Hubert Kammerer & Jason Foster

HK: I'm Hubert Kammerer. I'm a physician working in geriatrics. I'm a psych chief for geriatrics at the Glenrose.

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

HK: Sure. So I've been in practice now since 1984. Going into medicine was not a thing that I wanted to initially do when I was younger. I went into sciences, then I traveled for three years. When I was traveling throughout the world for three years it came to mind that going into medicine would be a great thing to do. We saw a lot of poverty and a lot of illnesses in the various countries, a lot of tuberculosis. When I came back I wanted to go into medicine. A lot of the places where I traveled, Canadian healthcare system was highly valued and highly thought of. Of course I'm married to Jan Reimer and Neil Reimer and they're part of the NDP, and socialized medicine was really a thing that was engrained in our family system. I thought if I was going to go into medicine, this is a great system to go into it. One of the main reasons, not only because I wanted to help people in Third World countries, but I really wanted to be part of that system because I thought so highly of it. One of the prime reasons I wanted to be a physician was because I really thought highly of this healthcare system. I went to medical school, went into practice. Early on in my practice Friends of Medicare were really quite active. I was really quite supportive of the Friends of Medicare. Then they sort of went into hibernation. Around '94 Ralph Klein was starting to come out with privatization and extra billing. To me, that was quite shocking to me, that there was talk about privatizing our healthcare. It's common knowledge that the American system had so many disadvantages, was so expensive compared to the Canadian system, and 35 or 40 million people weren't even covered by healthcare in the United States. So why would we even look in that direction? I was quite outraged and really angry when that happened. I thought maybe I'll go join Friends of Medicare. To my surprise, it wasn't really active anymore, had gone into a bit of hibernation. So I got together with I think it was Heather Smith and a few others, and we inquired about revitalizing Friends of Medicare. It was early in '95 that we did that. I think Jason here was involved, and we had the first board meetings. I think we had to pay some money to get the name active again, and that's how we started.

Q: Where were you practising at that time?

HK: Sure. I was working at the Boyle McCauley Health Centre, which is an inner-city clinic that provides medical services to inner-city residents – the drug abusers, prostitutes, the homeless. I did that for eight years. That was when I really became active with Friends of Medicare. That was I think at that time how I was practising Third World medicine. Instead of working in India or somewhere else, it was in Edmonton's inner city. The medicine was much the same.

Q: What's your name and position?

JF: I'm Jason Foster. I'm a long-time labour activist and former staffer at the Alberta Federation of Labour, and currently I'm the academic coordinator for industrial relations at Athabasca University. I got involved with Friends of Medicare, I was sort of political activist looking for work; I was kind of putting my resume out and stuff. I had a meeting with John Murphy, who was at the time the executive director of the Social Planning Council, to sort of inquire about things. He didn't have anything for me right away but he said, you know, if you're kind of interested, I'm part of a group of people that are trying to get Friends of Medicare re-upped and going again. So I went just as a person, as a citizen, to the first kind of meeting where we started sort of talking about planning, about getting things up and running again. Just because I too was generally angry about Ralph Klein and the things he was doing, so was motivated to try and do some political activism around healthcare. Shortly afterwards, John Murphy hired me on as a contract staff at the Social Planning Council, and shortly thereafter assigned me part-time to be the staff coordinator for Friends of Medicare as it was getting up and going, and the campaign around user fees.

Q: What was the threat?

HK: One of the main ones was of course the cataract surgery and privatization of cataract surgery, especially in Calgary. They started that clinic in Calgary and the Gimbel Clinic was also doing it here. When the evidence was clear that the public cataract surgery at the Royal Alec Hospital was much more efficient, producing patients through a lot quicker and a lot cheaper and doing an excellent job, why were they promoting private ophthalmology clinics when the public system was doing a better job? I thought that was outrageous. So we got onto that bandwagon too, of fighting against that. Of course we would set up petitions or have some news releases, we would beat it back a little bit and it would come back again. I think Harvey Voogd put it best – it was just like zombies. You thought you'd killed it, you'd turn away and relax a bit and then all of a sudden it was alive again. That was the privatization under Ralph Klein. Then later on came the Third Way, which was another way of saying privatization.

Q: Describe the cuts and closures that were going on.

JF: Around the same time they'd announced the closure of the Grey Nuns Hospital, which created quite a bit of uproar amongst the citizens of Mill Woods, led by Corky Meyer, who then later got involved with Friends of Medicare. And they of course blew up the hospital in Calgary, which was quite infuriating. And they also started allowing user fees, where they then got fined. They got fined by the federal government and it would be deducted from their transfer payments, I can't remember now how many thousands it was a month, for transgressions of the Canada Health Act. That was part of their plan to try and sort of commoditize and create financial incentives within the healthcare system.

