



# Friends of Medicare

Four Decades of Fighting for  
Public Health Care in Alberta

**40<sup>TH</sup>**  
ANNIVERSARY  
EDITION

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**We have come a long way since we celebrated the 30th Anniversary of the Friends of Medicare ten years ago. At that time, we had little idea how crucial our work would be in the decade leading up to our 40th, and how many of the struggles of the first 30 years would have to be fought again, as new threats constantly arose to challenge the basic principles of public health care we are dedicated to uphold.**

When the first edition of this booklet appeared ten years ago, the Friends of Medicare was in the midst of a campaign to counter attempts to erode our single payer structure, using such misleading titles as 'The Third Way' and 'Freedom to Choose'. At the same time, we faced non-stop attempts to impose new cutbacks and shutdowns, such as an ill-advised proposal to shut down the Alberta Hospital Edmonton.

Since then, challenges to our public health care system by such opponents as the Copeman clinics, medical and insurance corporations and neoliberal politicians have shown no sign of abating. Disinformation campaigns appear from every angle, financed by interests who have almost unlimited resources to maintain propaganda campaigns featuring stories about so-called victims of "socialized medicine"; i.e., the people denied "freedom" to buy privileged access to health care, as they do in the U.S.A. They hide the fact that, in that country, private insurance premiums have almost doubled since 2000, and half of all personal bankruptcies are due to medical bills.<sup>1</sup>

Wait times are hard to endure, of course. However, we cannot let our system be eroded by those who assume they have a God-given right to buy their way to the front of the queue. Neither can we allow persistent myths about physician incomes and freedom to go unanswered, particularly as both have been conclusively exploded in study after study.<sup>2</sup>

All these attacks point to the need for more education, as so many people are unaware of our history. As Ann Silversides remarked in her book, *Champions*, "...ask Canadians when medicare was introduced in this country, and my guess is that most would have trouble answering correctly. ... How do you impress on your children's generation that you can't assume that this [medicare] will always be there, that you have to be prepared to stand up and fight for what you believe in?"<sup>3</sup>

**Winston Gereluk**

<sup>1</sup> CFNU, Canadian Health Coalition

<sup>2</sup> See for example: Jacalyn Duffin MD reported in "The Impact of Single-Payer Health Care on Physician Income in Canada, 1850-2005", *American Journal of Public Health*, July 2011, 1010 (7), 1198-1208.

<sup>3</sup> CFNU, Canadian Health Coalition

### Sandra Azocar

This book has been created to commemorate 40 years of Friends of Medicare Society in Alberta. To tell a history of an organization that will always continue to be relevant and needed as long as there are those who seek to profit from the poor health of their fellow citizens. For the last four decades Friends of Medicare has been at the forefront at the fight to protect, defend and expand public health care in Alberta and Canada. For the past four decades we have had many victories and many setbacks, yet through it all, it has been our conviction and understanding of the importance of public health care that has kept us going, that has strengthened our advocacy. Public health is a re-enforcement of the values that Canadians firmly hold, those of justice and equality.

As an organization we have become well established and our staff often punches above their weight when creating and leading campaigns on a variety of issues. We have grown our membership exponentially and have grown our capacity in various cities by having active chapters.

*Educate, agitate and organize* has become more than a rally call, it has become the rule that serves to guide our advocacy and the role that we hold in Alberta's civil society. Through our advocacy and ongoing work, we have managed to gain national notoriety and are well recognized by advocacy organizations across Canada.

We have impacted the creation of legislation and have fought many policies and laws that have negative consequences on the delivery of public health care. We understand that behind every review, statistic, policy and legislation, there are people and families that are impacted.

With a recent change in Alberta's political landscape, we are once again faced with privatization threats to our public health, a threat that was clearly laid out in the election platform of our current government. This idea of private health care comes back time and time again because it is desirable for a small group of people who have both money and influence. The vast majority of Canadians have continued to say no to private health care, over and over and over.

As I look back at the last 40 years, it makes me realize that Friends of Medicare is truly an engine for change. It has been a humbling experience to be part of this history and this organization, one that has been built on the shoulders of so many fierce and staunch individuals that have given many years to ensuring that all of us benefit from a health care system that is there based on need and not ability to pay.

**Sandra Azocar**  
Executive Director, Friends of Medicare



## We are the Friends of Medicare

A province-wide coalition of individuals, service organizations, social justice groups, unions, farmers, retirees, native people, the disabled, environmentalists, faith and community groups and consumer advocates who assembled 40 years ago to protect and advance our public health care system.

Friends of Medicare was incorporated under the *Societies Act* 40 years ago as a non-profit society in response to mounting threats against Medicare. In the ensuing years, we have produced newsletters, bulletins, and videos, and participated in campaigns and lobbying federal and Alberta governments to build and preserve a public health system under the principles of the *Canada Health Act*.

We got our start in May 1979, when delegates at an Alberta Federation of Labour Convention adopted a paper entitled *Friends of Medicare: Concerns on the Erosion of Medicare in Alberta*. After meeting as a loose coalition for three years, we incorporated in 1982 as a society with a constitution in order to provide a more solid footing for fundraising and strategic action. We also joined the Canadian Health Coalition to lobby government and educate the public with other provincial and national organizations.

We have never been well-financed or heavily-resourced. In fact, we didn't even have a permanent staff person until Harvey Voogd was hired as Coordinator in 2002. Our strength has always been in our membership and an aroused public. This is why we devote so much of our time and efforts to public education and awareness campaigns.





### **For 40 years, we have promoted a vision of public health**

We believe that the principles that form the basis of the *Canada Health Act* are the same principles that define us as Canadians.

In 2004, our country overwhelmingly chose Tommy Douglas as the greatest Canadian of all time because he represented the image we have of ourselves. We believe that we are a compassionate people, that will not let anyone go without care. That's why we pool our resources for a health care system that takes care of everybody, rich and poor. We are fiercely proud – and defensive – of what we have accomplished.

We believe that a strong health care system requires stable and predictable funding, which is threatened by user fees or private funding arrangements. This is why we have steadfastly opposed private for-profit health care delivery system, or the contracting-out of health care services. This belief has directed us on a struggle to preserve and strengthen public health care in Alberta: to raise awareness of issues related to Medicare; to collect and share information, and to lobby governments to maintain a health care system that adheres to the spirit and the letter of the *Canada Health Act*; to protect, promote and restore the physical and mental well-being of all Canadians and to facilitate access to health services without financial or other barriers; to urge governments to address the social determinants of health; to encourage governments to expand and improve our public health care system against investor-owned, for-profit and private health care.

The Friends of Medicare diligently maintains a non-partisan position, not aligned to any political party. We form associations with other groups with views on health care issues forged by a common front. With changes in governments in 2019, we will continue to advocate for protecting and expanding the universal coverage of Medicare and to ensure that services are not just publicly funded, but also publicly delivered.

Through the Canadian Health Coalition founded in 1979, we work with a number of national, provincial and territorial health coalitions, seniors, anti-poverty, community, professional, retiree and labour organizations including:

### Health coalitions:

- Canadian Health Coalition
- Manitoba Health Coalition
- Health Coalition of Newfoundland & Labrador
- Nova Scotia Health Coalition
- P.E.I. Health Coalition
- Saskatchewan Health Coalition
- B.C. Health Coalition
- New Brunswick Health Coalition
- Alternatives North
- Ontario Health Coalition
- Coalition Solidarité Santé

### Some of our organizational allies:

- Seniors' Action & Liaison Team (represented on board)
- Congress of Union Retirees of Canada
- The Alberta Teachers' Association (represented on board)
- United Nurses of Alberta (represented on board)
- Health Sciences Association of Alberta (represented on board)
- Alberta Union of Provincial Employees (represented on board)
- Canadian Union of Public Employees
- Civic Service Union 52
- Calgary & District Labour Council
- Edmonton & District Labour Council
- Alberta Federation of Labour (represented on board)
- Alberta College of Social Workers (represented on board)
- Public Interest Alberta
- Parkland Institute

**“** I remember only 4-5 active members and a province-wide membership of about 110 people when I became Secretary for the Friends in 1984. It was our faithful members and supporters who kept us going by sending in donations of 10-20-50 dollars. We didn't have an office, only a post office box, that I visited almost every day to update my files and membership lists. We became stronger when the ATA joined the AFL and UNA as sponsors.

~ Donna Martyn, Friends of Medicare Secretary, 1984 -1999

## We remember: The fight for public health care, 1979 - 2009

There was no time in the past 40 years when we could take our single-payer public health care system for granted. Even before it was born, Medicare was threatened by powerful, determined interests. For example, when talk of a single-payer system first became widespread in the early 1960's, the Canadian Medical Association (CMA) openly opposed any publicly-funded health care. It vowed to stop any move towards "socialized medicine" by making the case for the existing doctor-sponsored medical insurance plans, subsidized by the state if necessary, but controlled by the medical establishment.

There was a provincial health insurance plan in Alberta long before the federal Liberal minority government of Lester B. Pearson, pressured by the NDP, passed the first 'Medicare' legislation in 1966. It was Tommy Douglas, however, who launched the idea of government supported universal public coverage of hospital and medical service after leading the CCF to power in Saskatchewan in 1943. He enacted the first public health insurance plan in 1947, laying a basis for the *Saskatchewan Medical Care Insurance Act* in 1961 over intense opposition of the Province's doctors and the political opponents.

Universal state medical insurance was virtually the only issue in the Saskatchewan election of 1960, but the promise of state Medicare was so popular that the opposition parties could not oppose it outright. They could only claim to be distrustful of a "CCF-administered socialized medicine." The organized medical establishment was not so reticent and mounted a ferocious propaganda campaign fronted by the local College of Physicians and Surgeons with the support of the Canadian Medical Association (CMA), the AMA, the local economic elite and most of the media in the province.

