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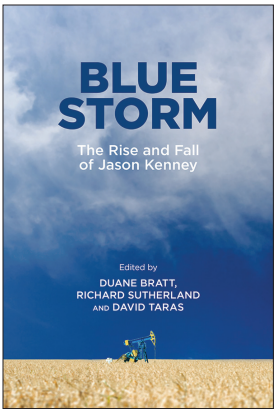

BLUE STORM: THE RISE AND FALL OF JASON KENNEY

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Bitter Battles: The United Conservative Party's War on Health Care Workers

Gillian Steward

There was a time in Alberta when its political leaders and scientifically minded bright lights aimed to make the province a hub of medical research and clinical practice that would rank with the best in the world. Not just the best in Canada, the best in the world: a "Houston of the North," which could one day rival the University of Texas' renowned medical centre, according to *Maclean's Magazine*.[1]

It was March 1979, the Alberta treasury was awash in money thanks to OPEC pushing the price of oil sky high, and Peter Lougheed was running for re-election after having served as premier for eight years. Among his election promises was a $300 million endowment for the Alberta Heritage Foundation for Medical Research.

After Lougheed and the Progressive Conservatives (PCs) handily won (seventy-four out of seventy-nine seats) that election, Lougheed fulfilled his promise to support biomedical and health research at Alberta universities, affiliated institutions, and other medical and technology-related institutions.

With operating funds of up to $80 million a year over the next thirty years, the program lured hundreds of talented doctors to the province, enabling many to conduct research while they worked as clinicians, emergency room doctors, or other specialists.[2] In 2009, Globe and Mail health

columnist Andre Picard was so impressed that he declared Alberta's health care system the best and most innovative system in Canada. He cited strong alliances between university researchers and health care regions as a key factor.[3]

By 2021, Alberta's ambition to become a medical mecca had not only stalled, it was in reverse gear. Alberta's health minister, Tyler Shandro, was openly fighting with the Alberta Medical Association (AMA) and individual physicians. After fifteen months of relentless work by the province's unionized nurses during the pandemic, Alberta's finance minister, Travis Toews, told them the government was looking for a 3 per cent wage cut. After decades of Alberta attracting doctors and other health care workers, the tide turned and they started leaving. Family doctors left their practices. Specialists in rural areas closed their clinics. New hospitalists were hard to find. Nurses resigned or retired. Beds in emergency departments and ICUs were closed due to lack of staff. If the Lougheed era had ushered in the hope of many made-in-Alberta medical miracles, Jason Kenney and the United Conservative Party (UCP) seemed just as keen to usher it out.

Election Prescriptions and Their Side Effects

During the March/April 2019 election campaign Jason Kenney, leader of the newly minted UCP, assured Albertans that "a universal, comprehensive health-care system is a core part of UCP policy." To further emphasize the point, the section on health care in the official party platform was labelled as the "Health Care Guarantee" and pledged to maintain or increase government funding for the province's public health care system.

Despite Albertans' traditional conservative leanings formed over decades and manifested in successful political parties from Social Credit to the UCP, there is strong support in Alberta for publicly funded health care insurance as first introduced in Saskatchewan by the Co-operative Commonwealth Federation (CCF) government and later established across Canada by a Liberal government through the Canada Health Act. Even in Alberta, a political party that advocates for a two-tier system in which people can pay to get faster access or superior treatment can find itself in trouble. Ralph Klein was a popular premier but after he blew up a Calgary hospital, closed hundreds of beds in other hospitals, and promised to establish private clinics that would permit overnight stays for

complicated surgeries such as hip replacements, he found himself the target of province-wide protest rallies. A watered-down version of the Klein plan for private hospitals took effect in 2001, but since it didn't appear either investors or the government were eager to move forward with new facilities, opposition melted away. In 2006, Klein made one last attempt to further a private health agenda with what he called the "Third Way." It would have expanded the role of private insurance companies in health care, increased user fees, and reviewed services to determine if some should be delisted from coverage by public health insurance (this would of course spur private insurance companies to offer coverage for a fee). Once again Albertans mobilized against Klein's plans. In the end, Klein and his health care strategies became so unpopular even among PCs that he was eventually replaced as party leader and left the premier's office. His successor, Ed Stelmach, quietly ditched the Third Way.