Q: The allowance of user fees was one reason why we had the Canada Health Act passed in the first place.

JF: Ya. But they were continuing to allow extra billing around, I'm trying to remember what it was now. I remember very clearly the campaign we started to build around getting them to stop the allowing of the extra billing. Was it the optometrists?

HK: No, I think it was ophthalmologists. It was cataract surgery extra billing.

JF: Right. They were being deducted something like $100,000 a month or something like that, which Friends of Medicare started to build their campaign around, where Hubert was very much our front spokesperson around trying to make that happen. Between that and the anger around all the cutbacks and hospital closures and bed closures and nurses not… I remember nurses coming out of school and having to go work in Texas. That was a huge thing at that time. Nurses couldn't find work because there was no jobs to be had.

HK: We're still suffering from that. With all the cutbacks, nurses couldn't find work here, so a large percentage of the graduating class went to the United States. Physicians didn't want to work here; I had difficulty working here. So a lot of graduating classes of the family physicians went to work in the States, and we're still suffering from that. Now we have a doctor shortage, and until recently we had nursing shortages. So that ramification is still with us today. At that point or just before that point, they were cutting back medical enrollments for the medical school. They cut back 10%. One of Richard's ideas was to cut back the number of physicians. It would cut back the expense of healthcare. Well we're still suffering from that too.

Q: I thought they'd cut back beds, closed units, and done other things that made it appear as if these private clinics were a good thing.

HK: Well what they wanted to do of course was to save money in the public system. They cut back hospital beds, closed hospitals, and of course said that the private sector would take over and save us money. But of course that didn't happen. The private sector actually costs us more money. With the cutbacks in the hospital beds, the waiting lists got longer.

JF: I remember very much the narrative involved. Around '94, '95, the justification for the cutbacks was budgetary. It was all about slaying that big deficit. It was only over the 10 years or so that we continued to fight these battles back on them that they started to sort of, their messaging and their framing of why they were doing things started to shift. It wasn't so much initially that they were saying private healthcare is better. In 1994 and '95 they weren't putting that position forward. They were just saying, we can't afford the kind of funding that we used to do, we can't afford it. Then they started to realize that they could sort of set up, they could allow the growth of these private operations. First there was Hotel de Health, which never happened. Then they had the multi-year struggle to try and allow HRG Health Resources Group, which is now called Health Resources Centre, to get up and running as Canada's first for-profit private hospital, in closed public hospital, the Grace Hospital.

Q: Then there was the Canmore hospital too, right?

JF: Oh ya.

Q: What was the plan for Hotel de Health?

JF: That was around '96, '97. I think at that point Christine Burdett was the spokesperson for Friends of Medicare, or maybe it was in the transition where she was just about to be the spokesperson. But anyway, what it was was it was a couple of fly-by-night entrepreneurs, some fly-by-night investors, who wanted to take the closed floor of the Leduc hospital, because they had closed an entire floor of that hospital, and wanted to open up their own private hospital. They called it Hotel de Health, which was just the tackiest name ever. It was the Friends of Medicare that dug into the backgrounds of the two investors, whose names have escaped me, but we can probably find it. We found out that one guy had been charged with fraud and that down in the States they'd been part of this really shady investment scheme. So they had some initial momentum. They'd kind of gone to the Leduc town council to get approval. But then when it started to come out that these investors were shysters, it all kind of fell apart. It kind of collapsed within themselves, because even the government at that point couldn't justify handing over a public resources to these guys who had really shady track records.

Q: What do you remember Friends of Medicare doing in those first years?

HK: I think what we focused on was trying to educate the citizens to how deleterious going the private way would be and how beneficial our public system is. We sort of programmed or designed various media events. We had media TV and newspapers come on and we'd have an issue, like the Gimblel Eye Clinic. We'd make a statement about it and then we'd get on the media and try to get our word out that way. I was spokesperson from '95 to '98, and Jason here would be thinking about which media events we would have and which issues we would have. We'd get together and make a speech up and present the information. It was really an information and educational system, but using the media to get the word out.