Doctors who favoured Medicare were isolated and ostracized by the local medical hierarchy, which took much of its advice from outsiders and adopted tactics from similar campaigns in the United States. They amassed \$100,000 for propaganda purposes, a large sum in 1960 and more than any party would spend in that election. Every household received printed propaganda and ads flooded radio and newspapers. Public meetings were held throughout the province, addressed by prominent doctors and supporters, often under the auspices of local Chambers of Commerce and Boards of Trade.

In October 1959, after months of private discussions, the College unanimously passed a resolution to 'oppose the introduction of a compulsory government-controlled province-wide medical care plan, and declared its support for health and sickness benefits through indemnity and service plans.' Stating that doctors would 'not look kindly on any

### Friends of Medicare Events Timeline

#### 1946

Saskatchewan Government of Tommy Douglas introduces first provincial hospital insurance program in Canada.

#### 1957

Paul Martin Jr. introduces a national hospital insurance program over opposition of doctors, insurance companies and big business.





plan introduced without the say of the voters', it demanded a province-wide vote to give those opposed to the government plan opportunity to voice their case, adding that many 'doctors would not work under a scheme that was brought in without a referendum.'<sup>19</sup>

The College levied a fee of \$100 on each of its members to fund an extensive public relations campaign during the election. It delivered publicity kits to all doctors to ensure that the media and the public received consistent messages from its members. One example of the College's approach was a draft speech it sent to its members on 5 May 1960, in which it warned them 'not to stray' from the hard line message:

*Saskatchewan's 930 doctors are unalterably opposed to the introduction of a government controlled compulsory prepaid medical care plan, or in plain language, state medicine. Our main reasons for opposition are based on two factors: compulsion, and government control. We are convinced that these factors would be responsible for lowering of the standards of medical care for our patients. Our position may be defined as unalterable.*<sup>4</sup>

In 1961, Conservative Prime Minister John Diefenbaker put into place the National Hospital Insurance Plan, building on St. Laurent's 1957 Hospital Insurance and Diagnostic Services Act to pay half the cost of hospital care to any province that provided a plan meeting federal guidelines (with Tommy Douglas' 1947 hospital plan as a guide.) He

<sup>4</sup> Naylor, C. David (1986) *Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance, 1911–1966* [Montreal, McGill-Queen's University Press. 185-6.

## 1962

Saskatchewan Government led by Woodrow Lloyd introduces provincial medicare system over objections of province's doctors.

## 1965

Hall Commission issues report calling for universal and comprehensive national health insurance program.

## 1966

Minority Liberal Government of Lester B. Pearson passes Medical Care Insurance Act creating basic Medicare.



appointed Justice Emmett Hall to head a royal commission on health services, who delivered a report in 1964 proposing a publicly financed and administered health plan similar to the one in Saskatchewan, not only for medical and hospital care, but also for a wide range of other health services including prescription drugs and dental care for children.

Six years of minority governments between 1962 and 1968 favoured political forces attempting to move the country in a more progressive direction. The growing popularity of the NDP strengthened left Liberals who argued that their party must protect its left flank. It also encouraged red Tories within the Conservatives, who argued that the party had to move left to remain electorally competitive. All of this

occurred at a time when an election might occur at any time and no party wanted to be caught on the wrong side of a popular issue like Medicare.

In the end the party whips forced right wingers into submission, and the Medical Care Insurance Act was passed on December 8, 1966, by an overwhelming vote of 177 to 2. The start date was July 1, 1968, and the Act provided that the federal government would pay about half of Medicare costs in any province with insurance plans that met the criteria of being universal, publicly administered, portable and comprehensive. By 1971 all provinces had established plans which met the criteria.<sup>5</sup>

Alberta Premier E.C. Manning argued that a single-payer system violated individual freedom of choice, and relented only when it was revealed that his scheme of private insurance would translate into the highest premiums in the country. In order to receive national transfer payments, Alberta joined the national Plan on July 1, 1969 creating the Alberta Health Care Insurance Plan (AHCIP).

## We remember: The crisis which led to the Friends of Medicare in 1979

**The interests who stand to profit from private health care have been likened to zombies. They refuse to die, coming back every time with a new message but with the same aim – to replace public health care with a private, for-profit system.**

The challenge we faced in 1979 was extra-billing. Doctors and facilities were charging fees over the schedule set by the Alberta Health Care Insurance Plan.

<sup>5</sup> *Canadian Dimension*. Vol. 46, Issue 4: July/August 2012.

### 1969

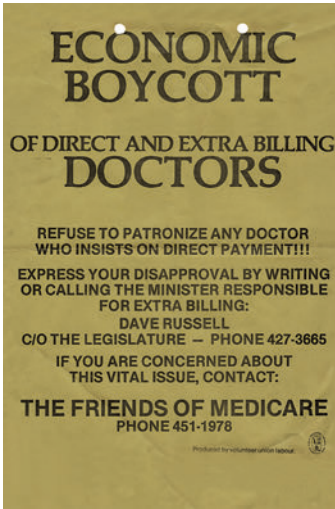
Alberta joins national Medicare, creating AHCIP to cash in on cost-sharing formula.

### 1977

Trudeau Liberals replace 50/50 cost-sharing with block funding initiating extra-billing by doctors and facilities.

### 1979

Alberta Federation of Labour approves position paper, Friends of Medicare: Concerns on the Erosion of Medicare in Alberta.



The practice reached crisis levels in 1977 when the *Federal-Provincial Fiscal Arrangements and Established Programs Financing Act* replaced 50/50 cost-sharing with a system of block funding. With the federal government no longer ensuring that provincial expenditures would be tied to hospital or designated services, provinces cut back health funding, and doctors and administrators began to look for extra revenue.

This was when some unions met with social partners to form the Friends of Medicare. In our first brief to Alberta's Minister of Health in November 1979, we argued that any fees, no matter how small, would affect access to health care. When Bill 94, the *Alberta Health Care Insurance Amendment Act* passed in 1980 implicitly legalized extra billing, we launched a

province-wide campaign, placing observers in doctor's office, holding public hearings, conducting surveys and distributing information. We compiled mailing lists, spoke to the media, lobbied MLA's, and used advertising and a public 'hotline' –actions we would repeat many times in the following years.

In February 1981, we appealed directly to Federal Health Minister Monique Bégin to intervene. We also asked Alberta's Minister of Hospitals and Health Care to publish a list of doctors who refrained from 'cheating.'

Equal access to health care was not the only Canadian institution being attacked at that time. So were pensions, family allowances, school lunches; everything designed to ensure all Canadians a floor of rights as citizens. The 'War on Poverty' of the 1960's had turned into a 'War on the Poor', and in the process, the social security net put into place in the three decades after WWII was badly eroded. The result persists today; in terms of how much of our wealth (GDP) goes to social programs amongst industrialized countries, Canada is ahead of only the U.S.A.

We pressed ahead. In May 1981, we presented a brief to a Parliamentary Task Force on Federal Provincial Fiscal Arrangements pointing out how changes to funding had led to the erosion of Medicare in Alberta. We furnished our members with a list of doctors engaged in extra-billing, along with an action kit for a campaign that we maintained for three years. It was no surprise, therefore, when the Friends (Karin Olson specifically) were named as 'public enemy #1' by Alberta Conservatives at their 1983 Convention.

### 1979

Fifteen organizations form Friends of Medicare to oppose double-billing and user fees.

### 1980

FOM launches province-wide campaign against extra-billing.

### 1981

Parliamentary Task Force on Federal Provincial Fiscal Arrangements when it meets in Edmonton.

“ I remember a packed meeting in those early years at which Dr. Bob Turner, a hematologist in the Faculty of Medicine and oncologist at the Cross Institute was speaking about why he, as a physician, thought extra billing was not good for the health of Canadians. I knew that quite a few physicians with similar views were unwilling to speak out publicly, so I asked Dr. Turner if he was worried about repercussions for speaking at our meeting. He said something like, “sort of, but not nearly as worried as I am about the potential effects of extra billing.”

~ Karin Olson, Assistant Professor, School of Nursing, University of Alberta

## We remember: Public pressure led to a second hall inquiry

Public concern over extra-billing was at an all-time high in 1980, when Justice Emmett Hall was called on again to conduct a review of health care financing. We presented a number of briefs to his Panel detailing the erosion of medicare, and organized public input to ensure that he received a consistent message across Alberta.

Hall's Report, released in 1982, said that Canada's Medicare was “by world standards one of the very best health services today.” Canadians wanted a publicly funded, publicly delivered and government-administered health care system, he said. Not only did he recommend that premiums and user fees be outlawed as contrary to the principle of universal accessibility, he also proposed expansion of the system by:

- Providing more community health centres for chronic and convalescent care, as well as more support for home care programs;
- Employing nurses more extensively as the first point of contact, to perform a wider range of medical procedures, paid directly by the health ministry; and
- Using para-professionals to a much greater extent.

FOM became the main advocate in Alberta for the ‘Hall principles’, invoking them in briefs to government, forums and political lobbying efforts. The Alberta Government disappointed us once again, however, when it hastily passed an *Amendment to the Alberta Health care Act* that effectively recognized extra-billing, only providing that citizens could complain to a panel of physicians about ‘excessive billing’. The media regularly turned to us to respond to criticisms from opponents of the Hall Report.

**We saluted the passage of the *Canada Health Act* in 1984 and were immediately called upon to defend it against erosion by opponents of public health.**

### 1982

Friends of Medicare incorporates as non-profit society with constitution and by-laws.

### 1983

FOM appears before Special Committee of the Senate to protest Bill C-22 which would limit use of generic drugs in Canada.

### 1984

Canada Health Act passed setting out principles of universal, comprehensive Medicare system with single payer insurance.

We were in Ottawa with other 'friends of medicare' to lobby MP's, when the *Canada Health Act* was passed, setting out principles that provincial plans were obliged to honour in order to receive federal transfer payments:

- **Public Administration** - be administered and operated on a non-profit basis by a public authority.
- **Comprehensiveness** - "all insured health services provided by hospitals, medical practitioners or dentists must be covered.
- **Universality** - coverage provided for insured health services to all insured persons on uniform terms and conditions.
- **Portability** - must include provision for covering individuals in another province.
- **Accessibility** - "reasonable access" provided to insured services unprecluded, unimpeded, either directly or indirectly, by charges or other means.

