

# Alberta spearheads assault on public health care

Lee Parsons  
22 January 2002

Alberta Premier Ralph Klein is to outline this week major changes to the province's public health insurance scheme—changes aimed at off-loading a greater portion of health-care costs onto individuals, reducing demand for publicly-funded health care services, and providing big business with increased opportunities to profit from the provision of health care.

Klein's announcement will come in the form of his response to a report tabled January 8 by the Alberta Premier's Advisory Council on Health. This council was created by Klein last year to lay the groundwork for a major assault on Medicare, Canada's universal public health insurance system. The Council is headed by Don Mazankowski, the Deputy Prime Minister in the federal Tory government of Brian Mulroney, and has been stacked with longstanding advocates of the "marketization" and privatization of health care, such as Brian Lee Crowley, President of the Atlantic Institute for Market Studies.

No sooner did the council issue an interim report last fall that concluded the current public health system is unsustainable, than the Alberta government began a \$1 million advertising campaign to promote the need for Medicare "reform."

The council's second report, "A Framework for Reform," provides Klein with 44 policy recommendations, including introducing user fees, de-listing some medical services and procedures (effectively privatizing them), hiking health insurance premiums (Alberta is one of two provinces where individuals and families pay such premiums) and contracting out management of health-care facilities.

Many of the proposals lack specifics. The details of others, like the proposal for government-funded personal health accounts, are arcane. (The accounts would serve a double purpose—to provide a financial disincentive to people seeking medical attention and to transfer some

health-care costs from the state to individuals.)

However, the report's central thrust is patently clear: the portion of health-care costs paid by the state must be radically scaled back and the services and procedures covered by Medicare systematically curtailed. Declares the report in its opening pages: "Medicare was never designed to cover the full range of health services available today."

Much of the information and most of the ideas in the council report have been recycled from earlier studies. Its tone and timing are notable, however. The council points to the months-long waiting lists for treatments for even life-threatening conditions, the chronic staff shortages, and the overcrowding of emergency rooms—the cross-Canada crisis in health care produced by more than a decade of massive budget cuts by the federal and provincial governments—to decry state inefficiency. It then holds out the false promise of empowering individuals by introducing more choice and personal responsibility in health care.

"It's time to open up the system," declares the report. "Take the shackles off, allow health authorities to try new ideas, encourage competition and choice, and see what works and what doesn't." In truth, individual "empowerment" will mean that the well-to-do gain unfettered access to the best health care in the world, provided by for-profit health providers. Working people, on the other hand, will have to make do with an impoverished and chronically understaffed public system.

Klein is hoping to seize the initiative in the national debate over health care and in particular to pre-empt a report on the future of Medicare that the former New Democratic Party (NDP) premier of Saskatchewan, Roy Romanow, is preparing for the federal government. Whilst Romanow has said major changes need to be made to Medicare, including the de-listing of services, the right fears that he will not go far enough, especially in

privatizing services and introducing financial disincentives to drawing on the resources of the public system.

To no one's surprise, the Alberta report was quickly embraced by Ontario's Tory government. In recent months, Ontario Premier Mike Harris has repeatedly threatened to make radical changes to health care, beginning with the scrapping of the province's homecare and drug plans, if Ottawa does not boost its transfers to the province by \$2 billion a year. Ernie Eaves, the frontrunner in the race to replace Harris as premier and provincial Tory leader, responded to the Alberta report by saying he too favours the imposition of user fees.

In the past, the federal Liberals have posed as defenders of Medicare against Klein and Harris, the better to conceal their own role in drastically reducing federal health-care funding. But Alan Rock, who until last week's cabinet shuffle was the federal health minister, declared his support for the spirit, if not all the specific recommendations, of the Alberta report. "What we need," said Rock, "is fresh thinking ... the status quo is unacceptable."

Rock's successor, Anne McLellan, has gone considerably further. She has praised Klein for his purported commitment to the Canada Health Act, the federal legislation that establishes national minimum standards for Medicare, and declared her eagerness to work with the provinces in redesigning public health insurance: "I don't think the Canada Health Act should be etched in stone ... let's look at the act, let's look at modernizing it."

The *National Post* and other right-wing standard-bearers have hailed the appointment of McLellan, who in her previous post as justice minister played a pivotal role in authoring legislation that in the name of fighting terrorism runs roughshod over civil liberties. Alberta Health and Wellness Minister Gary Mar said naming the fellow Albertan McLellan Health Minister is "a strong signal from the federal government that we're going to enter into a phase of constructive discussion and dialogue on health care."

All this does not preclude a future wrangle between Ottawa and Alberta or other provincial governments. The reorganization of health care raises major issues for the ruling class. Big business, especially its political representatives, are acutely aware, the crisis in the current Medicare system notwithstanding, there is widespread popular support for a universal public health-care scheme. Canadians only have to look across the border to the

United States where more than 40 million people are without any health insurance and catastrophic health-care costs are the leading cause of personal bankruptcies.

Although the most important concern for the ruling class is how best to impose Medicare "reform" on a sceptical public, there are also serious differences over how far to go in reducing the state's role in the provision of health care. Different sections of the ruling class stand to gain or lose depending on how health-care costs are shifted from the state to individuals and to what extent management functions and health-care services are privatized. The Big Three automakers, for example, have long cited Canada's state-financed health insurance plan as giving their Canadian operations a major "competitive advantage" over their US plants. Big business proponents of the state continuing to play a major role in the provision of health care point out that the US spends large sums on determining and collecting health-care costs and devotes a larger share of its GNP to health services than Canada.

Working class opposition to the dismantling of Medicare must begin with the recognition that all factions in the ruling class debate over health care are agreed that the health-care system must be reorganized at the expense of working people and that all sections of the political establishment—from the New Democrats and Parti Québécois to the Canadian Alliance—were complicit in the repeated rounds of the budget cuts that have brought Medicare to the brink of collapse.

The federal Liberal government's choice of Roy Romanow to head its Commission on the Future of Health Care in Canada is neither accidental nor incidental. The Liberals are calculating that because of the NDP's historical association with the introduction of Medicare, Romanow will be better able to sell the public on the shrinking of Medicare in accordance with corporate Canada's struggle for markets and profits. As premier of Saskatchewan, the social-democrat Romanow slashed health-care spending, closed dozens of rural hospitals, broke strikes by nurses and other health-care workers when they rebelled over staff shortages and overwork, then appointed his own commission to rethink Medicare.



To contact the WSWs and the Socialist Equality Party visit:

**[wsws.org/contact](http://wsws.org/contact)**