While Kenney publicly pledged support for public health care during the 2019 election campaign, he also made it clear that a UCP government would undertake a thorough review of Alberta Health Services (AHS), which manages and staffs the hospitals, laboratory services, ambulance services, long term care facilities, and other entities that are included in the province's public health care system. And it is that extensive review, conducted by Ernst & Young, an international private sector business consultancy, combined with the report of the Blue Ribbon Panel on Alberta's Finances whose members were appointed by the UCP, that reveal the UCP's real intentions for public health care.

The Blue Ribbon Panel was the first to come up with prescriptions for reducing the Alberta government's spending, spending that had left it with sizeable budget deficits and debt due mainly to a severe drop in the price of oil. Since the panel was mandated to devise ways to balance the budget without raising taxes it focused on cutting budgets for the government's big spenders—health, education, and post-secondary education (see Charles Webber's and Lisa Young's chapters on the latter two sectors). The biggest of all was health care, which in 2018/19 cost $20.4 billion, 42 per cent of the province's operating budget.[4] The panel then focused on how this compared to health care spending in other provinces and found that even though Alberta's health indicators were lower, its per capita spending was higher. The panel also emphasized that while doctors, nurses, and health

care workers in Alberta were generally paid more than in other provinces those costs could be cut if the government replaced them with lower paid workers such as nurse practitioners or licensed practical nurses. It also suggested that contracting out some hospital services would save money. No one on the panel had management or frontline experience in health care—its focus was supposed to be strictly financial. But that didn't deter the panel from stating early in the report: "it is time to dig deeper, explore new approaches and alternatives for delivering public services. . . ."[5] It then recommended that day surgery and other procedures now undertaken in hospitals "could be delivered in private or not-for-profit facilities."[6]

The Blue Ribbon Panel also set its sights on the contracts drawn up between the AMA and the Alberta government, which establish fees paid to physicians for everything from office consultations by general practitioners to complicated heart surgeries. The panel recommended limiting the increasing cost of physician services by providing incentives for physicians to move to alternative payment plans (which usually refers to salaries rather than fee for service). If the contract with the AMA couldn't be renegotiated in the government's favour, the panel suggested the government should consider its "legislative options."[7]

The panel's recommendations would undoubtedly impact the people providing the services and the people receiving them but that wasn't its first priority. It was focused only on money and how the government could spend less of it on health care. But these recommendations could only be implemented by changing health care legislation and policies. And indeed as events unfolded on the health care front over the next two years, it became clear that the Blue Ribbon Panel on Alberta's Finances had in fact created a blue print that the UCP government would eagerly use to engineer sweeping policy changes to public health care.

After the panel's recommendations were released, the government moved quickly to enact some of them. Two months later, on 28 October 2019, the UCP government introduced Bill 21—The Fiscal Sustainability Act. It boldly stated that the government could terminate any contract, now or in the future, with the AMA. It also set out terms for limiting the number of physicians who could practice in Alberta. The bill became law in early December and three months later, as COVID-19 was making its first appearances in Canada, Health Minister Tyler Shandro did indeed

tear up the AMA contract even as negotiations were proceeding. By this time the government had also let it be known that it was going to lay off between 4,000 and 5,000 unionized health care workers. The Blue Ribbon Panel had provided the expert seal of approval that the government had sought and it wasted no time using that expert advice as cover for controversial decisions.

The UCP government also had another set of experts at work scrutinizing AHS, which manages and operates the province's public health care system. The ($2 million) Ernst & Young investigation of AHS also focused on how much health care workers were costing the system. It pointed out that AHS is Alberta's largest employer with just over 102,000 employees of which 91.3 per cent are unionized: "Employee compensation makes up the largest independent driver of AHS' cost base, with salary and benefit expenses representing approximately 54.3 per cent of AHS' total expenses. When including the employees of AHS' contracted health service providers and other contracted services (including Covenant Health), the percentage would be approximately 70 per cent of total expenses."[8] The Ernst & Young report also went into specific detail about the comparatively high cost of overtime, sick pay, and part-time employment for nurses and pointed out that the United Nurses of Alberta (UNA) collective agreement contained provisions that were not part of agreements in other provinces.

