

David Eggen

DE: My name is David Eggen. I'm the executive director for Friends of Medicare here in the province of Alberta.

Q: What history are you aware of?

DE: My relationship with Friends of Medicare really started in June of 2008. This is approaching my second year as the director of Friends of Medicare here in the province of Alberta. I guess my tenure up to this point has been a very busy time for the organization. Friends of Medicare has been around since the end of 1979. Its activities and membership kind of ebb and flow in relation to what is happening in the legislature and specific activities and laws and legislation that might come up. June 2008 represents the beginning of a dramatic increase in activity. It's interesting, because the provincial government was elected, this legislature, in March 2008. They specifically didn't mention anything about healthcare reform. In fact, Ed Stelmach made a point during the election of saying that the Third Way is DOA, the Third Way referring to the attempt by the previous administration, Ralph Klein, to make quite extensive changes to how healthcare was delivered and to narrow the scope of public health and to encourage more private delivery of public health services. For Ralph Klein to say, sorry, for Ed Stelmach to say that emphatically and repeatedly in the March 2008 election was significant. They knew that health has always been a dangerous electrified third rail for politics in any part of the country, specifically Alberta. He wanted to somehow mitigate that in the election. They also threw in as an election promise, which was fulfilled, to eliminate healthcare premiums, which I found very interesting. It was of course quite well received and popular, and probably contributed to their reelection in March 2008. When I got involved of course the landscape had changed on healthcare. It was interesting how quick they shifted, with such a massive majority that they won in March 2008, back to healthcare straight away. The signals were obvious, the first and foremost one being the appointment of Ron Liepert as the Minister of Health in the new cabinet. Immediately people were suspicious and concerned about this, because Mr. Liepert's history with the healthcare file went back considerably. He's been under the dome in various positions for most of his working life. Under Lougheed and Getty he was part of a team that was building a private healthcare alternative file that we saw manifest itself in various ways, the most prominent being the Mazankowski Report which had come out. Mr. Liepert was part of the development of that report, which called for the delisting of certain health services, for co-payment, the provision of private insurance in the health economy, and pharmacy reform as well. So here is Mr. Liepert now in March 2008 making noises that everything is on the table straight away. He made no, he fired several quite loud and clear shots across the bow for the public to say, we're going to reevaluate everything. The health regions will be scrutinized and perhaps collapsed, and so forth. By the time I entered the scene and took the job in June 2009, already people were pretty upset. The nine regional health authorities that governed and delivered healthcare in the province were collapsed into one single super board, as it was coined. It was chaos, administrative and managerial

chaos, that I sort of entered the scene onto. Again, Mr. Liepert was very aggressive in demonstrating that he was willing to delist services, to introduce private insurance, to play real hardball with hospitals, and amalgamate and close some services in the rural areas especially. So it was interesting. I think it's a tribute to the power and the past success of Friends of Medicare that Mr. Liepert called me almost immediately within a week of my appointment to Friends of Medicare and said, 'let's meet. We can meet here, we can meet there, it's up to you, but it's important that we do so straight away.' So I was happy to do so. I knew him from before, I knew him from the legislature, from education. So within about a week into June or two weeks into June we had a meeting in his office. Mr. Liepert is not known for his diplomacy. He's a politician and so I think he was hoping, through our relationship in the past, that he could co-opt and somehow smooth the edges of how Friends of Medicare might interact with his plans. But very quickly he turned. The conversation that we had set the tone for up until today. What he told me in a nutshell first and foremost was that this is a question between free enterprise and your view of socialized medicine and your view of public delivery of medicine. He said, one of us is going to win and one of us will prevail, quite frankly. We laughed and shook hands but it was a very clear threat of what kind of game he was going to play, which was hardball obviously. I don't take pleasure in other people's misfortune necessarily, but when I saw this now a year and a half later when Mr. Liepert was removed from the Minister of Health position, I reflected back on that meeting we had a year and a half before, and found some satisfaction certainly. He said it was basically me or him. Well the government hasn't really changed its tune in terms of the me-and-him scenario. He's gone and I'm still here, so it's interesting.

Q: Do you recall some of your earlier experiences with Friends of Medicare?