JF: It was a public advocacy role, trying to have that. The other thing we need to keep in mind is that there was a dearth of strong opposition in the legislature at that time. There was a fairly large Liberal caucus but it was divided. You had the Mike Percys, who is now the dean of business at the U of A, sitting alongside the Hugh MacDonalds. So they were a very divided caucus. As a result, they weren't really taking strong leadership positions around healthcare. So there was a bit of a vacuum. There was no NDP at the time. So I think the Friends of Medicare very much took a bit of a public advocacy role that traditionally opposition parties might take. So we did a little bit of research and digging into things. I remember we, when they appointed Dr. Jane – well she called herself a doctor – Dr. Jane Fulton [ALHI—deputy] minister of health, we got on top of that pretty fast. I did a bunch of digging around and finding old quotes that she had said advocating public, private for-profit healthcare and that kind of thing. So within days the Friends of Medicare was pretty crucial in helping kind of tarnish her. Then shortly after that it came out that she had forged her resume. She had put down credentials and a

doctor degree that she didn't have. So she was quickly fired. That was just one little skirmish I remember. There's two other things that stand out. We were particularly strong, because it was the original focal point, around the extra billing. I think my favourite press release we did was when the fines to the Alberta government hit $1 million. The month that it hit $1 million we wrote up a press release. It was around the time of the Bare Naked Ladies' first rise to popularity. The headline of the press release was, "If I had a million dollars I'd buy Albertans more healthcare". We had a press conference at the McCauley Seniors' Lodge. That was quite the fun event. We did a lot of stuff like that. We tried to be creative to try and draw attention in. We also started a petition, which at the time, the twin off went like crazy. At the time it was the single largest petition ever presented in Alberta legislature.

Q: And what was the petition?

HK: It was for support of Medicare and against privatization. Those were the things that people signed. I think we had about 87,000 signatures throughout all of Alberta. It was the single largest petition ever presented.

Q: Did you present it provincially or federally?

HK: Provincially.

Q: Were you the fellow who presented it?

HK: Yep.

Q: And what happened?

HK: Well we presented it and they said the usual things – well we'll look at it – and that's it. But it created a lot of media hype and really focused on the issue. Once the media got to know that we would respond to certain issues, they'd call us right away. Any healthcare issue available that came out there, anytime Klein said anything, they wanted a response from somebody else. They'd always come to us. They'd come to us before the opposition because we were there, we were available, and we would say we would certainly make a comment on it.

JF: I think one of the strengths of Friends of Medicare at the time, in that '95 to '97 period, was a guy. Really all I was given was one day a week, was what I was told. They would sort of give me one day a week that I could do Friends of Medicare stuff, so it wasn't much. But we had at that time a small cadre of volunteers who were prepared to kind of put a fair bit of work in, including Hubert. But it was also people who were really knowledgeable. It was people who knew what they were talking about. Donna Wilson and Richard Plain and Liz Reid and Heather Smith. It was very easy for Hubert and I, if there was an issue that came up, we could get well informed really quickly. We had a whole group of people who knew this stuff backwards and forwards. So it was this great network of knowledge and skills. It's like coordinating was a piece of cake. It would be

like, okay it's on this, I'd better call Donna Wilson. Now I'll call Hubert and give him that information, and away we'd go.

HK: Sometimes we didn't have that much time though. I'd be doing my practice and seeing patients. My receptionist would come out, oh CBC wants to talk to you. Well Ralph said this or this and this, can we come down here in half an hour with the cameras and get a response? Of course that was my job with Friends of Medicare was to do that sort of thing. So I'd quickly phone Jason and say, CBC's coming in half an hour about this issue, what do you think we should say? They'd be there and we'd have to do it. We did that quite often. We'd only have half an hour or an hour to get the information. Really what information did we want to get out there? That was stressful. I found that a little bit stressful because you didn't have much time.

Q: Why did the public rise over healthcare?

HK: I think, despite our right wing governments that we have here, Albertans really do appreciate the healthcare system that they have. I think they're constantly exposed to what the American system is like. I think, despite what Ralph said, we don't want an American-style system. I think Albertans really do appreciate the healthcare system we have and they don't want any big changes. Jason and I were talking the other day; this healthcare issue hasn't changed a whole bunch in the 10 or 15 years we've been involved with it. Every year it's the same thing – the provincial government wants to privatize this, wants to cut back, wants to save some money, and they want to promote privatized healthcare. But I think the percentage of Albertans that support out public healthcare system is just as high if not higher than it was 10 or 15 years ago. I think we can really lay a lot of that credit to the Friends of Medicare.

Q: And Michael Moore.

HK: And Michael Moore, that's right.

Q: Did you have rallies?

JF: We did a few public meetings, but we avoided rallies. It's a good question as to why actually. I hadn't thought of that. I haven't thought about why.

HK: One of the rallies we did I think was a petition. That's sort of a rally, right? So we got a very good response to that. We didn't do too many public rallies. But a lot of people that supported us remembered the time before Medicare, the early '60s and late '50s when you had to pay for the healthcare system. I think they didn't want to go back to that system. A lot of those people really supported us.

