

## BLUE STORM: THE RISE AND FALL OF JASON KENNEY

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## “With Comorbidities”: The Politics of COVID-19 and the Kenney Government

*Lisa Young*

The COVID-19 pandemic ended Jason Kenney’s political career.

Kenney entered the pandemic with political “comorbidities”—factors that would make it more difficult to survive the political challenge the pandemic represented. His United Conservative Party (UCP) was a product of a merger that had not fully gelled, even when it won a huge majority government. In his first year in office he was unable to deliver on his promise of “jobs, economy, pipelines.” His inexperienced government fumbled some of its first attempts to tackle health care spending, most notably starting a highly visible fight with doctors by cancelling their contract.

As the waves of infection rolled across the province, the Kenney government was torn between two contradictory imperatives. On one hand, many MLAs and party supporters favoured a minimal response, taking some steps to protect “the vulnerable” but otherwise allowing Albertans to chart their own course and exercise personal responsibility. The deep strain of populism in Alberta’s political culture, characterized by distrust of scientific expertise and government, contributed to this sentiment. On the other hand, many voices—including doctors, epidemiologists, and other experts—demanded government interventions to reduce the spread of infection. The consequence of ignoring these calls included not only a mounting death toll, but also the prospect of overwhelming the province’s health care

system, forcing doctors to implement triage protocols determining which patients would receive treatment and which would be left to die.

Caught between these imperatives, Kenney and his government alternated between inaction and action, sometimes dismissing measures as ineffective or inappropriate only days before enacting them. This policy response is best characterized largely as a failure. As of May 2022, Alberta Health Services reported over 4,300 Albertans had died of COVID. This is likely an underestimate; using the parameters for Alberta from a study published in *The Lancet*, we can estimate total deaths as of May 2022 of over 6,000.<sup>1</sup> Alberta's reported death rate was lower than that of Quebec, Saskatchewan, and Manitoba, but higher than all other provinces.<sup>2</sup> Alberta's rate of cases exceeded the rest of Canada's in the second through fourth waves; this will have implications for the prevalence of Long COVID in the population (see Figure 20.1). Alberta's vaccination rates are the lowest of any province (see Figure 20.3). At least 15,000 surgeries were postponed. On the positive side of the ledger, Alberta's approach kept schools open more than other provinces outside the Atlantic bubble<sup>3</sup> and relatively weak public health restrictions allowed businesses to remain open.

Just as evident as this policy failure was a political failure that culminated in Kenney's resignation as party leader. The government's approach to COVID satisfied neither those who wanted minimal government intervention nor those demanding a robust response. Confidence in the ability of the government to manage the pandemic declined precipitously, as did the premier's approval rating, from a high of 61 per cent in 2019 to only 11 per cent in the fall of 2021. Backbench MLAs publicly criticized the government's approach to COVID and tried to hold a vote of non-confidence in their leader, setting in motion the leadership review process that resulted in Kenney's resignation in May 2022.

Alberta's failed pandemic response is in large measure a product of the internal turmoil of the Kenney government. Caucus unrest made the government hesitant to act, contributing to delays and unwise public health decisions. These delays and failures to act added to the contentiousness of the pandemic response, eroding public confidence in the provincial government's ability to manage the crisis. The premier found himself defending the government's inaction to reporters at COVID briefings,

and then justifying taking any action at all to enraged citizens who joined his Facebook Live events. Each wave of the virus further weakened the Kenney government politically, culminating in his resignation. And, as Kenney's grasp on power became weaker, so too did the province's pandemic response, resulting in preventable deaths from the virus.

## The First Wave (March–May 2020)

On 11 March 2020, the World Health Organization declared COVID-19 a global pandemic, Italy declared a national lockdown, and Alberta reported its first confirmed cases of COVID. The Alberta Chief Medical Officer of Health (CMOH), Dr. Deena Hinshaw, issued her first orders, banning large gatherings and meetings with international participants. By Friday, there were numerous closures and cancellations, and the next week the premier declared a state of emergency and Dr. Hinshaw ordered schools, post-secondaries, and child-care facilities closed. Like the rest of Canada, the province was “locked down.”

Dr. Hinshaw was to become the public face of the government's response to the COVID pandemic. The CMOH is a role occupied by a medical doctor who serves as a key advisor to government during a public health emergency. The Alberta Public Health Act authorizes government to act on the advice of a CMOH during an emergency, and assigns significant authority to the CMOH, who issues public health orders. Although the Act is somewhat unclear on how independently the CMOH can exercise their authority, Hinshaw maintained throughout the pandemic that her role was to advise government, which would decide.<sup>4</sup>

Within government, the body responsible for making decisions about health restrictions once an emergency was declared was the Emergency Management Cabinet Committee. Chaired by the premier, the committee included the ministers of transportation, finance, environment, Indigenous relations, community and social services, justice, education and children's services, as well as one government MLA.

While the CMOH advises cabinet, issues public health orders, and keeps the public informed, Alberta Health Services (AHS), the province-wide health system, shouldered responsibility for organizing all testing, providing care to individuals infected with COVID-19, coordinating the eventual vaccination campaign, and enforcing the CMOH's orders.

Essential to a public health approach to infectious disease is the practice of “test, trace and isolate.” Testing establishes prevalence and allows public health officials to trace the source of infection and alert those who might be infected. A positive test triggers mandatory isolation to limit spread of infection. In pandemics, public health officials supplement this approach with “non-pharmaceutical interventions” designed to reduce the likelihood of transmission. These include restricting the numbers of people who can gather, closing schools, workplaces and borders, and requiring people to “shelter in place” in their homes. With limited capacity to test for COVID at the outset of the pandemic, and seeing it ravage the health care system in Italy, Alberta and many other jurisdictions turned quickly to measures designed to limit the ability of the virus to spread.

Weeks into the lockdown, with world oil prices plummeting and public anxiety about COVID high, the premier made a public address from the Cabinet Room, comparing the situation to the Spanish Flu, the Great Depression, and the Great War. Facing the interlinked challenges of COVID and the economy, Kenney employed rhetoric common to Alberta populists, calling on Albertans to be like the “buffalo [and] herd closely together and face the storm head on, coming out of it strong and united.”<sup>5</sup> The address established what would become a consistent pattern in his public statements, rebutting the notion that the province should do less or let the virus run its course. In this instance, he indicated that inaction could result in up to 32,000 deaths and collapse of the health care system.

Although the government response was tinged with a sense of crisis, Alberta’s first-wave restrictions were somewhat less stringent than those in many other provinces. Schools were closed and those who could work from home were expected to do so, but the provincial government identified many businesses as “essential workplaces” permitted to stay open; these included most of the energy sector, construction sites, and the agricultural sector. Several outbreaks were associated with meat processing facilities.<sup>6</sup> An outbreak at a Cargill plant in High River resulted in over 1,500 COVID infections (950 of them among Cargill workers) and 3 deaths. Workers at the plant were predominantly recent immigrants, establishing the pattern of COVID having disproportionate impact on racialized workers.

