Elisabeth Ballermann on Friends of Medicare March 23, 2010

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Health Sciences Association of Alberta – Friends of Medicare - National Union of Public and General Workers – Bill 11 - Ralph Klein – cutbacks – blood collection – laboratories – Dynalife – successor rights – HRG – Calgary Laboratory Services

EB: I’m Elisabeth Ballermann. I'm President of the Health Sciences Association of Alberta. I am a member of the board of the Friends of Medicare and I'm it's current treasurer.

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

EB: When I got involved, when I first got involved, was probably I think it was 1996, shortly after I was elected to this position now. I had been on the Health Sciences board for a couple of years. I was aware that Friends of Medicare had been out there, but it was relatively quiescent. Then in 1995, '96, I think it was Bill 37 that was the first thing that caused us a lot of grief. That was just before my active involvement and that was the first attempt at a lot of privatization, allowing private operators into the healthcare system. So I was, I got involved then in 1996. I remember going to my first meeting over at the UNA headquarters. There were probably 25 or 30 of us jammed into a room talking about Bill 11, which then became the big issue, which was the act that we saw as allowing private for profit operators to take over a significant part of the healthcare system.

At the time, Hubert Kammerer was the president or chair, whatever we called it back then. It was a really good, committed group of people around the room trying to figure out, how do we address this, what do we do with it? What is it going to take by way of activism, finance? How do we get people involved, etc.? That of course then developed into the massive Bill 11 campaign and rallies which, while the labor movement supported it quite… The financing effectively came from the labor movement. While there were a lot of people who were supporting the aims and goals, without question it's the labor movement who could bring together the resources to actually do stuff like pay for advertising, etc. One of my fondest memories is of course when Ralph Klein at some point, I can't recall exactly when that was, but said, the Friends of Medicare have run this million dollar campaign. I knew at the time what kind of resources we had marshaled, and I think any corporate chief executive officer would be proud to be getting at least a ten to one return on investment. We hadn't even spent a tenth of that.

The reaction to Bill 11 of course was quite amazing. It became an organic thing when in May of 2007 people rallied at the steps of the legislature. They just kept coming night after night after night. It was finally passed. But, quite frankly, when you look back at what actually the Bill 11 turned out to be, and of course it was called the Healthcare Protection Act, the limitations that were put on private operators as opposed to what was

first proposed, which would've allowed them to be virtual hospitals as long as they didn't have an emergency department, there was quite a significant limitation put on. So I think we as Friends of Medicare achieved a great deal with that. Having said that, the chip, chip, chip a little bit of privatization there, a little shift here, continues. Although I certainly wasn't part of getting Medicare in the first place, I've known enough people who were there to realize that we never got it without a big fight. We've had to fight to maintain it ever since we got it. It's my guess that we're going to have to fight to keep it probably for the rest of all of our lifetimes. When you start looking at what's happening elsewhere in the world, particularly on the morning following the historic vote in the United States with Obama's healthcare legislation, I think we will have to continue to fight for our public healthcare system.

Q: What do you recall about the cutbacks in the '90s?

EB: The Ralph Klein that started as early I think it was 1993, '94, when we got into the first debt and deficit slashing and we have to cut, cut, cut, were quite dramatic. A significant chunk of our membership works in laboratory services. Some of it has been privatized for as long as it's been provided. So everything that was happening outside of hospitals was private; everything that was happening in hospitals was public. We represented at the time the lab technologists and assistants in Calgary even on the private side, as well as pretty much wall to wall across the province in the hospital sector. One of the first huge cuts that affected our members quite dramatically was a cut to lab funding of I think it was close to 45% or something like that. It was just unbelievable. I'm trying to think whether that was just to the private sector.