JF: Ya, seniors were really kind of, they were among the first to really get mobilized and motivated around this issue. And then I think the second sort of layer of folk were community activists who were seeing things happening in their healthcare system in their neighbourhood. For example, the people fighting the Mill Woods hospital closure. They

felt that really directly on their lives, which motivated them to do something. Then of course people who were connected to healthcare workers. Healthcare workers obviously from the beginning were part of this.

Q: What did you people do around the closing of the Grey Nuns Hospital?

JF: To be honest, I'm not sure if Friends of Medicare can sort of claim a central role in that. It was Corky Meyer and the grassroots organizers in that area of the city. She got a rally of 15,000 people outside the Mill Woods hospital, the Grey Nuns Hospital. That was all local grassroots community organizing.

HK: We supported all that.

JF: We backed them up. But they kind of took the lead down there.

HK: That was their issue. That was one issue that they did take on, and good thing they did.

Q: How did the government think they were going to get away with all the closures?

HK: Hospitals are expensive, so you have to cut back on money somewhere. Closing hospital beds can save you a lot of money. But it has ramifications down the road. If they close hospitals you're going to have more difficulty getting your surgical procedures. Albertans had a lot of faith in Ralph Klein. To a certain extent, not all the way but to a certain extent, they would give him a length of road that he could go on. They would follow him down that road to a certain point and when it got to a certain point they would say no more. Ralph had a lot of support with Albertans and he got away with a lot.

JF: I think they just also knew they were moving so fast that they thought people wouldn't have time to react or respond. I think in healthcare it's been the one area where they have consistently underestimated Albertans. They've consistently sort of said, oh well we can just… How many different ways have they tried to sneak stuff past us? They tried to do it really fast, thinking we can't react. They've tried to dress it up. They've tried to make it really complicated. They've tried to then, the latest attempt under Liepert was to not tell us anything, and just kind of parcel it out bit by bit. They've tried all these different strategies to sneak it by us, and it's never worked. Again, I think it's in large part because of Friends of Medicare. There's been a vocal, high-profile organization that has some independent credibility, that's been able to quickly spread the word about what's really going on.

HK: I'm not sure what the vision of the Third Way ever was. I think Ralph tried to sell it as a mixture of private and public, the private part of it still being publicly funded. But I think there was really another agenda there. I think the Third Way was having private medicine that's not being publicly funded, but private insurance. I think that is the ultimate goal of the Third Way, was to get another level of insurance that was to pay for the healthcare.

Q: What was the justification for it?

HK: Again, public pressure, relieve pressure from the public system. But that's all nonsense. What happens when you promote the private system, it actually doesn't relieve the pressure on the public system. The rich can afford it and a lot of physicians move toward the private system because they get paid more. Actually then the public system gets underfunded either financially or with physicians and nurses, and the waiting lines are actually longer. A lot of countries have shown that. So a private system doesn't relieve any pressure on the public system.

Q: Which country has shown it?

HK: I think the waiting list in Australia, they've got a private system there. The waiting list in the public system is just as long if not longer than it was before they instituted the private system.

JF: England as well.

Q: In fact, you have two-tier medicine.

HK: You have two-tier medicine. You've got the taxpayer funded part of it, so you have to pay your taxes. Then many people in Australia are also paying a significant amount of private insurance. If they want to access the public system to relieve the pressure, it's a long, long wait. So they're actually forced into the private system, which is expensive.

Q: Do you want to say anything about the Third Way?

JF: Well by that point, between sort of '95 and last year, I was sort of part of sort of every incarnation of a campaign. In '97 I went over to the newly elected NDP caucus for a year or so. That's when the HRG stuff started to blow up.

Q: Then talk about that for a while.

JF: Okay. Well that was, I think in many ways, probably the moment when they were most prepared to try and lay it on the line politically. They had just been reelected and they very quickly moved into this mode of trying to facilitate HRG. There was also the one in Camrose, or was it Banff? I remember a Banff one. But HRG was very different than the Hotel de Health guys. It was some of the leading orthopedic surgeons in Calgary – Miller and a couple of other private investors with them. They did this upright, they did this totally professionally. Their plan, they were smart enough that their plan was they weren't going to take public patients. They were going to take the WCB and foreign, like Americans or people from other nations. So it would be completely legal. And maybe they would take contracts from the regional health authority if the regional health authority wanted to do that. But they kind of anchored themselves around WCB patients. They opened on the basis of the WCB patients. They basically opened on I think it was

