

Christine Burdett

CB: ... around 1996. At that time there was, oh I can't remember her first name, Liz Reid. I'm getting old, you see. Liz Reid and Frank Reaume were mostly the most active people, and Frank Manzana, who was the treasurer at the time. The organization was really quite decimated and it was rebuilt from that time. I started off as being secretary, and I was the provincial chair of Friends of Medicare for about five years from '99 to 2004 ish.

Q: What was the organization doing at that time and how was it doing it?

CB: How was it doing it? It was doing it quite well in spite of the fact that there weren't too many people involved at the time. Basically Liz Reid was the contact person. She was very active in the media. But she was beginning to get a little burnt out, I think. The organization had been, it comes and goes as the needs arises. Friends of Medicare 30 years ago was quite active, because it needed to be. Then it would die down. It just happened that it was coming back to the forefront at the time that I became involved. I became involved because I lived in Leduc and I worked with the MLA there. At the time Hotel de Health wanted the Leduc Hospital. I went to a meeting with my boss one evening and ended up being chair of the Friends of the Leduc Hospital, which had not existed until then. So that's how I became involved with Friends of Medicare and the Alberta Federation of Labour and the United Nurses of Alberta and Health Sciences. They all came to our rescue and became very heavily involved in that fight against privatization locally in Leduc.

Q: Explain a bit more about what was happening.

CB: Hotel de Health was probably the first and the worst of the privatization efforts in Alberta. It was a group of people who later turned out to be less than sterling characters who wanted to lease two unused floors of the Leduc Hospital and use them to do hip and knee replacement surgeries for patients that they would bring in from outside the country, who would have their surgery and then go on to have vacations in the Rockies. It didn't seem to occur to them that after you had a knee replacement or a hip replacement, you're not really into visiting the mountains. But that was their idea. They also looked at the Islay Hospital too. They ended up actually building a facility somewhere in the southern Atlantic on some island, where they did vacations for people who needed kidney dialysis. I don't know if they're still going or not. But it was, as I said, a not very salubrious operation. The person in charge happened to be married to a doctor who worked I think at the Grey Nuns. Between them they came up with this plan and brought a few other people onboard. The Leduc Hospital at the time was under the hospital board out of Wetaskiwin. It wasn't a part of the Capital Health Board – Crossroads Regional Health Authority. The Crossroads Regional Health Authority thought this was a great plan. Nobody knows why they thought it was a great plan. But they also thought it was a great plan to have one of their doctors tell other doctors in the region to flower up diagnoses so

the patients could be transferred into the city. They had some very odd ideas on how to save money. They were the first hospital board I believe that was wrapped up when the amalgamation took place, and probably the cause of the amalgamation, essentially, because there was just disaster after another with them. So it was an interesting time. As I said, I went to a meeting a nice quite person, and unfortunately I was too quiet to say no when they said, would you do this?

Q: What was the provincial government doing at this time?

CB: At the time, they weren't doing anything. They were just standing back to watch what would happen. It was shortly after, though, that Mr. Klein decided it would be a good idea to have private healthcare in the province. That was just before Bill 37 was introduced, which was the first of his legislative attempts to open up public healthcare to private for-profit corporations.

Q: How was he proposing to do that?

CB: I'm a little hazy on the Bill 37 legislation. It almost immediately disappeared to be replaced by Bill 11. But his main idea at the time was that there was no reason why we couldn't have private facilities working under the public system. I think that remained his major idea right through his tenure as premier--that it was nice to have publicly funded healthcare but there's no reason why it should be publicly provided. In spite of all the evidence to the contrary, we never were able to convince him or anyone in his caucus, or at least no one who would admit it, that for-profit healthcare was more expensive, provided less, cost more, and was much less efficient than a publicly funded, publicly administered and publicly provided system.

Q: How did you answer him?

CB: Oh, there were millions of answers. There were reams of information on why it does hurt to have a private facility working side by side with a public system. First of all, there is the additional cost for infrastructure. If we are building public facilities and we are not utilizing them fully and are then going out and renting space somewhere else to use, that's a cost we don't need to have. It's an additional cost. If in Calgary you blow up a hospital, sell off at fire sale prices healthcare facilities, then go back and rent them to do procedures that could've been done in the facilities under the public system, and pay more for those procedures than it costs to do them in the public system, how can you possibly say it makes sense? But they did. They kept saying it over and over again. According to Mr. Klein, I was just a nasty fearmonger. He had many attempts to convince the people of Alberta that I was just a tool of the unions, that none of my information was actually real, none of my proof was actually proof. But I think time has shown that yes, the proof was there. All over the world governments have accepted that they made some terrible mistakes when they started contracting out. The only place that doesn't seem to have made that discovery is right here in Alberta, because we're still doing it.