To put it in context, in Edmonton and Calgary each city had 90 some lab sites, collection sites where you could go to get your blood taken. They wouldn't necessarily do the testing there, but they'd collect the blood and send it to a central lab to be tested. In both cities, the number of sites were cut to about 26 to 27 sites, so really a very dramatic cut in those services. With that, the other thing that happened was that in Edmonton, which was then not yet a health region, because that didn't happen until 1995, they decided they would bring together all of Edmonton and contract out a lot of the services and a lot of the stuff that was happening in the hospitals. That affected our members very dramatically. So they decided that they would give to a private operator all the hospital laboratory services, with the exception of University of Alberta Hospital. They put it out for bids. At the time we had three…

So to the best of my recollection, this is something that became an Edmonton-wide thing. It seemed to be dictated by the provincial government because they went to an RFP process, request for proposals. Now at the time we had three private labs in Edmonton: we had Hanson's, Stirrit's and Casper's laboratories; none of those were unionized. Now at first, the first effort that they put together when they were first asked about possibly providing new services, none of those labs were big enough to do the work that needed doing. So the Alberta government actually invited them to merge to form a single company to do this thing. Now our argument back then was, wait just a minute, what

about the public sector? What about giving the public sector an opportunity to bid on this same work on the same terms? The answer we kept getting was…
So the government basically gave the private labs an opportunity to form a new company to be able to put together a bid. We said, why is the public sector not given an opportunity to provide a bid as is? The answer we kept getting was, well we know what it costs in the public sector, we don't have to go there.

We kept arguing but didn't get anywhere at all, by saying, but this doesn't make any sense. The private sector couldn't do it the way they were doing tic before, and you gave them an opportunity to describe how they would do this or bid on it based on what they would do in the future and how it would be structured in the future. Why wouldn't the public sector be given an opportunity to say, here is how we could do things in the future, possibly do them differently in order to meet the needs. It was just an ideological bent at that point. They were going to go private and they weren't, don't confuse us with the facts seemed to be the thing. I believe Shirley McLellan was the minister of the day. Having that conversation at one point, it just fell on completely deaf ears. So the long and the short of it was that the result was that all of the laboratories in Edmonton hospitals, with the exception of the University of Alberta Hospital, which includes the provincial laboratories of health, became part of what at first was called Dynacare. That was then the conglomerate of Stirrit's, Hanon's and Casper's. So it was called Dynacare Casper's Medical Laboratories. They have subsequently morphed into what is now called Dynalife.

So for about ten years they provided the lab services. So while the laboratories were still located in the hospitals, be it the Royal Alexandra Hospital, the Misericordia, etc., they were all Dynalife hospitals. We also saw in rural Alberta there were a number of hospitals where Dynacare was actually providing the management of the laboratories, although the laboratories themselves still belonged to the hospitals, or the regions, subsequently. So of course you have this privatization, then in 1995 you have the first effort at regionalization into ten health regions, which caused more upheaval and more structure, restructure, etc. In the privatization we lost between 400 and 500 members, who now became part of the Dynacare operation. Through a number of machinations at the labor relations board, ultimately we lost those workers. I'm not sure if you want me to go into details on that.

Well we went to the labor relations board and there was a very interesting rationale being applied, which said that, yes this is a part of the operation of the employer, who was by then Capital Health. In fact, it was after I was president, so they were now the Capital Health Region. So they said, so here's the Capital Health Authority. Part of its business is providing laboratory services. The labor code says that if an employer sells or divests itself of its business or part of it, successorship rights should flow. We thought that should be a slam dunk. We went to the labor relations board and the labor relations board in its wisdom, I'd say with a bit of irony, decided that yes, they are divesting themselves of a part of their business, but it's only a part of a part. So we as a labor board find that that's too small a fragment to be appropriate for successorship rights, because they also have these other lab services that they provide. Therefore, Health Sciences, we'll give you the right to go through a voting process to keep those members. But that became so

convoluted that we ultimately lost them. So in the first instance they had us go through a vote where the two unions that were involved, one being CUPE that represented the support workers in the labs and one being ourselves, we had the technologists. The workers were asked, if you had to have a union, which would you prefer, Health Sciences or CUPE? On that vote, Health Sciences won quite decisively. Then there was a six week period between that vote and the next one. If I have any regrets it's certainly that we as an organization agreed to that long a period of time. That six week period is what the employer used to basically frightened, intimidated, undermine the workers. By the time the next vote came along, which was do you want Health Sciences to be your union or do you want no union at all, that we lost that vote by a narrow margin. That's still a bitter pill to swallow.

Q: You ended up winning, though.

EB: No, we ended up losing them.

Q: I know, but eventually.