three floors of the closed Grace Hospital and started doing mostly orthopedic surgery. They were dealing with injured workers. So what they were doing is they were allowing a two tiering; WCB was at this point facilitating the creation of second tier. What they were doing is they were fast tracking their clients, their cases, through HRG to get them back to work quicker. So they justified their actions by saying, well we're going to save employers' money by getting someone back to work quicker. But at the same time they were totally undermining resources. I remember all three of the orthopedic surgeons that were working at HRG also kept their public practice. So they were playing both sides of the street. But what would happen of course is they would funnel patients over to the private system in order to get them faster treatment. Oh if you want faster treatment, come over here. As a result they had less and less time in public surgeries. So that means their public patients, who either weren't allowed to or couldn't afford to go over to HRG, waited longer for them, because they were so busy doing procedures over in HRG. So anyway, HRG was a fight that went on for about a year or two. The first attempt to get it was denied by the College of Physicians and Surgeons.

Q: On what grounds?

JF: On the grounds that they were, if I remember correctly, it was on grounds that they were unconvinced of the quality of medical services that would be delivered there. They had not proven the case to the docs. But I think that was a veneer. What had happened is that there had been months of Friends of Medicare and others, in that case the NDP in the legislature, pushing hard. I think they just felt the political pressure. So they failed to get HRG going straight up. That was then the origins of Bill 11. Bill 11 was the way to kind of … I should take a step back. HRG in the second go-around did actually get a partial victory. They were allowed to do day procedures only, which of course wasn't enough for them to make any money. At that point I remember the reports coming back that they were losing money through their shirts. They weren't getting enough patients because they couldn't keep anybody overnight. They only could take sort of fairly minor cases, and they just weren't using the space to capacity. So that's when Bill 11 arose.

Q: To allow them to keep patients overnight?

JF: Yes. Because it allowed, it legalized, it would've if it had passed, that version would've legalized private for-profit hospitals. It would've made the whole operation of a private hospital parallel to the public system completely legal. HRG would've been able to fling open its doors and accept all kinds of patients. Bill 11 then of course went down to the public reaction and the big rallies. So there were the big rallies outside the legislature night after night after night when they were hearing the bill. Those were all very exciting. And just generally a big rising up. It's about that time I was at the Alberta Federation of Labour by then.

Q: How could all these things go on, despite the Canada Health Act.

HK: I think they were trying to find ways around it. The Conservative government is for privatizations, it's for profit, it's for industry and small government. Supposedly – it

doesn't work that way all the time. I think they were trying to find ways around the Canada Health Act. The Canada Health Act is fairly general, it's quite a general act. It's easy to find loopholes, and I think that's what a lot of the provinces are doing.

JF: Ya, that was a big part of the problem was the Canada Health Act wasn't designed to be able to combat a specific threat. It set up these broad principles, but it basically just talked about public administration and public funding, but it didn't talk about public delivery, for example. It doesn't explicitly prohibit setting up a private clinic and using public money to pay for it. It's those kinds of loopholes that were the problem. I think the other dimension in the 1990s was twofold. One is it was also the federal government was also cutting back transfer payments. So they were kind of losing, they had no political moral authority at that time to wag their finger at the provinces and say, well no you can't do that, when they were cutting billions out of their transfer payments. So they had a political problem. It's hard to enforce something when you're…And every time the federal government at the time, any time it came close to an election they started rattling their sabers. I remember the famous one of Dingwall coming and saying, oh we're going to fine you. Then he went and lost his seat in the election. They had a political problem. It was the federal Liberals against the Alberta Conservatives, which is always a titan clash from way back. Especially in Alberta, they weren't going to win that fight. Also I think, not to be too cynical on it, I don't think the federal Liberals were even all that interested in enforcing the act. They wanted to demonize Alberta and they wanted to say, oh we're for public healthcare; look at us. But they really weren't that interested in going to bat for public healthcare because they knew for them that would mean more money. It would mean more transfer payments to the provinces and it would mean actually having to make a commitment that they weren't prepared to make.

Q: Have you as a doctor found it onerous? Have you been forced into penny-pinching as a result of having to work under the fee schedule that is provided by the provincial system?

HK: Well the fee schedule pays you for how much work, it's piecework. So the more people you see, the more you get paid, which is not a very good way to keep somebody healthy. It's a good way to see a lot of sick people, and you perpetuate the illness in our society basically, because that's what you get paid for. We don't get paid for keeping people healthy, we get paid for seeing sick people. I'm not a big fan of the fee-for-service system. Now I'm working on a contract, actually. I work per hour rate, so I don't have to see so many patients. I just have to, I get paid per hour, basically. I think that's a much more efficient system. Or get paid per month or get paid per year on salary – I think that's a much better salary. I think actually more and more physicians, less, fewer and fewer physicians are getting paid fee-for-service now, although it is still a majority method of payment. But I got out of the fee-for-service payment system many years ago, and I'm quite happy to be out of that system.