DE: Sure. I wasn't a particularly political person back in the Bill 11 days. I was raising my young family and teaching and playing music and what have you. But one of the things that kind of galvanized the importance of political engagement in my mind was the Bill 11 protests that took place in the spring of, was it 2000? Just watching the spontaneous reaction to the government's yet another attempt to change the law in terms of healthcare delivery in this province, and it was quite a far reaching piece of legislation. Now I know, with it being my job. They were again trying to impose legislation that would allow for the delisting of services, for private insurance, and what have you. Just to watch people react to that and spontaneously start demonstrating at the legislature during the debates for Bill 11, I just found remarkable. I just couldn't help myself from going down there night after night in early spring, and participating. That's the first contact I had with Friends of Medicare. One of the culminating moments of that particular campaign took place at the Agricom in Edmonton Northlands. I went to that protest and was very impressed with the capacity of a non-profit society to organize and make something like that happen. It had a direct impact on the government's choice about healthcare and privatization, and it was very empowering. I didn't know so much about the details, but it's something that's remained in the back of my mind as a kernel of understanding of what real politics are. Who's to know that 10 years later I would be here doing this? I'm just grateful. It helped me to choose to enter politics, quite frankly, and it was going to be the big battle when I was first elected in 2004, that we would fight

another battle, the Third Way, as they chose to call it. Again, the Friends of Medicare has just been a recurring theme and thread through my whole activist and political life, and it will continue to be so in the future.

Q: How did the Third Way occur?

DE: The Third Way, as it came to be known, was very interesting. It's as though the government has this stock file of privatization that they pull out every three or four years, trying a different angle each time. The 2004 and 2005 version was more of a phony war, I kind of characterized it, than an actual battle. They didn't bring out legislation as such, but rather sent out feelers to see, to gauge the level of popular discontent and pushback. Again, Friends of Medicare was there straight away to organize people. Each time that Friends of Medicare engaged in this, I think we find that the public has been educated on these issues to another level. Again, the public's ability to retain certain key definitions of private healthcare and to know some of the tricks the government brings forward is remarkable and again a testament to how effectively Friends of Medicare penetrated the population and still does today. It's amazing. So in the 2004 version, Mr. Klein and his cronies wanted to float different pieces out there. Friends of Medicare was very clever in hitting back with quite a good conference they had in Calgary, bringing in some of the world leaders in public health economics and delivery and what have you. I went to that conference as an MLA. You could see that some of the dissenters or some of the people who weren't so confident about privatization used it as an excuse to push it back into Ralph Klein's face. Iris Evans, the health minister at the time, went to the conference and actually kind of reiterated back the information that Friends of Medicare had presented to the public and to the conference people, saying that private healthcare is more expensive, it's less efficient, it's less transparent, and ultimately it's the wrong way for most modern industrial economies. So there's Iris Evans paraphrasing those very things that came out of the Friends of Medicare conference, that led directly to the termination of the Third Way. I was at a Friends of Medicare meeting in Hinton, organized by a local group there, on the day that the government backed off on the Third Way. It was again just one of those moments when you know a combination of thousands of people speaking out and clever management of that voice and that force by Friends of Medicare that led to the government taking the Third Way off the table.

Q: What was this Third Way venture all about?

DE: The 2004-2005 version was floated out by independent consulting groups that made reports. They were paid exorbitant amounts of money to do half-baked consultancy work. You hire groups with a specific point in mind. I think in 2004 it was Aeon that they used as this group that built this report that said you must sell off these things to be more efficient, and competition in healthcare between private delivery and public delivery is healthy, these sort of hogwash market force analyses that you see trotted out here in 2010 again, this idea that private healthcare will help public healthcare and everybody will be healthy for it. They usually have at least a three or four pronged approach that they use. They'll have a couple of half-baked reports that come out. They will specifically starve out some sectors of healthcare delivery to apply pressure onto the public, creating

these bottlenecks in emergencies for certain surgeries. It creates popular unrest. They will encourage private clinics to pick up contracts so that you can apply that to the fire that you just created yourself. It's almost like orchestrating a coup in a way. It's manipulating the public interest in order to create your little disaster. It's almost like a small version of that Naomi Klein idea. You manufacture the disaster and through the disaster you bring your political privatization plans to the front. The thing is, since I've taken charge of Friends of Medicare, I've noticed how educated people are about those key things. So when you talk about choice, in healthcare for example, Albertans don't just say, okay it sounds good to me. They know that that's a code word for more private delivery and more money out of their pocket. Some people get to choose it and some people get to choose nothing, because they end up with less. So again it's a testament to the work that Friends of Medicare has done over the last 30 years. Albertans, their antennae go up, and they know when they're being fed baloney. Part of my job is to sit on the board of directors of the Canadian Health Coalition, western rep. Any time I meet in Ottawa with my counterparts – Ontario Health Coalition, BC Health Coalition, Saskatchewan Friends of Medicare – the first thing they do is tease us for being the Texas of the north. The second thing is that they sing the praises of Alberta for being the leader in resistance against privatization in the whole country. So while we might have more rightwing politics on one hand, it also builds up that counterbalance, which is better educated activists who know what the fight is and have had more successes than any other province in the country.