EB: Eventually. So what happens is, this then was 1996, and then ultimately in the year 2005 after almost ten years – and it's my understanding they had a ten year agreement with the legal entity – Capital Health decided that they were bringing those labs back in-house. I think we should ask ourselves then what does that say about privatization? When people talk about it's more efficient, it gets you better service, it's cheaper, etc. Clearly that decision made in the face of a government whose ideology is to support business and the capitalist model, we have never been privy to all of the information that caused them to bring that back in-house. But we can only surmise from the members that we now again represent that it was not more efficient, it was not less expensive, and it did not necessarily provide better services. So here we are. For our members, especially those who were there throughout, the real harsh reality is that they of course went to an employer where they had no union rights whatsoever. They were also, they had to leave their pension plan. So because they were not a local authority, those people were no longer part of the local authority's pension plan. So even though they are back in the pension plan ten years later, there really hasn't been an ability for them to recapture that. So those people got hurt big time on their pension plan.

Then if you go to Calgary, we had a similar thing happen where the Calgary health authority created an entity called Calgary Laboratory Services. It started off as a private public partnership in 1996 or '97, with the same impact on the workers with regard to pension. Because it was a private entity, not a local authority under the legislation, they couldn't be part of the pension plan. However, these workers did retain their union representation because we had been representing the private sector in Calgary for many, many years. At that point then there was no question the vast majority of the workers were all unionized when the three labs that existed there also had the ability to form a new corporation to do this whole thing. When they came together all but one of the labs were unionized. So then there was no issue about successorship rights, but we were not able to keep those people in their pension plan, those that were in the public sector. The

people who were in the private sector, on the other hand, actually wound up gaining a small pension. At the time… is that going to be an issue?... So the people who were in the private sector actually had never had any kind of pension whatsoever. As part of this amalgamation, we got for the entire membership, which is now all one organization, a defined contribution pension plan whereby the employer would put in 5% with the requirement that the employees put in, I think it was 2 or 2.5% at the time. So most of our members in the public sector it's still a significant loss, because that defined contribution plan in no way can compare to the value of the defined benefit plan. But the members who were in the private sector actually gained. Some of them didn't immediately understand that they had quite a gain, because they only saw, well I now have to make this contribution if I want to get the employer's 5%. I certainly recall saying to them at meetings when they were saying, I can't afford to do that – you can't afford not to do that. It's like losing 5% immediately if you don't do it.

Q: You ran a later campaign and you won Dynamlife, you won certification.

EB: That's actually quite recent.

Q: Then go on to tell me if those people in Calgary are still private. Thirdly, talk about what difference it made for these people to be union members, besides the pension.

EB: So Calgary ultimately was a private entity for a while, it was just over 50% plus .1 owned by MDS, which is a lab company. The other 49.9% were Calgary Health Region. So for a number of years they were a separate, private, legal entity. Then in I'm thinking 2005…

Q: The next round of regional authority in the organization?

EB: Well I'm not sure. We had another couple of rounds of regionalization of course. But in about 2005, about the same time as Capital came to the conclusion that it wanted to bring the labs back in-house, the hospital labs, at the same time Calgary Health decided that it would take back total control of Calgary lab services, and bought back the MDS share so that now Calgary Laboratory Services is a wholly-owned subsidiary of the Calgary Health Region. It is still separate and not classified as a local authority for mandatory inclusion in the pension plan. But at least for all these years, these workers have had an opportunity to participate in negotiating their collective agreement. If you were to compare that operation to Dynalife over those number of years, they had that defined contribution pension plan, they had a collective agreement that gave them some rights, they had a union to represent them, to assist them, etc.

So quite a big difference. And their pay levels by and large were somewhat higher, although not… Dynalife quite frankly had to remain fairly competitive on the raw pay issue. But if you talk about things like shift differentials, weekend differentials, various other premiums, those tended to be quite different. Sick leave provisions, vacations – all those things which you can convert into money were considerably better in our Calgary lab services operation. So Dynalife, the Capital Health Region then took back the hospital

labs in 2005. Those workers came back to being Health Sciences members. There is an issue still before the labor board about in the past they had been in two different unions in the support unit and in the paramedical professional technical unit that we represent. So different groups of workers are in different unions. We are still having an issue outstanding at the board about the support workers, whose bargaining unit they appropriately belong into. But they are back in the public sector at this point in time. The Dynalife operation that continues private, so they're providing all of the lab services for the doctors' offices in the province, or sorry in the Capital Region. About 1,000 members or so, and they were private for the longest time. Of course that has been our traditional jurisdiction – lab services, healthcare services. We decided in 2006 I think it was, around there, I'll have to get you the specific date – we decided that we wanted to look at getting those people organized. Part of what we do is strength in numbers, get all the people represented.