It was a particularly difficult time to launch a progressive program. Monique Bégin, the federal Minister of National Health and Welfare, who spearheaded the 1984 legislation designed to stop the erosion of medicare, had to face the combined forces of elites promoting the neoliberalism that was sweeping across the Western world.

She had to 'stare down' the Alberta government, which refused to comply - at first. Its stubbornness and insistence on the 'right' of health care professionals to extra-bill cost the Province \$18 million in penalties from mid-1984 to the end of 1985. Discovering that the federal government would deduct one dollar from federal transfers for every dollar of direct patient charges for insured physician and hospital services, we immediately placed advertisements in newspapers across Alberta to expose instances of non-compliance, and advertise the resulting forfeitures of federal transfer payments.

**“** *The greatest risk to medicare at the time was both the neo-conservative economic ideology and Canadian organized medicine. I would say all elites in Canada bought into what would become known as Reaganomics. The first attacks were against universality of family allowances and universality of pensions. Then suddenly it was medicare that was attacked, not via concepts like targeting instead of universality, but via extra billing and user fees — two developments that my department [National Health and Welfare] had no information about whatsoever.*

*~ Hon. Monique Bégin, Minister of Health who brought in the Canada Health Act in 1984.  
CFNU, Conversation with Champions*

### 1985

FOM publicizes Alberta's noncompliance with Canada Health Act which resulted in losses of millions in transfer payments.

### 1986

FOM launches "Generic Drugs Please" campaign against changes to Drug Patent Act.

### 1988

FOM organizes forum on "Health of Alberta's Healthcare System" after massive de-listing of services and increase in AHCIIP fees.

## We remember: Organizing against neoliberal ‘reforms’ in the 1980’s

The ink was hardly dry on the Canada Health Act when we had to take on the Alberta government over attempts to violate its basic principles.

When ‘stagflation’ arrived in Alberta in the 1980’s, debt and deficit became the singular focus for the Alberta Government. It used its ‘war on the deficit’ to justify privatization and profit-making in health care, with stock statements like, ‘our system of public health is unsustainable’ and ‘the market can do it better.’

In April 1986, we took action when AHCIP premiums were increased at the same time as a long list of services were suddenly deemed not ‘medically necessary’. When we uncovered an agreement with the Alberta Medical Association to allow extra-billing later that year, we kicked off an information campaign that succeeded in convincing government to back away from some of these plans.

When Premier Getty established a “Premier’s Commission on Future Health care for Albertans” in December of that year, we organized a forum to ask the public how cutbacks and changes were affecting them. These findings were incorporated into a brief with which we attempted to shape the 1989 *Rainbow Report* of the Commission. In April of that year, we joined the Canadian Health Coalition to publicize the effect that reductions in federal transfer funds were having on established programs such as health.

When plans to allow drastic increases in drug prices first emerged in the early 1980’s, we launched a “Generic Drugs Please” campaign, which we renewed in 1988, when the Mulroney Government announced plans to extend patent periods and make Canadian-generic drugs less available, adding some \$500 million a year to the cost of health care. The 1993 *Patent Act Amendment Act* banned any new generic drugs for 10 years, thanks to negotiators at the General Agreement on Trade and Tariffs (GATT).

Prime Minister Jean Chrétien announced a National Forum on Health in October 1994 to “... involve and inform Canadians and to advise the federal government on innovative ways to improve our health system and the health of Canada’s people.” Chretien chaired the Forum, his Minister of Health was Vice-Chair, and 24 members from across Canada with expertise and special knowledge of health care systems were enlisted. Unfortunately, the Forum was shut down in June 1997, a victim of ‘deficit hysteria’.

### 1989

Premier’s Commission on Future of Healthcare issues Rainbow Report.

### 1989

FOM joins Canadian Health Coalition campaign against reduction of transfer funds for established programs in federal budget.

### 1991

Negotiators at General Agreement on Trade and Tariffs (GATT) raise demand for more patent protection for drug companies.

## We remember: Renewing the Friends of Medicare in the Klein Years

Nobody who lived in Alberta during the 'Klein years' can forget what happened to our health care system. After convincing Albertans that our public health care system was unsustainable, the new Premier implemented 20% across-the-board cutbacks, regionalization and privatization in our health care system - *just as the Friends had entered a period of relative dormancy.*

About 100 social partners convened a meeting in Edmonton in May 1995 to renew the Friends of Medicare in the face of the growing crisis. Dr. Hubert Kammerer, a doctor at the Boyle McCauley Community Health Clinic, was elected Coordinator.

When changes to the *Canada Health & Social Transfer Act* (1995) threatened to reduce health funding once again, we wrote to municipal councils across Alberta asking them to oppose the change. We initiated a "Medicare Alert" and kicked off a series of public hearings, rallies, media ads and petitions in towns, and cities across Alberta to oppose the Klein reforms. Surveys showed that the future of our health care system actually began to replace debt and deficit as the primary concern of Albertans.

We pressured a Government Task Force to ensure citizen representation on new Regional Health Boards and held a 'Citizen's Inquiry' to hear how Albertans were affected by cutbacks. We also joined with the Canadian Health Coalition, the Canadian Labour Congress and Action Canada Network to observe National Medicare Week with events in Edmonton and Calgary under the banner, 'Some Cuts Don't Heal'.



Premier Klein 'blinked' for the first time in November 1995 when laundry workers in Calgary went on a wildcat strike over contracting-out of their work. One month later, however, he threw down the gauntlet again, issuing 12 'Key Principles' for Alberta Health, one of which recognized "that physicians can receive payments from both the publicly funded system and the fully private system".

We succeeded in delaying changes to the *Hospitals Act* that would have removed requirements for adequate graduate nurse coverage, but in 1996, we were faced with another Reform Plan targeting Alberta's health professions. That March, we publicized \$1.86 million in fines the Alberta government had paid for violating the *Canada Health Act*, which we also reported to a National Forum on Health.

### 1993

Patent Act Amendment Act (1992) extends patent protection for many drugs from five to 20 years.

### 1993

Premier Ralph Klein announces budget cutbacks of 20% to health, education and social services.

### 1993

FOM takes part in Alberta government Provincial Roundtables on Health.

'Klein reforms' continued throughout the Nineties. When a Budget surplus emerged in 1996, we led Albertans in a campaign to demand that it be re-invested in health care: "Say 'no' to a two-tier health system". We likewise rejected the market approach in the government's *Citizen's Evaluation Criteria for a Reformed Health System*. In 1998, we joined the Canadian Health Coalition and the Canadian Labour Congress in a national campaign against privatization of health care and for a National Drug Insurance Plan.

The most serious threat to Medicare was the gradual, progressive and eventually complete renegeing of the federal government on its commitment to pay a fixed share of provincial health costs. In 1996, the Canada Health and Social Transfer (CHST) began to replace the Established Programs Financing (EPF), which transferred money to the provinces for health and post-secondary education services, and the Canada Assistance Plan (CAP) which provided funding for social assistance and social services. CHST payments were transferred as a block fund, meaning that provinces were no longer subject to rules stipulating which expenditures were eligible for cost sharing.

We joined other organizations in a broad-based campaign that eventually resulted in the 2004 Health Accord, which restored the 50/50 balance for ten years. Unfortunately, it lacked national standards for specific aspects of health care: e.g., drug plans, home care, primary health care, the nature of the delivery system, etc.

“ The Klein government did not want public advocates. In essence, those years saw a continual diminishing of community-based advocates for health care services starting with the elimination of about 200 boards down to 17 health regions. Then, after a short flirtation with elected regional boards, they realized this was a mistake - they didn't want people to think they were actually going to represent and advocate for people's health when they had a totally different agenda to achieve. So, from 17 regions, they went down to nine and today, down to one. Steve West put out his steps for successful privatization in 1995, one of which was to remove all those 'vested interests'. This was the real reason why hospital boards and regional health authorities had to go.

~ Heather Smith, President,  
United Nurses of Alberta



#### 1994

Alberta Health's discussion paper, *A Better Way*, touts need for individual payment of some healthcare costs.

#### 1994

Alberta government passes the Regional Health Authorities Act forming 17 Regional Health Authorities.

#### 1994

Bill 77, The Delegated Administration Act, allows regional health authorities to engage in practices contrary to Canada Health Act.



“One of the reasons I wanted to be a physician was because I thought so highly of our health care system. So, it was quite a shock when Ralph Klein came out with privatization and extra billing proposals in 1994. It was common knowledge that the American system had many disadvantages; it was expensive, and 35 or 40 million people weren't even covered by insurance. So why would we look in that direction? I was outraged and thought that I would join Friends of Medicare but, to my surprise, it wasn't active anymore. So early in 1995, I got together with Heather Smith, Jason Foster and a few others, and we had our first board meetings. That's how we got started.

~ Dr. Hubert Kammerer, Psychiatric Chief, Geriatrics, Edmonton Glenrose Hospital

## We remember: Leading the fight to protect our public hospitals

Throughout the 90's, the Alberta Government relentlessly promoted the idea that health care costs were the primary reason for the Province's debt and deficit, to justify a capacity-reduction strategy that closed down beds and even complete hospitals. On October 4, 1998, the Calgary General Hospital was blown up.

Finding that he could not attack the principles of the *Canada Health Act* directly, Premier Klein looked for ways to either allow private funding, or to direct public money towards privatized hospitals operating within the public system. Alberta was absent when a meeting of provincial Ministers of Health in September 1994 agreed to “...take whatever steps are required to regulate the development of private clinics in Canada.”

On January 6, 1995, the Hon. Diane Marleau, Federal Minister of Health stated unequivocally in a letter that, whenever a province paid for a medically necessary service at a private clinic, it would have to also pay the facility fee, or face a penalty.