AHS does not negotiate fee schedules with the province's physicians (that is the responsibility of the health ministry) but the Ernst & Young report recommended lower fees for physicians, such as radiologists, who provide services to the province's hospitals. It also recommended that AHS not pay its share of salary increases awarded by universities to academic researchers who also provide clinical services in hospitals. Like the Blue Ribbon Panel, the Ernst & Young report not only focused on the cost of health care workers but also went to great lengths to point out that some of this cost could be reduced if AHS made greater use of alternative delivery of services, such as non-hospital surgical facilities or private clinics. But in neither the Blue Ribbon report nor the Ernst & Young report is there any explanation of how this would save money. No examples of successful models were provided either.

Both the government-commissioned reports came to basically the same conclusions: since the largest percentage of the provincial health

care budget goes to paying the people who work in the public health care system, most of whom belong to a union or in the case of physicians the AMA, minimizing the influence of the unions and the AMA on salaries would lead to reduced costs for the government (see also Lori Williams' chapter). One of the ways to minimize the influence of unions and the AMA, these reports suggest, is to provide workplaces where health care workers wouldn't have to negotiate their salaries through a union or the AMA but directly with the minister or with the owners of these facilities. The new work places would be stand-alone surgical clinics for both day surgery and more complicated surgeries that required overnight stays, such as hip and knee replacements—two of the most common procedures in Canada, with more than 138,000 surgeries a year and estimated in-patient costs of over $1.4 billion annually. Laboratories, laundry services, food and housekeeping services could also be contracted out and managed by private investors. Alberta Health would provide funding for the services these corporations provide. But neither the Blue Ribbon or the Ernst & Young reports provide any guidelines for transparency of bidding for contracts, the contracts themselves, or the regulatory framework that would be necessary to ensure sufficient public oversight of government spending in concert with high standards of patient care. Nevertheless, both reviews claimed such an approach would result in reduced government spending on health care even though nowhere in either report is this claim backed up with hard data. It is simply asserted as a positive outcome of contracting out surgical and auxiliary services. Health Minister Tyler Shandro took up these claims and often referred to these reports as the blue prints for an improved public health care system that would cost the government less money and provide faster access for patients on surgical waiting lists.

In summary, these government-commissioned reports concluded that health spending is the largest chunk of the government budget, and growing, therefore it must not only be brought under control but also reduced. Since the largest chunk of AHS' budget is people (mostly women), who must be paid, and since 91.3 per cent of them belong to a union, worker collaboration must be broken if salaries, and therefore costs, are to be reduced. The unions targeted are UNA, which accounts for 28 per cent of AHS employees and 32 per cent of AHS salaries and benefits expenses;

the Health Sciences Association of Alberta (HSAA), which includes pharmacists, physical therapists, paramedics, dialysis technicians, respiratory therapists, psychologists, and public health inspectors and accounts for 19 per cent of AHS employees and 23 per cent of AHS salaries and benefits expenses; Alberta Union of Provincial Employees (AUPE), which represents licensed practical nurses and health care aides, who make up 15 per cent of AHS' workforce and account for 10 per cent of salaries and benefits; AUPE's General Support Services (GSS), which includes administrative support, human resources technicians, food service workers, financial analysts, pharmacy assistants, electricians, maintenance workers and information-technology analysts and accounts for 27 per cent of AHS' workforce and 19 per cent of salaries and benefit expenses; the Professional Association of Resident Physicians of Alberta (PARA), which accounts for 2 per cent of the workforce and 2 per cent of salary and benefits expenses. Managers and senior leaders account for 3 per cent of the AHS workforce and 6 per cent of salary and benefits expenses.[9] From the point of view of the UCP government that's why contracting out to third-party, non-unionized employers is so attractive when it comes to reducing the cost of AHS employees. And that's why breaking the power of the AMA—which according to the 2020 Funding Framework costs the government $4.5 billion a year or 25 per cent of the health care budget—as the only negotiator for medical doctors became so important.