Q: It seems like the Conservatives have made some ground in the last while.

DE: Yes, I think they have. You take your victories where you can. I think that that's important too. Quite frankly, I didn't expect the government to make such dramatic changes like they have just in the last six weeks since the beginning of 2010. I joked with, and it's quite a sad memory now, but before I left on holidays one of my best reporter contacts was Michelle Lang in Calgary, who was killed in Afghanistan. We were both leaving on our respective journeys over Xmas. I teased her about going to Afghanistan being a much shorter end of the stick, for one thing. But I also made a bet with her that Ron Liepert will be gone by the time we come back. She said oh, reporter style of course, how do you know and where did you get that information? But we were both skeptical. But in January it was like a house of cards coming down, quite frankly. Ron Liepert was removed as the health minister and the budget that came down a couple of weeks later included at least \$2 billion more than what we would expect for the healthcare in 2010. It was just amazing. You could see the erase marks on the budget pretty much. The Conservatives had some defectors in December and they swore up and down that that wasn't the budget that they saw from November and December. They swung that ship around and they're still trying to swing it around even here today. They haven't changed their goals or their intentions, but they certainly changed their tactics. Again, a number of factors contributed to that, but first and foremost it was the popular outcry that came from thousands and thousands of Albertans. Again, Friends of Medicare is pretty important, that we're there when these things need to be addressed. When it's happening, Friends of Medicare is a rapid reaction force that can sometimes effect change. It was the thousands of voices that helped to make that happen. The government

even acknowledged it a little bit. They said, this was the first thing on people's minds. We just drove them crazy. I was an MLA, I know what it would feel like to have 700 angry people arrive at your constituency office, like we organized in Fort Saskatchewan in the fall. I was optimistic that it would be a good protest but I had no idea how big it would be and how much anger was there and how much local participation there would be.

Q: What were people protesting specifically when they gathered there?

DE: They were responding to specific concerns they had about healthcare in their area, cutbacks that they could feel from anecdotal evidence or when they had to get themselves or a loved one access to healthcare and it was compromised somehow. The service wasn't as good as it should be. People from the south of that Fort Saskatchewan protest were concerned about how many times they were promised a hospital, like Sherwood Park. If you go to the site where the Sherwood Park Hospital was meant to be, you can find at least half a dozen little cornerstones that were probably ceremonially put up there every time they announced they were going to build a hospital. That's all there is, is little lumps of cornerstones there. Lots of those people came. But the overriding concern was the sort of dark cloud that hung over healthcare. The government was up to something; we knew that they were up to something, and people didn't like what they saw. Mr. Liepert, which had the diplomacy of Fred Flintstone, went as far as to say very specifically, he said part of the reason we've failed in our attempts to change healthcare in the past is that we revealed our hand too much, we showed our cards too much and too soon, and we're not doing that this time. Again, Albertans responded with, for lack of a better term, screw you. You can't deal with us like that. This is our money, it's our public health system. Sure you're elected with your big majority, but if you're going to manipulate us like that, we'll push back. That's what you saw. We helped to facilitate the focus of that anger onto those constituency offices. But it was just there, like shooting fish in a barrel. Sure we organized it, but it wasn't hard to do. We aimed specifically at the premier. There were at least 600 or 700 people there. It was an excellent protest. But we also went to the health minister's office that same summer. We also went to the parliamentary assistant for health's office that same year as well. Same tactic, same idea, and it just drove them crazy. You put some credit where credit is due, and I think the people of Alberta, they keep these people in line. We know that we're far from changing their plans but this game has everything to do with timing. When I took this job I distilled a very specific plan of action, and that is to try to affect or change bad policy, health policy that comes from the government, or if that's not possible, make them wear that bad policy and take the blame for that bad policy. We've been very successful with that so far. The second part of it is temporal. You make them wear bad policy or change bad policy, and you stall bad policy too. You can only execute that kind of thing over the course of an electoral cycle in certain key spots. You can't bring in odious health policy towards the end of a term of your tenure before facing another election. So there's a time limit by which the government can do this, so the third force that I play is to stall them out so they run out of time. The cycle will continue, but we've saved the health system for another day.

Q: What was the concern over regionalization? Also, the way the \$2 billion was dispensed appears to play into their hands.