In 1996, a group of 50 physicians and business people announced plans to turn hospitals in Leduc, Islay and Galahad into facilities catering to people who could pay for 'Cadillac surgery and care', enhanced with 'health tourism'. We organized opposition, pointing out that even if 'Hotels de Health' did not use public funds, they would still be a drain on our public system. The Health Authority eventually rejected the proposal, and the directors quietly sank into oblivion - but not before revealing another face of privatization.

### 1995

Alberta Health's Better Way II: Blueprint for Building Alberta's Future 1995/96-1997/98, announces de-listing of services.

### 1995

FOM introduces new quarterly publication, Medicare Alert, to inform Albertans and encourage active support for Medicare.

### 1995

FOM kicks off province-wide public hearings under the title, "Is Alberta Hurting?"

In 1997, the Health Resources Group (HRG) bought Calgary’s Holy Cross Hospital (recently renovated at public expense) for \$30 million to open the first private, for-profit hospital in Alberta, specifically enabled by Bill 37, the *Health Statutes Amendment Act* (1998). Introduced twice into the Legislature, the Bill was withdrawn both times after concerted public opposition. Health Minister Jonson finally referred the issue to a Committee which recommended that surgical procedurals be provided in private hospitals, but only with Ministerial approval.

Bill 11, *The Alberta Health care Protection Act* tabled in April 2000, would have allowed regional health authorities to contract with “extended-stay non-hospital surgical facilities” for procedures requiring overnight stays - the third attempt by the Klein government to legalize and institutionalize private, for-profit hospitals in the Province. Albertans had seen enough, however, and thousands rallied in response, coming from far and wide to hold noisy rallies at the Legislature, while the Bill was being debated. Crowds chanted “This is what democracy looks like,” signaling that our fight was really about the way decisions were made and the right of all to enjoy quality health care.

The government backed off, amending the Act to severely limit the range of services that could be offered at private surgery and diagnostic imaging clinics, and preventing them from becoming full-fledged hospitals. Once the doors were opened, however, private interests rushed in, and the government switched its attention to private payment.<sup>6</sup> As a result, we continued to deal with new privatization schemes such as the P3’s (public/private partnerships) that Premier Klein proposed in 2007 to finance badly-needed hospitals in Medicine Hat, Calgary and Fort Saskatchewan.



“ It seems that Calgary has become a hotbed of privatization. Hospitals have been shut down. There was the infamous blowing up of the General Hospital on the claim that it was old and dysfunctional. That was followed by the closing of the Holy Cross Hospital, sold for pennies on the dollar. Then two other hospitals, the Colonel Belcher and the Grace, were closed, leaving Calgary with three hospitals instead of seven. This was part of a bigger trend, in which the number of hospital beds in Alberta was reduced from 13,300 in 1989 to only 6,800, while the population increased by 25%. It’s like pulling a rug out from under the feet of sick people.

~ Ted Woynilowicz, Chair, Calgary Chapter, Friends of Medicare

**1995**  
Concerned Albertans collect over 80,000 signatures on petition to save Medicare from Klein assault.

**1995**  
Federal government fines Alberta \$millions for allowing private, for-pay clinics.

**1995**  
Laundry workers at Calgary’s General and Foothills hospitals wildcat over contracting out of work; Klein “blinks.”

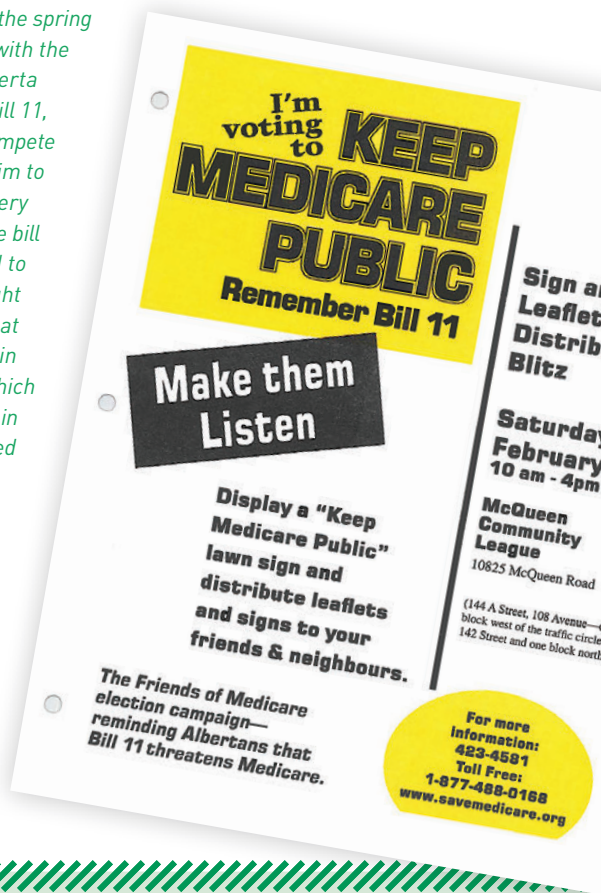
“ Kevin Taft and I toured the province holding small town hall meetings on Bill 11 — except they kept getting bigger. By the time we got to Edmonton, even the Polish Hall wasn’t big enough. We heard from a broad cross-section of people; emergency room doctors, people whose family members were in long term care and some who had just used the health care system. People told us that cutbacks had gone to such an extent that things were becoming dangerous. They had lost their ability to sterilize equipment effectively, and hospitals were beginning to look rather grubby. And people were just telling us that they wanted public health care.

~ Christine Burdett, past-Coordinator, Friends of Medicare

“ The great performance was in the spring of 2000, when Heather Smith with the United Nurses of Alberta and the Alberta Friends of Medicare beat Klein over Bill 11, the plan to allow for-profit clinics to compete with public hospitals. They just beat him to pieces. He sent a copy of the Bill to every house in Alberta. When people read the bill and didn’t understand it, they started to have meetings. Speakers were brought in. There were protests and rallies that I will never forget — the big one was in Edmonton. We had 2500 in Calgary, which was big for Calgary, but we had 10,000 in Edmonton. Alberta is the best educated province because of Bill 11.

~ Shirley Douglas, CFNU Champions.

<sup>6</sup>Wendy Armstrong (2000) *The Consumer Experience with Cataract Surgery and Private Clinics in Alberta*. Consumers’ Association of Canada.



## 1996

FOM launches campaign against Hotel de Health under slogan, “Stop Americanization of our healthcare system.”

## 1997

Klein backs down from Bill 37, the Health Statute Amendment Act, after massive FOM campaign.

## 1997

Health Resources Group (HRG) buys’ Calgary’s Grace Hospital at pre-sale prices; opens first private, for-profit hospital in Calgary.

## We remember: Endless inquiries into our public health system

The enemies of public health care constantly threw Medicare into question by appointing health care inquiries and commissions, a tactic we exposed in a guide entitled *Busting the Myths of Health care Commissioners*.



In 2000, the Alberta government appointed Don Mazankowski, who had served as deputy prime minister in the Mulroney Government, to chair a Premier's Advisory Council on Health directed at the 'spiraling cost of health care'. His 2002 Report, *A Framework for Reform* was one of over a dozen reports released at about the same time, all of which supported a private model for health care delivery. All reflected an assumption that our system was in fiscal crisis, for which privatization was a solution. We responded with a "Keep Medicare Public" campaign, accusing Mazankowski of using 'scare tactics' about the sustainability of our public system and opposing his recommendations for user fees,

In April 2001, Prime Minister Chrétien appointed former Saskatchewan Premier Roy Romanow "to engage Canadians in a national dialogue on the future of health care and to make recommendations to preserve the long-term sustainability of Canada's universally accessible, publicly funded health-care system." His 2002 report, *Building on Values: The Future of Health care in Canada*, called for co-operation between provinces and territories to prevent a fragmentation into 13 unequal plans. He also recommended a pharmacare plan, and a homecare plan for expansion of home and community care. Governments, he said, must preserve the integrity of public health insurance by limiting the role of the private sector. He introduced a 'sixth pillar'; greater accountability and a Health Council of Canada to report on spending.

We lobbied for implementation of these findings, delivering 6,000 signed postcards to Federal Health Minister Ann MacLellan's West Edmonton constituency office. In 2003, partial success! - a first Ministers' meeting struck a new Health Accord with new funding in key areas identified by Romanow, and total new funding of \$41 billion. Once more, however, no accountability mechanisms were included.

The enquiries did not cease, however, and Friends were called on to respond time and again, as in April 2006 when our Government released an AON health benefit report designed to raise new concerns about the sustainability of our public health care system.

### 1998

Calgary General Hospital blown up by the Calgary RHA.

### 2000

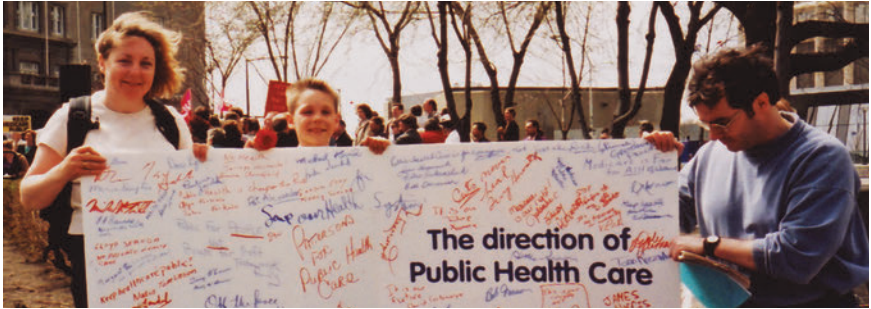
FOM organizes hugely popular town hall meetings around Alberta to hear people's concerns with government privatization plans.

### 2000

Government tables Bill 11; massive sustained rallies and media exposure result in significant amendments.