We knew there was going to be quite a challenge, because most of those people had never been part of a union, they didn't necessarily understand the value of a union. But we took a very aggressive, very public run at organizing them. We had newspaper ads, we had a huge banner on a building just outside of their main lab, we had lots of meetings where we provided information for those workers. We had people go out to wherever they operated, not only in Edmonton but they had collection sites in other Edmonton locations as well as some rural sites – Red Deer, Lloydminster, and a number of others. So we had people go out and talk to those folks, lots of meetings, telling them about this is what we can offer, this is what being a union is all about. It was tough slogging. We got as far as going to the labor board with an application for certification, but we didn't succeed on the numbers, because of the way the labor board then described what they thought an appropriate bargaining unit was going to be. Then another couple of years went by, another couple of rounds of cuts, or we got collective agreement provisions that these members can all see. Our collective agreements are on our website, so these workers know what their colleagues in the public sector are making. Then two years ago essentially what happened is they started coming to us. They said, we think we're ready now. We had the workers at Dynalife do most of the work at that point in time. Rather than pushing into their operation, we were inviting them in, opening the doors and saying, here's where we are but we need to be sure that you and your colleagues are ready to go there. Then we finally brought it to a vote. They won certification in 2008. Then finally, late in 2009 they finally got their first collective agreement.

Q: What kind of work did Friends of Medicare do, and how did they do it?

EB: That was quite interesting. Around the table there were people who were private individuals who really didn't have any particular connection to the healthcare system. We had representatives from the medical community – Hubert Kammerer. Dr. Hubert Kammerer was the then chair. He was quite frankly a force within, incredibly credible, could speak very authoritatively, and bringing quite frankly the credibility of being a physician to the organization. Being able to say, here's what I see from the inside out. There were seniors. I don't recall if they were particular representing seniors groups at the time. There were representative from various unions as well. That would include

ourselves, United Nurses of Alberta, The Canadian Healthcare Guild, which has since merged with AUPE; AUPE was there, the Alberta Federation of Labor was there. It was kind of a moving membership, people would kind of come and go. But there were a few key individuals who seemed to be providing information and really pushing for things. They would include people like Christine Berdette, who was there. She was I think, her first, where we first met was when Hotel d'Health, in fact Hotel d'Health is probably the very first thing that we got involved with, when private interests were trying to take Leduc and argue or push to have it privatized, turned into a private hospital. That was fairly short lived but not without some activism. So ya, interesting group. People would always say, what do we need to? We need to get information, somebody would volunteer to go off and get it. Or some of us had the ability to, through our organizations, get some assistance from staff, getting some staff to do some research. We would put that together. We would work together on creating reports. We also had people from the university involved, some researchers. Again, as the years went by, different people kind of came and went. We're write reports, we'd put together the research. We'd have news releases, we would plan rallies, meetings. At one point we did a round of town hall meetings throughout the province, where we had the Friends of Medicare then chair Christine Berdette and I think Kevin Taft was part of that round of town halls. We put together money for Kevin and Jillian Stewart to write their book, Clear Answers, about healthcare. I know I'm muddling up the dates probably, there's nothing very linear here. But those are the kinds of things that we would do, then various rallies. Every time there was another piece of legislation or another cut that came, there would be somebody there involved with that to oppose the various cuts to healthcare.

Q: In addition to the cuts, another government strategy was to throw the healthcare system into disarray and turmoil with constant reorganization. The other tactic was to throw it constantly into question and to reduce confidence. Do you recall some of that questioning and the part that Friends of Medicare had in it?