Q: How did Friends of Medicare organize?

CB: Well as I told you when you first phoned me, most of my memory of that time is a complete blur, because I was exhausted from morning to night for months on end. But we started organizing very quietly actually. We started with the Friends of Medicare Commission. Several of us toured the province and asked Albertans to come and tell us about their experiences with healthcare and what they would like to see happen. We produced a booklet from that, which we released and gave to every member of the legislature. In fact, the release coincided with the healthcare summit that Mr. Klein organized, so that worked fairly well. The healthcare summit itself didn't please Mr. Klein I'm sure, because it actually said what we had been saying all along, that Albertans don't want a second tier of healthcare, they don't want private for-profit facilities. They want the public system to provide the healthcare they need when they need it. That could be done at less expense than it would be if there's a corporate entity involved. So then we started the actual Bill 11 campaign. It started off quietly with public meetings arranged across the province. I went off with Kevin Taft I believe it was. We did public meetings. At the time he had written, it was the one with a band-aid on the front. ... Anyway, he and I toured the province doing little town hall meetings, except they kept getting bigger. By the time we had done Red Deer and Lethbridge and we were in Calgary, the halls we had booked were no longer quite big enough. I remember making frantic phone calls back to Edmonton saying we need a bigger hall, we need a bigger hall. Gil McGowan, who at the time worked for the Alberta Federation of Labour instead of being its president, kept saying to me, 'if it's too big it won't look as if there's anyone there.' I said, 'I don't think that's going to be a problem.' So by the time we got to Edmonton we had the Polish Hall. Someone actually called the fire department and complained that we had too many people packed in there. Audrey Cormack, who at that time was the president of the Alberta Federation, told whoever came in from the fire department that that was fine – if they wanted to tell people that they have to leave, they were welcome to do that, but she wasn't going to do it. So it surprised us; it did.

Q: What's the name of the booklet and where does one get a copy?

CB: Oh a copy of the report of the Friends of Medicare commission? You should have one at your office. It may still be available online somewhere too.

Q: What things were people saying in the meeting?

CB: Most significantly, we had a really broad cross section of the public. We had emergency room doctors, we had people whose family members were in long term care, we had people who had used the healthcare system themselves. We had a member of the board from Calgary talking about the hospital blowing up. We had people from several hospitals telling us the cutbacks had cut back on staff to the extent where things were becoming dangerous. Some of the things that had gone were their ability to actually sterilize equipment effectively, and that hospitals were beginning to look rather grubby around the edges, and you don't really want dirty hospitals. And just people telling us that they wanted public healthcare.

Q: Did you win that campaign?

CB: Bill 11? I think we did actually. I may still have rose-coloured glasses, but I think in spite of the fact that the legislation passed, we made significant changes to it. But we also put a fear of change into the government. They didn't go where they intended to go and they still haven't gone there, although they still keep trying. They won't back down publicly but I think privately they must've admitted, after they actually passed Bill 11, that they could not go where they wanted to go at that time.

Q: But in fact they have made a few inroads since then, haven't they?

CB: They make little nibbles around the edges. They mostly nibbled at contracting out. Yes, HRG does do knee replacements in Calgary. The MRI clinics, of course, we didn't manage to get rid of, although we did make the government pay for a lot of MRIs that they hadn't intended to pay for. By going through the federal government, we did a campaign around that. But I think there would be far more private facilities in the province if we hadn't put up the fight we did over Bill 11.

Q: How long did you stay involved in that capacity?

CB: Bill 11 was passed in 2001. I stayed with Friends of Medicare until after that. I took a brief time off when I ran in Edmonton Calder in the next election, and I went back to Friends of Medicare for a short time. I left as chair, let's see, it would've been in about 2003. They had the funding then to hire a fulltime director. They hired Harvey; he was the first fulltime director, and that's when I stepped down as chair.

Q: Why is the public so strongly behind the concern for healthcare?

