DR. ROCKEFELLER will see you now

The hidden players privatizing Canada's health care system

BY JOYCE NELSON

Within days of Federal Finance Minister Paul Martin's mid-October announcement that $9.4 billion will have to be raised over the next two years, through either higher taxes or spending cuts, in order to meet his deficit-reduction target date, the C.D. Howe Institute urged Martin to cut federal spending even deeper and faster. The private think-tank called for $14.8 billion in cuts over the next two years by virtually eliminating all federal spending on health care,. while cutting drastically into spending on unemployment insurance, post-secondary education, welfare and old-age security payments.

The need for such radical surgery was quickly endorsed by much of the mainstream media, which called the Institute's diagnosis "realistic" and "fine". What the media neglected, however, to add was that since 1976 the C.D. Howe Institute has been closely connected to David Rockefeller's Trilateral Commission, whose 300-plus members (primarily presidents and CEOs of global corporations, bankers, politicians and a few academics) comprise the most powerful and elite organization for world planning known to exist.

Within days of Human Resources Minister Lloyd Axworthy's federal green paper proposing comprehensive "reforms" to Canada's social safety net, a curious poll made headlines across the country. The poll, conducted by COMPAS Inc. and first published in the October 22 *Financial Post*, found "strong public support" for Axworthy's proposals. When the poll's findings were picked up by Canadian Press the following day, the anonymous Cl' reporter (likely writing with press release in hand) claimed: "The poll provides ammunition for the Liberals in their fight with provinces and interest groups over changing social programs. It suggests Ottawa could go ahead with some changes on its own, knowing it has public support." That same evening, as *Globe and Mail* columnist Rick Salutin has noted, the poll provided the lead story for Mike Duffy's CTV show and had the host "squirming with delight. It showed that if you ask Canadians whether people *on* welfare should have to work or just get paid for sitting around, Canadians are ready to cut."

Axworthy himself seized on the COMPAS poll as "a pretty good indication that there is an appetite for change and that Canadians are prepared to take a look at some new ideas". No one bothered to inform the public that COMPAS Inc. is the polling subsidiary of Executive Consultants Ltd., an Ottawa lobbying firm owned by the world's biggest PR firm, New York-based giant Burson-Marsteller — whose Canadian chairman, Allan E. Gotlieb, is the North American Deputy Chair of the Trilateral Commission.

Come to think of it, no one has informed the public that, according to the Canadian Institute for Political Integrity's Ottawa founder Glen Kealey — credited by author Stevie Cameron for successfully bringing fraud charges against former Cabinet minister Roch LaSalle — Paul Martin was hand-picked to be finance minister by Liberal Party adviser Mitchell Sharp, who joined the Trilateral Commission in 1977 and was Deputy Chair of the Commission during the 1980s.

Obviously, it's high time for another look at the Trilateral Commission and Burson-Marsteller, who are well-hidden but key players in the effort to privatize Canada's health care system, a system that has been called "one of the largest unopened oysters in the Canadian economy". Burson-

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Marsteller (B-M), with branch plant offices in Montreal, Ottawa, Toronto and Vancouver, and the Trilateral Commission (TC) are intent on fully prying open that oyster, which is potentially worth billions to the private health care sector — especially the private insurance industry.

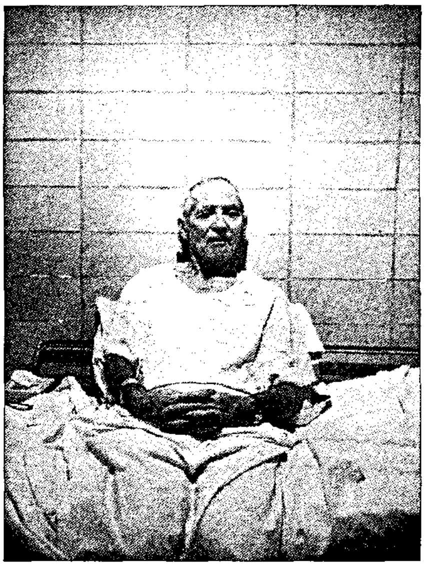
U.S. consumer advocate Ralph Nader warned Canadians in a December 1992 Ottawa speech that the goal of the giant health care industries in the U.S. is "to subvert if not destroy both the compulsory pricing system for drugs and elements of the universal health insurance system" in Canada.