## We remember: Fighting privatization via the ‘third way’

In September 2005, we received early warning that Klein intended to implement the 3-tier system envisioned by Mazankowski because of a leaked government RFP calling for a wide range of services to be paid by private insurance. A month later, more leaked documents revealed that a proposed ‘Third Way’ would lift the ban on private insurance for medically necessary services and allow doctors to bill both public and private systems. It would also include a strategy to shift public opinion, so that Albertans would learn to access the system as ‘consumers’ rather than as ‘citizens.’



We attacked this plan vigorously; there was no ‘third way’ in health care, we said. Our Chair, Dr. Avalon Roberts, a community-practice psychiatrist, arranged and presided over a symposium in Calgary that April to which international experts brought strong evidence that similar experiments failed wherever they were tried (e.g., in France and Australia) and that public health care remained the best alternative.

A \$3 million provincial government Symposium followed, carefully designed to “manufacture consent” for the Third Way. However, organizers had a problem: they couldn’t find anyone credible to support private health services. Health Minister Evans finally had to conclude that the consensus was clearly against further privatization. “Most of the speakers who shared our perspective said it would cost more,” she admitted.

When the Government scrapped the ‘Third Way’ in April 2006, we credited the victory to thousands of phone calls, letters, 23,000 petition signatures and survey results showing that two out of three Albertans mistrusted and opposed this direction. Unfortunately, Bill 21, the *Alberta Health care Insurance Amendment Act* which came out later that year was intended to ease the way for any physician wishing to opt out of the public system, withdrawing the requirement of Ministerial approval.

### 2002

Mazankowski Report advocates privatization; Klein announces intent to adopt all recommendations.

### 2002

FOM organizes province-wide teach-ins and helps coordinate dozens of submissions to Romanow committee.

### 2002

Romanow report strongly advocates strengthening and extending public healthcare.

“ The discussion that comes up is that private clinics are going to decrease the public waiting list. That is not supported in evidence from Australia or the UK. It just doesn’t stand up. If you look at what happened in Australia where the private side was developed and actively encouraged by government, quality and access in the public side deteriorated. The same is true in England, although the quality is still very good in the teaching hospitals. If you look at Roy Romanow’s report, I think the evidence is overwhelming that the Canadian public wants to have access in a timely fashion to good care through the public system.

~ Dr. Hugh Edwards Scully, former President of the Ontario and Canadian Medical Association, and long-time board member of the Royal College of Physicians and Surgeons of Canada



“ When the Premier began talking about a “Third Way” for health care reform and announced plans to hold an International Symposium on Health care in spring, alarm bells started to go off for us in Friends of Medicare. Instead of acknowledging public opposition to attempts like Bill 37 or Bill 11, the Premier described his difficulties with selling a more commercialized model of health care to Albertans ... as a “communication problem.”

Dr. Avalon Roberts, past Chair, Friends of Medicare

## We remember: Exposing the many conflicts of interests

Over time, it became clear that privatization and conflict of interest would go hand in hand. When Senator Kirby announced his Inquiry in 2000, we revealed that he was a Board member and investor in Extendicare Inc., which operated for-profit nursing homes. After he announced his resignation from the Senate in 2006, he was asked by Prime Minister Harper to Chair the newly-created Mental Health Commission of Canada, a not-for-profit organization created after he wrote a Senate report on mental health in 2003.

After the Health Resources Group (HRG) opened the first private hospital in Calgary in 1997, a CUPE study, *Private Hospitals in Alberta* (2000), showed how well Alberta’s privatization agenda served the interests of its management board at the time. A look at two of its top officers made the point.

### 2002

Harvey Voogd becomes first fulltime permanent Coordinator of the Friends of Medicare; succeeded in 2008 by David Eggen.

### 2003

We deliver 6,000 postcards supporting Romanow Report to Federal Health Minister MacLellan’s West Edmonton office.

### 2004

FOM publicizes Alberta Auditor General’s scathing indictment of state of eldercare; produce report on senior care.

Chair Peter Burgener was Senior Partner of Burgener Lachappelle Kilpatrick Architects and Managing Partner of Heath Design Group Architects Ltd. carrying out renovations and additions to Alberta hospitals. He was former Vice-Chair of the Board of Calgary District Hospital Group and was married to former Tory MLA Joyce Burgener. He held 100,000 common shares in HRG.

Vice-Chair & President Jim Saunders was COO, Calgary Regional Health Authority; President & CEO, Children's Hospital; Vice-President, Calgary District Hospital Group; Assistant Executive director, Rockyview General Hospital; Executive Director, Peter Lougheed hospital; Assistant Executive Director, Holy Cross Hospital, and National Chair, Canadian Health care Association. As CEO of Calgary Regional Health Authority, he presided over the closure of the Grace Hospital, the site of the private facility.

When Klein used a 1995 Supreme Court case to open the door to private insurance, we pointed out that the plaintiff (Chaoulli) was, in fact, a doctor who operated a private clinic in Montreal. He also a fellow of the Montreal Economic Institute, backed by Power Corporation, which owns three major life insurance companies, including Great West Life, the largest provider of supplementary health insurance in Canada.

When the 'Third Way' appeared in 2005, we exposed a contract for design of a private insurance funding system let to AON Consulting Canada, a subsidiary of Chicago-based AON Corporation, a global reinsurance broker, and parent to other companies in the business, notably Reed Stenhouse, Canada's oldest insurance broker.

The following years, we drew attention to the conflict of interest inherent in new regulations that would allow pharmacists the privilege of prescribing drugs and blood products. We also publicized the stake Jim Dinning, former Chair of the Calgary Regional Health Authority, had in AgeCare Ltd., a long-term care facility that stood to gain from the privatization and lack of attention to standards in eldercare.



## 2005

FOM launches petition for higher standards; more staffing in Alberta's long-term care facilities.

## 2005

We invite international experts to 'counter conference' on experiences with privatization in their countries.

## 2006

FOM joins Canadian Health Coalition in campaign for national pharmacare program.

## We remember: Supporting the rights of health care workers

It was no surprise that some of the biggest strikes in Alberta during the 80's and 90's were led by health care workers.

The 1976 Parkland Nursing Home strike led by the Canadian Union of Public Employees was one of the first signs of resistance to privatization of health care. Memories of it were still fresh in 1980, when thousands of members of the Alberta Union of Provincial Employees walked out in a spontaneous rebellion against the denial of collective bargaining rights in the *Public Service Employee Relations Act* (1977).

Perhaps the most sustained resistance of the 80's came from the Province's nurses, who repeatedly took to the streets to maintain staffing levels and professional standards. The strikes, led by the United Nurses of Alberta, were met with punitive action, including one of the largest fines ever levied against a union in Canada.

We worked with our allies to support these workers before government and with the public, and continued into the 90's to counteract attacks against staff trying to resist the depredations of the Klein regime. The fight took on a new tone in November 1995, when Calgary laundry workers, members of CUPE Local 8 at the General Hospital and AUPE Local 55 at the Foothills Hospital walked out after finding their jobs would be privatized less than a year after they had accepted roll-backs on the promise of job security.

Their act of defiance opened the floodgates of resentment and concern over our health care system. Strikes by thousands of auxiliary nursing and support staff, members of AUPE and CUPE, in the late 1990's were a direct response to the Klein cutbacks.

We also took up the cause of home care staff (mostly women) who were enduring low wages, irregular hours, inadequate training and high turnover. The downgrading of home care, we said, was part of the trend towards for-profit and not-for-profit 'community and home care, and we called for massive reinvestment into adequate service provision.



### 2006

FOM participates in cross-Canada campaign by Canadian Health Coalition, "Medicare Works! Keep it public Keep it Fair."

### 2007

We join Council of Canadians to publicize Public Healthcare: Canada's Competitive Advantage based on KPMG study.

### 2008

We join Council of Canadians against Copeman Healthcare Centres plans to open state-of-the-art clinic in Calgary.



**2009**

FOM launches "More health cuts? Wrong way," campaign in response to threatened cuts.

**2010**

Gene Zwozdesky replaces Health Minister Liepert; reverses bed closures and phase-out of Alberta Hospital Edmonton.

**2010**

Government convinced to back off on plans to increase costs for seniors' pharmaceutical plan.

## We remember: Exposing the true nature of ‘community care’


When opponents of public health care refer to community care, what they really mean is ‘private care’!

We expressed concern at a Government’s Health Summit in 1999 that health care was being increasingly downloaded onto patients and their families under the rubric of ‘community care’. We saw elder care, in particular, as the ‘canary in the mine’, and established a Long-Term Care Committee to work with other organizations to publicize and take action against further erosion of standards and support in this area.

Scathing indictments issued by the Auditor General in 2009 bore testimony to the deterioration throughout Alberta’s privatized system, and we highlighted many of the same issues in our “More health cuts? Wrong way,” campaign that June.

Alberta Health Services passed off a funding deficit of \$500,000 as “an opportunity to mobilize the community for voluntarism”. Albertans knew that, despite promises of support for community and home-based services, they would be paying much more out-of-pocket to support early discharge, and care required for chronic conditions.

Many of our concerns were validated by University of Alberta researcher Donna Wilson, who revealed that the government’s promise to increase support for home care and community health to compensate for a massive reduction in hospital beds never materialized. It had resulted, instead, in a tremendous downloading of the burden of caregiving, as homecare assistance covered only a small portion of the true cost.



**More health cuts?**

“ Long term care in Alberta today epitomizes what is wrong with privatized health care; you pay more and get less. It’s all ‘a la carte care’. Instead of providing an encompassing environment, a living and care facility, we basically say, “consider this a hotel.” You pay for your hotel room, you pay for the food you eat, and if you want or need nursing care in your hotel room, you pay for that too. It’s unbundling and piecemealing of service without medicare coverage.