Despite less stringent restrictions, Alberta’s overall death toll from COVID during the first wave of the pandemic was relatively low (see

Figure 20.1).<sup>7</sup> Alberta avoided the carnage that occurred in long-term care facilities in Quebec and Ontario. Restrictions on visitors to long-term care homes and limits on the practice of employing staff across multiple facilities implemented in April 2020 may have been helpful in limiting the impact on long-term care, although the protective impact did not extend through the second wave.

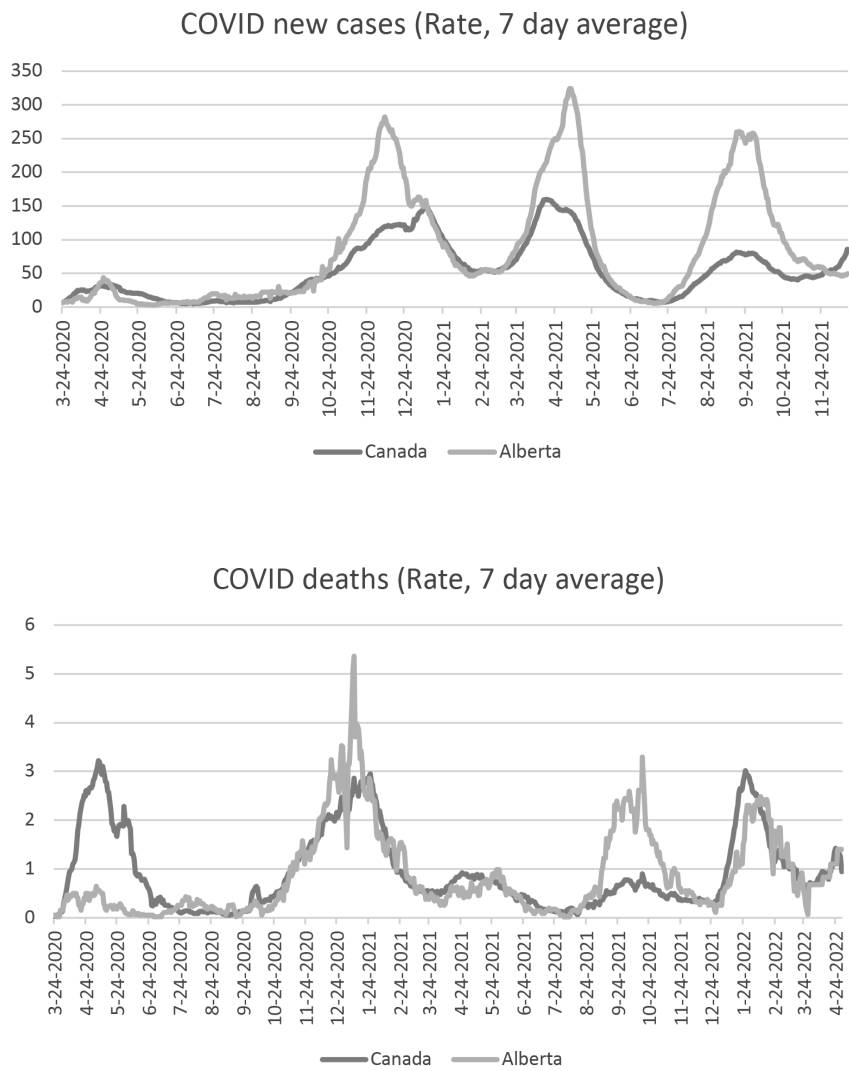
Politically, the Kenney government did not benefit from its relatively strong management of the first wave. Unlike other premiers, Kenney did not receive a “pandemic bump” in his approval numbers, which continued the slow decline that had started before the pandemic (for contrast, see Malloy chapter). In part, this may be due to the economic adversity that the province faced, with oil prices dropping sharply, prompting a panicked decision to spend \$1.3 billion to prop up the doomed KXL pipeline (as discussed in Rioux’s chapter).

### *Kenney’s COVID Manifesto*

As the first wave ended, governments had greater opportunity to come to terms with the challenge COVID presented and to develop a coherent policy response. A key stage of policy development is known as “framing.” The way a problem is articulated can shape the subsequent policy response. Problem framing is inherently political. As McConnell and Stark observe, the diversity of frames that various governments have used for the COVID crisis “is the product of more than mere crisis pragmatism. It is also underpinned by political ideology, and perceptions of the legitimacy (or not) of state ‘interference’ and regulation of markets, as well as citizens’ individual freedoms.”<sup>8</sup>

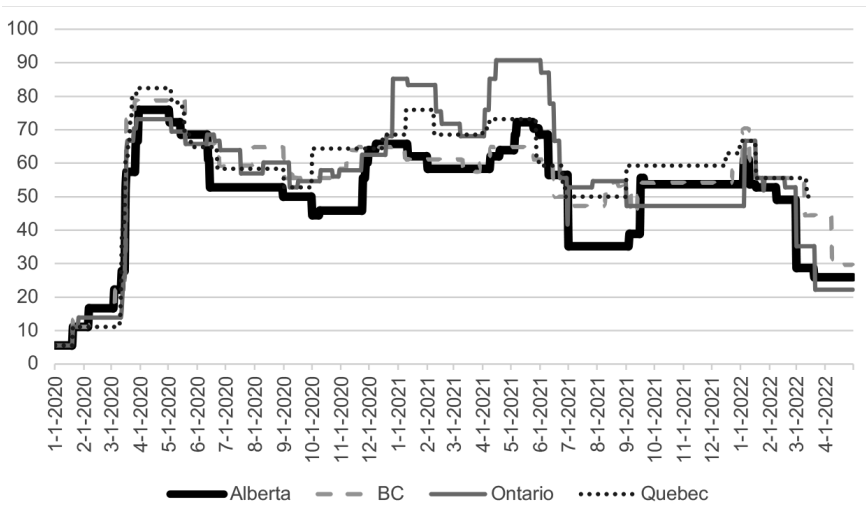
The UCP’s ideological commitment to individualism and personal freedom influenced the framing of COVID as a policy issue from May 2020 on. The party’s founding principles refer to “a robust civil society made up of free individuals” and emphasize freedom of speech, worship and assembly, economic freedom, limited government, and fiscal responsibility.<sup>9</sup> The only countervailing pressure mentioned is the last item: “protecting public safety as a primary responsibility of government.” The frames employed by the government for the pandemic focused on balancing concerns—“protecting lives and livelihoods”—and protecting the health care system. These can be contrasted to frames that emphasized minimizing or eliminating cases.

**Figure 20.1 (a and b).** Case and Death Rates, Alberta and Canada



Sources: Calculated from Government of Canada, "COVID-19 Epidemiology Update," <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>, (accessed 4 May 2022). Note that the case rate figure is cut off in mid-December when Alberta stopped offering PCR testing.

**Figure 20.2.** Stringency Index



Sources: Calculated from Hale et al., “Oxford COVID-19 Government Response Tracker,” <https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker>. Data use policy: Creative Commons Attribution CC BY standard.