CB: I think it's the concern for healthcare. I don't think it matters what the leadership is, although I do think that we had an extremely good team and we were very good at getting our message across. But I think as long as the message is out there, people will rally behind it. Fundamentally, they accept that at any time you could need healthcare and you could need a lot of healthcare. To be left in a position where you may not be able to get it is unthinkable. They look to our neighbors down south and they look at the number of people who go bankrupt, the number of people who can't get insurance, the fight that they are having to try and provide healthcare for those who need it, and they realize that if we lose it we'll never get it back. So it behooves us to fight to the last possible breath.

Q: Did you get involved with the Romanow Commission?

CB: I did. I made a presentation on behalf of Friends of Medicare to the Romanow Commission. I've been very disappointed at the lack of action taken, because I do think they came up with some very good recommendations. Whenever I hear that Alberta is doing a consultation, which they are apparently about to do yet again, I always tend to write to the then minister of health and say, why waste your time? Why not read the Romanow Commission report?

Q: Instead of doing that, they struck the oil commission.

CB: They always do that. This time, however, my understanding is they're going to do town hall meetings. Town hall meetings are a good place to collect people together to give them information, but not a good place to consult on the best way to move forward on healthcare. It's just too superficial.

Q: They may be surprised by what they hear.

CB: They probably will be surprised. But I look at the town hall meetings during the election in the States and how easy it is for someone to skew the agenda. It does concern me that maybe one of these times the privatization supporters will actually organize, and there's no telling which way it will go. You are very much dependent on the media to get your message out. The media has changed, I think. I've lived in Alberta for just over 30 years and in that time the media has, it seems, fewer diverse opinions among columnists. It has fewer reporters who understand how to investigate something more deeply than just getting a press release and running with it. Even during Bill 11, it was extremely frustrating that every time the government had a press release they would quote a lot of the information from the government press release and maybe one or two quick quotes from the opposition. Every time we did something they would give the government equal time. They would say that this was because they had to be fair to the government. Well when you consider the money that the government had to spend and the money that we had to spend, and the time and effort we put in to providing good information, and the rhetoric that the government spewed out at every opportunity, I think bending over backwards to be fair to the government of the day is not necessarily the best move.

Q: Why is there a continuing need for Friends of Medicare?

CB: I would say that Medicare has been under attack since the day of its inception. That has not really changed. At times the attacks are more stealthy and less overt, but at other times it's obvious that the attack is happening. But it never goes away. I would say that the Medicare that we have is only half of the glass. There's a full glass out there and we need to go for the other half. We need to look at all the things that would make Medicare more efficient, more cost effective even. Things like pharmacare, things like including physiotherapy, which is as much a preventative measure as it is a treatment. If you have a problem and you get the right treatment for it early, it doesn't get worse. There are lots of things that could be added. There are people out there who have a long wish list of things that they would like in Medicare. I would just like to see everything that used to be in a hospital back to being available. We have taken so many things out of the public system. In Alberta, labs have been privatized, physiotherapy has been privatized. To some extent, personal care has been privatized, because we no longer take people into the hospital to care for them. We take them and do what has to be done and throw them back out to where either their family has to care for them or they have to hire someone from a private company to do it. Unless you're really lucky and you live in an area where homecare actually has some spare time.

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

CB: The reason that Medicare was really fundamentally important to me was because my husband had pneumonia. He went into intensive care on Boxing Day and he came out at Easter one year. For all of that time, we didn't know whether he was going to make it. They tried everything. He was a physiotherapist. He was a fairly young, healthy, athletic man, which you would never believe to look at me. But it just knocked him completely for a loop. It was influenza and it turned into pneumonia. They could not find an antibiotic that would work, because it was partly a viral strain. I was very fortunate to get him out, but when he came out of the hospital he was in a wheelchair, he was on oxygen. He couldn't go back to being a physiotherapist. They told me he'd never go back to work. Well he went back to work a week later. I took him from the University Hospital back to Leduc. After we got him back to Leduc I said, hmmm maybe I'll take him home for the weekend. They said, 'well try it'. So I took him home for the weekend and the next week they released him to home. I wheeled him to the Leduc Hospital, where he used to work, in a wheelchair to go to work. Fortunately they found him something to do that didn't involve physiotherapy. He was out of the wheelchair in six months, off oxygen in a year, and he's been working every since. But the cost of his care while he was in intensive care-- it was in the days when they still used to send out bills--it was almost half a million dollars in those days, and that's over 20 years ago. There was no way that I could have come up with that sort of money to pay for his care. We would've never been able to pay off that bill if we hadn't had public healthcare.

[END]