Heather Smith, 2016

HS: Heather Smith. I'm president of United Nurses of Alberta.

Q: What do you remember about the organizational history of Friends of Medicare?

HS: I know Friends of Medicare came into being in about 1979. There were parallel creations, in terms of provincial and national at the CLC level, the Canadian Health Coalition, which is still going today and has probably had a similar history as Friends of Medicare in terms of peaks and valleys of support and dedication. Friends of Medicare I understand came into being about 1979. My involvement with Friends of Medicare started somewhere around 1982 when I became president, '82, '83, active in my local and became local president in 1983. I was asked actually to represent United Nurses of Alberta in presentations to federal minister Monique Begin. This was regarding the Canada Health Act. So I actually made the presentation, the United Nurses of Alberta presentation, and I believe it was held at the university. That's where my involvement really commenced and I became part of the Friends of Medicare board. There are lots of different people. It was primarily the primary leaders or groups involved in Friends of Medicare included the Teachers Association, the Federation of Labour, us, and some real interesting nuclei, or chapters we called them, from different parts of the province. This is 1983, '84, I'm talking about. Particularly seniors, who had set up in their communities, Friends of Medicare groups, two that were really active at that time. One was from Jasper and one was from Red Deer actually. I was part of the Friends of Medicare board. We had the issues during the mid '80s in terms of the Canada Health Act and bringing home, bring in the Canada Health Act. As we went through the '80s we also had the Rainbow Report, the premier's commission on healthcare. We presented; Friends of Medicare presented to that. Nancy, I'm trying to recall who was the various coordinators. Karin Olson was a coordinator of Friends of Medicare for a while, Nancy Kotani. I was prior to becoming president of United Nurses in 1988, I was coordinator. It was all volunteer

efforts. Donna Martyn was our secretary for most of the time during those years. But it was all voluntary, all out of our home. The news bulletin, the big change for us in terms of the news bulletin, was when I got my first Macintosh computer in '84 and we could do everything on the computer for our little news bulletin. But it was a low-key volunteer but some very strong community groups as well. As we came to the end of the '80s though, after the Rainbow Commission, and as I said, when I became president I saw it as a conflict of the coordinator and presence of … ? Things just sort of slowed down and eventually we went into a--what's the word-- hiatus. There just wasn't the same sense of urgency and need around healthcare issues that had been there in the late '70s and in the 1980s, early part of the 1980s. So it continued to meet and all that kind of stuff, but there wasn't the same kind of sense of urgency in terms of the need for public presence and responsiveness on healthcare issues. There was sort of a sense that we were safe. Then came the '90s and, in Alberta, Ralph Klein. But globally the whole move towards looking at, well there's the Free Trade Agreement and the desire to have smaller government. With Ralph Klein the government should be out of any business that the public sector can provide. So that heralded a whole new wave of need for advocacy on healthcare issues specifically. For healthcare workers, a decimation in workplaces. But here in Alberta it wasn't just the healthcare workers, it was public sector generally, was under attack. There was a huge brutal assault all at once. So it took a little while for groups to pull together, to recognize that while we were fighting on many fronts, that we had to pull together and pull together information and people. I think it was about '95, '96, the Hotel de Health was one of those crucial things. That's '95, in terms of flagging, … flagging for the public that it wasn't just words in terms of Ralph Klein's government. In fact most of it wasn't actually words, it was actions and denials of what the actions really were about. We're not trying to privatize, we're not trying to do this, we believe in publicly funded – all that kind of stuff. But there were suddenly flare-ups and hotspots and people started to realize that these individual little hotspots are going to be one huge flame if we don't start doing something. So groups started, individuals and representatives of groups started to meet. I can't recall what we called the first couple of meetings. At this time Friends of Medicare

was sort of, well it was still on hiatus. There hadn't been meetings of the board for probably five or six years or somewhere in that neighbourhood. The new group started coming together, people from the old Friends of Medicare, new groups concerned about healthcare, and after a while it was agreed that we would reform Friends of Medicare. We would rebirth Friends of Medicare as a Medicare coalition and healthcare coalition. By this time we'd had the Hotel de Health, we had Bill 37, which became Bill 11, which into the mid 2000s became the Third Way and stuff like that. But specifically we had Bill 37 and clear decimation of publicly funded health systems.

Q: What were they up to?