Six months after Ernst & Young completed its report, Alberta Health awarded the company a $986,500 contract to establish a Health Contracting Secretariat.[10]

The United Conservative Party Move Forward Despite the Pandemic

The UCP didn't really need those reports to justify their health care decisions. It had already made plans, as was evidenced by Kenney's announcement on 30 November 2019 (before the Ernst & Young report was even completed) that the government would lay off between 4,000 and 5,000 health care workers. Alberta's first presumptive case of COVID-19 was discovered three months later and the scramble to contain and treat the deadly virus began in earnest. Obviously, it was not a good time to be

laying off health care workers. But as we shall see, despite the disruption cause by the pandemic, a public health emergency that served to highlight the importance of a strong, coordinated public health care system, the UCP not only still wanted to cut down the number of people who work in the system but took many steps to do so.

Health Minister Tyler Shandro tore up the government's contract with the AMA on 20 February 2020 while negotiations for a new contract were ongoing. The government then imposed its own Funding Framework on AMA members. COVID-19 cases had already been reported in Ontario and British Columbia and infection was likely to spread across the country. A week later the Kenney government tabled its 2019/2020 budget in which it allotted $400 million to be spent on contracting out surgeries to private surgical facilities and $100 million for public sector operating rooms. The government also committed to doubling the number of contracted-out surgeries over three years—from 15 per cent to 30 per cent of total surgeries province-wide, a significant shift of surgeries from the public sector, and a very significant amount of public funding flowing to the private surgical sector. When Health Minister Shandro tore up the contract with the AMA, he already knew that the government would be contracting more private clinics to provide surgical services. Three weeks later when it was clear that COVID-19 cases were on the rise in Alberta, Shandro announced a partnership with Telus, Canada's second largest telecom company, to provide an app for homebound people needing to get in touch with a doctor. But it was soon discovered that the Telus docs were getting paid more per virtual visit than doctors in Alberta who were seeing patients in their offices or bypassing the Telus app and virtually consulting with their patients using whatever technology was available to them in their clinics. The fees were adjusted after Alberta doctors loudly complained. But the government never revealed what kind of fees or benefit Telus got from the arrangement.

Meanwhile there were other steps in the works that would make privatization of health care much easier. In July 2020 after most public health restrictions had been lifted following the first wave of the pandemic, the government introduced Bill 30—The Health Statutes Amendments Act—legislation intended to speed up the process by which owners/investors of private surgical clinics could receive permits for their proposals. It also

gave the minister the power to enter into contracts with corporations in addition to groups of physicians such as ophthalmologists who wanted to contract for a specified number of cataract surgeries to be covered by public health insurance.

The bill detailed significant changes in how physician remuneration is structured in Canada—by allowing physicians working in the public health care system to be paid via corporate structures and not directly by government. The proposed section 20.1(1) grants new power to "a person" to directly "submit a claim" to the public plan. These new "persons" according to the bill "do not include an individual or a professional corporation" but refers to private corporations or non-profit societies. The legislation gave the health minister the power to contract with corporations, and for corporations to directly bill the public plan for services provided by physicians who may be employed or subcontracted by the corporation.

Premier Kenney told the legislature Bill 30 "would make it easier for chartered surgical facilities to work with us and AHS to provide publicly funded surgeries to people who need them. [. . .] The proposed amendments here in Bill 30 would reduce barriers and administrative burdens so that new chartered surgical facilities can more easily open, reducing surgical wait times for cataracts among other surgeries. Now, of course, strong oversight of these facilities would be maintained, and the College of Physicians and Surgeons of Alberta (CPSA) would continue to accredit these facilities to ensure that they provide safe, quality procedures. The current process for chartered surgical facilities to open and contract with AHS can take as much as two years."[11]

All of this assumed there was not much operating room capacity in Alberta's hospitals so additional capacity was needed. And demand was indeed exacerbated when non-urgent surgeries had to be put on hold as patients infected with COVID-19 filled hospital beds and required a large share of hospital resources. But even the Ernst & Young report found there was more operating room capacity in the province's hospitals than the 90 per cent capacity that AHS had claimed: "Our assessment indicates that operational OR capacity was utilized 71 per cent of the time across AHS in 2018/2019 indicating an additional 18,713 slates to be undertaken."[12]

