for people looking at the Friends of Medicare history?

TR: The person that I look at when I think of what's going to happen to healthcare is Obama. He has tried so hard, and look what he's up against. If you wonder what the American lobby is like, between the Republicans and the insurance companies, he's getting the hell beat out of him. To the point where last night I heard a Republican from Virginia saying, how can he pass an act which the American people have turned down? Well when did they turn it down? Hello. So if you look south you begin to see where our guys are getting their cues from. It seems to me that they're smart enough, Gene Zwozdesky is a whole lot better than Liepert, at least in the PR of it. But it just seems to me that forever and a day they're fighting Tommy Douglas. It's the same fight that went on there of people. Healthcare should be part of the common, it should be part of how we take care of each other. Libraries belong in the common, education belongs in the common. Skiing doesn't. If you want to go pay and get ahead of the line to get down the mountain, go ski. We don't care about that. But we haven't as a country had an intelligent debate about Medicare and why... I just think we're all in our trenches fighting the same battles over and over and over again. The federal government has tested the waters so often. What would happen if we axed Medicare? What would happen if we changed the Canada Health Act? What would happen, what would happen? The message always comes through, oh Canadians, this is the hill to die for. But under Harper, we were also the peacekeepers in the world. We were the people who didn't torture, we were the people whose CIDA monies went to the needy people. They didn't have to be pro-Israeli before they got money. All these things that are happening under Harper have changed the character of... even on the podium stuff, that's not Canadian. As if we could, like... I don't think we can just say Medicare is dear to the hearts of Canadians, because I think these people are looking to change that. They've been successful in a number... because we're all so busy watching television and doing all this other stuff, we're not keeping our eye on... we don't even have a parliament. Why are we all celebrating in Vancouver when we have no parliament? Isn't that what dictators do? Isn't that the first thing that a dictator does, is close down the... so I think we have to, somehow this whole question of Medicare and being part... we need a debate, a really good federal debate on the thing. Roy Romanow did at the intellectual level and the... We all thought that when Romanow brought down his report, my God that's what we've all been saying. It's even better than we thought; it's wonderful. Then it just kind of drifted out there. There isn't the public behind it pushing. I guess the ones that unfortunately to me have the power is again in the States. If you look at that Tea Party group, they've really organized. Don't tell me that's just a bunch of people that woke up one morning and decided to go march somewhere. But we've lost the whole protest movement; we've lost... So a lot of us have been hanging around the fence of Medicare for 30 years and have been fighting these battles one after another, and God knows we've only ? a few of them, like the pots and pans down at the legislature.

Q: What memories do you have about that?

TR: My role was to try and get nurses out to it. I wasn't in the forefront of the organizing of it. My job was to make sure the nurses believed in it. We can't even get nurses out to their own rallies with any belief anymore. Well I shouldn't say. I'm not working there now, but I don't see it.

Q: Did the nurses get out for that one?

TR: Ya, they did. But we haven't had political activism going. I don't know if it's just the whole bunch of us are getting old, but the forces out there haven't changed. They're just restructuring and they're coming at us again. So there's this huge effort to privatize. I don't think the big American insurance companies see us as, they're so busy defending what they've got down there, I don't think we're like a big account that they want. But I think it's the principle. If you're a Tory in Alberta or a Reform at the federal level, you have this principle that Medicare is bad and you're going to get rid of it.

Q: The Friends of Medicare was created by the trade union movement in 1979. In your recollection, do you recall trade unions being very active at all?

TR: I think we've been more or less successful, depending on which battle we're fighting on a given day. I'm not comfortable saying the unions in general, because there are a whole bunch of unions I've never dealt with so I don't know about them. But I know at the federal level, there's this core of unions that are there and they're always there and they fight the battle. It's the same thing in Edmonton. How many protests you go to, you see all your friends you saw at the last protest. But in my mind, where we've slipped and lost is we haven't been bringing new people in. It's time for another generation to fight the battle. I don't know this as clearly in healthcare as I do in the women's movement. If you go talk to young women on campus, they will tell you that they're equal. Equality is theirs. They're not feminists; they're living an equal life. You start asking them, do you know you're going to make less money? Do you know that the women here at the Law School are not going to get, the top women with top marks at the Law School are not going to get articling positions before the bottom of the guys with the poorest marks are going to get in there first? Do you know what it's like out there? No, no, no, I'm equal, me and my friends. It is astounding to me that the women's movement that was so strong 25 and 30 years ago has nothing. You never hear of it; it's gone.

Q: The women's movement was part of the constellation of groups that protected Medicare.

TR: That's right. The Council of Canadians, and they're good unions, effective unions, that take on this activist thing, and they rise to the occasion when it happens. But we've got to get another whole generation of people who will do what I think Obama was able to do or his people were, which is mobilize them through different techniques. You and I are of a school; maybe it's not marching anywhere, maybe it's not a protest sign, maybe it's not a strike. Well if it's not, then with the new social media and all of that, how do we use that? How do we use that to get people to defend things like Medicare and all the other things that belong in the common that we fight for?

Q: So what's the message you'd give to people on the 30th anniversary of the Friends of Medicare?

TR: Bring in the next two generations. However they see themselves coming in. I think we have to stand back and give up the things. We're never going to have the youth parading downtown in the kind of protests that trade unions love to remember in their history. But maybe they can set fire to things in a way that we never did, we couldn't, we didn't know. I don't see it as hopeless, I don't at all. But I think the truth is that we have to make sure that that, I don't want to say torch, because I have a problem with the torch thing, but that the struggle is handed over in a way that we don't lose it. That we step back before they step forward, or whatever. There's got to be a... I don't know how we do that. It's a puzzle to me.

Q: Where is this government going to hit us next in the fight to defend Medicare?

TR: I never thought they would be so brilliant as to take away premiums. We told them that premiums are a user fee and we're against them; we don't want them. Then all of a sudden without us every saying anything again for 10 years, they cancelled the premiums. Then they turned around and did a bunch of other cancellations, and you've got Albertans saying, well let's put the premiums back. As long as the premiums were there, like the seniors' drug plan and the other things that that horrible Liepert did, like Alberta Hospital. He was just racing around there cutting, cutting, cutting. People said, well they don't have the money from the premiums so they have to do these cuts. It was brilliant. It was a brilliant act, and we missed it, at least I did, until it happened and I went, ooh. What are they going to do next? They're going to continue this shaving off of services, so the hospitals are... But I'm puzzled by why they're building this big clinic at Alberta Hospital. It's attached, it's on the property, it's attached. The Misericordia the same thing. Why are they pumping money into these hospitals when their plan is to shave off services? The other thing they're doing now, which many people do not understand, is when they talk about opening up surgical beds. One of the reasons that they cannot do more surgeries in the hospitals is our ORs, which we paid for and maintain with staff and everything; those are rented out to cosmetic surgeons. A lot of cosmetic surgeons are using them, so we can't enlarge the services because we've got contracts with these guys. We have the capacity, but we've rented it out. So there are a lot of those inner things that are going on. Actually, it's not just services have to be done in the hospital. Now they're bringing in services that are generating money but they're cutting out services to the general public. So you may be in a bed in that hospital, but you're not getting into the OR because it's got somebody in there having cosmetic surgery. I don't know.

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