HS: There's been different; they are not always the same. It goes back to the whole formation of Medicare, the development of social programs, but the whole formation of Medicare. Who has interests that are not served by there being Medicare? In terms of us specifically, if you go back to looking at who opposed, it was insurance companies and physicians were the primary sources of opposition, because of their own vested interests in income and profits. Governments I think were not necessarily happy, except of course for Tommy Douglas's government, but governments weren't particularly happy at the thought of taking on that responsibility and accountability, both in terms of providing services and financing services. But I think they were convinced by public pressure that it was the thing they had to do, despite opposition by groups such as physicians and insurance companies. Governments, basically what we then had was a willingness to take on those who really truly had vested interests against it. That's what happened in the '60s and '70s as governments as we developed Medicare. We had governments that were willing to say the interests of the citizens are more important than the interests of physicians and insurance companies. Coming out of the '80s, though, we had almost a coming together of sort of an alignment of the stars on the black side. We still had physicians who were never happy, some, not all, but some physicians who were not happy that Medicare had been established, insurance companies who are obviously never

happy and continue to see that as a potential source of expanded opportunity for them. But we also had governments now in a global way wanting to divest themselves of that responsibility, both for the delivery and the financing of healthcare services. And pressures internationally, in terms of Canada's healthcare system as a delicious plum to be plucked by international private health consortiums and corporations. That's one of Ralph Nader's statements to us. We've got this delicious thing sitting here just north of the American border, where tens of millions of people have no healthcare at all. It's seen as a great opportunity for growth by insurance companies, etc. So in the late '80s and into the '90s, particularly evidenced by Ralph Klein, we had a coming together of those unholy three. That's why the Hotel de Health, that's why the Gimbel legislation to create, allowing the massive expansion and development of private clinics. Not just cataract clinics, not just for cataract services, but for dental and all kinds of other things that were being pulled out of hospitals because primarily physicians were able to convince politicians that it was a way to go. The physicians had their own reason for doing it; government saw it as an opportunity to offload. So the real agenda through the '90s, from government's perspective, was offloading. It's very much articulated in policy. You almost want to go back and look at the Rainbow Report video in terms of in some way setting it up. It's a late '80s, it's evidenced most dramatically in long-term care legislation and reports on long-term care. In fact … if you look at what, when we were fighting Bill 37, 11, Third Way, the long term care services in this province were Third Way'd. If you look at the long-term care reports, that's probably the most, that is where government policy is most clearly articulated in terms of overall intent to offload onto individuals the costs as well as the caring, providing the actual care to families. While we've had some successes in our fightback and pushback in acute care, in the Bill 11 stuff and all that, we have lost ground incredibly on the continuing care long-term care side. The government's agenda was very simple – get out of the business. Get out of the business and get out of the financing. That's still what happens today. There's been this constant push since the late '80s government to remove themselves. What we have with Friends of Medicare is the

pushback. Depending on the economics and public understanding, it goes one way or the other.

Q: So the Third Way is actually public financing of private services?

HS: Absolutely. I used to go crazy, literally crazy, when Ralph Klein would talk about he supports publicly funded healthcare. It's because it's duplicitous. We have the same thing stated over and over again, and Stephen Harper will say that I'm behind publicly financed. Well of course, because they have been convinced by those who will benefit from it that public services… you can think of all the nasty things about public, that it's inefficient. This is what they try to convince, and this is the Fraser Institute, you have to convince the public that public services are inefficient and they are failing you, therefore the saviour and the only real saviour is going to be the private markets. We've had 25 years of this kind of dogma. In fact what we had in the '90s was government's complicity in hobbling the public system to further convince people here in this province that the private market was the solution. You can read HRC, called HRG at the time, their business plan in 1997, where they basically say this is a coming together of the funding crisis created by government, but the funding crisis, the diminishing of capacity, and political will be permit they've created a golden business opportunity for them. It's right in their business plan.

Q: How did they hobble the public sector provision of healthcare?

HS: The biggest thing they did was the new budget, financially starving it. You have to recall that when Ralph Klein came to office, became premier at the end of 1992, healthcare had already had two years of flat budgets. We had Nancy Betkowski as Minister of Health. We had already had two years of no increases, which were in effect at that time, if you're looking at population and cost of living, were already rollback budgets. Ralph Klein comes in and he doesn't just say it's going to be a flat budget; he

