



Alberta Federation of Labour

HEALTH CARE

INTRODUCTION

In 1999 it was Bill 37. In 2000 it was Bill 11. In 2006 it was the Third Way. Over the past decade, the Alberta government has made repeated attempts to privatize our public Medicare system. Each time Albertans have said a very clear NO.

The labour movement has been a central part of the efforts to stop privatization. We have rallied resources and mobilized our members against the Conservative privatization schemes. Working with the Friends of Medicare and other community allies, we were able to build strong campaigns to push back.

Despite the clear message from Albertans over the last 10 years, the Conservatives keep trying. From all the messages being sent over the last few months, 2009/2010 looks to most certainly be the next attempt to undermine Medicare and expand private, for-profit health care in Alberta.

Which means Albertans and Alberta's labour movement need to be ready.

WHERE WE WERE

1996	Health Resources Group (now Centre). A group of medical entrepreneurs begins lobbying to become Alberta's first private, for-profit hospital, to operate out of the closed Grace Hospital in Calgary. The application is initially defeated but is eventually approved. HRC takes both private and public patients.
1999	Bill 37 (The Health Statutes Amendment Act). An act designed to set up a regulatory structure to allow private, for-profit "non-hospital surgical facilities" to operate in Alberta and access public dollars. The government withdrew the Bill after public outcry. Instead they established a panel to "review" the risks of the bill on Medicare.
2000	Bill 11 (Health Care Protection Act). Introduced following the report from the review panel. The Act still legalized private, for-profit "non-hospital surgical facilities," but attempted to insert more restrictions on their operation and more protections for patients. The Bill passed. However, as a result of pressure from Albertans, led by Friends of Medicare and the labour movement, the regulations were changed to drastically limit the types of "enhanced services" that could be sold to patients in these facilities.

2002	<p>Mazankowski Report. Set up by Premier Ralph Klein in the wake of the Bill 11 debate to study the future of Alberta's health system. The wide-ranging report recommended sweeping reforms to Medicare, including:</p> <ul style="list-style-type: none"> • Viewing patients as “customers” who have a right to quick access and to more choice in health services; • Reducing the number of services covered by Medicare – the delisted services would have to be paid directly by patients; • Encourage choice, competition and accountability by allowing more private health care options to operate within and alongside the public system; and • Explore the possibility of implementing “user fees” for some services.
2006	<p>The Third Way. A package of proposed reforms by Premier Klein to reform the health care system. A major component was to increase the role of private insurance companies, allowing greater use of user fees, and possible de-listing of services. The Third Way was withdrawn following Klein's resignation as Premier.</p>

WHERE WE ARE

The Conservatives have learned some lessons, but not the ones Albertans want them to learn. Since their re-election in the spring of 2008, health care “reform” is back on their agenda. Only this time they are doing it differently.

Current Health Minister Ron Liepert says “the third way failed in part because it was unveiled as one entire package, vulnerable to criticism. ‘People were allowed to pick at certain things they didn’t like, highlight it and then scare the government off, and there wasn’t the political will to follow through.’” (*Edmonton Journal*, October 7, 2008)

Liepert has admitted this time the whole plan will be kept under wraps and its components released in bits and pieces.

And those pieces have already started to come. Since the summer of 2008, the Conservatives have implemented or promised the following:

- Eliminated all Regional Health Authorities, replacing them with one Super Board which has agreed to follow the Minister's orders.
- Stacked the Super Board with former Conservative politicians, corporate leaders with little health-care experience, and American corporate health-care consultants. It is led by an Australian who was part of the privatization of that country's health system.
- Allowed the opening of the Copeman Clinic in Calgary, Alberta's first boutique health clinic. For an initial fee of \$3,900 and \$2,900 annually, clients at Copeman get guaranteed quick access to a doctor, along with elite access to a wide range of diagnostic and other services.

- Paid multinational consulting firm Deloitte \$2.2 million to author a study advocating the closure of dozens of rural hospitals in Alberta.
- Quietly released the McKinsey Report (conducted by a multinational consulting firm McKinsey & Co.), which outlines a plan to close rural hospitals, downgrade long-term care beds and attack the working conditions of health professionals.
- Announced a freeze on full-service nursing home care beds, despite shortages in adequate nursing home beds. Also establishing a long-term plan to convert to downgraded “assisted-living facility” beds where patients pay extra to receive health services. For example, in Lethbridge, EVERY nursing home bed will be converted.
- Eliminated universal drug coverage for seniors, making seniors who earn more than \$21,000 a year pay more for prescription drugs.
- Released “Vision 2020,” a long-term plan for health care which envisions moving more patients out of hospitals and into private clinics and for-profit “non-hospital surgical facilities” legalized under Bill 11 and talks about increasing “choice” for health-care consumers.
- Mused about “de-listing” of up to 30 services, including chiropractic services, podiatry, mole removal and annual eye exams for seniors and children. Proposed savings would be used to “bolster” Blue Cross or other private insurance options.

WHERE WE ARE GOING

When looking at the piecemeal changes being proposed in the past 18 months, it becomes clear that the privatization plans of the past have not disappeared, but are being implemented a step at a time, just as Liepert promised. The similarities between recent announcements and the Mazankowski Report, Bill 11 and the Third Way are unmistakable.