The Doctors Rebel

A few days after the introduction of Bill 30 (10 July 2020), the AMA released a survey of its members that revealed almost nine-in-ten physicians (87 per cent) would be making changes to their medical practices as a result of Health Minister Tyler Shandro's Funding Framework for physicians. Of this group, 49 per cent had made plans or were considering looking for work in another province (this represents 42 per cent of all Alberta doctors). One-third (34 per cent) of physicians who would be changing their practices said they may leave the profession or retire early, with other alternatives being mulled including changing how they offer services/withdrawing services from AHS facilities (48 per cent), reducing their hours (43 per cent), or laying off staff (34 per cent).[13]

Minister Shandro followed up by threatening to disclose individual physicians' annual billings. He also sent a letter to the College of Physician and Surgeons of Alberta, the medical profession's regulatory body, directing it to change its standards of practice for physicians by 20 July in an attempt to stop the province's doctors from leaving their practices en masse due to an ongoing dispute over pay.[14]

The AMA had not been consulted about Bill 30 and roundly criticized the government for introducing it at a time when physicians were pre-occupied with responding to the pandemic. In its response to the government AMA officials wrote (12 July): "the most concerning aspect of Bill 30 is that these changes are being sought at a time when the health system, and physicians' fundamental relationship with it, appears to be getting dismantled through a series of government-led impositions (e.g., those affecting Practitioner IDs, Bill 21, termination of our Agreement, the Physician Funding Framework, Medical Staff Bylaws, limited access to community infrastructure stabilization supports during the pandemic, reducing and removing AMA's administration of the MLR, etc.). Understanding this perspective held by pretty much every physician in this province is important as we go through some of our specific concerns with respect to Bill 30."[15]

While the AMA was alarmed about the bill's content and asking for further clarification, it's safe to say that most Albertans were too distracted by the ups and downs of the pandemic and summer vacations to pay

much attention to what was going on in the legislature. The bill was passed by the legislature at the end of July 2020, three weeks after it had been introduced. But Health Minister Shandro didn't even wait for the bill to receive final approval before he issued a request for proposals from orthopedic surgery clinics for knee and hip replacement surgery.

Less than a month later Deena Hinshaw, Alberta's chief medical officer of health, was once again sounding the alarm about rising COVID-19 case numbers. It was the beginning of the second wave of the pandemic in Alberta that would eventually see hospitals and ICUs fill up with patients infected by COVID-19 while physicians and other health care workers struggled to look after them.

In early October, Dr. Christine Molnar's term as AMA president ended. In a letter to members she wrote that the organization "had never faced so many fundamental challenges in so many areas at one time." She then issued a warning about what the next two years might hold: "Government policies and decisions have impacted our livelihoods, our families, our practices and our ability to fulfill our duty to our patients. We are experiencing this in the midst of an unprecedented, global health crisis with COVID-19. To that heavy burden, add threat and pressure from a government that is moving to reshape our health care system without the meaningful advice of organized medicine or patients."[16]

Later that month at the UCP's annual general meeting in Calgary, a narrow majority of delegates voted in favour of establishing a two-tier health care system where patients could pay a user fee for services. The motion was put forward by the Calgary Varsity constituency. The MLA for that constituency, Jason Copping, was appointed health minister about a year later.

It was still pre-vaccine days as physicians toiled from October 2020 through Christmas, New Year's, and into January to treat the victims of the second wave of COVID-19. Yet the AMA and the government were still negotiating a new contract to replace the one that had been scrapped by Health Minister Shandro in February of 2020. A tentative agreement was eventually voted on in March 2021 but it was turned down by 53 per cent of the membership. In the comments section of the AMA's website several doctors said they would never vote for a contract until Bill 21 was

rescinded. That's the legislation that allows the health minister to terminate any contract with the AMA now or in the future.

By March the second wave had waned and Health Minister Shandro announced that because there was such a backlog of surgeries (36,000) put on hold because of the pandemic the Alberta government would fund non-hospital clinics to perform the surgeries so patients would not have to wait so long. The funding would cover 55,000 surgeries. It seemed that the pandemic had given the government the immediate rationale that it needed to promote private clinics as a better alternative to in-hospital surgery. Patients would pay with their Alberta Health Care Insurance for a procedure but given the arrangement was made in such haste there wasn't any information about how much this would eventually cost the government in added fees and administrative costs. And since the government had passed Bill 30—The Health Statutes Amendment Act—the year before how many of these clinics would be owned and operated by corporations rather than by individual doctors or professional associations of doctors? It was clear that the UCP government had no intention of abandoning its plans for the health care system even though the pandemic had disrupted normal operations and health care workers were being stretched beyond their capacity.

