

# Canada: Mass protests against Alberta health care privatization plan

Keith Jones  
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An Alberta Tory government plan to permit the establishment of private hospitals is encountering fierce popular opposition. Last week thousands of Albertans joined rallies and demonstrations in Edmonton and Calgary to demand the government scrap Bill 11, legislation that in the name of defending Medicare—Canada's universal, free public health care system—promotes for-profit health care. More protests are planned for next week when the Alberta Legislature ends its Easter break.

Alberta Premier Ralph Klein and his Tory government have clearly been taken aback by the depth of popular opposition. On April 18, Klein lashed out at the media, saying it is spreading “malicious information” about the bill. The next day he accused his Liberal and New Democratic opponents of “inciting riots,” after a window was broken and a brief scuffle broke out between a security guard and some demonstrators during an anti-Bill 11 rally.

The right-wing Canadian Alliance, the Official Opposition in Canada's Parliament, has long been a staunch ally of the Klein Tories. But as the protests swelled last week, Deborah Gray, the Alliance's acting leader who is herself an Alberta MP, urged Klein to consider dropping Bill 11 or allowing a “free vote” on it.

According to an opinion poll conducted well before last week's protests, 59 percent of Albertans oppose Bill 11, while just 39 percent support it. To the government's chagrin, the legislation has been condemned by much of Alberta's medical professional establishment, including the Alberta Medical Association, which represents the province's doctors.

The majority of Albertans rightly perceive Bill 11 as a major step toward a two-tier health care system in which the well-to-do have access to the best care money can buy, while the majority are forced to rely on a chronically underfunded and understaffed public system.

In Alberta, as elsewhere in Canada, private clinics already function in association with the Medicare system, providing many out-patient medical services and receiving payment from the government for those services covered under the public health insurance scheme. Bill 11, however, will greatly expand the range of operations, treatments and procedures that can be legally provided outside a public hospital. Private medical

centers—the government refuses to call them hospitals in an attempt to cover up the extent to which health care is being privatized—will now be permitted to perform complex surgeries that involve lengthy hospital stays.

For performing “medically necessary” services, the private hospitals will be paid by the government according to its fee schedule just as are public hospitals today. But, and this is the rub, they will have the right to charge extra for providing “enhanced services.” Bill 11 is purposely vague, but “enhanced services” mean better quality health care—a more comprehensive set of tests, a better quality hip replacement, a more thorough surgical intervention, etc.—not just nicer rooms and better meals.

Klein has made much of the fact that Bill 11 contains a clause outlawing “queue jumping”—that is, people paying to be bumped to the top of a waiting list for an operation or other medical services paid for by the government. But a legal analysis of the legislation commissioned by the Canadian Union of Public Employees (CUPE) shows that under the guise of providing “enhanced services” private hospitals will indeed be able to provide preferential service to those with the means to pay. This is because queue jumping is outlawed only for those receiving exactly the same treatment, not those suffering the same condition. Nothing bars private hospitals providing speedier care to those who opt to receive “enhanced service,” i.e., treatment more than that deemed by the government to be “medically necessary.”

“A non-surgical illustration of the general concern,” explains the CUPE-commissioned study, “is the situation that exists in relation to MRIs. The public system wait list, though long, remains within a period consistent with a ‘clinically determined acceptable time frame.’ Consequently, Alberta government policy has not prevented private MRI clinics from providing MRIs on a fee-for-service basis to those patients who are willing to pay for faster service, on the basis that a more immediate return of MRI results is not ‘medically necessary.’”

Studies of Alberta's existing system of private clinics show that those receiving only “medically necessary”—i.e., government insured—treatment wait longer for service than do patients at public facilities. The reason for this is simple. It is the same principle that causes airlines to devote much more

resources to serving first class passengers than those in economy class. The rate of return or profitability of “enhanced services” is far greater.

Adding to the public concern over Bill 11 is the fact that Alberta Health Minister Halvar Jonson has joined many of his provincial counterparts in calling for a national forum to determine what health services and procedures should be considered “medically necessary.” By delisting “non-essential” treatments and procedures, the government will leave people with no recourse but to go to private health providers and pay for them.