In Alberta, as elsewhere, conservatives opposed stringent public health restrictions and were more inclined to believe COVID did not pose a serious threat. As early as March 2020, Conservative Party voters at the national level were more likely than others to say that they thought the risks of COVID were “overblown.”<sup>10</sup> This perception was central to the Kenney government’s articulation of its approach going forward.

In late May, as the province began to re-open, Premier Kenney addressed the legislature, setting out what can now be seen as his manifesto for the remainder of the pandemic. He described COVID as “an influenza that does not generally threaten life apart from the most elderly, the immunocompromised, and those with comorbidities.”<sup>11</sup> To refer to COVID as “an influenza” is not only incorrect in virological terms, but an effort to diminish the perceived threat posed by COVID to something similar to “the flu.” The premier asserted that, for all but the elderly and the vulnerable, the risks associated with COVID infection were small



and so the appropriate public health response should be “predicated on protecting the most vulnerable in the strongest and most discrete ways possible because we cannot continue indefinitely to impair the social and economic as well as the mental health and physiological health of the broader population for potentially a year.” This framing minimized the potential health consequences of COVID other than death and articulated the policy problem as one of balance between a relatively non-lethal disease and economic, social, and other health considerations.

There are essentially three public health approaches to COVID: the “herd immunity” approach that lets the virus run its course, the “COVID-Zero” approach that tries to eliminate the virus from circulation in a population, and the mitigation approach, which falls between these two alternatives. Mitigation approaches vary considerably, with some focused on minimizing loss of life and others on ensuring health care systems are not overwhelmed (and thus accepting a certain number of deaths). The path the premier charted in his May speech to the legislature signalled an approach focused on mitigation, and one that would be likely to fall closer to the herd immunity end of the mitigation spectrum, as it gave considerable weight to the importance of keeping the economy going, and less to limiting cases.

## The Second Wave (October 2020–January 2021)

The Kenney manifesto shaped the province’s response to both the second and third waves of COVID. As they began, the government downplayed the public health threat, called on citizens to exercise personal responsibility, and refrained from imposing restrictions until the health system was at risk of being overwhelmed. Inaction and delayed action frequently pushed the burden of imposing restrictions onto municipalities and school boards. The premier’s rationalizations for inaction in the days prior to action resulted in muddled messaging that undermined government action once it was taken.

Figure 20.1 shows the per-capita number of COVID cases in Alberta vastly exceeded the number for Canada as a whole through both waves. Deaths exceeded those in the rest of the country only during the second wave. Figure 20.2 shows that Alberta’s COVID-related restrictions were less stringent than those in the three larger provinces.

As other jurisdictions prepared for the inevitable second wave in the fall of 2020, the Kenney government did relatively little. In July, it announced a plan for a “near-normal” return to school. Dismayed that masks were not required, the large urban school boards established their own requirements. In August, the province changed its plan to require teachers and students in grades 4–12 to wear masks in public areas. In the absence of a provincial mask mandate, both Calgary and Edmonton adopted mandatory indoor mask bylaws that took effect on 1 August.

Case numbers began to rise in early October, prompting calls to re-introduce restrictions. CMOH Hinshaw imposed a fifteen-person limit on private gatherings in Calgary and Edmonton, but restaurants, casinos, and other public places remained open. The contact-tracing system became overwhelmed, and effectively collapsed, with a backlog of over 20,000 cases by early December.<sup>12</sup> Among the calls for more stringent rules were four open letters to government signed by physicians.<sup>13</sup> Premier Kenney emphasized “personal responsibility” but avoided imposing any additional restrictions, even as case numbers and deaths increased. He disappeared for ten days in mid-November, making no statements or public appearances, virtual or otherwise.

During this period, there were reports of tension between the government and the CMOH and/or her organization. The CBC obtained leaked documents and recordings of meetings that revealed that the premier and cabinet sometimes overruled expert advice, and “pushed an early relaunch strategy that seemed more focused on the economy and avoiding the appearance of curtailing Albertans’ freedoms than enforcing compliance to safeguard public health.”<sup>14</sup> That a public servant leaked these materials to journalists speaks to the intensity of frustration in the CMOH’s office. Longer term, the incident likely weakened the CMOH’s ability to influence government. The day it was published, Dr. Hinshaw appeared at a news conference with the health minister and condemned the leak. From that point on, there were no indications from Dr. Hinshaw or her team of dissent from the government’s approach.

In late November, the province declared a state of public health emergency, banned indoor social gatherings, and limited outdoor gatherings and places of worship. Students in Grades 7–12 were moved to online classes from the end of November until January, and employees were

encouraged to work from home. Restaurants, bars, and casinos were permitted to stay open with some restrictions in place. Case numbers continued to rise. On 8 December, the premier announced a ban on indoor and outdoor social gatherings, a province-wide mask mandate, closure of restaurants/bars and personal services, limits on worship and retail, and a work-from-home order. Figure 20.2 shows this was the first time since June that Alberta's COVID response was as stringent as the three other large provinces. The case numbers began to decline almost immediately.

The delay in taking action can be attributed to the premier and governing party's reluctance to impose restrictions. In announcing these measures, the premier lamented the "crushed dreams and terrible adversity" the restrictions would produce for business owners, and spoke of the "Constitutionally protected rights and freedoms that are being suspended or abridged" in imposing them.<sup>15</sup> With this, the premier signalled both an acknowledgement to the voices within his party that these measures were not consistent with their fundamental beliefs, and his own personal reluctance to impose them. His words would be echoed in the months to come by his critics, some of whom would test his implausible argument that restrictions violated the constitution in court, with no success.

The premier and CMOH urged Albertans to celebrate the holidays at home, warning of the dangers of a post-Christmas spike in infections. But travel outside the province was surprisingly easy, facilitated by a federal-provincial pilot project allowing returning international travellers to Alberta a shorter quarantine if they tested negative for the virus.<sup>16</sup> The ease of international travel enticed a cabinet minister, several UCP MLAs, the premier's chief of staff, and some senior political staff to holiday abroad over the Christmas break.

In late December, journalists reported on these vacationers, leading to what became known as the "Alohagate" scandal. The premier held a press conference on 1 January, indicating he was "not happy" with the vacationers, that he believed they had "made a mistake," but that he took responsibility because he was "not absolutely clear" in his directive that senior officials not travel internationally. After four days of public rage from across the political spectrum, the premier reversed course and asked Minister Allard (who had vacationed in Hawaii) and his chief of staff (who had vacationed in the United Kingdom) to step down.

The travel itself suggests that the dominant belief within cabinet and the premier's office was that the threat posed by the pandemic was not so serious as to cancel a vacation. There also appeared to be a remarkable lack of understanding that senior government officials had to model and even exceed the sacrifices being asked of the general population during a crisis. And, perhaps most important, it signalled that the premier—who played a central and dominant role in the government—might not command the kind of respect and control within his government that had been assumed.