At the end of April the UCP took another step on its path to privatizations. K-Bro Linen Inc. announced that it had been named the successful bidder for the Request for Proposals put out by AHS in October 2020. They became the sole providers of laundry services for AHS across the province. Although K-Bro had already been providing two-thirds of AHS laundry services particularly in Calgary and Edmonton, the new contracts would include rural hospitals and health facilities. According to the Friends of Medicare, in Medicine Hat where approximately 1.2 million kilograms of laundry is processed every year at the Medicine Hat Regional Hospital (MHRH), contract changes impacted surrounding communities such as the Brooks, Bassano, and Bow Island hospitals; seniors' residences in Medicine Hat; home care; and the residential detoxification centre, and would mean the loss of at least 250 jobs in the MHRH alone. Most of those workers would have been members of AUPE.

As the health ministry advanced its agenda for privatizing health care as recommended in both the Blue Ribbon report and the Ernst & Young

review of AHS, Alberta entered the third wave of the pandemic. During this wave Alberta recorded more active cases than anywhere else in Canada. At one point it had the highest rate of COVID-19 cases in North America. Despite this, at the end of May, Premier Kenney announced that if hospitalizations continued to decline and the vaccination rate increased all public health restrictions would be lifted on 1 July. And that is indeed what happened, with Kenney declaring "the best summer ever" and encouraging everyone to attend the Calgary Stampede.

Five days later Finance Minister Travis Toews announced that AHS would be asking for a 3 per cent wage cut as part of ongoing labour negotiations with the UNA, AHS' largest union whose members had worked tirelessly to care for Albertans during the three waves of the pandemic. Toews praised nurses for all they had done but said Alberta needed to get is finances back on track. Despite the harrowing pandemic experiences for health care workers, patients, and Albertans at large, the UCP was obviously determined to stick to its agenda of bringing unionized health care workers and doctors represented by the AMA to heel.

But not all doctors accepted the UCP's tactics. When Chief Medical Officer Deena Hinshaw announced in late July that the province would be moving to the endemic stage of the pandemic and would therefore drop testing, contact tracing, and isolation for people infected with COVID-19, Dr. Joe Vipond of Calgary mobilized daily protests in front of the government's southern Alberta headquarters, Calgary's McDougall Centre. Over fourteen days thousands of people attended and by mid-August the government backed off its plans for the endemic stage.

As case counts and hospitalizations made it clear Alberta was in a fourth wave of the pandemic, Dr. Vipond expanded his group of medical and epidemiology experts and organized YouTube broadcasts to inform Albertans about what the latest statistics indicated about the growth of the Delta variation of the virus and what needed to happen if the province was to avoid the worst scenarios.

United Conservative Party Loses Face at the Bargaining Table

In 2020, the Alberta government had instructed AHS to seek large pay cuts and rollbacks in contract language for the UNA, AHS' largest union. But on 7 September 2021, AHS tabled a new proposal that represented significant progress in negotiations even though it still included several serious rollbacks, including a proposal that would amount to an immediate 2 per cent pay cut for UNA members and another that would take away important scheduling protections for nurses. "But this was far from the government's original position, brought to the table by AHS," David Harrigan, UNA's director of labour relations told the union's annual general meeting in October 2021.

Harrigan also said that UNA has always had channels of communication with Alberta governments during negotiations, noting this was true with premiers Ralph Klein, Ed Stelmach, Alison Redford, Jim Prentice, and Rachel Notley. However, he added, Premier Jason Kenney's UCP barely acknowledges the existence of UNA. "They don't like us, they don't like you, they don't like public sector employees, and they don't like the fact that employees can form unions," he said.

Nevertheless, Harrigan continued, the government in its directions to AHS clearly recognized that UNA meant business when the union accepted AHS' essential services proposals and asked the Labour Relations Board to appoint a mediator. In December 2021 the mediator issued his report in which he recommended a 4.25 per cent wage increase over four years and a one-time lump sum payment of 1 per cent for 2021 in recognition of nurses' contribution during the pandemic. The UNA members voted to accept the deal, which made Alberta nurses the highest paid in Canada. There would no wage rollback as the UCP government had pledged.