EB: In '88 I was not really very active. I was back at university at the time, so I wasn't very active with that during the Getty years. But it seemed to be that forever healthcare is going to eat everybody's lunch. The words "sustainable" and "unsustainable" started creeping in. In the early '90s was the first time we started hearing sustainability, and the healthcare costs are rising too rapidly, and we have to cut things. It is true that Getty was already cutting government expenditures quite significantly, but I couldn't speak about that very knowledgably because it was really before I was particularly involved. … I was working in the healthcare system. Our union in '88 was not as politically active as it is today, so arguably not quite as involved, notwithstanding that we're a healthcare union. I'm glad to say that we are now more politically involved. But ya, sustainability – can we sustain? This fear about we've got this aging population, we've go the baby-boomers happening. So the early '90s is when I first recall becoming aware of that this was becoming the mantra. We've got a growing population, we've got an aging population, there's no way our healthcare system is going to be able to sustain that, and we've got to figure out a way of doing it differently. My understanding also is that when Friends of Medicare was first formed, which I believe was 1979, the big issue back then was balance billing or extra billing. Doctors were charging patients an extra fee for every

appointment, and that was the big push that caused the formation of Friends of Medicare. People were seeing this is, this is undermining the very tenet of what Friends of Medicare, what Medicare, public healthcare is supposed to be about. It wasn't supposed to be about ability to pay. So if I couldn't pay the $5 to come and see you or the $5 admission fee that some hospitals were charging at the time, did that mean that I was going to have to forego services? The egalitarian nature of healthcare was under attack at the time. So that was the big push back then. But yes, the undermining and attack on public healthcare, the suggestion that we were inefficient and wasteful and bureaucratic and we didn't care and unaccountable, and any number of things that have been either said or implied over the years, has done a lot to undermine the confidence of Albertans in their healthcare system, which for all intents and purposes is still an amazingly good system. But the reality is, by cutting funding, cutting services, making people wait longer and longer… Because we've always had wait lists for various elective procedures, whether it be hip replacements, etc., those wait lists have grown. We also need to think of, part of the reason for those wait lists growing is lack of government commitment. But the fact that we're now doing so many more of them, doing a total join replacement for example, hip or knee replacement. When I first graduated in 1980 that was still a pretty novel procedure and not a lot of people were getting them done. It was still a very risky procedure and it was still pretty special to have that done. Well 25, 30 years later it's the norm, it's commonplace, people don't even think that much about what it means to have a total joint replacement anymore. So the numbers that we do are so much higher that that is one of the functions that will have driven the wait lists. But the other function has been the fact that governments haven't kept up the commitment to provide those services which are so important for maintaining the quality of life for many people.

Q: Were you around when the private clinic thing gained momentum in the late '90s?

EB: Yes. HRG, HRC Health Resources. Now what did they call themselves first? First was HRG and now I think they just call themselves the Health Resources Center. The fact that the Alberta government mothballed places like the Holy Cross Hospital or the Salvation Army Grace, and in comes the private sector and basically buys these things at fire sale prices. Holy Cross Hospital I think was worth $30 some million. We had just put tons of money, I think we'd just put well over, I think it was $30 million or $50 million that we put in refurbishing the place, only to sell it to the Wang brothers, the ophthalmologists, for about $5 million. Well that's a pretty good deal if you can get somebody else to do all the improvements and then pick it up for a song. They've done the ophthalmology clinics there. Then HRG, HRC, Health Resources Group or Health Resources Center, which have set themselves up, they are a hospital for all intents and purposes. They do joint replacements, they do orthopedic surgery, they do various procedures that are seen as elective. They get a fair lot of their customers or clientele through Workers Compensation Board, through the military, through the RCMP, which aren't covered under Medicare per se. Of course most recently, with the bump up in funding in the 2010 budget, with the bump up in funding to have this push on for more surgeries to take care of some of the wait lists, a dramatic amount of that funding in Calgary has gone to HRG. I think it's 140 some procedures to HRG versus 16 or 17 in all of Edmonton, which is part of the public system. So the shift goes on, the shift to private