Oysters Rockefeller

According to Holly Sklar, who edited the book Trilateralism, the TC in the 1990s is "more powerful than ever". One particular factor in the TC's current power is that ever since Allan Gotlieb (Canada's ambassador to the U.S. from 1981 to 1988) joined both the Trilateral Commission and global giant Burson-Marsteller in 1989, B-M has increasingly functioned as a PR/lobbying arm of the TC itself. This corporate cooperation was especially apparent in the powerful duo's orchestration of NAFTA's passage (see Dec. '93 *Canadian* Forum). According to the most recent figures available, B-M (which has 62 offices in 29 countries) was paid nearly $18 million for getting NAFTA signed, sealed and delivered.

The Chretien government — which has broken election promises regarding NAFTA, Clayoquot Sound and the lobbying industry — appointed Trilateralist Roy MacLaren, the Liberal Party's most vociferous advocate of NAFTA, as International Trade Minister. Since NAFTA has crucial implications for Canadians' health care system, it's not surprising that the same corporate superpowers are heavily engaged in the whole health-care issue in Canada, as they have been for years in the U.S.

The late 1980s populist push in the U.S. for a single-payer/universal system modelled on Canada's health care system prompted the U.S. Congress to appoint in 1988 a Bipartisan Commission on Comprehensive Health Care, whose mandate was to suggest "reforms" to American health care. At the time, 35 million U.S. citizens had



no health insurance coverage at all. The Commission, chaired by TC member John D. Rockefeller IV, released its report in 1990 and urged employment-based private insurance coverage. As Senator Rockefeller explained to the business community: "Employer-mandated coverage is the last resort we have against the establishment of a national health program that neither you nor I want."

When TC member Bill Clinton was elected U.S. president in 1992, he quickly appointed TC member Donna E. Shalala as U.S. Secretary of Health and Human Services, along with 13 other TC members to key cabinet and administrative posts. Perhaps not surprisingly, the President's Health Care Task Force, chaired by Mrs. Clinton, rejected any approach not based on private insurance — a $300 billion industry in the U.S. According to U.S. health care activist Townsend Walker, of the Alabama Health Education & Action League, "The Clinton Administration's so-called 'reforms', based on 'managed competition', were intended right from the first to benefit the big insurance companies, many of which are directly linked to the Rockefeller Group of financial holdings, including Metropolitan Life, Equitable Life and New York Life."

Metropolitan Life, whose Canadian operations are based in Ottawa and Toronto, has been a Burson-Marsteller client for more than a decade. In 1993, at the height of the lobbying turbulence surrounding both health care and NAFTA in the U.S., B-M's insurance clients included Met Life, Equitable Life, Aetna and State Farm. Both Met Life and State Farm continue to be B-M clients.

Now that health care legislation is dead in the water in the U.S., the primary beneficiaries of all the chaos and turmoil have been the pharmaceutical giants (11 of whom are current B-M clients) and "the Big Five" private insurers: Met Life, Aetna, Prudential, Cigna and The Travelers — vertically integrated health care behemoths who own and operate huge chains of HMOs (health maintenance organizations) ready to provide every service on the medical spectrum, for a price.

While the number of U.S. citizens without health insurance coverage has risen to 39 million, HMO membership is already 50 million. The HMO insurers, paid to provide coverage for companies' employees, don't have to cover all illnesses or all people but can pick and choose those likely to need the least medical care as a cost-saving measure. As a writer for the *Nation* has observed, "The same insurance industry that brought us 'redlining' by disease and 'cherry picking' of healthy people in order to increase profits, is now to be catapulted into the role of 'caring' provider."