Q: Isn't the institution you're working for getting paid on that basis?

HK: Pardon me?

Q: Isn't the organization that you would be working for or that other physicians would be working for, isn't the organization charging the healthcare system on that piecework basis?

HK: We're actually private contractors, so we don't work for anybody. We work for ourselves and we charge per patient to the fee schedule.

Q: But when you go on salary, you're working for an organization that collects its money on that basis.

HK: That's true. Although they don't collect money on fee-for-service, they collect their money in different ways. It just depends. Right now we've got alternate payments systems and we've got salary systems, so we have a whole bunch of different ways now of paying physicians. But when you ask, even if you're paid for salary do you have to justify it on a fee-for-service basis? Often you do. Like in my alternate relationship plan, I do have to shadow bill. So I do have to actually justify every piece of work I do. So in some ways it's similar. But still I do get paid, and it's not dependent on how many patients I see.

Q: Did it help to create an entrepreneurial spirit among physicians?

HK: I think fee-for-service did get the physicians onside. I think they didn't want to be seen as government-salaried workers, so they made them independent contractors. I think that brought the physicians onside. But is that really the best way to pay physicians to provide medical services for our population? I don't think it is.

Q: You get paid for treating sickness.

HK: That's right, and we don't get paid at all or we didn't used to get paid for keeping people healthy or maintaining their health.

Q: Where developments happened in the late '90s and onward?

HK: In terms of broad trends around privatization?

Q: Well wherever these buggers were taking us.

JF: Just to frame that generally, I think part of the problem is the attack was so relentless that even when we got a major victory there would still be minor, we'd have lost some skirmishes in there. We won Bill 11 but they came back a few months later with Bill 37, which they got. Now 37 was a watered down version of Bill 11, but they still got it and it allowed HRG to open for full-operation facilities. It's just the relentlessness of the attacks. They did successfully open the door to a broader range of private clinics. We now see a broader range of private clinics doing things and billing on the side. It hasn't been that big of a growth, which is interesting. But it's there. There's nothing we can do now if

somebody wanted to open up a private hospital – we can't stop them. There's been a slipping of some of that stuff. In the most recent years now are the Copeman clinics.

Q: Talk a bit about them.

JF: Okay. Well the Copeman clinics are a more recent development. They opened up in Calgary two years ago I believe. They came out of Ontario. This Copeman guy has basically figured out a way around the Canada Health Act by setting up a clinic where it's just a clinic, just a medical clinic, but it's a full-service medical clinic. You can go and see the doctor and that visit will be billed to healthcare. But for a fee, and again I don't have the numbers in front of me, but I think it's something like if you pay $8,000 the first year and then $5,000 the year after, you're then eligible for a whole bunch of extra services that they provide. They'll do things like full fitness tests and they'll have like massage therapists and chiropractors and those kinds of non or partially covered services. They would provide this kind of like health consulting for you basically. It's an executive service. So what they do is that they get this fee out of you to provide mostly, some of these things are….they'll give you preventative MRI scans and things like that, just to see that there's nothing wrong. They'll do crap like that. It's obviously aimed at the wealthy. Really, and there's no direct evidence of this, once you're in their doors it's hard to know what services they're giving you and what they're charging healthcare for and what they're not charging healthcare for. The line gets really blurry really fast about what's part of the Canada Health Act kind of service and what's one of their extra services that they provide. They basically came in fairly on a post, and partly because it was Calgary. Friends of Medicare, David Eggen tried hard to raise a bit of a ruckus around it. That I think is a big change. If you think about the battles we were fighting in the mid '90s it was against exactly these kinds of folk. The Hotel de Healths, that was the fight. The fight against the Copeman Clinic really never got off the ground. So I think there has been a bit of an edging towards private clinics are just more acceptable and it's harder to fight them now, after 15 years of having to fight them back. So I think that bodes ill in the long term.

Q: Is it harder to rally the public around these things as opposed to when something is being taken away?

JF: That's right.

HK: But we don't have any in Edmonton, as far as I know.

JF: But about a year ago we got wind that he was scoping real estate space, so I suspect we might get one in the next year or two.

HK: Ya, but they're not really proliferating. I don't think there's a whole bunch of big market for that type of thing.

Q: At Boyle McCauley, were you working on a fee-for-service basis?

HK: No, salaried. The government funded the Boyle McCauley Health Centre, on a salary basis. It wasn't fee-for-service.

Q: And it wasn't based on the number of visits?