The scandal weakened Premier Kenney and his government. His approval rating, already dropping, fell further (see DeCillia chapter). A premier unable to deliver either the policy desired by his caucus or the promise of electoral success faces an uncertain political future. Having imposed a series of restrictions a segment of his caucus did not agree with and having bungled the Alohagate situation, the premier was weakened as he moved toward the third wave in the spring of 2021.

### Third Wave and Caucus Revolt (March–June 2021)

The number of COVID cases declined steadily through January, and the premier announced a new reopening plan tied to the number of hospitalizations. Even as restrictions were being relaxed, case numbers began to rise, so by mid-March the reopening was paused, but not reversed. On 1 April, the eve of the Easter weekend, the premier acknowledged that the province was in a third wave. He announced no new restrictions but emphasized how well prepared the province was to cope with the wave, boasting of its ICU capacity. He pled with Albertans to follow guidelines and avoid indoor gatherings over the holiday, asking for patience and cooperation through this “final” wave of COVID and saying he believed the province would soon move into the “best summer in Alberta history.”<sup>17</sup>

Five days later, Kenney once again took to the podium to announce new restrictions, saying “this is not an easy announcement to make.” Predicting daily new case counts over 2,000 by the end of the month, he returned the province to restrictions similar to December, saying, “As Premier, my job is to make the tough choices, and to protect the lives and livelihoods of Albertans. The only responsible choice to save lives and protect our health care system is to take immediate action.”<sup>18</sup> While announcing the change, the premier noted that the province had become

polarized on the question of COVID restrictions. He positioned himself as a centrist, and the restrictions being imposed as a compromise between those who want more stringent rules and those who want to re-open more quickly. His characterization of Alberta as polarized on the issue was confirmed by polling data at the time, which showed that 45 per cent of Albertans believe that their provincial restrictions went too far, and 42 per cent believed they did not go far enough.<sup>19</sup>

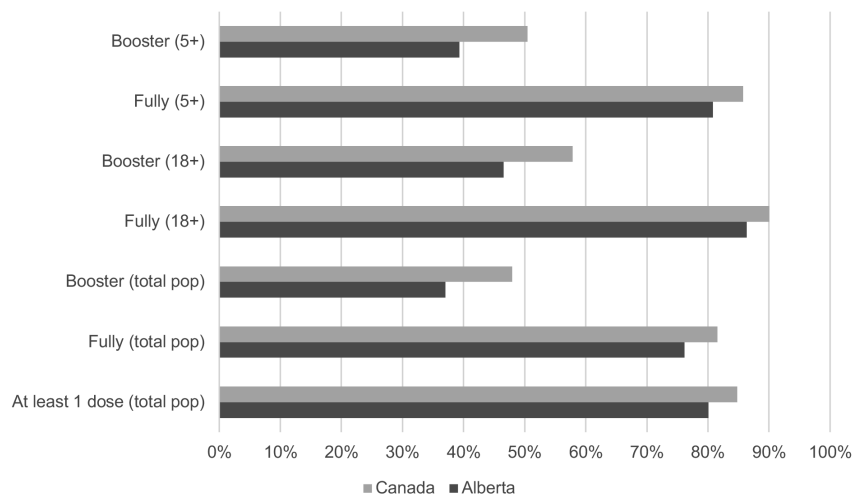
Those who believed the provincial restrictions went too far included a significant portion of Kenney's caucus. The next day, fifteen UCP MLAs, none from Calgary or Edmonton, released a letter criticizing the decision to reinstate restrictions: "We have heard from our constituents and they want us to defend their livelihoods and freedoms as Albertans." The letter also hinted at internal strife in the caucus, saying, "For months, we have raised these concerns at the highest levels of government and unfortunately, the approach of the Government has remained the same."<sup>20</sup> This kind of public dissent is seldom tolerated in Canadian governing parties, but Premier Kenney called it "free speech" and did not punish the dissidents.

Despite the province's restrictions and actions by school boards, cases continued to increase. By early May, the province was identifying over 2,000 new COVID cases each day; over 600 Albertans were hospitalized, and over 150 were in intensive care. The province's infection rate was by far the highest of any Canadian province, and was briefly higher than any American state.

Through March and April, a movement protesting COVID restrictions had gained momentum, marching through the streets and malls of Calgary and Edmonton most weekends. Several evangelical churches continued to hold in-person services, defying the provincial restrictions. In mid-April, after repeated violations, AHS erected fences around GraceLife Church outside of Edmonton. Protesters rallied around the church, tearing down the temporary fencing. "In an emailed statement, AHS said it was aware that some Albertans are "actively disobeying public health measures" but reiterated that enforcement remained a last resort."<sup>21</sup>

On 1 and 2 May, protesters organized an "Anti-Lockdown Rodeo" in direct and deliberate violation of the public health restrictions. While the government had apparently tolerated a considerable degree of non-compliance, the rodeo was the final straw. On Twitter, the premier wrote that

**Figure 20.3.** COVID-19 Vaccination Rates, Canada and Alberta (as of 24 April 2022)



Sources: Government of Canada, “COVID-19 Vaccination in Canada,” <https://health-infobase.canada.ca/covid-19/vaccination-coverage/>, (accessed 5 May 2022).

“It is disturbing to see large numbers of people gathering this weekend at Bowden in flagrant violation of COVID-19 public health measures.”<sup>22</sup>

On 4 May, the premier announced new measures, including closing all K–12 schools until later in May, returning restaurants to take-out only, and restricting numbers for outdoor gatherings, religious worship, and weddings and funerals. The province employed the emergency alert system, so all cell phones lit up with a warning about COVID cases. Perhaps the most significant element of the announcement, though, had to do with enforcement. The premier stated that individuals ignoring the public health rules would not be tolerated. This signalled a change in approach in the province and resulted in more aggressive enforcement actions from AHS, including the arrest of several pastors who had defied restrictions and the closure of a non-compliant restaurant. Case numbers began to fall immediately and attention turned to the growing momentum of the vaccination campaign.

The measures announced in May met with further criticism from backbench UCP MLAs. Days after Kenney's May announcement, UCP Caucus Chair (and signatory on the April letter) Todd Loewen released a public letter of resignation that did not mention the COVID restrictions, but rather listed a series of other political failures and complained that the premier was unwilling to listen when caucus members brought their and their constituents' concerns to his attention. Loewen's letter prompted a lengthy meeting of the caucus, which voted to expel Loewen and Drew Barnes, the most outspoken critic of COVID measures in the caucus, leaving them to sit as independent MLAs.

Although he won the day when his caucus voted to expel the dissidents, Premier Kenney was further wounded politically. His delays in acting to address the third wave left him even more unpopular among those Albertans who believed action should be taken to limit the spread of COVID. And those who had followed the premier's own logic of diminishing the seriousness of the crisis had become critics, sometimes public, of the government's approach. The protests against the restrictions laid the foundation for a much more significant set of protests a year later. Faced with this political morass, the premier appeared increasingly desperate to get past the political quagmire of COVID.