Learning from the "Debate"

According to O'Dwyer's PR Services, a U.S. company that closely tracks the activity of PR/lobbying firms, as well as the fees paid to them, Burson-Marsteller played the leading role in the U.S. health care "debate" — the most lucrative PR and lobbying bonanza in history. O'Dwyer's editor Kevin McCauley says that during the years 1992 and 1993, "B-M earned $81.2 million just on its health care PR billings" — at least three times more than its closest competitor, Hill & Knowlton. "B-M is a big outfit and they are by far the leaders in health care lobbying."

B-M has its own specialized unit called Burson-Marsteller Healthcare, which McCauley says provides clients with "consumer and professional marketing; issues/crisis management government relations; constituency relations; media training; media relations; media design;

and advertising". On behalf of its numerous and powerful clients — which in 1993 included the Health Leadership Council (comprising more than 55 corporations with a stake in the health care industry) — B-M was central to blocking the populist push for a health care system modelled on Canada's,

As any Canadian viewer of U.S. TV will recall, much of **the U.S.** "debate" involved the trashing of Canada's health care system with scare-tactic stories about lengthy waiting times for emergency care, the inability of Canadians to choose our own doctors, the seeming unavailability of medical procedures like bone marrow transplants, and even the "illegality" of operations for Canadian seniors. Michael Rachlis, M.D., and Carol Kushner, Canadian authors of the 1994 book *Strong Medicine* say this tactic was meant " to keep Americans confused about public insurance" and note that "both the American Medical Association and the insurance industry have spent millions trying to discredit Canada's healthcare system since 1991."

On June 7, 1994, Fairness & Accuracy in Reporting (FAIR) took out a page in the New *York Times to* inform the public that the point-counterpoint duo appearing regularly on National Pubic Radio's "Morning Edition" to debate the health care issue were actually both paid lobbyists for the same side: Tom Downey, a lobbyist for Met Life, and Vin Weber, paid by the Alliance for Managed Competition, the "Big Five" insurers group that includes Met Life. FAIR suggested this was "just one more sign that commercial health interests have succeeded in subverting the biggest public policy debate in the last 50 years".

Now a similar, if more subtle, discrediting process is under way here, with Canadians as the target. The first steps are to undermine the public's confidence in the Canadian system, especially through deficit-mania, and to cause confusion. As Canadian health care activist and film-maker Laura Sky explains, "In the business world it's called 'the chaos theory of market restructuring'. There is a value in creating chaos if you **want to** reorganize and capture a market, and in our *case,* the Canadian health-care system is being thrown into chaos so that private interests can step in and provide 'solutions'."

B-M is particularly skilled at what's called "media placement" — getting news items favourable to its client's interests into the media. Burson-Marsteller accurately claims to its prospective clients that it can "manage issues by influencing — in the right combination — public attitudes, public perceptions, public behaviour and public policy". It is that last item, public policy, that is crucial, especially with powerful groups like the CD. Howe Institute leaning on the Liberals to cut federal health care spending entirely — **a** move that would undermine the Canada Health Act. According to Colleen Fuller of the Health Sciences Association of British Columbia, "The ability of U.S. health insurers to participate in the Canadian 'market' is totally dependent on the serious erosion or outright elimination of the Canada Health Act," which specifically excludes private, for-profit administration of health insurance. The erosion is already under way as the provinces, faced with steady cuts in federal transfer payments under two Tory governments, begin to de-list medical services previously covered by public insurance plans — a decision that Rachlis and Kushner say "could throw patients into the arms of the private insurance industry". The C.D. Howe Institute wants to hasten that process.

Chaos, and Howe

The C.D. Howe Institute linked up with the Trilateral Commission during the 1970s when Michel Belanger, one of the Institute's directors at the time while also serving as President of the Provincial Bank of Canada, joined the TC in 1976. Current Institute membership suggests that it is not **a** disinterested spectator in health care issues. TC member Marshall ("Mickey") Cohen, a member of the Institute's Executive Committee, has been vocal about the need for "taking away [Canadians'] old age pension and their Canadian Pension Plan, child credits, unemployment insurance and everything else". Cohen's Molson Industries' subsidiary, Diversey Corp., has already targeted the fast-growing private U.S. industry that provides contracted cleaning services to hospitals, in hopes of securing steady and large orders for Diversey cleaning and sanitation products.