~ Heather Smith, President, United Nurses of Alberta

**2010**  
Private Health Resources Centre folds; Albertans left with huge debt .

**2012**  
Nurse Coordinator position saved at the Down Syndrome Medical Clinic.

**2013**  
Nurses in UNA Local 417 strike Devonshire and Monterey Care Centres.

## We remember: The support of our allies and the Alberta public

Friends of Medicare worked with a great many individuals and organizations to research and publicize issues, educate, organize and mobilize in the face of relentless attempts to alter our health care system. Not only did the Alberta Federation of Labour and individual unions offer the resources we needed; their members were often the frontline workers in our health care system. The Edmonton Social Planning Council likewise provided vital staff support and cooperation on community issues.

Public Interest Alberta took the lead in characterizing the struggle to protect and advance public health care as a fight for democracy. The Parkland Institute provided invaluable research and advice to counter the increasingly sophisticated arguments produced by the foes of Medicare. The Alberta Chapter of the Consumers Association of Canada likewise was a staunch ally, particularly with such members as Wendy Armstrong.

We worked on campaigns with the Council of Canadians, the Coalition of Parents with Children with Disabilities, and such seniors' groups as the Alberta Council on Aging and S.A.L.T., to name only a few. Finally, the Canadian Health Coalition linked us to organizations in other Provinces to put pressure on the Canadian government.

The real secret of our success, however, was the support shown by the public! Public reaction to Bill 11, the *Protection of Health care Act* in 2000 proved this. Albertans who had just rallied against Bill 37, arose once again to turn back the threat.

A few years later, they answered the call again, this time to defeat the "Third Way". And, three years later, when massive cutbacks and closures were threatened in 2009, the public rallied once more to support our 'More Cutbacks, Wrong Way' campaign.

Their support validated our focus on public education and participation throughout the years, the forums and meetings we organized, the newsletters and the media releases in local papers. The strength of an aroused public; *this is what democracy looks like!*

“ *The naysayers have been privatizing government services for years; the attacks on our health services are no different. They've pretty well privatized and are making lots of money off everything now: the public utilities we built, our natural resources, the list goes on. The main attack in the last 30 years has been on Medicare. It didn't matter whether it was an unpopular premier like Stelmach or somebody popular like Ralph Klein - it's been the same agenda.*

~ Gord Christie, past-Executive Secretary, Calgary & District Labour Council

### 2013

Parkland Report, *From Bad to Worse: Residential Elder Care in Alberta.*

### 2013

FOM objects to yet another cut in times for direct patient home care service.

### 2013

Horrible conditions revealed at St. Therese Villa Covenant Health facility.

## We remember: How we celebrated our accomplishments in 2010

In Spring 2010, we once again celebrated a few victories. In January, for instance, our beleaguered Premier appointed a new Health Minister, whose first acts was to suspend scheduled bed closures and a plan to phase out Alberta Hospital Edmonton.

In February, public pressure paid off again. Instead of cuts, health care received one-time funding to cover a \$1.3-billion deficit, and an additional 17-per-cent increase to its operating budget. That March, the Minister abandoned a plan to centralize ambulance dispatch, and also backed off a plan to increase personal costs in a seniors' drug plan.

On our 30th Anniversary, however, we understand that we had not really won the fight for public health care – that we may never win. We took comfort in the knowledge that even the small victories had made a difference and that without such efforts, Alberta's public health system would have likely looked much different than it did that year.

This is why organizations and individuals in Alberta that were committed to preserving a single-payer comprehensive public health care system accessible to all citizens had to continue supporting the Friends of Medicare by becoming members, making financial commitments, and participating actively in our activities.

We knew that, with the support of concerned Albertans right across the Province, we would continue to make a difference long into the future.



### 2014

Slave Lake residents re-establish public health care services after fires

### 2014

Gap Analysis of Public Mental Health and Addictions Programs

### 2015

Petition campaign stops reintroduction of health care premiums

## We asked: Where do we go from here?

The gauntlet was already down at our birth in 1979, when Health Minister Russell told the *Edmonton Journal* that “if he had his way, he would scrap Medicare and return to the days of private medical insurance”. Since then, challenges have been relentless.

In 2010, our Executive Director David Eggen noted that the Federal government was not enforcing the *Canada Health Act*, allowing private clinics and extra-billing to make gains at the expense of public health care. Challenges were coming from all directions, whether the 2005 *Chaoulli* Supreme Court decision which stimulated new calls for two-tiered private insurance, or the Copeman Health Centres opening in Calgary and Edmonton.

Diagnostic and preparatory services as well as post-treatment, once provided in public facilities, became an individual cost and responsibility. When Alberta’s Health Minister provided an unprecedented infusion of cash into the system in 2010 to reduce wait lists, almost all of it went to private clinics.

Over the years, however, we had done more than challenge threats posed by the enemies of public health. We consistently promoted an expanded and strengthened public system, more comprehensive, universal and accessible. By 2010, we had called for:

- establishment of a national Pharmacare program,
- establishment of a national Homecare program to fully and adequately address the lack of standards and support for home care recipients and informal caregivers,
- inclusion of prescribed use of chronic care facilities under the AHCIP to counter the trend towards private providers, and
- free collective bargaining between all health care workers and their employers,

Tommy Douglas always thought of medicare as being two stages. The first stage was the removal of dollars as an impediment between those who require the care and those who give the care, and that was basically solved. But he thought the second phase was even more important, and that was the structural reorganization of the system into a more seamless delivery of care, involving nurses in a more fulsome way, and a variety of reforms that were spoken of at that time and in some ways we are proposing again today. – based on a second stage that would focus on integrated community-based care and prevention of illness. (CFNU)

### 2015

Review of the Primary Care Network shows lack of accountability

### 2015

Workers in five Shepherd’s Care homes lose jobs to ARAMARK

### 2016

Parkland Institute, *Losing Ground: Alberta’s Residential Elder Care Crisis*

# Since 2009 – Taking Action on All Fronts

## Ten more years of fighting privatization

Since we were created in 1979, the Friends of Medicare has fought for and defended publicly-funded and administered health care in the belief that privatization in any form, would compromise the equity upon which our health care system is based. We steadily advocated for the delivery of **all** health care services to be brought into the public domain. As such, we faced constant challenges from the advocates of privatization, which resumed right after our 30th Anniversary celebrations.

On August 2, 2010, we found that Calgary's private surgical facility, Health Resources Centre (parent company Network Health) had folded, leaving Albertans with a huge bill. In addition to the \$765 000 in receiver costs, \$1.3 million in secured debt, and all facility costs, including \$906,000 in monthly rent, the parent company had left an unsecured debt of \$8.4 million - another stark lesson in the costs and risks of privatized health services.

One of Sandra's first public appearances as Director was to question the appointment of Stephen Lockwood, a businessman and active supporter of both the Conservative and Wildrose party, as new Chair of Alberta Health Services (AHS). Soon after that, we faced one of the most serious threats to our public health care system when private for-profit clinics began popping up across Alberta. We had steadily opposed them in our first 30 years, but found we had to revive efforts when Copeman Clinics were established in Alberta; e.g., we launched a public protest when they ran a full-page advertisement as a news column in the *Edmonton Journal* in May 2013.

Later that year, we raised an alarm when we found that Alberta Health Services had issued an RFP to contract all laboratory services in the Edmonton Zone to a facility operated by a for-profit corporation. The battle continued until May 2016, when a report by Health Quality Council of Alberta confirmed that there was no evidence to support privatization of lab services in Edmonton and Northern Alberta.

### 2017

Bill 3, the *Voluntary Blood Donations Act* bans sale of blood plasma.

### 2017

Bill 9 provides safe zones for women seeking abortions.

### 2017

Rally at Hotel Macdonald demands Premiers stand up for public health care.

In March 2014, we joined Slave Lake residents demanding re-establishment of the public health care services that were decimated when, after the Slave Lake fires of 2011, AHS opened up a private clinic. Three months later, we publicized the fact that incoming Premier Jim Prentice was on the Board of Coril Holdings Ltd., an investment company that owned a private medical clinic marketing a 'management scheme' for which members paid \$4,495 per year.

In September 2015, we publicized a decision by the Alberta Appeals Court that rejected a Charter appeal (*Allen v. Alberta*) against a prohibition on private health insurance. In his decision, Justice Slatter stated that, "Canada's system of universal [health care] is perceived by many as the crowning achievement of Canadian social policy"

In January 2016, we protested the opening of a privately-run fertility clinic, labeling it as 'a broken NDP promise'. By then, however, we knew we would have to prepare for a full-scale assault on our public system if and when the newly-organized UCP was elected. We followed this in February 2019, with a challenge to UCP Leader Jason Kenney to clarify if his 'public health guarantee' ruled out more private health care.

Our concern was justified one month later, when the Premier announced that he would privatize laboratory services in Alberta, as well as privatizing even more hospital laundry services in Alberta. In both cases, he cited mythical efficiencies of the private sector.

In March 2019, we welcomed the *Protection of Health Care Act* passed by Alberta's NDP government to protect its Health Care Insurance system against attack from the forces of privatization. It prohibited (i) two-tier medicine and extra-billing and any form of private payment, (ii) provision of accelerated service or queue-jumping, and (iii) private insurance relating to insured services. We warned Albertans that, instead of improving and expanding our public health system, the UCP 'Wait Time Reduction Plan' would mirror Saskatchewan's Surgical Initiative, which incorporated more contracting out and privatization of public surgeries.

In April 2019, we greeted Premier-elect Jason Kenney by reminding him that access to quality public health care was a priority for Albertans, and warning that those who sought to dismantle our publicly-funded and delivered system would face an uphill battle.

**“** *When the Friends of Medicare first started, Alberta unions needed a political wing - an organization that could express our political concerns at arm's length. Given the developments of the last 40 years, however, we find ourselves in a new world. Unions now have more of an understanding that everything we do to promote the interests of our members is political. Therefore, we no longer stand behind the Friends of Medicare; we stand with them.*

*~ Mike Parker, President, Health Sciences Association of Alberta*

## 2017

Parkland Institute, *Blurred Lines: Private Membership Clinics & Public Health.*

## 2017

National, provincial groups draft *Pharmacare Consensus Principles.*

## 2017

CHC releases *Health Accord Breakdown.*

## Blood plasma: A successful fight against privatization

We scored a clear victory in the battle to keep blood supply out of the hands of profiteers when we uncovered a plan to approve for-profit, paid-donation blood plasma clinics. Our full-scale campaign began in September 2016 with an open letter to the Federal Health Minister, followed by a province-wide tour with Bloodwatch, after which 15,000 petitions were delivered to the Alberta Health Minister Hoffman asking her to enact legislation to ban the sale of blood and plasma to protect the integrity of our blood donation system. In March 2017, victory! The Alberta government passed Bill 3, the *Voluntary Blood Donations Act*, banning the sale of plasma in Alberta.