### *The Vaccination Campaign*

Throughout the third wave, the premier and the CMOH spoke about the "race" between the vaccines and the virus. For a government pursuing a mitigation strategy, effective vaccines are essential as they can reduce both the number of infections and the number of hospitalizations and deaths associated with the virus. Across Canada, vaccines were very scarce in the early months of 2021, but then started to become readily available through the spring.

Premier Kenney frequently complained about the scarcity of vaccines in the first months of 2021, blaming the federal government for inadequate procurement. In April, he said "I know many Albertans are looking around at states like Florida and Texas, where economies are pretty much fully open and life looks much more normal, and people are wondering why we can't just do what they're doing. Well, the answer is, it's because they have a huge head start over us on vaccination. If our federal government didn't

put Canada at the back of the line for buying vaccines, we'd be where they are in those US states."<sup>23</sup> As vaccines became available, the provincial roll-out was generally well organized, using both vaccination sites and pharmacies to get the maximum possible number of shots in arms as quickly as possible. The premier offered no credit to the federal government once shortages were resolved.

Alberta's vaccination campaign faced two obstacles. The first was demographic: Alberta has the largest population twelve and under of any province, proportionately. As vaccines for children were not yet approved, the province had to vaccinate a larger share of the over-12 population to gain the same kind of protection. The second and more significant obstacle was attitudinal. As early as the summer of 2020, Albertans were more likely than other Canadians to say they had no intention of getting vaccinated against COVID-19 (16.4 per cent in Alberta versus 9.3 per cent nationally).<sup>24</sup> A survey of Albertans in the fall of 2021 found that respondents who were not vaccinated were more likely to have lower incomes, to favour far-right political parties, and to support the idea of Alberta separating from the rest of Canada.<sup>25</sup>

Given its ideological commitments to limited state intervention and the anti-vaccine views of some of its supporters, the Kenney government shied away from any hint that vaccinations would be required and passed legislation in April 2021 removing the province's authority to require immunization, on the ground that such a power was "unnecessary."<sup>26</sup> The province's advice to employers in the summer of 2021 advocated a "collaborative rather than mandatory" approach, stating "there is no intent to restrict the activities of those who choose not to immunize."<sup>27</sup> Though no public directive was issued, Alberta public institutions like health care facilities, school boards and post-secondary institutions all avoided imposing vaccine mandates of any kind, a pattern that suggests that there were informal directives from government telling them not to. And the premier frequently rejected the idea of "vaccine passports" despite the province's lagging rate of vaccinations. Instead, the province held a series of lotteries open only to the vaccinated, which had a minimal impact. Alberta's vaccination rates remained the lowest of any province, lagging the national rate by a substantial proportion (see Figure 20.3).



### *Stampeding into Summer*

As cases declined sharply after more stringent restrictions were imposed in early May of 2021 and vaccination numbers grew, the government signalled a rapid and definitive end to COVID restrictions. In late May, three weeks after imposing stricter measures, the premier unveiled his government's re-opening plan, "Open for Summer." The key metric was vaccination rates, with hospitalizations as a secondary factor. Elimination of all restrictions required that 70 per cent of eligible Albertans have their first dose—and the premier projected that it would occur on 1 July, which it did. This paved the way for the Calgary Stampede to be held a week later.

At the time, medical experts and others cautioned that the province might be moving too quickly. With the more transmissible and deadly Delta variant in ascendance and the effective rate of vaccination in Alberta still relatively low, there was reason to be concerned that the early and aggressive reopening could trigger a fourth wave. The premier and his supporters dismissed these concerns, vilifying those voicing them as "not wanting the pandemic to end."<sup>28</sup> The premier's issues manager famously tweeted on 2 June that "The pandemic is ending. Accept it."<sup>29</sup>

After months of plummeting popularity and internal caucus strife, the premier wagered his political future on a successful reopening that would put COVID behind him and his government. With forced jollity, he pronounced that this would be the "best Alberta summer" and emphasized the symbolic importance of holding the Calgary Stampede. Maskless, he flipped pancakes, shook hands, and pronounced that the end of the pandemic at a series of events focused on shoring up his party's base of support. The premier's messaging emphasized that Alberta was the first province to end the pandemic, and his Twitter profile proclaimed "Focused on leading Canada out of the pandemic."

This "leadership" took a remarkable turn on 28 July. With case numbers once again increasing and only 63.8 per cent of the province's population fully vaccinated, CMOH Hinshaw held her first COVID update in a month. Viewers who expected to hear words of concern about rising case counts were astonished to hear her announce that over the month of August, virtually all residual restrictions would end, as COVID would no longer be treated as a pandemic, but rather as an "endemic" disease

(like influenza). The public health fundamentals of test, trace, and isolate would be abandoned, as testing would occur only for severe cases, contact tracing would end, and self-isolation for close contacts *or individuals with COVID* would end.

In the days following this astonishing announcement, the premier and health minister deflected questions, claiming that Dr. Hinshaw came to the government with the plan and that cabinet merely approved her recommendation. In asserting this, the premier and health minister violated a norm that public servants' advice should remain confidential, so that public servants remain free to offer "fearless advice" to elected officials. The government doubled down on this stance the next week, having Dr. Hinshaw release an op-ed justifying the decision. In it, she wrote that "it is time, *in my opinion*, to shift from province-wide extraordinary measures to more targeted and local measures. . . . We will not eliminate COVID, which means that we need to learn to live with it."<sup>30</sup> (*emphasis added*).

It is impossible to know whether Dr. Hinshaw initiated the measures announced in late July, or whether government requested this specific advice, and she saw it as her duty to announce and support the decision. Her actions following the announcement suggest that she did not disagree with it; she did nothing to distance herself and permitted the op-ed with the words "in my opinion" to be published. Consequently, Hinshaw's credibility declined as COVID case counts rose. Regardless of the CMOH's advice and role, decisions about the management of public health are the responsibility of cabinet. It is difficult to see the decisions made about reopening and moving to "endemic" as anything other than a politically motivated bid to put the pandemic behind the beleaguered Kenney government.

Physicians who had been mobilized by the government's inaction during the second and third waves leapt to criticize the abandonment of test, trace, and isolate, and a segment of the public followed. Daily protests at the legislature and the government's offices in Calgary kept the issue alive. In the face of this criticism, Kenney and his communications staff reverted to sneering at their critics, accusing the media of fearmongering and critics of wanting lockdowns to go on indefinitely.<sup>31</sup>

## The Fourth Wave & Caucus Revolt (August–November 2021)

The fourth wave of COVID was the worst public health failure of the pandemic in Alberta, and also the most damaging politically to the premier. Putting political considerations ahead of public health, the premier disappeared for three weeks as the fourth wave began. When he finally reappeared and intervened, he unleashed a caucus revolt that further destabilized his government. Over 900 Albertans died of COVID between 1 August and 30 November 2021 (see Figure 20.1).

