

Partial transcript of Your Province, Your Premier with Alberta Premier Danielle Smith

<https://globalnews.ca/edmonton/program/your-province-your-premier>

**Wayne Nelson:** ... to ask your questions, voice your concerns, whatever's on your mind, you can speak with the premier one on one, but a big reminder, please keep that question or text as short as possible. And for goodness sakes, let's try to be respectful. All right. Premier Smith, welcome to the show.

**Danielle Smith:** Hello, Wayne.

**Wayne Nelson:** Well, I'm going to start off get right into it at a time when Alberta is experiencing its worst measles outbreak in 50 years, your government is planning to make Albertans pay out of pocket for COVID-19 vaccines starting this fall. What kind of message does that send about Alberta's commitment to public health, and are you concerned this could set a precedent that discourages broad based vaccination?

**Danielle Smith:** Well, I would say they're two totally different things. Measles, number one, is highly, highly contagious. They recommend that you get a 95% vaccination rate to stop the spread. And children can die and go blind and have deafness as a result of it. And that's why we have a very high level of vaccination rate for measles. Influenza, it's, they do recommend the that it should be offered to everyone on an annual basis. We've got about a 22%, 21, 22% pickup rate based on last year. And then with COVID, the, the recommendation is to offer it to those who are immunocompromised, those who are at the most risk. And so when we looked at now that we have to develop our own new program for payment, it was paid for by the government. Sad part was, we threw over away over a million doses because people just don't want to, to, to get it, to get the vaccine in the same rates as others. Well, I think it's because it doesn't work particularly well, if you want the truth. I mean, a vaccine is one where you get an injection once or twice, and then you never develop the underlying condition. And so you have to judge vaccines on that basis. With influenza, you get have to get a new strain each year. And so it's reasonably effective, probably about 55, 65% effectiveness, percent effectiveness most years. COVID, it ends up mutating very quickly.

**Wayne Nelson:** It's in that same family of Coronavirus.

**Danielle Smith:** That's right, it's very difficult to develop an effective vaccine for it. So it's not a vaccine like measles. It's more of an immunity booster. And so for those who have a compromised immune system, those are the ones who are recommended to get it the most. And so that's what we're targeting. It's for people who ... are in a congregate setting, people who are immune compromised. But anyone is going to be allowed to get it if they if they choose, if they want to assess their own level of risk. We believe in vaccine choice. But we don't

pay for everything. We don't pay for RSV for everyone. We only have that dedicated to the most at-risk individuals, and we're taking the same approach with COVID.

**Wayne Nelson:** You can only get it, from what I understand from the press release - and there's a lot of criticism that came out at 4:30 on a Friday - there's criticism that now you can only get it at the clinics rather than at pharmacy.

**Danielle Smith:** Well, that's part of the reason why we ended up throwing so much away. You have to remember that this is a very unusual type of vaccine. It has to be chilled to, I think, minus 80 degrees Celsius. It has to be transported and held at a certain temperature. Well, they were, they were putting it in packs of 10. So if you gave, if you opened it up and you did give one shot, you had to throw the rest out after 12 hours because it would expire. And so that's why we ended up with so much wastage. And it's not insignificant. It was over \$100 million. I think, \$130, 5 million of wasted products. So we want to make sure that those who want it can get it. But the best way to do that, and the way to limit the cost, is to administer through our public health centres, because we already have the staff there. So we don't have to pay dispensing fee, and we can negotiate a low as low a price as possible. That's what we're going to aim to do. But we want to avoid wastage. We want to make sure people get it as a priority who are most at risk, and then make it available to whoever else wants it.

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**Wayne Nelson:** Let's go to the phones. Jean has been hanging on for a while. Jean calling in from Calgary. Go ahead, Jean ...

**Jean:** Thank you. Thank you. I listened to what the premier had to say about, I'm calling about the new charge for vaccinations, for COVID, 19 booster shots. And I just want to tell you that I'm very disappointed that the government is going to be charging for those vaccinations now, and I'm not living in a facility, but I'm well over 65 and I want to continue with those vaccinations, but that charge becomes a deterrent. And I just cannot understand how you can justify spending millions of dollars, taxpayer dollars, on things like an unwanted Alberta pension plan or possibly a separation referendum that most Albertans do not want, but you can suddenly, on a Friday afternoon, cut the funding to protect regular Albertans by charging them over \$100 just to get a vaccination from this deadly disease and then comparing it to measles. Shame on you. Danielle Smith! You care more about those other things than you do about regular Albertans. I am disappointed in you.

**Danielle Smith:** Well, I can tell you, we could probably end up eliminating the knee and hip replacement surgical wait list with \$135 million that got flushed down the drain last year. We're, we're watching what Albertans are doing, and what we're seeing is that Albertans, increasingly, are choosing not to take this vaccine. It was only 3.3% last year, but what we did see is that the older an individual was, the higher the pickup rate is, which is why we're going to target it to

those who are most at risk, so over age 65, living in a congregate setting, anyone who has a pre-existing condition. And then we'll make it available to anyone who wants it. We haven't negotiated the price for that yet. We're going to try to minimize it as much as we can. The RSV vaccine, I believe, was \$300. This will be much lower than that. And we only make the RSV vaccine available for free to those who are most at risk. So we're taking the same kind of policy approach that we are for, for RSV, and we'll gauge how many people sign up for it, and then we'll we'll make a decision if we have to change course in future years. But what we can't continue doing is ordering an excessive number of doses that people don't want and then having them damaged, destroyed, spoiled, and going down the drain and flushing that money. There's too many things that we have to pay for in the health care system, and we've got to minimize the amount of wastage that we've got.

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**Wayne Nelson:** All right, Nadine has texted in and said, "What a load of BS in response to the COVID vaccine. In fact, I just booked an appointment for boosters for my spouse and I. I'm 63 he's 67 we'll both be forced to pay out of pocket, because if you're pandering to the right wing base again. Why not try governing the whole of this province, and not just the right wing?"

**Danielle Smith:** Every person over the age of six months who is immunocompromised or has pre-existing conditions will be able to get their their shot with no charge. It's those who are healthy that that choose to do it because they've talked to the doctors, those are the ones that will have a little bit lesser priority. We have to make sure that we've got those in congregate settings, those in age, those with disabilities taken care of first. And then those who are healthy but want to be able to have that extra immunity booster, they'll be able to pay out of pocket.

**Wayne Nelson:** And we don't have an idea yet, Premier Smith, how much that vaccine will cost to those who choose to get it?

**Danielle Smith:** No, no, not quite yet. I mean, it was the average, the average, \$110 is what it was in the past. And so we hope we'll be able to negotiate a better price. And we'll, we'll pass that straight through. We certainly don't want to make any money off of it. We just wanted it to be cost recovery. We want to limit the amount that that ends up getting wasted.