Institute member Marc Lalonde, former federal minister of health, is on its Canada-America Committee. Lalonde is also Chair of Hotel-Dieu in Montreal and a director of Citibank, which is owned by Citicorp — the financial core of the Rockefeller empire. Citicorp has been a Burson-Marsteller client since 1991.

The Chair and Director of the C.D. Howe Institute is Adam Zimmerman, who is also a director of TD Bank, a Trustee for Toronto's Hospital for Sick Children, and, since 1990, the Chair and a director for Confederation Life. Simon Reisman, Canada's free trade negotiator, is on **the** Executive Committee of the Institute and is President of Ottawa's Trade and Investment Advisory Group. Thomas E. Kierans, the President and CEO of the C.D. Howe Institute, is on the board of Manufacturers Life and, during the 1990s, has been "Special Policy Advisor" to the Ontario government.

In 1992, the Ontario government, faced with shrinking health care budgets like the rest of the provinces, decreed that the province's 223 publicly funded hospitals must find ways to cut costs and become more "efficient" — pushing hospitals to merge, **make** radical changes in the way health care is delivered, or close. In May of 1994, the Metro Toronto District Health Council, a provincial government advisory body, appointed a nine-member committee to decide the fate of Metro Toronto's 44 hospitals — the largest hospital restructuring project in the world. The Hospital Restructuring Committee (HRC) is scheduled to release its interim report in January and its final report in June 1995.

Since the HRC will have tremendous influence over the future of Metro hospitals, as well as the future of thousands of health care workers, it is amazing how little media coverage has been given to this project — especially because the composition of the nine-member committee is controversial indeed.

The Hospital Restructuring Committee chairperson is Ed Crawford — Chairman of the Canada Life Assurance Co., Director of the Canadian Imperial Bank of Commerce (CIBC), and Trustee for Toronto's Hospital for Sick Children. HRC member Richard E. Lint is president and CEO of Citibank and a director of Skandia Canada Reinsurance Co. A subsidiary of B-M client Citicorp, Citibank Canada's board members include Marc Lalonde and Radcliffe Latimer, Chair of Prudential.

A third member of the nine-member HRC is John C. Wilson, formerly of Ernst & Young and now a private consultant, who led the recent "restructuring" of Ontario Hydro that, since 1993, has resulted in nearly 12,000 job cuts at the Crown corporation. Given that Ontario Hydro was a Burson-Marsteller client in 1993, Wilson must have worked closely with B-M in the process, now widely acknowledged as a major step towards privatization. Maurice Strong, head of Ontario Hydro, joined the Trilateral Commission in 1976. From 1990 to 1992, Strong worked closely with B-M in planning for global business's involvement in the 1992 Rio Earth Summit.

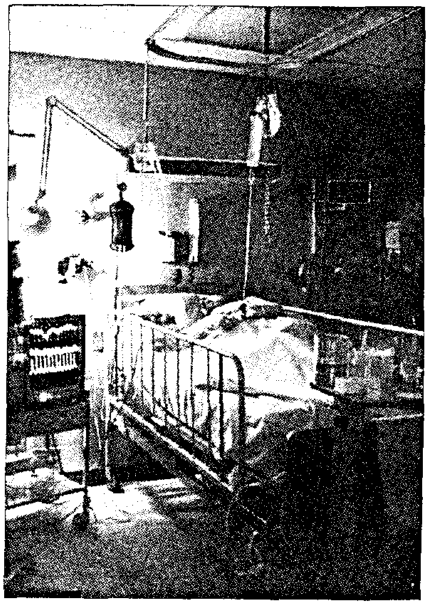
HRC member Wilson is also the Founding Chairman of the Canadian Institute for Advanced Research (CAIR) — a think-tank funded by the federal and Ontario governments, as well as a handful of blue-chip corporations such as Manufacturers Life, listed as a "primary benefactor of CAIR and the funding initiator of CAIR's Program in Population Health, which generously funds research fellowships ($100,000/year for 5 years) and scholarships ($50,000/year for 5 years) for 18 university CAIR scholars, four of whom have been appointed to Chretien's National Forum on Health.