The government knew that the number of COVID cases would rise through the summer, but expected that the availability of vaccinations would “decouple” cases from hospitalizations and other severe outcomes.<sup>32</sup> Two factors worked to foil these assumptions: the greater virulence of the Delta variant and the relatively low rate of vaccination in Alberta. Once Premier Kenney announced that the pandemic was behind the province, the number of vaccinations delivered fell sharply. As of 1 August, 76 per cent of eligible Albertans were fully vaccinated; this translated into 64 per cent of the full population. In early August, case numbers and hospitalizations continued to rise. On 13 August, three days before the test, trace, and isolate measures were to be removed, Dr. Hinshaw announced that the action would be postponed until the end of September.<sup>33</sup>

Aside from Dr. Hinshaw’s 13 August news conference, she, the premier, and the minister of health were invisible as case numbers and hospitalizations increased. A federal election called on 15 August prompted conservative provincial premiers to keep a very low profile throughout the campaign. The premier was on vacation from 9 to 23 August at an undisclosed location, and subsequent reports indicated that the government was paralyzed during his absence.<sup>34</sup> A backbench MLA appeared on a Christian news show and expressed his hope that COVID numbers would spike and then fall, leading to speculation that the province’s plan for the fall was to let the Delta variant rip through schools and the unvaccinated population.<sup>35</sup>

By the time the premier reappeared in early September, AHS was starting to cancel surgeries and other procedures because of pressure on ICUs. The premier held a news conference on 3 September where he

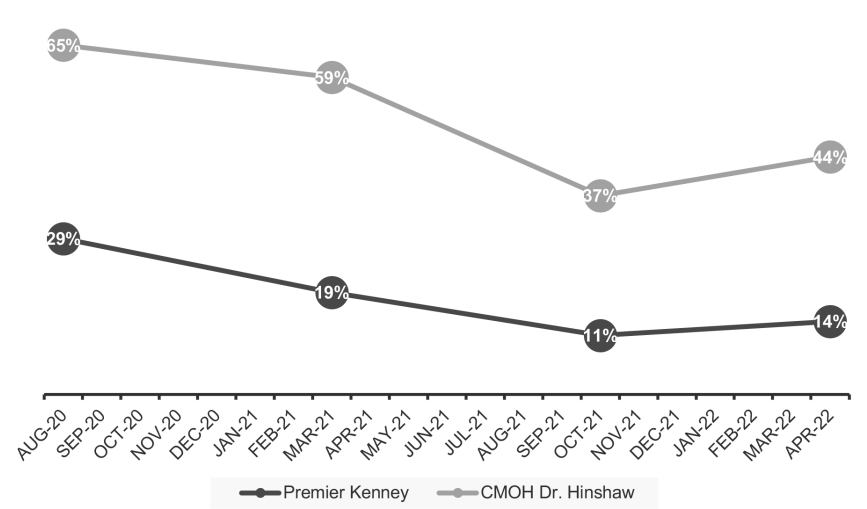
announced the re-imposition of a province-wide mask mandate (except in schools, where boards could implement their own policies), as well as a recommendation that employers return to work-from-home and that the unvaccinated not gather socially. Calling the mounting crisis a “pandemic of the unvaccinated,” the premier also announced an incentive program that offered \$100 per shot for unvaccinated Albertans, sparking considerable outrage that the government would spend taxpayers’ money to reward the unvaccinated to do what others had done willingly.

By mid-September, the province was within days of running out of staffed ICU beds. On 15 September, five days before the federal election, the premier appeared at a news conference to acknowledge that action was necessary. He was joined by Dr. Verna Yiu, president of AHS, who gravely presented a portrait of a health system in crisis facing the possibility of implementing triage measures. The premier declared a state of emergency and announced a “Restriction Exemption Program” that would allow businesses and other organizations to avoid limits on their activities if they verified that participants were vaccinated. This was a vaccine passport system in all but name, something that Kenney had repeatedly pledged he would never introduce.

At this news conference, in his prepared remarks, Kenney apologized, saying: “I know that we had all hoped this summer that we could put COVID behind us once and for all, that was certainly my hope and I said that very clearly. It is now clear that we were wrong, and for that I apologize.” But when pressed by journalists after his statement, Kenney backtracked, saying “We were wrong in talking about moving this from pandemic management to endemic management in July and August. I frankly don’t think we were wrong to lift public health restrictions in July.”<sup>36</sup> The premier’s inept apology and inability to accept responsibility for his mistakes did little to improve his standing with Albertans.

By declaring the state of emergency, the premier drew attention to the situation in the province. In the final days of the federal election, the Liberal campaign pointed to statements from Conservative Leader Erin O’Toole praising Premier Kenney’s handling of the pandemic. This gave the Liberals momentum in a tight campaign and left O’Toole on the defensive, avoiding even mentioning the premier’s name. The Conservatives lost the election and performed worse in Alberta than they had in 2019, losing

**Figure 20.4.** Percentage Who Have “A Lot” or “Full” Trust in the Premier and Chief Medical Officer of Health to Manage the Pandemic



Sources: CommonGround. “Viewpoint Alberta Survey,” October 2021 survey and April 2022 survey, <https://www.commongroundpolitics.ca/covid-19trust>.

three seats. In some conservative circles, the premier’s decision to break his silence was seen not as an act of responsible leadership in a crisis, but as a betrayal of the conservative political cause.

Even before the federal ballots were counted, some MLAs were planning to oust the premier. The caucus meeting was scheduled for 22 September, two days after the federal election. Journalists reported that approximately twenty MLAs were prepared to vote non-confidence in Kenney as party leader.<sup>37</sup> The day prior to the caucus meeting, the premier made a surprise announcement that he was shuffling his cabinet. He indicated that he had accepted Health Minister Shandro’s resignation, and had reassigned him to the labour portfolio, while bringing in Jason Copping as the new health minister, as it was time for a “fresh set of eyes” in the portfolio. The way in which the shuffle was announced was deliberately ambiguous, suggesting both that Shandro’s resignation had been accepted

as an acknowledgement that his handling of the pandemic had been unsatisfactory but also that the minister wanted to be reassigned to a new portfolio. When ministers resign because of poor performance, they are not normally appointed to another cabinet position.

When caucus met the next day, a call for a vote of non-confidence quickly collapsed when the party leadership insisted that it not be a secret ballot.<sup>38</sup> The caucus met for several hours and emerged claiming to be “more united than ever.” To keep his job, the premier had both offered up the change in his cabinet and a promise that a leadership review would be held in spring of 2022.

In his first appearance as health minister, on 28 September, Copping announced that he would focus on three priorities: increasing vaccinations, increasing baseline ICU capacity, and preparing the system to deal with future waves of COVID. This avoided taking any kind of preventative actions like those advocated by many doctors and other health care professionals to institute a “firebreak” lockdown to slow the rate of transmission. The emphasis on increasing ICU capacity responded to a critique from some backbench MLAs that the policy problem facing the province was not too much COVID in circulation, but rather too few ICU beds for those afflicted with severe COVID.