basically took about 25% out of the healthcare budget in a single swoop. Remember, we've got to put our financial house in order. Actually the real message there was we gotta create chaos across the system so that we can implement a whole different agenda for reforming healthcare. That in itself was one of the greatest…and of course the destruction of vested, of certain vested interests. Certain vested interests, such as physicians, were whispering in government's ear, have we got a solution for you. What government did not want was public advocates. By that I mean the boards of hospitals and health units. There's good things that have evolved through elements, some of the changes in terms of regionalization and bringing together services. But what we have had is in fact a continual diminishing of community based advocates for healthcare services. The elimination of the 160 or 200 boards down to 17 health regions. The 17 health regions, there was a short flirtation with elected boards. Well they quickly realized that was a mistake, because you don't want people who think that they're going to represent people and advocate for people involved in health when in fact you have a totally different agenda to achieve. So from 17 then down to 9 and then down to 1. Steve West in 1995 put out his steps for successful privatization. One of those things is that you have to go in and remove all those with vested interests. That would've included of course the health boards. The reason that the regional health authorities and the boards had to go was because they … they never completely went to the dark side in terms of just being foot soldiers of the government. Even, I would suggest to you, people like Jack Davis realized that private corporate activity was not the answer. He was there and said, we won't have a P3 of a new hospital. He said to me directly that, and in public ways, that having the private non-hospital surgical faculty … but having the HRC HRG was simply a competition for the public in terms of… competition which denied his ability, diminished his ability to provide services on the public side. You're not talking about two different sets of workers. We're talking about a limited pool of physicians, a limited pool of nurses and others. If they're over here doing perhaps unnecessary surgery in private venues, then they're not available on the public side to delivery public services. So those people will have to go.

HS: What financial cutbacks took place?

HS: You cut the budget by 25%, you're cutting thousands of workers out of the system. We had some 5,000 at least, nurses' jobs disappear. Everything contracted. We closed hospitals, we closed beds and units in hospitals. But we closed entire hospitals. We closed the Camsell, we closed the old Calgary General and blew it up, we closed and sold off the Holy Cross at firesale prices. We sold the Holy Cross for less value, sold it to a doctor to run as a private enterprise, for less value than the parking lot had, after doing tens of millions of dollars of renovations in it, with public dollars. We simply constricted everything. We forced, there was forced contracting to private entities. I know this from my time involved at the Edmonton General, where we were looking at… well the old General at the time was getting the Grey Nuns Hospital. We were basically told, they were told, I was a union person there, but they were told that they could not redevelop their laundry, which provided wonderful services at costs that were less than contracted out services were. You want the new hospital, you will contract out laundry. So the whole issue of contracting to K-Bro, contracting out dietary, housekeeping. That was a huge part of the, but that's all part of the same agenda in terms of that the private markets should be allowed to delivery these services. I think what's really sad is that it wasn't just that the privates were there and may have been able to deliver these services, or that they may have even been able to deliver them competitively. We had a government that intentionally stripped out of the public side of delivery and intentionally fed the growth of corporate activities, whether that was wholescale in terms of something like selling the Holy Cross Hospital or individual services such as K-Bro as linen and that kind of stuff. It wasn't an even playing field. It was quite intentional – we are going to feed corporate delivery.

Q: How was Friends of Medicare so successful in getting the public to raise on outcry?

HS: I think what's important about the Friends of Medicare is the diversity in the participation, particularly in terms of healthcare. There's Friends of Medicare and then there's broader networks that Friends of Medicare is also part of in terms of things like Public Interest Alberta. But it's the diversity in it. When we were starting the fightback campaigns in the '90s, maybe we were too naïve to realize just how big the opposition was, but we didn't stop to think about it. When we started planning and trying to disseminate information, started to plan rallies or disseminate information, we were totally reckless in terms of we'll call and talk to anybody, we'll send it to anybody, we'll go door to door. We went through phonebooks and lists and got all the animal groups – the Lions, the Elks. There was nothing that we weren't prepared to reach out to in terms of saying, there's a huge issue in healthcare happening and we think you need to know about it and be part of telling government they're wrong. It was a huge missive. I think the other reason is because healthcare touches so many people. Part of the reason for some of this slow growth, because at any one time there's really only probably about 10% of the population that's directly interacting and affected in terms of healthcare. People in terms of being in hospital or in need of services or having somebody in treatment or whatever, it's probably only about 10% of the population. But that's 10% at any one time. You give it a couple of years and it's not the same 10%, so it starts to expand. Things started to come home to people in terms of seeing some of the cuts actually happen to them. It wasn't just budget cuts to hospitals and stuff. Items were de-insured, senior citizens in particular started to feel the changes that were happening on the long-term care side, senior citizens and their families. So I think it was, things started, it was easier to mobilize people as more and more people and those branching out from them were affected. We also had some, we actually had some, we were fortuitous as well in terms of how blatant the attack was sometimes on healthcare and the attempts to diminish people who were involved in it. One of the best things from my perspective that Ralph Klein did was to call us all leftwing nuts. It did two things. It also said to people who were legitimately concerned about healthcare, regardless of what political stripe they were, that being concerned about it made them somehow nutsy. But it also gave us an incredible

mobilizing tool in terms of a symbol. We went and bought the leftwing nuts and put a ribbon on it and sold it to raise money for the campaigns. That actually did help. I don't think he would have ever said it if he thought it would've helped, but it did.