DE: We count it as a success that, while the budget overall this last month made quite significant cuts in areas, healthcare ended up with a 16% increase in the budget. First and foremost we know and it's true that they needed to pay some of those outstanding bills that Alberta Health Services was carrying. You just couldn't allow the accumulated deficit of \$1.3 billion to be carried around like a lead weight to this new Alberta super board. So of course they had to put money in, it's like an overdue bill. You pay it and fair enough. The second part of it was they have the sustainability fund. We are one of the wealthiest jurisdictions in North America. We have money to pay for these things and they had the money in the bank. They said, okay we have healthcare concerns, write a cheque. It's a time-honoured tradition in Alberta to buy your way out of trouble and hope for the best. Then of course the whole rationalization or the whole idea behind privatization and private delivery is just to create industry for private business. So it's not to save money, it's not to increase efficiencies or improve health outcomes. It's to create business opportunities for people. You can make so much money from healthcare business, it's a great business to get into. People always need healthcare. If you're getting your cheques from the public purse, then it's just even better. You can't miss. So they've taken \$2 billion more from the public purse, hard earned money, very difficult to get for public services, and they've started the distribution process to private contractors to provide healthcare. This is the next field of battle.

Q: What kind of private healthcare?

DE: First and foremost it's in seniors' care, it's private delivery of seniors' healthcare. This has been the vanguard of privatization in this province for a number of years, and it just continues on. You organize a private healthcare seniors' corporation and you sign favourable contracts with the government to provide seniors' healthcare, and the government will give you money for buildings, they will give you interest free loans to get started, they will pay for this and that. These private corporations are insidious. They are moving in on a growth industry, an essential service. They know once they're in, they're in. It's an essential service. People like age care and extended care have been getting these private plum contracts for a long time. That money, that's where the extra money goes. Again this thing we've seen recently, which is interesting, using militaristic language for healthcare, the surge that they are in the middle of to reduce wait times for knee and hip replacements and for cataract surgery. They said until March 31st we're going to have a surge that will defeat these insidious health problems. An incredible leap of metaphorical logic, again creating a circumstance by which you can give that hard-earned public money to private contractors who are set up in Calgary to do knee and hip replacements and cataract surgeries. Of the 3,000 or 4,000 surgeries that they hope to do more of here by the end of March, the lion's share goes to Calgary because the whole scheme, the surge, was set up tailor-made for the benefit of these private contracts. The question of course, nothing's changed in 30 years. The questions that we must ask is number one, do we get more bang for our buck? Is it more efficient to contract out these services? Do we get more surgeries? Is it cheaper or better? The answer to all those questions is no, they're not. They're more expensive; we don't know what they're doing as much; it's less transparent. You lose control of that service probably in perpetuity to a

private operator. So it's as though you create, when you're backstopping and writing cheques and the policy, you can manipulate things to suit your needs. So the surge creates more opportunity for private contractors that are set up to meet that demand. If by the way those contracts are more expensive and less transparent, perhaps with less desirable health outcomes, then that's too bad according to the government. It's again playing games with health. We have to remind ourselves that, number one, it's our money and number two, you could be compromising health outcomes at any time by playing politics with health. Again Friends of Medicare shining a light on those things has at least provided some counterbalance over the years. Now more than ever we need to be there, to be strong, for sure. So the regionalization is very interesting. I prefer to talk about how they manage healthcare and how they choose to make that where the revolution takes place and where the constant chaos and confusion takes place in healthcare. It's less that you allow regions more autonomy and then they can have more public private health, or whatever. But more it's the process of change and upheaval that creates the circumstances that they want. Now we had the nine health regions collapsed into one central system. In the months of chaos that came from that change, very poorly thought out and arbitrary change, you have opportunity to cut services, to delist services, to close hospitals, and to change policy. And to get rid of people who might be standing in the way. If there's one chilling and overriding thing that the public don't know about the collapse into the super board, it's that literally dozens and dozens of good public health advocates working in the system were systematically hunted down and dismissed, and replaced by people who are willing to tow the government line on private business-oriented health systems. Again, for Friends of Medicare, our contacts and on our close work with healthcare professionals on the ground helps us to shine a light on these things. The game's still on with these kinds of purges that they took in the Alberta Health Services. The public needs to know about these things, how the government plays politics with efficient health delivery in this province.

Q: What does Friends of Medicare look like today?