Through September and into October, while the premier focused on his own political survival, the health care system operated under extraordinary stress. The 172 ICU beds normally available in the province were supplemented with enough additional beds to accommodate over 300 patients in ICU, the vast majority with COVID. Health care workers increasingly took to social media to tell stories of crowded hospital rooms filled with COVID patients, long shifts and understaffing, and experiences of abuse by unvaccinated patients who denied the existence of COVID.

Elements of the government’s response appeared improvised. The Restriction Exemption Program was announced on a Thursday to come into force the next Monday, but the regulations were not issued until the weekend, and then were so unclear that businesses and other organizations struggled to cope. A website was set up to allow Albertans to download a printable pdf of their vaccination records, but the pdf was not locked, inviting the creation of fraudulent vaccination records. Weeks later, Albertans could download a QR code showing their vaccination

status, but there was no app available for businesses to read the codes. It appears that the government had engaged in no contingency planning; they believed their own rhetoric that the pandemic was over.

The policies introduced throughout this period repudiated the government's prior stances. The government that had claimed vaccination passports were violations of privacy legislation found itself hastily devising a vaccination passport system. The government that had committed to a "collaborative rather than mandatory" approach to vaccination acquiesced to AHS and post-secondary institutions imposing vaccination mandates, and then imposed one for provincial employees. Despite the inconsistencies and poor implementation, these measures did prompt a modest increase in vaccination rates, although they continued to lag behind those in most other provinces.

By October 2021, a majority of Albertans had lost trust in both the premier and Dr. Hinshaw's management of the pandemic. Figure 20.4 shows that surveys of Albertans taken in August 2020, August 2021, and October 2021 show a marked decline in trust. Only one in ten Albertans expressed trust in the premier, a remarkably low rate. And between August and October, trust in Dr. Hinshaw dropped by over twenty percentage points, from 59 per cent to 37 per cent.

## Fifth Wave & Freedom Convoy (December 2021–February 2022)

The emergence of the highly transmissible Omicron variant of COVID placed further stress on Alberta's beleaguered health care system and on the internally divided Kenney government. With the spring leadership review looming, the government made public health decisions shaped by its internal political pressures. The high-profile mobilization of "freedom" protesters accelerated the end of any pandemic restrictions and caused the provincial government to take its most firm stance against any further public health measures.

Through the fall of 2021, the fourth wave subsided and ICUs were gradually cleared of COVID cases. Albertans experienced a glimmer of hope that life was returning to normal. With a new health minister at the helm and chastened by the experience of taking the health care system to

the brink of collapse, the provincial government between September and December consistently presented a cautious and conscientious approach to managing the pandemic.

This interlude was interrupted by news that a new and highly transmissible COVID variant—Omicron—had been identified. In mid-December, as other provincial governments tightened restrictions to slow the spread of the new variant, Alberta forged its own path and loosened restrictions on private gatherings in advance of the Christmas holiday.<sup>39</sup> The velocity of transmission of Omicron and the alarms being raised in Quebec and Ontario put the Kenney government once again in the position of defending an insufficiently proactive response. On 21 December, as Quebec entered a full lockdown and British Columbia announced additional restrictions on gatherings, Alberta did not reverse its decision to relax restrictions on gatherings, but put in place rules that venues with more than 1,000 seats would need to move to half occupancy, and could not allow food or drinks to be consumed.

Claiming that the provincial laboratories could not manage the volume of tests required, CMOH Hinshaw told Albertans to take rapid tests if they could source them, but to reserve public PCR (polymerase chain reaction) tests for health care and other essential workers. Even with reduced testing levels, the numbers of cases were staggering, with over 4,000 cases identified on New Year's Eve and a positivity rate over 30 per cent.

On 30 December, the cabinet committee met for several hours. The education minister stepped out of the meeting to announce that the holiday break for schools would be extended by a week to “give school authorities time to gather additional data to assess staffing implications and the potential operational impacts of the current COVID-19 situation.”<sup>40</sup> But when the health minister appeared the next day, it was to announce that the mandatory isolation period for workers would be reduced from ten days to five, following a controversial decision made by the American Centers for Disease Control several days earlier. The contradiction between these two outcomes of the cabinet meeting are striking. The decision to postpone school reopening was consistent with the perception that Omicron posed a significant public health threat, or at least that it would make it difficult for schools to sustain operation, as had been the case during the third wave. The other decision was consistent with an approach



that accepted widespread spread but tried to mitigate its impact on a return to normal, by reducing the time workers would need to isolate after testing positive. The apparent contradiction was resolved several days later when the education minister announced that schools would reopen on Monday, 10 January with mitigation measures in place—distribution of rapid tests to students’ families and distribution of medical-grade masks to students.

Although the public health restrictions were limited, many organizations took actions to slow the spread. Many post-secondaries returned to online instruction for the first two months of 2022, and many employers encouraged work from home. Despite this, the Omicron variant swept through the Alberta population. Because testing was unavailable, the actual infection rate is unknown. University of Toronto epidemiologist Tara Moriarty, in an unpublished calculation, placed the infection rate in Alberta by 5 April 2022 as high as 77 per cent, albeit with a  $\pm$  error range of 20 per cent.<sup>41</sup> Between 1 December and 1 March, over 650 Albertans died of COVID. The province made booster shots available to all Albertans eighteen and over, but as Figure 20.3 shows, the uptake was limited.

Even as a record number of Canadians were being infected with the Omicron variant, ongoing protests against COVID restrictions were gaining momentum. Ostensibly triggered by the federal government’s decision to require truckers crossing borders to be vaccinated or to quarantine, protesters from across the country descended on Ottawa in late January. Although this protest was national, many of its key organizers gave Alberta addresses after they were arrested. There were also parallel protests at various border crossings, including a major crossing at Coutts, Alberta. Protesters there closed the border crossing on 29 January.

On 1 February, the premier appeared at the weekly COVID briefing to say the situation was improving, and some restrictions would be lifted by the end of the month. He was explicit that pressure on hospitals would have to ease before restrictions could be lifted, and that the first restriction to go would be the vaccine passport system. Once again trying to straddle the divide between the public health imperative and the views of his party’s base, he expressed sympathy with those who wanted restrictions lifted, but criticized the tactics of protesters who had closed the border crossing at Coutts.<sup>42</sup>

The next day, everything changed. The federal Conservative Party caucus, led by MPs sympathetic to the protesters occupying downtown Ottawa, voted to oust their leader. Energized by the protests in Ottawa and Coutts, rural UCP MLAs once again became restless and frustrated at the prospect of waiting weeks for restrictions to be dropped. Some surely felt jealous that their federal counterparts could dispose of a leader so easily while their efforts had been stymied. There were reports that they set out to end the border closure by reaching out to the protesters to “negotiate.” The party quickly denied these reports.<sup>43</sup> Late in the day, various MLAs were letting it be known that the vaccine mandates would be dropped by Monday. With MLAs and even a cabinet minister—Jason Nixon—making statements either claiming the restrictions would be dropped, or advocating that they should be, the government once again appeared to be in chaos, with Kenney unable to stop open revolt.