The government clearly has a plan to quietly increase the role of private, for-profit health care into Alberta’s Medicare system. The goal of their strategy is two-fold:

1. **Commercialize Health Care.** By referring to patients and citizens as “customers” and by talking about “choice,” the government is framing health care as just another commodity to be purchased privately. They want us to see ourselves as consumers of health services, rather than citizens needing health care. If we fall for their logic, we will begin to question why the government should be managing and financing the system.
2. **Privatization by Stealth.** For the moment private, for-profit health clinics can only play on the margins of our health-care system. The big money still eludes them, as most Albertans continue to utilize the publicly funded health system. To fix this, the Conservatives are intent on slowly building an infrastructure for health entrepreneurs to wedge into the system. This is done by moving services from hospitals to private clinics, by downgrading long-term care beds to allow for extra user fees, by increasing the number of private services through de-

listing and by promoting private insurance alternatives. Albertans already pay more out-of-pocket for health care than any other Canadian. Many procedures and services are completely or partially de-listed (cataract surgery, chiropractic, physiotherapy, orthotics, MRI, ENT, podiatry, etc.). By restricting access to care, through closed hospitals and long waiting times, the government is building a “market” for private alternatives. While today it is just the super-wealthy who can afford to sidestep Medicare, the vision is to make it necessary for most Albertans. And the only real way to do that is to devalue and undermine public health care.

The threat is real and this time it will be more difficult to defeat than previous attempts, particularly because the government is consciously not laying out its full plan to Albertans. If Albertans are not vigilant, we will wake up in a few years to find that our Medicare system is in tatters and that we are all purchasing more health services from Health Care Inc.

SAYING “NO” ONCE AGAIN

It is clear we need to mobilize to defend Medicare once again, but there is a deeper message to this latest reincarnation of privatization. We will continue to fight defensive battles to save Medicare as long as the Conservative Party is in power in Alberta. Our vision of a more comprehensive Medicare system, one that more effectively keeps Albertans well in addition to healing their illnesses, will continue to be put on hold as long as we have the present government.

Ultimately, the only permanent solution for protecting Medicare is through political action. We must work to mobilize working people across the province against the Conservatives’ agenda, not just in health care but in all its anti-worker initiatives. This mobilization needs to be about more than electing a party with different colours. It is about changing political culture in Alberta.

Politics in Alberta will not change in the 28 days of an election campaign, or merely by electing a different party. It will only change when working people stand up for our rights and demand a new approach to politics from ALL parties.

And health care serves as the perfect entry point to mobilization. Medicare has widespread support among Albertans, and health care touches everyone. It is a natural issue point from which to build passion and energy for Alberta politics. Alberta unions are in a unique position to engage in a leadership role in this struggle, and we must live up to the challenge.

DEFENDING MEDICARE

The AFL and its affiliates re-assert our commitment to publicly funded and delivered health care and re-state our determination to defeat Conservative attempts to privatize our health-care system.

- The AFL and its affiliates will actively support Friends of Medicare and other community groups that work to support Medicare and prevent the privatization of health care.
- The AFL and its affiliates will commit to educate our members about the threats of privatization, the facts about public health care and the need for union members to support a publicly delivered health-care system.
- The AFL and affiliates will use our political resources to build public support for Medicare and to mobilize Albertans to change Alberta politics through advocating for a stronger Medicare system.

THE FUTURE OF MEDICARE

But it is not enough to defend the *status quo*. Much needs to change in health care to make it work more effectively for Albertans. It is incumbent upon the defenders of Medicare to prescribe a more desirable alternative to reforming the system. The labour movement must be a part of offering forward-looking solutions including:

- Create a pharmacare program which offers universal access to prescription drugs;
- Expand Medicare to include homecare, dental care, long-term care and other health services;
- Include non-physician services, such as physical therapy, psychology, emergency services and others in the Medicare envelope, thereby freeing up more physician time for services only they can provide;
- Close or publicly purchase private clinics in Alberta (a model adopted by Manitoba) so that all clinics are publicly operated;
- More emphasis on “wellness” by addressing the causes of illness, including poverty, environmental degradation, nutrition, physical fitness and recreation, and work-life balance;
- Ensure all health professionals to work to the full scope of their professional capacity, which will result in a reduced bottleneck at the physician level.
- Expand use of nurse practitioners (NPs) – nurses trained to perform many physicians’ functions – and remove the current prohibition on union membership for NPs;
- Greater use of health-care teams which have professionals working collaboratively as equals, rather than subordinates to doctors;
- Train more health-care professionals which requires increasing the number of spaces available and making post-secondary education more affordable;
- Reduce our reliance on poaching health professionals from developing nations;
- Move to quicker upgrading and recognition of foreign health professionals credentials;
- Move away from a fee-for-service models. Doctors should be on salary or some other payment structure that reduces their “customer” mentality and allows them to focus on helping patients;

- Build real “community health centres” which can offer holistic, comprehensive, coordinated care to EVERYONE in the community, free of charge; and
- Create publicly run long-term care facilities to eliminate the profit motive from caring for aging Albertans.

Expanding and improving Medicare is the best way of ensuring Albertans have access to high quality and timely health care services at a reasonable cost. It also will keep the privatizers at bay. Plus it is the best way to ensure Albertans receive the health care they deserve. The last word should go to the father of Medicare, Tommy Douglas (former CCF-NDP Premier of Saskatchewan):

“All these programs should be designed to keep people well – because in the long run it’s cheaper to keep people well than to be patching them up after they are sick.”¹ (Douglas, 1984)

¹ “We Must Go Forward”, T.C. Douglas, in *Medicare The Decisive Year*, Lee Soderstrom (ed.), 1982.