### 2017

Government fee guide reduces cost for dental services by 8.5%.

### 2017

Government takes over Hinton's Mountain View Centre.

### 2017

Alberta Pharmacare Working Group begins pharmacare petition campaign.



## Ten more years of challenging cutbacks

Cutbacks and inadequate funding were constant challenges requiring our attention over the past decade. Enacting wholesale cutbacks in the name of austerity, or nibbling at the edges with small cuts – both were directed at the most vulnerable in our society. No sooner would we respond to one such threat when another would rear its head.

It was not as if those preaching restraint practiced it personally, as we revealed in many cases of waste and extravagance. One of our new Director's first press releases questioned the severance payments to retiring AHS Vice-President, Andrew Will, who left with \$738,000 after only 18 months on the job. She also publicized the nearly \$350,000 claimed by outgoing Executive V.P. and CFO Allaudin Merali for travel and hosting, calling it "yet another insult to Alberta's health care works and taxpayers."

In November, we exposed extravagant expenditures on fine dining, symphony and ballet tickets, Tory fundraisers, Edmonton Eskimos tickets, designer portfolios, purchases at Holt Renfrew, junkets at Jasper Park Lodge, free golf games, etc. for AHS executives.

In November 2012, for example, Friends of Medicare worked with parents and community to reverse the elimination of the Nurse Coordinator's position at the Down Syndrome Medical Clinic in the Stollery Hospital, which would have effectively closed down the Clinic.

In March 2013, we protested the abandonment of guarantees in a previous 5-year action plan, when the Alberta government opted to cut funding for the health care system. We also decried the announcement of a pharmacare program that would further download costs onto the backs of seniors and others, to the benefit of the insurance industry.

In the first five years of the past decade, rural communities faced constant cuts in health care. In late March 2013, for example, we were called on to support Banff community members and physicians seeking an injunction against an Alberta government plan to shut down maternity beds at the Banff Mineral Springs Hospital – another "slap in the face to rural families." We also raised the flag when the Alberta government announced a so-called 'patient-based funding' initiative.

Cutbacks targeted staff. In July 2013, we protested the lay-off of 72 LPN's at the U of A Hospital under a 'workforce transformation scheme' which we said could only cause havoc in our health care system. We went public again in November to reveal plans by the government to cut 200 full-time nursing positions in order to reduce health care costs.

In March 2014, we publicized plans by the Albert government for budget cuts that would include a \$26 million in cuts to acute care services. The cuts continued that June, when families of severely developmentally-disabled residents in Michener Centre were told that nursing care would no longer be available on weekends or statutory holidays.

### 2019

*Protection of Health Care Act* protects healthcare against privatization.

### 2019

Report of Advisory Council for the Implementation of National Pharmacare.

### 2019

UCP government suspends funding for supervised consumption sites.

In February 2015, we began a petition campaign against the reintroduction of health care premiums by the Conservative government, arguing that they would constitute a regressive tax disproportionately affecting lower and middle income Albertans.

In May 2015, we welcomed new Health and Seniors Minister, Sarah Hoffman, and responded to the resignation of AHS President and CEO Vicki Kaminski by urging the new NDP government to deal decisively with the governance structure of AHS. Constant reorganization and changes in administration of health services over the last decade had created confusion and distrust in the public and affected those working in the system.

### Our calls for increased funding for special needs finally bore fruit

In April 2016, we commended the Notley government for increasing funding to health care, in spite of an economic downturn in Alberta. Then, in July 2017, we applauded the extension by her government of funding for the abortion pill mifegymiso, which we saw as particularly important for women in rural Alberta.

In September, we called on Alberta government to mark Calgary's Gay Pride Week by removing barriers to hormone replacement therapy discriminating against trans patients.

Albertans pay some of the highest costs for dental care in all of Canada. In November 2017, we welcomed a new fee guide for dental services intended to reduce costs for 60 common procedures by 8.5%. Even more action was needed, we said.

In April of that year, we applauded *Bill 9: The Protecting Choice for Women Accessing Health Care Act*, which took a tough stand on harassment of women seeking abortions and other procedures. The law established a 50 metre 'access zone' to non-hospital abortion clinics, as well as prohibiting photos, video or audio of patients entering clinics. In November



#### 2019

UCP government's Bill 9, denies rights to 180,000 health care workers.

#### 2019

UCP government cancels public 'Super Lab' in Edmonton.

2018, we asked the government to take another courageous stand to ensure that patients in Covenant Health facilities had access to Medical Assistance in Dying (MAID) instead of being forced to transfer.

In October 2018, we warned Albertans that a visit by Ontario Premier Doug Ford to UCP Leader Jason Kenney portended the type of massive cuts imposed on that province. With the election of a UCP government in April 2019, we found ourselves in a new world, signalled by the immediate cancellation of the Conversion Therapy Working Group.

In June 2019, we were again shocked to find that the new UCP government was suspending funding for supervised consumption sites established in face of escalating opioid-related deaths in Alberta. Since then, other cuts have occurred, setting back gains won after many years of hard work.

## **Long Term Care emerged as a major health care issue in Alberta**

From the beginning, Friends of Medicare has taken on the corporatization of seniors and long-term care in Alberta. Nowhere has this trend taken hold more than in Alberta, which in 2014 had 6313 public seniors care beds versus 9383 private for-profit beds and 6922 not-for-profit beds.

We have consistently called on governments to reverse the trend towards Supportive Living beds at the expense of Long-Term Care (LTC) beds. At the same time, we asked for a commitment to phase out private for-profit elder care in favour of a public system for services that would encompass all residential and home-based forms of elder care.

Even though the care required by seniors assessed as needing Long Term Care (LTC) is clearly medically necessary, it is not covered under the *Canada Health Act*, which has allowed governments to reduce expenditures on them. Even though the numbers of seniors has risen, the number of LTC beds has fallen, and we have seen, instead, a rise in Supportive Living beds which do not provide the level of medical care many require in their later years.

The 2013 Parkland Institute report, *From Bad to Worse: Residential Elder Care in Alberta*, found that allowing private companies to run seniors homes is flawed policy. At the same time as these facilities receive high return rates on investments, they consistently provide a lower quality of care, with understaffing and other shortages.

Privatization also gave rise to horror stories about conditions in some facilities. In September 2013, for example, we ran a story about conditions at St. Therese Villa Covenant Health facility, one in a series of stories about Designated Assisted Living. We followed it in November with a seniors' forum in Whitecourt, after which we showed a revealing video to the Alberta minister in charge of seniors.

In August 2014, we revealed plans by American multinational HealthLease to add 5,000 for-profit senior beds in Alberta. In October 2015, we once again drew attention to the apparent lack of commitment to public spaces for seniors' care, by noting the lack of consultation in the closure of long-term seniors' care facility in Hinton and the awarding of contract to a private supportive living company.

That month, we supported workers in five Edmonton-area Shepherd's Care homes for seniors, who had been laid-off when their positions were contracted to ARAMARK, a multinational with \$14 billion in annual earnings. A few days later, we warned Albertans that the government intended to relieve the shortage of hospital beds by funding another privatization initiative for Affordable Supportive Living Initiative (ASLI).

We continued our campaign for quality public long-term seniors care in December 2016 by traveling to Hinton to support calls for long-term care facility, as existing beds had been downgraded to supportive living in 2002. In December 2017, we applauded news that the Alberta Government was taking over operation of Hinton's Mountain View Centre supportive living services from the not-for-profit Good Samaritan Society

The privatization of seniors' care, with its profit imperative, has also led to staff on the picket lines. In January 2013, for example, nurses who are members of UNA Local 417 struck Edmonton's Devonshire and Monterey Care Centres operated by Park Place Seniors' Living. We joined them on the picket line to raise awareness about the problems being caused by the privatization of long-term seniors care.

In August 2016, we picked up our campaign for public long-term care by arguing that the incidence of labour disputes indicated the need for accountability and transparency in such private for-profit facilities as Park Place's Villa Marguerite. Our case was strengthened by the release in October 2016 of Parkland Institute's report, *Losing Ground: Alberta's Residential Elder Care Crisis*, which showed that the NDP government was falling short of its election promise of 2,000 public long-term beds.

## **We drew attention to a health care deficit in rural areas**

After decades of rapid depopulation of rural areas, Alberta has become one of the most urbanized provinces in Canada. This has been accompanied by a reduction of services, closures of hospital beds and centralization of services, seriously compromising access to the most basic care in rural areas, such as obstetrics services and primary care.

Such losses have further damaged community sustainability and economic development in rural Alberta. Without readily available family physicians in the community, individuals are often required to take time off work and travel to larger urban centers with follow-up care often lacking as a result.

FOM has consistently raised the unique needs of health care in rural communities. Since 2009, we called on governments to ensure that health care in rural Alberta was sustainable and expandable, and explaining how the cutting of services, closure of rural hospital beds and centralization of services seriously compromised access to local health care in some rural communities.

In March 2015, we publicized a Rural Health Services Review Report which showed that closing down health rural care services and centralizing them in the big cities was not working. It showed how the unique needs of health care in rural communities requires meaningful engagement on a community-by-community basis to arrive at solutions that meet their requirements.