Q: What are some of the victories?

HS: I think the ultimate legislation, what became the Healthcare Protection Act, which was the Bill 37, the Bill 11, that became the Healthcare Protection Act, is nowhere near what the corporation profiteers would've hoped to achieve in terms of private facilities and that kind of stuff. I think we had some significant wins around Bill 11. I do think Ralph blinked. Ralph blinked big time. We didn't get everything we wanted, but if you look back at where that whole debate started from, I think we made huge things. The cataract surgeries, we got the facility fees covered. That was very much thanks to Diane Marleau and all the work we did with… Because we did, at the federal level during those years, we were very actively engaged with the federal minister of health and campaigns. We got the paraphernalia I've kept over the years. We were successful in getting a royal commission on healthcare. We were, we got that. That started with, I'll always remember Richard Plain saying, we need a federal commission akin to the Hall Commission on healthcare. We had the first postcard campaign on that. Kim Campbell was prime minister, and the postcard goes to Kim Campbell actually, calling for a royal commission. I think we should take credit for there even being a Romanow Commission, which through those years actually was helpful in pushing back again some of the tides of privatization that would have gotten farther. I think we should consider the most recent budget a success in terms of advocacy working, community advocacy and collective work. Bill 11, the Royal Commission, what else would I say? We're not done yet. Those are some of the ones so far, but we're not done yet.

Q: What's happening in long-term care that demonstrates what's wrong with the Third Way?

HS: Long-term care epitomizes, you pay more and you get less. It's à la carte care, it's à la carte services for seniors. Instead of providing an encompassing environment, living facility and care facility, we say basically, consider this a hotel. You pay for your hotel room, you pay for the food you eat, and in this hotel room if you want or need nursing care, you're going to pay for that too. So it's the unbundling and piecemealing out of services. We call it a duplicitously enticing phrase – we call it assisted living. Isn't that so much better than a nursing home? You're going to be in assisted living. What it really is is assisted dying or assisted pickpocketing. Until you have no resources left, you can stay there. But let's face it, then you are subject to whatever minimal requirements society hands out to the poor. What we have done in long-term care is we have said, getting services and the quality of services and the level of services is really based on your ability to pay. We've started that unbundling on the acute care side as well. If you look back at when we first got Medicare and it was to cover all physician and hospital services, things like recuperation and rehab went on inside hospitals. What we now have by and large is a system where rehab is outside hospitals and if you need or want rehab, basically you'd better have private insurance or be able to pay for it. So we pulled things out of the bundle, what we used to know as a hospital bundle, and passed it on to individuals to either pay for out of pocket or cover with insurance. That's the same as in long-term care. The intent there is you either pay for long-term care or maybe you have private insurance to cover it. That's the same kind of desire to set up on the acute care side, is you get whatever services you can afford. For the very destitute, there will be always a minimal bundle provided. You've got to look at the, I believe this was in the mid '90s as well, Dennis Modry's medicare is killing us. He articulated that. Dennis Modry said to me directly he had the ear of Ralph Klein; he speaks to the premier. Dennis Modry's view is that people are responsible and should be responsible for their own health and paying for their own health services. They should be buying private insurance and that would cover 80% of the population. For the needy, destitute, other 20% of the population, then you

basically have a minimal bundle of services that they get. That was the philosophy. Although there have been steps towards that, they have been held at bay.

Q: Why do these people favour privatization? What's in it for them?

HS: What's in it for them is profit. For some. I'm not sure I've ever agreed that physicians are truly private entrepreneurs. The vast majority receive almost all of their income from the public purse. That's why there was the issues in the late '70s over user fees, because physicians wanted more income than they were getting through the fee-for-service system. So they saw a way of getting more income by charging patients user fees, extra billing. Governments, to the extent that they didn't actually want to pay more on the fee-for-service side, were prepared to let it happen until it got challenged. No, says the Canada Health Act, you won't do that. So now we have farther down still again some, not all, who want to make more than the millions achievable under the fee-for-service. They want to be separate, this is the irony. They want to be separate from the government plan. They want to have their own private facility or whatever. But at the same time they very much cultivate government to give them, sort of to feed them in terms of insuring contracts and that sort of stuff. Oh yes, you know, it's a matter of being recognized as an independent entrepreneur. But in fact ultimately they still want the public to pay for it. They want governments to assure their private practices, private businesses will flourish.