HK: No, you couldn't. There were some very complicated patients and you couldn't see enough of those complicated patients really to make a living. The issue with fee-for-service is that most physicians have to see relatively healthy patients to make a living. If they see all sick patients and have to spend a lot of time with them, they wouldn't make much of a living. That's the sad part of fee-for-service, is that you have to see relatively healthy and well patients that you can see with three or four or five minutes. So when you do spend half an hour with somebody, you've got all these healthy patients that you see for four or five minutes – just blood pressure checks or prescription repeats. It used to be 20 years ago we'd do prescription repeats over the phone. Now very few physicians do that. They demand the patients come in, write the scrip, hand it over, and bill healthcare. That's the real bad thing about fee for service. There's a lot of money wasted in fee-for-service, because you're seeing healthy patients a lot of the time.

Q: Is that part of the differentiation between what the private clinics are grabbing off and what the public service is expected to continue offering?

HK: Well that's true, there's something to that. The private clinics want to do the easy procedures, the fast procedures, the ones they make the big money on.

Q: Like what?

HK: Plastic surgery, minor surgery, day surgery. Do it real quick. If the patient gets sick, send them to the public system when they start to get expensive. If there's a complication with the surgery, an infection, the private clinics can't handle that. They send them over to the public system where they're going to spend two or three weeks getting IV antibiotics and so many thousand dollars a day. The public system likes to get the cream off the top.

Q: There's been constant chaos.

HK: Every time you change a system, like we've recently done again, we're all one now in amalgamation, there's so much money wasted. You have to redesign everything, stop everything and redo it all over again, wasting a lot of people's time with meetings and all that wasted money. Then down the road again, we've been here before, déjà vu all over again. Every time you do something like this there's a real huge waste of human resources and financial resources.

Q: Were you around in '94, '95?

JF: Ya, I was with the Social Planning Council. . . . The move into the regions actually helped facilitate their efforts to try and insert privatization experiments into the system.

Calgary, for example, was the key; in the mid '90s they were the key driver. What was his name? The CEO of… the former Klein political henchman… Davis. But anyway, ya, so we had this long list of Calgary Regional Health Authority CEOs pushing for private options. So with the regional health authority model, they were allowed to experiment in that. They'd get an envelope with cash and then they could sort of, oh, let's privatize to the eye surgery clinics … So it allowed for that kind of small-scale privatization that went under the radar. It happened mostly in Calgary, although we've seen other sort of little blips of it here and there. I think the reason I was thinking of it, Canmore I think was called Banff Springs or something, that's why I was thinking Banff. That was one where the regional health authority at the time basically said, we're letting them do this because we're strapped for cash. We don't have enough cash, so we're going to let them take Australian patients… They were renting out a portion, that's what it was. They were renting out a portion of the hospital for foreign patients in that case. Again, it didn't break the Canada Health Act. The regional health authority was quite happy to rent to them, because they were strapped for cash. So it created those kinds of scenarios. So then, and I also think it created a distraction. This is entirely a personal opinion. Because they initially elected the boards to the regional health authorities, it did two things. It kind of gave people this sense of, oh it's just like a school board. So then they had this sort of investment in the sense of a democratic sort of community control so on and so forth, although, just like school boards, regional health authorities didn't have any control over their funding. Then when they cancelled the election of the boards it created a huge uproar and lots of people got quite upset about that. I was a bit of a minority voice on that, where I was actually glad they killed the election of the boards. I felt the election of the boards just helped confuse where accountability lay. We blame the regional health authority instead of the provincial government, who are the funders. The regional health authority is just the deliverer. But I do think that all of those gains, like oh let's change the boundaries of the regional health authorities, let's change the number of regional health authorities. I remember there were firing boards and stuff, they were doing all sorts of stuff. I think it was a great game of deception and misdirection. It was like, let's keep everything in turmoil, let's keep everybody not knowing what's going on. They were hoping, especially through the whole period of the Third Way and with Liepert creating recentralization, that it would be, to throw the system into chaos so that people start to think the public system just doesn't work. Again, I think they're selling us short by trying to make us think that we're going to say, oh ya, the public system is such a mess, oh it's a mess, it doesn't work. People know the system is a mess but they seem to very quickly know why the system's a mess, and they don't blame the fact that somehow there's something wrong with it being public. They think it's being mismanaged and that it's being corrupted by a provincial government who doesn't fund it properly or plays games with it and so on.

Q: Was Boyle McCauley a community-based organization?

HK: Sure, we had a community board. I was elected.

Q: What were the merits of having a board?