Since the Forum's mandate is to consult with experts across the country, we might consider what happened during a similar process for the Royal Commission on New Reproductive Technologies (1989- 1993). In February 1992 the National Action Committee for the Status of Women went public with its finding that the Commission had contracted two Burson-Marsteller professionals to advise it on the biotechnology industry and on which interest groups to consult. B-M has its own Biotechnology PR Unit to assist long-term clients like Sandoz and Genentech, as well as a host of pharmaceutical giants.

With private sector interests heavily involved in both the largest hospital restructuring project in the world and the four-year, $14 million National Forum on Health, public policy "reforms" are being proposed just in time for some new/ old players on the health care scene.

Gearing Up

Premier Bob Rae's "master of the social contract", Michael ("Midge") Decter, who led the charge against Ontario's public-sector workers, has (in the words of *Frank)* "slithered back on the scene", reincarnated as the Canadian Managing Director for APM Management a U.S. consulting firm "which earns enormous fees from hospitals by laying off nurses and replacing them with unskilled workers".



As well, Dennis Timbrell, former Ontario Health Minister and now President of the Ontario Hospital Association since 1991, was recently appointed Chair of International Managed Care — a private medical rehab-treatment care provider owned by Liberty Mutual Insurance Group, on whose board Timbre11 also sits. Timbrell has also been on the board of Confederation Trust since at least 1993.

In B.C., former Social Credit health minister Jim Nielsen has recently opened the province's fist private MRI (magnetic resonance imagery) clinic, charging $595 to $1,000 per MRI scan to people who don't want to wait for an appointment at one of the province's four publicly run MRI clinics.

In Alberta, where Premier Ralph Klein has called for increased private enterprise in the health system, and has cut thousands of public-sector health care jobs, the private Gimbel clinics offer surgery covered by Medicare, but charge patients an extra "facility fee", such as the $1,000 fee for a cataract operation. The Reform Party has defended such private clinics and has questioned in the House of Commons whether or not the federal government, having eroded transfer payments, still has the authority to uphold the Canada Health Act. During the election campaign, the Reform Party was advised by PR pros from both Burson-Marsteller and Hill & Knowlton, the top PR firms in the world, who between them represent 103 private health care clients.

Meanwhile, Toronto-based Crownx Inc., chaired by TC member David Hennigar and with Senator Michael Kirby (who joined the TC in 1977) on its board, is now the third largest company in North America providing long-term care to the elderly through its subsidiary, Extendicare, which runs 228 private clinics — including 63 in Canada. Extendicare also sells hospital management services to publicly funded hospitals. Says Laura Sky, "Extendicare is an example of the private marketplace taking over in Canada, as hospitals are selling themselves off to such companies.

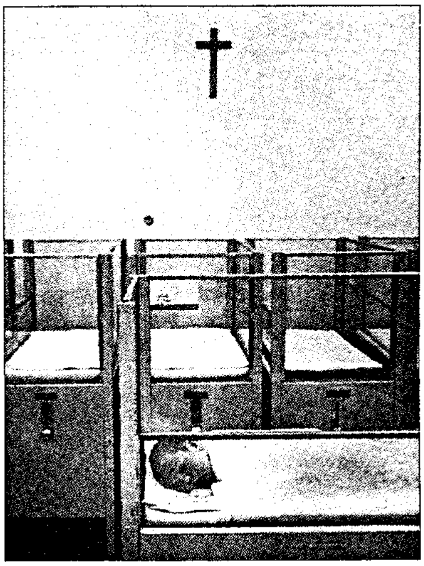
More and more U.S. health-care companies are coming in, attracted by the chaos in public funding."

"Companies like Marriott and Baxter," says Sky, "promise to reduce costs for hospitals, but it's basic union-busting. The hospitals lay off unionized nurses and staff and then, under private management, offer the jobs back under non-unionized conditions." Crownx CEO Fred Ladly recently complained that the country's politicians "do not recognize the role that the private sector can play in providing health care".