After a hastily organized cabinet committee meeting, and exactly one week after saying that pandemic measures would start to be lifted at the end of February, the premier held a 5 p.m. briefing on Tuesday, 7 February and announced the end of pandemic measures on an accelerated timetable. The Restriction Exemption Program would be gone as of midnight. Mask mandates for schools would end on 14 February (even as the provincially provided masks were arriving for distribution), and children twelve and under would be exempted from any indoor mask mandate as of that date. Messaging around the decision focused heavily on children, saying that “kids must come first” and that children had “borne an unfair share of the burden.” Stage 2 of the plan would begin on 1 March, and would remove virtually all remaining restrictions, including the provincial mask mandate, limits on social gatherings, or most capacity limits. A Stage 3 was tied to hospitalization rates falling (although no target level was specified) and would remove all remaining public health measures, including mandatory isolation. The government’s rush to change its approach meant that it had not consulted with or informed affected organizations, including school boards, municipalities, or businesses. Organizations ranging from the Calgary Chamber of Commerce to Municipalities Alberta issued statements expressing their disappointment with the lack of consultation and notice.

The government pursued its new approach with vigour. The premier started to refer to public health measures his government had implemented as “damaging.” The education minister released a letter to school boards indicating that they “would not be empowered” to impose their own restrictions and the minister of advanced education sent an open letter to the boards of post-secondary institutions communicating his “expectation” that as of 1 March all pandemic-related measures, including vaccine mandates and mask mandates, would cease at all institutions. When the legislature resumed sitting, the government amended the Municipal Government Act to prohibit municipalities from imposing COVID-related public health measures independent of the government. All of this was a significant departure from the government’s prior approach, which allowed more stringent measures where there was an appetite for them.

In contrast to her willingness to drop restrictions in the summer of 2021, Dr. Hinshaw started to send signals that she was not supportive of the government approach. The first instance was on 10 January, when her response to a reporter’s question was simply “Decisions about restrictions are not mine to make.” On 3 February, when asked if she would feel as safe in a restaurant with a vaccine passport program as opposed to one that didn’t have a program, Dr. Hinshaw replied that she had not eaten at a restaurant in two years. On 10 February, after the government had announced its timetable to end restrictions, Dr. Hinshaw was asked how the science had changed regarding the decision not to require children to mask in schools. Her reply: “I would defer to Minister Copping to answer that question.”

## Putting the Pandemic Behind Us and Leadership Review (March–May 2022)

Alberta, followed quickly by several other provinces, had decided to put the pandemic behind them. This approach was grounded in a shift in public opinion, with support for ongoing restrictions waning.<sup>44</sup> The virus continued to circulate in the province, with wastewater testing indicating another spike in April 2022. There were some 400 COVID deaths over this period. The Kenney government’s focus shifted toward the impending leadership review, scheduled for 9 April in Red Deer, and then converted

to a mail-in vote in May. As Sayers and Stewart discuss in their chapter, opposition to Kenney's leadership came from many sources, but COVID was central to the conflicts. The premier acknowledged this in his speech to party members on 9 April, calling COVID "the elephant in the room."

Many of the most vocal critics within caucus remained focused on the government's handling of the COVID pandemic. MLA Shane Getson on his Facebook page complained that, for the salaries that AHS executives were paid, the public deserved better outcomes, in particular more ICU beds.<sup>45</sup> The idea that the policy "problem" was not inadequate COVID mitigation, but rather insufficient numbers of ICU beds persisted in the anti-vax, anti-restrictions circles in the party. When Danielle Smith announced her intention to seek a party nomination in late March, she signalled a need for change at AHS, evoking this same critique.

And so, on 4 April, AHS announced that Dr. Verna Yiu would no longer be president and CEO of AHS. Yiu's contract had been extended in June 2021 for two years. But the AHS board terminated her contract, presumably at the behest of the government. The minister of health issued a statement indicating that "It's time to move forward with an ambitious agenda to improve and modernize the health system, and renewed leadership at Alberta Health Services will support delivering those changes."<sup>46</sup> The announcement came as a surprise. Yiu had joined the government's media availabilities through the fourth/Delta wave, calmly presenting information about the pressure on the health care system and ICUs in particular. Many AHS employees took to social media to express their admiration for Yiu, using the hashtag #ThankYiu.

## Conclusion

Alberta's policy failure on COVID was not inevitable. Other provinces showed the way for a more measured response. Even if one argues that political culture or public opinion in Alberta drew the province toward a less interventionist approach, it is possible to identify specific moments where Alberta's greatest failure was delay: had it imposed restrictions or vaccine mandates a few weeks earlier, the number of cases and deaths would have been lower.

The political failure might have been more difficult to avoid. Public opinion in Alberta was divided from the outset of the pandemic and

became more polarized as the waves crashed over the province. Thinking about the options available to the government, the political difficulties it faced are readily apparent. On one hand, had the government opted for the “Full Florida” response of minimizing the threat of COVID and maximizing “freedom” it would have pleased the backbench MLAs and the segment of the public they represented. But the outcry among the majority of Albertans would have been so overwhelming that the premier would likely have faced the same kind of rebellion from his urban MLAs (and perhaps cabinet ministers). As the health care system became utterly overwhelmed, with triage protocols employed to deny care to those unlikely to survive, the pressure to act would have been impossible to resist. Arguably, this is a version of what happened in September 2021.

On the other hand, had the province followed a stringent set of restrictions through 2020/21, more similar to those found in British Columbia or Ontario, there might have been an even stronger backlash from within the caucus and public opinion. But it is more difficult to sketch this scenario. Arguably, those who opposed the public health measures were not nuanced in their critiques, which became increasingly detached from reality. Perhaps the rebellion of the fifteen MLAs was the worst that this group had to offer. Had he imposed stronger discipline on those who criticized government actions, Kenney might have caused some of those MLAs to cross the floor (voluntarily or otherwise), thereby rendering his critics external to his party. Of course, this meant abandoning the idea that his conservative party was, in fact, united.

Was there a middle way? Perhaps. Kenney’s approach to caucus management was high-handed. A leader with a different style might have been able to bring his critics along with him, convincing them of the necessity of action in the face of crisis, making them believe that they were active participants in charting the middle course. But perhaps these MLAs were not open to such persuasion, or could not resist pressure put on them by constituents enraged by the pandemic restrictions.

What is certain is that the pandemic exacerbated cleavages within Alberta politics and heightened political tensions. A brewing libertarian populist movement in the province appears to have gained strength, and now places its grievances at the door of both the provincial and federal governments. Public sector workers, particularly in health care and K–12

education, have suffered illness and moral injury. Some are responding by using their voices in the political sphere; others are exiting their professions or the province. Racialized Albertans, who bore a disproportionate burden through the pandemic, question the status quo. These forces and others unleashed during the pandemic will animate Alberta politics for years to come.

## NOTES

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