## We called for a coherent policy on Primary Health Care

The primary health care network is the first place to which people turn for health care, wellness advice, treatment of a health issue or injury, or to diagnose or manage physical and mental health conditions. Alberta's delivery model has resulted in misplaced priorities, however, as profitability of clinics and a fee-for-service physician remuneration model not only prioritizes patient volume over quality treatment, but also results in one of the biggest cost drivers threatening our single-payer health care system.

The Friends of Medicare supports a primary health care policy and delivery model that is community driven and governed, people-centered, and team delivered to ensure the best value in delivering quality care. In March 2015, we went public to condemn additional budget cuts to health care that negatively affected access to primary care and drug costs.

Later that August, we applauded the new Alberta government's review of the Primary Care Network. We had to point out, however, that the network had been in operation since 2004, without any systematic accountability, manifesting a lack of transparency in administration and expenditures of public dollars that plagued the administration of much of Alberta's health care system.

**PRIVATE CLINICS:**  
PROBLEM OR SOLUTION TO ACCESSING  
CARE IN ALBERTA

Public Private

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COMING SOON TO  
A CITY NEAR YOU.

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**Friends of Medicare**

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## Private health clinics

**In April 2016, we applauded an audit of Edmonton's Copeman Clinic carried out by AHS. Immediately afterwards, however, the CBC reported that the Clinic was turning away patients who did not pay the special fees.**

**In November 2017, we called on the Alberta government to take action after release of Parkland Institute report *Blurred Lines: Private Membership Clinics and Public Health*.**

**In February 2018, we circulated an EKOS Polling report showing that 9 out of 10 Canadians want to see more enforcement by the Federal government of the *Canada Health Act* to respond to issues related to such privatization issues as the proliferation of private clinics.**

**Throughout 2018, we kept Albertans abreast of developments in the BC Supreme Court case concerning illegal practices in Dr. Brian Day's private, for-profit Cambie Clinic.**

## We drew attention to a deficit in Home Care

The Friends of Medicare has constantly reminded the government that Alberta Health Services relies on home care as an integral part of its health care system. Since 2009, however, we have seen this area steadily privatized by stealth.

Unlike other provinces, almost all delivery of home care services in Alberta, with the exception of acute care, is provided by private companies, many of which are for-profit corporations. In such a private home care system, providers can only make profits by providing less care to patients or by cutting labour costs - or both. In June 2013, for example, we objected to cost-cutting in the form of yet another cut in times for direct patient home care service, which could only mean a reduction in the quality of care.

We need to strengthen our community and home care program so that those who need assistance in order to safely remain at home can do so. Home care patients and front-line staff cannot continue to be the vehicle through which companies simply reap profits.



## We called for a higher priority for Mental Health services

For too long, mental health has been a low care priority for governments which have shown little desire to expand, resource, and appropriately fund a comprehensive and integrated mental health system.

A government study in 2014, *Gap Analysis of Public Mental Health and Addictions Programs (GAP-MAP) Final Report*, indicated that a most common problem was lack of access to counselling. This service is offered through Alberta Health Services, but there are long wait times to see an AHS therapist, and many people have reported that they could not afford to access counselling services in the private sector.

Since our inception, we have called on government to expand, resource, and properly fund a comprehensive and integrated mental health system to correct a chronic lack of access to counselling services, with accessibility, affordability and timeliness for other care to Albertans living with mental health and addictions issues.

In October 2015, we welcomed an \$800 million increase to our provincial health care budget, which included one of the first increases for mental health care in many years.

Accessibility, affordability and timeliness of care will continue to be a major problem if appropriate policy and delivery changes are not implemented. We have consistently pointed out that good mental health programming means more than added costs to the health system. It has been proven that treatment methods and delivery models actually replace more expensive programs when dealing with Albertans living with mental health and addictions issues; e.g., policing, courts, corrections, hospitals, child protection services and income supports.

## We continued to press for a National Health Care Accord

In the midst of challenges demanding our attention since 2010, we found time to join the National Health Coalition to pressure a Federal Government reluctant to negotiate a new and equitable Health Care Accord. One of the first acts of our new Director was to join a demonstration in Ottawa calling on the Prime Minister to negotiate an Accord to replace the one due to expire in 2014. We were asking for a 10-year deal to meet the future costs of the health care Canadians will require.



In July 2013, our Director traveled to Niagara-on-the-Lake to join a summit calling on the Harper government to renew the expiring Accord. By imposing its own terms on the Provinces, his government proposals would have the effect of cutting \$36 billion out of Canada's health care system over the next 10 years.

In March 2016, the Friends of Medicare once again drew public attention to the lack of progress on a new Health Accord to replace the one already expired. In February 2017, we joined Canada's Health Coalition in demanding a united health accord in place of the bilateral deals being signed, which not only divided the provinces, but also provided for inadequate funding levels. That July, we joined other advocacy groups to rally in front of Edmonton's Hotel Macdonald, calling on Premiers who were meeting there to stand up for health care.

In October 2017, we joined with the CHC to release *Health Accord Breakdown: Costs and Consequences of the Failed 2016/17 Negotiations*, which show that the failure to negotiate a national health accord would cost provinces \$31 billion dollars, in addition to problems caused by a lack of a national health care plan.

## **We are turning Pharmacare into a national election issue**

Universality is a key principle underlying our public health care system, and prescription drugs are a vital component of this system. Canada needs a pharmacare program that ensures access by everyone to affordable and safe prescription drugs. Unfortunately, we are the only developed country with a universal health care system that does NOT provide universal coverage of medically necessary prescriptions outside of hospitals.

From our beginning, and particularly during the last two years, the Friends of Medicare has aggressively campaigned for a national pharmacare program in the form of a publicly-funded and administered single-payer insurance plan that would cover drug costs in the same way as Medicare covers hospital and doctors' costs. We have argued that Pharmacare is not only ethically necessary; it is also fiscally responsible, as it would replace an uneven and unfair patchwork of provincial programs and private insurance policies with a single payer system that could operate to control costs by reducing administration, and by allowing providers to negotiate good prices. It would save lives by providing medically necessary drugs to those who currently cannot afford them, at the same time as it would save Canadians between \$4 billion and \$11 billion per year.

Even before serious work began on a national plan, however, we encountered threats to programs already in place in Alberta. In October 2013, Public Interest Alberta's Seniors' Task Force challenged the Alberta government to abandon a plan to cut seniors' drug benefit, asking for a proper Seniors Pharmacare Plan instead. When government did not respond, we joined their Task Force in January 2014 to occupy the Health Minister's Office. The action was successful, as government abandoned its plan.





In November 2015, we urged the new federal Health Minister, Jane Philpott, to sit down with provincial/territorial ministers to draft a universal pharmacare system. In April 2018, we joined the CHC to applaud a Parliamentary Committee on Health (HESA) report, *Pharmacare Now: Prescription Medicine Coverage for All Canadians*. That September, we joined over 70 national, provincial and territorial groups to draft the *Pharmacare Consensus Principles* by which a National Pharmacare Program should be governed.

In December 2017, we became part of an Alberta Pharmacare Working Group (APWG) to plan and coordinate strategies. In September 2018, we participated in an Advisory Council for the Implementation of National Pharmacare's roundtable in Edmonton, after which we joined labour unions and other health care advocates in a massive lobby in Ottawa. That March, we greeted an interim report of the Advisory Council as a 'good first step' towards a universal, single-payer pharmacare program.

Our engagement with the APWG included work with the Edmonton chapter of the Congress of Union Retirees (CURC) in a massive petition campaign that gathered signatures from thousands of Albertans, combined with a letter writing campaign targeting the federal Minister of Health and every Alberta MP.

In June, we applauded the final report of the Advisory Council for the Implementation of National Pharmacare, which made a convincing case for a universal, single-payer pharmacare program in Canada. It is sure to be an issue in the upcoming federal election.

# There is more work to do

The Friends of Medicare faced a major organizing challenge, just as preparations were being made for our 40th Anniversary celebrations. In late June 2019, the new UCP government passed Bill 9, *Public Sector Wage Arbitration Deferral Act*, an ill-advised and punitive piece of legislation intended to deny 180,000 health care workers in Alberta the arbitrated settlements they were specifically promised in negotiations two years before. We supported information sessions and pickets that were organized around the province to inform union members and the public about the government's betrayal.

Our message is this: An attack on health care workers is an attack on our public health care system, which we cannot allow to go unanswered. It is incumbent on all concerned Albertans to support the workers whose rights are being violated.

## The Privatization of Laboratory Services

In August 2015, we launched a campaign to stop the privatization of laboratory services proposed by the previous government, and called for extensive consultations before going ahead. Director Azocar warned, "Evidence clearly shows that contracts like this lead to decreased transparency and higher costs, Private, for-profit contracts remove the ability for the public to provide ongoing input, or to improve the system, and they minimize public oversight over the quality of our laboratory services. The priority of for-profit companies is to make money – money that should be going into better public services instead of being paid out to corporate shareholders."

A week later, Minister Sarah Hoffman canceled the privatization process.

In April 2019, we warned Albertans that they would pay for a fiscally irresponsible election promise by the UCP to reverse building of a public 'Super Lab' in Edmonton. Early this July, we learned that construction of the \$590 million lab at the University of Alberta's south campus had indeed been cancelled by the Kenney government.



*...unless those of us who believe in Medicare raise our voices in no uncertain terms, unless we arouse our neighbours and our friends and our communities, we are sounding the death knell of Medicare in this country, and I for one will not sit idly by and see that happen.*

*Tommy Douglas*

## Board of Directors

The Friends of Medicare is governed by a Board of Directors with both elected and appointed members. Up to fifteen members may be elected by the membership, of which a maximum seven can be from organizations. In addition, each of the three area chapters are able to appoint one representative to the Board of Directors.

### Executive:

**Board Chair: Trudy Thomson**  
Health Sciences Association of Alberta

**Treasurer: Karen Werlin**  
Member at large

**Vice Chair: Barret Weber**  
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**Secretary: Judy Lederer**  
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### Chapter Chairs:

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**Alexander Shevalier**  
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**Avril Torrence**  
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### Directors:

**Margaret Brown**  
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