Such sabre-rattling has been bolstered by an October B.C. Medical Association survey of more than 2,800 doctors, 82 per cent of whom say they would like to see the publicly financed health care system cover "a limited core" of essential medical services, with "optional services" covered by private insurance for those who could afford to pay the premiums. This push for a "two-tiered" medical insurance plan is, of course, precisely what the private insurance industry wants. "It is no coincidence," says Laura Sky, "that hospital boards and health care agencies are increasingly peopled with bankers and insurance executives."

It is also no coincidence that a significant number of hospital boards, especially in Toronto and Montreal, are peopled with Trilateralists: Marshall Cohen is on the Advisory Councils of Mount Sinai Hospital and the Baycrest Centre for Geriatric Care; Trevor Eyton is a director for Sunnybrook Medical Centre; L. Yves Fortier — whose law firm, Ogilvy Renault, played a key role in getting the controversial drug patent extension Bill C-91 passed — is a director for Montreal General Hospital and the Clinical Research Institute of Montreal. Even busy Trade Minister Roy MacLaren is a governor for the Etobicoke General Hospital.

As B-M's Canadian Chair, Allan E. Gotlieb, is a board member of Conrad Black's Hollinger Inc., it is useful to note that Black's other corporate directors are also on the boards of the Toronto Hospital, Doctor's Hospital, the Barbara Schifler Clinic, St. Paul's Hospital, the Quebec Heart Institute, the Centre de Sante Saint-Henri, L'Hôpital Maisonneuve Rosemont, and (during the early 1990s) the Insurance Corp. of B.C.



Insurance Coalition

Perhaps not surprisingly, Canada's insurance and banking sectors are filled with Canadian Trilateralists, as the sidebar indicates (see page 12). Based on spring 1994 sources, the listings reveal TC presence in the financial sector just at the time behind-closed-doors decisions were being made on whether or not to pull the plug on Confederation Life — the largest insurance company failure in North America.

While the mainstream business press was filled through the summer of 1994 with high drama and speculation about the impending fate of Confederation Life, especially a possible last-minute rescue of Confed led by (TC member) Paul Desmarais's Great West Life, no one bothered to inform the public that, since 1993, one of the directors of Desmarais's Power Financial Corps. has been Edward Ney — the U.S. head of Burson-Marsteller's parent company and B-M's international adviser.

Throughout Ney's tenure as U.S. Ambassador to Canada (1989-1992), the press neglected to identify Ney's connection to Burson-Marsteller, or, for that matter, the B-M connection between Ney and Gotlieb. Such silence was, of course, useful for the passage of NAFTA. Since 1993, a similar press silence has surrounded Ney's involvement in Power Financial Corps.

Kenneth Kidd's article "Life Preserver" for Report On Business (Oct. '94) informs us that Canada is "one of the most saturated insurance markets on the planet" with \$1.3 trillion in life insurance already owned by Canadians. Kidd says, "Confed's collapse merely prefaces a massive shakeout in an industry plagued by too many operators chasing too few customers."

Though Kidd doesn't say it, the answer to the dilemma is obvious: a two-pronged strategy that (a) decreases the number of operators, and (b) introduces what are euphemistically being called "new product lines in Canada". The first prong is already under way, with Canada Life, North American Life, Sun Life, Great-West Life and Manufacturers Life all feeding on the Confed corpse, but also making other purchases in the industry. But the biggest player is B-M client Metropolitan Life, which has announced agreements to acquire Allstate's personal life insurance line, Confed's group life and health business, and made a merger deal with The Travelers Inc. to create one of the largest health care HMO companies in North America, with 17,500 health care employees providing managed health care programs for 13 million people. In late November, MetLife announced an agreement to acquire the Canadian group life business of Travelers Insurance.

Thanks to the federal Tories, the 1992 Bank Act allows banks to buy insurance companies, so during the current feeding frenzy, the National Bank of Canada, CIBC, The Bank of Nova Scotia and the TD Bank are all buying up new insurance assets. The Bank Act is due to be revised in 1997 and the banks are hoping to get permission to sell insurance products too.