Q: The whole thing is like an assault on the Canada Health Act. Is it really about the Canada Health Act?

HS: I think it is about the Canada Health Act. I could never understand why, when we were having the issues we were having here, during a time of Liberal majority, that they wouldn't make the changes we saw as necessary to strengthen and shore up areas, such as directly saying the private clinics and private delivery and taking it on. They wouldn't do it. We here in Alberta were very much of the view, the activists, that open up the Canada

Health Act, state unequivocally that these things will not happen. They wouldn't do it. The Canada Health Act established certain protections. What governments have done, what governments and other forces have done, is to look at how to get around it. They're certainly not dedicated to the spirit of it, but how to get around the explicit language of the Canada Health Act. The Boychuk Report out of Calgary is evidence of that. I think that's what's going to happen here in Alberta. We're going to see a government that is going to try to tell the public, ‘our changes are consistent with the Canada Health Act. They are not in violation of the Canada Health Act.’ They are, in fact, an atrocious betrayal of the principles of the Canada Health Act. What we have been seeing, I see, is over the past 15, 20 years is the interests of the dark side quietly nibbling away. They nibble faster, they nibble less, depending on what the pressures are. But nibbling away at what Medicare was meant to be when we went down that road. We never saw Tommy Douglas's vision of it. I call them the termites, and the termites are government, the physicians who want to be entrepreneurs, and the insurance companies. This unholy alliance of termites continually nibble away trying to undermine. If you look at the outside you don't see a lot of damage, because it's small nibbles. It's removing this insured service and that insured service, and taking physio and taking long-term care. It's bit by bit. I don't know if their intent is to eat so far, so much, so fast, that it'll crumble before people can realize it and exterminate them.

Q: The extra $2 billion, the healthcare system couldn't accommodate it.

HS: The public healthcare system could've accommodated it. It's the same hobbling. The public healthcare system over the last several months has been allowed to falter. It's been intentionally hobbled. We've had a CEO of the entire province who decided that we didn't need to hire any more employees, in fact we needed to get rid of employees. If you don't have the employees you can't deliver the services. So of course then what you have is you have waiting lists and backups and you create the same kind of crisis of confidence that we had 10 or 15 years ago, that the public side is failing. This time though, I think it is

deceitful to say that the public side doesn't have the capacity and ability to come back. We've got the beds. The people are the same people, whether they're on the public side or the private side. The nurses, for instance: if they're not working at HRC they'd be over working at the Foothills Hospital. So we have the people but there have been intentional political decisions to direct the business to the corporate side. That is the same kind of agenda we talked about before. Instead of growing our public capacity and delivery, they want to feed and grow the corporate interests. They're trying to justify it on the basis that the public side doesn't have the ability to respond. That's just public manipulation; that's just manipulation of the citizens.

Q: What do you think of Stephen Duckett's decision to close Alberta Hospital?

HS: It's a wrong decision. The decision around Alberta Hospital is a wrong decision. Alberta Hospital should be redeveloped into the equivalent of a Mayo type of clinic, that delivers not just superb diagnostic and treatment services, but also research services. We had no trouble identifying on the heart side of things that it's desirable to have a centre of excellence for heart services. The fact that it then gets to be called Mazankowski or is bought as Mazankowski to be called Mazankowski. But there's no difficulty seeing that. I think Alberta Hospital Edmonton in some ways typifies the callousness and the heartless attitudes that have been prevalent in this province and in the decision-making for many years. There's no political will to diminish services that the public would easily see as important. But when you're talking about just those psychiatric patients, a lot of them coming off the streets, do we really need to be investing if we don't have resources? Is that the group we really need to be considering at this time? It's just a cruel, heartless, gutless decision.

Q: What is the vision of Medicare?

HS: We're not talking about defending status quo. That'll usually be used – the advocates of public healthcare and Medicare just want the status quo, they're defending the status quo. I want the full meal deal. I want Tommy's dream. I want comprehensive healthcare services, whether we're talking community based services or we're talking acute care services or we're talking long term care services. I want pharmacare. I want the upstream and other determinants of healthcare addressed as well, because that'll ultimately affect how successful we are. But I want the whole meal. We got sort of the first course with Medicare. The efforts are to reduce us down to the snack pack. But I want the full meal deal.

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