In bringing forward Bill 11, Klein calculated that he could exploit Canadians’ increasing anxiety over the rapid deterioration of public health care to promote privatization. That hundreds of thousands of people are currently waiting to receive vital medical tests and operations underscores that successive rounds of budget cuts by the federal and provincial governments have brought the public health system to the point of collapse.

Earlier this month, the Quebec government admitted that in December 1999 110,000 people in the province of 7.5 million were waiting for surgery. But when the chief surgeon at Montreal’s Jewish General Hospital said that up to six Quebecers are dying each month while waiting for heart operations, he was denounced by a livid Quebec Premier. According to Lucien Bouchard, Quebec’s health system is “one of the best in the world.”

Polls have shown that a large majority of Canadians disagree. The public perception is that Medicare is in deep crisis. But to the consternation of big business and the political right, the public have thus far remained skeptical of their claims that the solution to the health care crisis is privatization. Canadians have only to look at the situation in the US where more than 40 million working people and poor have no medical coverage and tens of millions of others live in fear that the loss of a job or a catastrophic illness or accident will leave them unable to pay for the care they need.

Recognizing that support for a universal public health care system remains strong, the Klein Tories have tried to mask their true intentions. Bill 11 is a classic example of doublespeak. Named the Health Care Protection Act, the law purports to uphold the principles of a universal public health system, while in fact promoting privatization. By contriving an absurdly narrow definition of “hospital,” the Tories have even been able to include a clause “banning” private hospitals from Alberta in a bill whose purpose is to authorize them.

This attempt to foist privatization on an unsuspecting public has largely backfired. In fact, the government’s duplicity has only reinforced the public perception that Bill 11 is a fundamental attack on public health care that has been drafted not to meet the crisis in patient care but rather the demands of big business. After all, the same Tory government that now argues the expansion of private health care is the only way to

deal with bed and other shortages in the public system spent much of the 1990s closing down public hospitals, on the grounds that there was an over-capacity of health facilities.

Politically, the opposition to Alberta’s Bill 11 has been dominated by the Tories’ big business political rivals, the Liberals and the NDP. If working people continue to leave the struggle to uphold the right to free access to quality health care in these hands it will surely be lost.

While the Liberals and NDP pose as the defenders of Medicare, they have played a crucial role in the assault on health care and other social and public services. Over the past five years, the federal Liberal government has reduced the transfers to the provinces that help fund health care, post-secondary education and welfare by tens of billions of dollars.

Klein’s Liberal and NDP opponents are using Bill 11 as a foil to push through changes to Medicare aimed at reducing services and shifting more of the burden for care onto individuals and their families. Federal Health Minister Allan Rock has said Ottawa is ready to give the provinces, which under Canada’s constitution are responsible for managing health care, additional funding, but only if they agree to his as of yet unrevealed plans to achieve greater cost efficiencies. Saskatchewan’s NDP Premier Roy Romanow is calling for a “national dialogue” on what “medically necessary” services should continue to be insured and “to what extent” individuals “can contribute to the costs of their health care without limiting access.” The NDP premier has repeatedly made clear he believes fundamental Medicare “reform” is necessary. All provinces, he said earlier this month, are “beginning to hit the wall in terms of financial sustainability.”

The opposition to Bill 11 and “market-driven” solutions to the health care crisis reflect the progressive instincts of the majority of working people. Quality health care is a basic human right that should not be subordinated to the profit needs of investors. But the opposition to privatization must be politically fortified by a critique of the capitalist system as a whole.

The logic of capitalist economics—to say nothing of the proof provided by two decades of failed popular protest—exclude the possibility of successfully pressuring big business governments to revive the welfare state programs enacted in the context of the postwar capitalist boom and a system of national economic regulation. Rather the collapse of Medicare underscores the urgency of working people articulating their own program to reorganize economic life so the resources of the world economy can be used to meet social needs, not enrich the few.



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