If that sounds as though some even bigger operators would then be "chasing too few customers", consider this: the private insurers and the banks together have their eye on the lucrative bonanza locked up in Canada's public health insurance system. As Colleen Fuller reminds us, "Insurance companies, who call themselves avid free traders, have been active at all trade tables (the FTA, NAFTA and GATT), pushing hard for 'worldwide liberalized trade in financial services'." While the press typically treats them as competitors, the banks and the insurance

Canadian Trilateralist	Private Insurance Connection	Private Bank Connection
Michel Belanger	Dir: Commercial Group Insurance Great Lakes Reinsurance Munich Reinsurance Canada Munich Life Management	Dir: National Bank of Canada
Jacques Bougle*		Dir: Royal Bank
Conrad Black	Dir: Confederation Life (1991-93)	Dir: CIBC
Bernard Bonin		Deputy Governor: Bank of Canada
Claude Castonguay	Dir: Laurentian General Insurance	Chair: Laurentian Trust
Marshall Cohen*	International Advisory Council: American Insurance Group	Dir: TD Bank
David Culver	Dir: American Express	
Paul G. Desmarais*	Dir: Great-West Life Insurance (Owned by Power Corp)	
Louis Desrocher		Dir: Bank of Montreal
Marie Josee Drouin*	Dir: Standard Life	Dir: CIBC
Trevor Eyton'	Dir: London Life	Dir: Royal Trustco
L. Yves Fortier*	Dir: Manufacturers Life (1993)	Dir: Royal Bank
Allan E. Gotlieb'	Chair: Burson-Marsteller Canada	Advisory Board: Bank of Montreal
Donald S. Harvie		Dir: Bank of Montreal
David Hennigar*	Chair: Crownx Vice-Chair: Crown Insurance Dir: Crombie Insurance (UK)	
Michael Kirby	Chair: Senate Banking Committee Dir: Crownx	Chair: Senate Banking Committee
Alan B. Hockin	Dir: London Life Insurance London Insurance Group	
Donald S. Macdonald	Dir: Sun Life Assurance Co.	
Roy MacLaren*	Dir: London Insurance Group	Dir: Deutsche Bank Canada
Darcy McKeough		Dir: CIBC
Arne R. Nielsen	Dir: Aetna Life	Dir: TD Bank
James Pattison*		Dir: TD Bank
Ronald D. Southern*	Dir: Royal Insurance Co.	

*Current member of the Trilateral Commission

Sources: Trilateral Commission Membership Lists, 1973-1994; Directory of Directors (1994); *Who's Who in Canadian Business (1994); Canadian Who's Who (1994)*

companies are quietly cooperating to pry open that Canadian health care "oyster".

At the same time, the insurance companies have been lobbying, under the leadership of Great-West Life, to have taxpayer funding for their insurance fund, CompCorp, Calling for a "CDIC II", they want an extension of the "safety net" federally provided to banks through the Canadian Deposit Insurance Corporation (CDIC), which has yet to pay back the $4.5 billion borrowed from the federal government in 1991-92 to bail out the collapse of five of Canada's 10 largest trust companies.

The Senate banking committee, which has refused to lay blame in the Confed collapse, on November 23 stopped short of recommending a federally financed "CDIC II" for the private insurance sector, but called for a system of "co-insurance" whereby customers would assume some of the loss when an insurance company fails. Winnipeg deposit broker Tam Rice called the Senate's report "an effort by an exclusive club to make the consumer the scapegoat". Moreover, by November the CDIC had already forwarded $665 million to the National Bank to repay ConfederationTrust's insured depositors.

When that $5.1 billion handed over to the CDIC is added to the $40 billion in deferred taxes currently owed by corporations, it's clear just where the Chretien government might find the money it needs to reduce the deficit and even maintain federal transfer payments to the provinces. But such "political will" is unlikely.

As I write, the Prime Minister of Canada is off to China, flacking for a number of Trilaterally-connected B-M clients, including Northern Telecom. Then Chrétien is off to visit another B-M client: the corrupt government of Indonesia. And when he returns, Chretien is scheduled to meet the new president of B-M's client since 1990, the Mexican government. Who's running Canada? It sure looks like it's Burson-Marsteller and the Trilateral Commission. If so, we can kiss our public health care system goodbye. ■