ophthalmology clinics, private surgical clinics. There are any number of those and I don't know that we even have a complete inventory of all of the private little surgical clinics that you have here and there. You've got dermatology clinics that are doing procedures that should be and are covered by… You've got imaging clinics, so lab, X-ray and MRIs. You've got clinics where they do tonsillectomies and spinal injections, etc. They're all over the place. They are part and a growing part of it. It's a little bit, I liken it to that old story about the frog and the cold water. You stick a frog in cold water and if you heat it up slowly it'll just die, versus if you stick it into hot water it'll jump out. I think that's kind of what's happening here. If we took the system and said, tomorrow we're going to turn the whole thing into a private system, Albertans would notice. They would do what they've done over the years, which is object. We have done, but with every fight that we've had there's been a little bit more privatization. I think some of that Albertans aren't even aware of the extent of it. It's now playing itself out in places like Calgary, with these private clinics. You can have a family physician, you can sign up for the private clinic, but it'll cost you $3,000 or $4,000 to be part of the private clinic, to get access to your private physician. It's pretty hard not to be cynical about that while they claim, well they still bill the Alberta Healthcare system for the visit when their member goes to see their family physician. But unless you've got those $3,000 to sign up in the first place, you won't have access to that family physician. I recall very well when the Copeland Clinic first opened up. They said, oh no, we're expanding capacity; we're actually making family physicians available to more people. The very same day or the day after, patients were speaking out saying, I just got a letter from my doctor saying that I'm closing my practice because I'm going over to Copeland. If you want to see me you can come along, but where's your $3,000?

Q: What did Friends of Medicare do about that?

EB: How could we have let that happen? We fought. I would love to be sitting here saying, we fought the good fight and we protected it all and none of it happened. But many of our fights tended to be with partial victories. We'd have a fight and then we would have some success, but only partial success. We fought the worst of Bill 11 and yet we do have HRG. We've fought against privatization and yet we do have the private labs and some of it. The reality of it is that Friends of Medicare, being made up of and funded by people who aren't people of huge means, can't begin to out-advocate – I'm not sure if I want to say that. We haven't reached the kind of critical mass of Albertans that are prepared to continuously fight their government and advocate on behalf of healthcare. We also have, as Albertans, been fed the line by our government, and I think very consciously so, that business is good, capitalism creates innovation, that there is, government is bureaucratic.

And in fact I would argue that the government has consciously made itself and the healthcare system so bureaucratic that some people legitimately start asking, well isn't there a better way? But the reality is, as I see it, healthcare is not like going to buy a pair of shoes. You're not going to go to this shop and that shop and say, where am I going to get the best looking thing? If you are sick you want to make sure you're being looked after. You want to make sure you're being looked after by a capable health practitioner,

whatever that practitioner's specialty may be – whether it's a physician or a pharmacist, a physical therapist, etc. You don't want to have to go comparison shopping. Healthcare by its nature is pretty complex. In some respects the internet is providing a lot of information to people, and perhaps that is going to go away. But as healthcare professionals, we have an incredible advantage over you as a patient, because we have knowledge and knowledge is power. To say, well go out there and shop around for your favorite physician, go around and do comparison shopping, get the best deal – it doesn't work in healthcare. The idea that healthcare professionals work because they want to provide care as opposed to looking to maximize a profit, that seems to me the number one thing. Without question, to me, the evidence, when you look at the American system where they're spending 17% of their GDP on healthcare compared to our 10 to 11%, I'm not sure where we're exactly at today, where the government of the United States publicly spends more per capita on healthcare and has a huge percentage not covered in a private system. Where insurance companies have overheads to count every swab, every Q-tip, every Kleenex that a patient requires – I don't think that I want to see a healthcare system like that. It sure isn't what Tommy Douglas envisioned when he said, we should get our healthcare based on our need, not our ability to pay. When I see the Gimbels of this world setting up their ophthalmology clinic, when I see these various private operations that are running for a profit, I think we've lost the gist of good healthcare. To me, I think the profit motive can exceed the motive to actually provide excellent patient care. That to me is the gist of public healthcare.

Q: When I ate green chicken I got to visit the University of Alberta Hospital.

EB: How much time did you spend in ER?

Q: Just overnight. I was impressed with the quality of healthcare. Somehow our healthcare system is still a quality one.

EB: Inevitably you will find, although our waits have become unacceptable… The idea that somebody's going to emergency department and is waiting around for six or eight hours on average before anybody even looks at them is unacceptable. The idea that you should be waiting in some cases months and years for a so-called elective surgery, it's a matter of elective in whose eyes? Elective only from the perspective only that you're not going to die in a minute if you don't have this surgery immediately. That's unacceptable. That's been part of the move to curtail services, to limit the number of health professionals that we educate and that we actually put in place. We've cut the number of places in medical schools, we've cut nursing educational positions.