DE: Friends of Medicare is looking very healthy today. We've increased our membership considerably due to this latest war that we fought, here again using the military metaphor. But people saw the value of Friends of Medicare and we increased our membership by at least threefold over the last year and a half, which is considerable, 300%. As well, we've built new chapters around the province. The system or the actual Friends of Medicare structure is still very much how it always has been. It's a board of directors, but it's a very active board of directors. It meets every month and makes significant contribution to policy and direction with those monthly meetings. We don't just rubber stamp things at all. In the spirit of that kind of activist society, I think has never been better than in the organization today. I value that. I'm an organizer but I'm not a health expert. I'm the executive but I'm not living in all regions at once. Those directors and chapters help a lot to make things happen. The other thing I've seen with Friends of Medicare over the last few months is that we've really opened up to affiliate with a wide range of groups. It really helps to diversify the message. We know that Friends of Medicare has had a huge target painted on it over the last two years. The health minister was raving on in the legislature about the enemies of Medicare, and very personal attacks on me and the

organization, which is a tribute to our success of course. But it also made me realize how important it is to diversify the voice of public healthcare advocacy in the province. We've made affiliations with a whole wide range of other groups that are not chapters, as such. For example, the Whitemud Constituency Association, a fine, spontaneous organization that we'll just help out and help them to organize meetings and whatever. We saw what happened, they managed to bring more than 500 people to a meeting in Whitemud with the education minister, who is the MLA for that area, frightened to a lighter shade of pale by the angry voices of 500 people. We organized the South Peace Health Coalition, which did become a chapter. It was this group that includes mayors from Spirit River, McLellan, Fairview, Beaverlodge – just these spontaneous organizations that had been talking about health, and we will support. So it's an interesting evolution. Fort McMurray, as well. We don't have a chapter there, but it turned into a high drama when we helped to support the Friends for McMurray, Friends of Long Term Care there. Mr. Boutilier, the MLA, got involved and lost his job as a result. Again, just remarkable drama taking place here with public healthcare over the last year. Friends of Medicare, we've been in there pretty close with most of these events.

Q: What's the future of healthcare?

DE: We know that from when any version of Medicare was created in this country 50 or 60 or 70 years ago even, with some of these small local subscriptions that farmers put in to build a hospital in rural Alberta, 60 or 70 years ago, to today, there's always been strong opposition. The money involved in private healthcare is amazing. It's like El Dorado for pharmacy companies, private insurance companies, health providers constantly knocking at the door and hitting against a single payer insurance system that we have here, not just in Alberta but across the country. We have to resign ourselves to the fact that we will always have those groups looking for ways to increase their share of the healthcare delivery system in this province. It's not so bad, really. People will say, oh here we got again, and it's like one fight too many, and it's like let's give up. I prefer to frame it like this is the most valuable public resource that we own together. It's a remarkable thing that's been handed down to us now for more than one generation. It increases the value and the quality of our life like no other public service. So it's a great thing to fight for. It's a way for us to remind ourselves about the value of the things we own together in general. Alberta and Albertans need a strong lesson on those things that we own together, and healthcare is just the best way to teach that. It's not just a battle for our public health system so we don't have to pay when we go see the doctor, it's a battle for the hearts and minds of our population in terms of democracy too. Healthcare has woven itself not just into an essential service, public healthcare, but it's become part of the value of who we are as Albertans. The sense of compassion that underlies the delivery of public healthcare is a value that people know. It makes the world turn around in our communities. When we talk about Olympic pride or whatever, it's nothing compared to the value that we place on healthcare. Just to remind people of that alone makes Friends of Medicare worthwhile.

Q: Is there anything else you'd like to say?

DE: I can talk about lots of things. I didn't tell as many stories as I should've – it was more about policy.

Q: Where do you see the organization going?

DE: I guess I forgot to talk about that. So where do we go from here? It's important for us to move in the next few months, weeks and months, from our “wrong way” type of campaign to redefining and reminding people that there is a better way. We had the “wrong way,” it was very successful, and the government wear that, the fact that they did go for the wrong way for the last year and a half. If they're so interested in investing in public healthcare now, what the heck just happened over the last two years? Why were they so emphatic about cutting this, and saying the nursing shortage was over, and cutting beds, and helicopter pads, and bringing in hired guns from Australia. What madness did we just live through, if they now want to reinvest like they say they do? People can smell something that's not sincere from a mile away in Alberta. That's something we're good at. It's important for us now to be offering what we can do to make our health system better, to make it stronger, to expand it and to work off the natural strengths that a public healthcare system affords us. To work towards that sense of the stage 2 public healthcare that has been avoided for the last 30 years, the idea of investing in preventative healthcare, creating greater interaction and interface between the public and healthcare professionals. We've gone back five steps in the last 20 years. People don't go to the doctor as much anymore, people don't have a doctor anymore. The hospital is a place to avoid rather than to look for a health professional. We're on that knife's edge where the health of the public, so far as you can measure it, is going to start going back if we don't move to that stage 2 preventative healthcare of public clinics, of a pharmacare plan that gets costs under control. And again, expanding public healthcare to counteract the insidious creeping of privatized healthcare that we know is always going to be there.

[ END ]