HK: Certainly the community board was members from the community and of course they brought what the needs of the community were. What kind of services are we going to have at the Boyle McCauley Health Centre? The community was very important in bringing the type of services that we would deliver. I think that's really important, because what kind of services does the Boyle McCauley neighborhood need? Well just ask the people. And where are the people? Well a lot of them are on the board, or some of them were on the board and they would represent the community. So that was good. We designed our services by what the needs were, and those needs were represented from the board.

Q: Some of the same people who formed the Boyle McCauley Centre were responsible for the formation of Friends of Medicare.

JF: Well I think they were really interested in the Friends of Medicare. Bob McKeon, he was instrumental in the Boyle McCauley Health Centre and I think he was quite interested in the Friends of Medicare too. So there was some connection there, there's no doubt about it. But community activists got the thing going and it's still running really well, doing very good work. It's just tremendous.

Q: So the creation of this one central authority, Alberta Health Services – the way it's structured, the way it's run – is about as far away as you can get from…

JF: Absolutely.

Q: What do they know about Boyle McCauley or about …

JF: And where does our CEO come from? Australia. How much further can you get from Alberta than Australia?

Q: The latest shenanigans of the enemies of Medicare, as opposed to the friends of Medicare, is to decide on a scheme whereby you incentivize people to perform. You know anything about this? Have you heard about that scheme?

HK: Ya, ya, he instituted that in Australia. So basically portions of the healthcare system that performed, and performed well, would get a reward and remunerated. He had various factors that had to be done. Areas of the healthcare system that didn't perform well wouldn't get funding. So he rewarded those that performed well. Now he's trying to institute that here, I understand.

Q: So the metrics he employs would be key here.

HK: That's absolutely. And they're very complicated metrics. I think you need to understand the metrics. Once they're explained to us a little we'll learn a lot more.

JF: There's still very much a core, like there's, even there's a structure to Alberta Health Services. Things like the incentive payments and how he's trying to play all these things out, it's a very corporate model.

HK: That's right. It's a business model.

JF: It's like a classic employer saying, how do I motivate my people to work better? Well I know, I'll give them incentives. I'll give them incentive pay, I'll give them merit pay. I'll give them a shiny jacket for not reporting an injury. It's always that kind of thing. It's a very similar kind of model.
… ya, monetary reasons. And that's consistent with the corporate model as well, right? Where it's always about sort of the revenue stream and the cost stream. That's what he's doing, right?

Q: What would you like to see the healthcare system going?

HK: I would advocate taking that to other areas, like Pharmacare. I think we could save a lot of money. We have a single payer system and a user system. We can get pharmaceuticals, we can negotiate with pharmaceutical companies and get a lower price, which we do now. But I think medication is a big barrier for a lot of people. Just like United States, 47 million people or whatever can't get healthcare. They can't get basic healthcare. Here a lot of patients can't afford their medications, if they're not covered. So that is a barrier that I think needs to go down. I would advocate a government pharmaceutical system for paying for medications.

Q: We lost kind of the pharmaceutical fight back then when they agreed to a 20 year patent period.

HK: Right, but you're asking me what I would change. I'd go that direction.

Q: And what about you, what would you say?

JF: Well similar. I think it's an incomplete patchwork. I'd do a couple of different things. A, not only expanding to pharmacare but also trying to finish off, fix the mess of homecare and long-term care, because that's mostly a private model. But we throw some elements of Medicare into it, so it's a mess. That's actually thinking of your earlier question about what are some of the things that have kind of slipped away on us. Long-term care in particular. We lost that fight in a major way. So I think we have to bring them fully under the Medicare umbrella. But I also think we need to look at different deliveries of how we do our healthcare. Me tromping off to my little doctor's office where my doctor works with three or four other doctors in little private practice, and they go and give me my chit, then I go somewhere else. If I'm in the hospital the nurse does this and then the LPN does that. It's all these little silos of care, which I think becomes more complicated for people to navigate sometimes. I don't think it's using the strengths of the various professionals the way they can. So I would find a way to sort of create more multi-disciplinary clinics, much more like a community clinic model, where you've got a

dentist, you've got a doctor, you've got nurses, you've got… I don't know if there was a pharmacy there in Boyle McCauley…

HK: No.

JF: But you've got a number of services in one spot.

HK: And community- run.

JF: And community-run, totally. I think there's a lot of room for that in healthcare now.

HK: Absolutely.

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

HK: One thing I'd like to say is one thing that has caused a real problem I think is because Medicare is a provincial responsibility. I would really advocate it be a federal responsibility. It's created a real patchwork of ten different healthcare systems. Basically, different provinces offer different services for different amounts of money. Sometimes it's even difficult to get the service that you need in another province. To really make a national healthcare system, I think it needs to be a federal responsibility. I know it's not going to happen, but I think that would be ideal.

[END]