For many, many years, you look at the health professionals in this province, they've been working flat out with insufficient staff. I've often said, without the people to run it, a hospital bed is just a piece of furniture and an MRI is just an expensive photo op. You need to look at having the people in place to do that. When I see what I've seen over the last 15 plus years, what has been done with healthcare human resources ,and the chaos and the uncertainty that people have been dealing with, it's amazing. Having said all that, as you just said, when people finally get in to get their care, by and large they are

incredibly satisfied with the care that they're getting. They're saying, the care I got was second to none, for the most part. Does it mean we're absolutely perfect? Absolutely not. There's always need for assessment and improvement and striving for better quality. Do mistakes get made? Sure they do. When you've got 90,000 people working the system, there will be mistakes. But guess what, they happen in the private system just as well. That's not a factor that justifies going one way or the other. Ultimately it comes down to we all share in the costs, we all should have access to excellent healthcare, and we shouldn't be in a position where those who can afford better care jump to the head of a line.

Q: Is that what you'd say if you were asked to speak at the gala on May 15th to celebrate the 30th?

EB: I think we've kept them at bay. We have had an incredible success. I would hate to think of what our healthcare system would look like if we didn't have Friends of Medicare in this province. For all the, as I said earlier, we've had partial successes. We haven't been able to beat them back completely. It's interesting when you do a comparison between Alberta and some other places, notably Quebec, that there are places in spite of the I think concerted and organized efforts to try to push us towards privatization, there are places in this country where there's more privatization even than here. But we've got to keep fighting it, because if we don't we'll start looking at things like NAFTA. I think we're already in jeopardy of having possibly some NAFTA challenges where some corporation who wants to make lots of money off healthcare comes in and says, we want to be able to complete.

You have some private clinics there already, you have some private hospitals already. I think for all intents and purposes, HRG is a hospital. So it is conceivable to me that we might see some challenges from some American investors who want to come in and make money off our system. That's a big worry if we're going to go there. Quite honestly, the recent injection of cash into the system, while it is absolutely necessary, while it is a good thing, the 2010 budget putting in place an extra $1.3 billion into the healthcare system. It's a huge amount of money, it was absolutely necessary. It's distressing that a significant chunk of that is going to go to fund activities in the private sector, because we really should be supporting our public healthcare system with that. But there's part of me that says, hmm so if I'm a potential private investor, I'm looking at Alberta from the outside in, you know the government's just coughed up another $1.3 billion – how do I get a stake of that? I'd be very surprised if there aren't people out there looking to say, hmm let's see how we can get a portion of that funding.

Q: So we've fought well but we're still going to face challenges?

EB: In my mind, those challenges are never going to go away. We are going to have to remain vigilant forever. It's like democracy – you've got to protect it because you don't know what you've got until you haven't got it anymore. If we go to sleep and let them continue to chip, chip, chip away, whether it's pharmaceuticals for seniors, whether it's vision care, provisions for persons with disabilities, etc., little by little.

…
Absolutely. We've not begun to realize Tommy Douglas's vision. I think Tommy would say what we did with hospitals and doctors' services really was just a start. Dental care should be part of it. Eye care should be part of it. Mental health has been sadly neglected in the whole system and continues to be sadly neglected. All of those areas need to be part of a holistic whole.

Q: Is there anything else?

EB: One thing of course that's happened through this history since my involvement, when we first started there was no such thing as an office for Friends of Medicare. It was really just a group of volunteers. One of the things that we have achieved over the years is that we have managed to put together enough sustaining funding to actually run an office, where we have had now several people who have been staff, the latest being David Eggen as executive director. Having that kind of an institutional presence has enhanced the credibility of Friends of Medicare. Although, I would also say, there can be a bit of a tendency when you create an office for somebody and an institutional presence, that the volunteer aspects of it start to drift away. People then say, well now you've got staff who can do all these things, we as volunteers don't need to do that anymore. That needs to managed quite carefully then, to not lose that volunteer effort. Quite frankly, even with an office of one or one and a half people, there's so much work to be done you can't possibly expect them to do that without real volunteer effort. So it's hugely satisfying to see the growth around the province, where it really has become a grassroots movement. You've got active chapters in Lethbridge and Medicine Hat and up in Beaverlodge Hythe, etc. So having these various different chapters is really a good thing, and they've been growing. We can only hope that they continue to grow.

[END]