As of May 2022, the AMA had yet to sign a new contract with the government. At the end of December 2021, Dr. Michelle Warren, the AMA president, reported that a survey completed by 1,300 members pinpointed fair compensation and a new master agreement as the two top concerns. Dr. Paul Boucher, the former AMA president, had cited the same sorts of concerns a year earlier: an insufficient budget increase that takes into account a population increase but leaves physicians with less compensation;

the need for a transparent and fair process when it comes to determining physician compensation; and the need for a dispute resolution mechanism that involves third parties. Boucher also said that the most recent survey of physicians "indicates a lack of confidence in the overall management of the system and the significant challenges physicians face in meeting the demands being placed on them. Compared to our last member survey the situation today is worse." During the worst years of the pandemic, physicians had worked without a negotiated contract with the government.

Needless to say, that left many physicians—family doctors, general practitioners, and specialists—disgruntled at the way they had been treated during the worst health crisis the province had ever endured. Data compiled by the CPSA in March 2022 clearly showed that while Alberta had once been considered an attractive place to practice, doctors weren't moving here or staying here as much as they used to. According to the CPSA, almost twice as many doctors left Alberta (140) compared to 2017 (75). The number of doctors who voluntarily dropped their registration also doubled; from 79 in 2017 to 158. Taking into account all reasons for deregistering, Alberta lost 568 doctors. On the other side of the ledger there were 613 new registrants in 2021. But the net increase of 45 doctors was significantly lower than in 2017 when a total of 328 were added to the province's medical community.[17] The drop in the number of physicians while Alberta's population was still growing reverberated to family doctors who found they could not keep up with demand. The number of Alberta family doctors accepting new patients through an online portal dropped by half—from 907 to 446—between May 2020 and January of 2022, according to data provided by the Primary Care Networks.[18] Specialists were also seeking greener pastures. In March 2022, twenty-four doctors publicly expressed concern over cancer treatment because of the departure of radiation oncologists, including the Director of Medical Physics at the Tom Baker Cancer Centre in Calgary, due to insufficient renumeration and heavy workload. Rural areas were hit hardest by the exodus of doctors because it had been difficult to recruit them for those areas in the first place. AHS was concerned enough that it was monitoring the situation closely and categorizing rural communities as high, medium, or low risk of physicians withdrawing their services. An AHS document obtained by the New Democratic Party Official Opposition through Freedom of

Information laws and made public in June 2020 stated that "legal and emergency measures may be enacted if deemed necessary for the health and safety of Albertans."

In late October 2021 two public opinion polls made it clear that a majority of Albertans had given UCP health care policies a failing or barely passing grade. In a survey conducted by Think HQ of 1,116 Albertans, 70 per cent—said the province's health-care system had gotten worse over the last two years, and nearly half of those—42 per cent—said it is "a lot worse." Only 5 per cent believed health care had improved. Think HQ president Marc Henry told *CTV News*: "We've done this survey going back to the Redford government (2011–2014). This is one where it is different because we are dealing with a pandemic, but the level and intensity of dissatisfaction with the performance of the government is actually quite astounding. . . . That's why we made a point of saying, 'Ok, well, is this because it's something they did? Or is it because of, you know, it's tough dealing with COVID?' People are not letting them off the hook in terms of excusing their performance on this because of COVID."

A poll conducted in early October 2021 of 600 random online members of the Angus Reid Institute forum found that only one in five Albertans believed the government was doing a good job of handling health care. Institute president Shachi Kurl told CBC that that proportion has dropped substantially since just before the global pandemic hit. "Exactly two years ago, we were at a place where 60 per cent saw the provincial government doing a good job. That dropped to 36 per cent this time last year, and now it's down to 20 per cent," she said. "What we are seeing is a really significant downward trend." By early April 2022 the UCP appeared to have found a scapegoat for all the discontent with health care: Dr. Verna Yiu, AHS President and CEO, was fired even though she had led the organization through the worst of the pandemic. She had been publicly criticized by some UCP MLAs for failing to increase ICU capacity during infection peaks and for issuing a vaccine mandate for all AHS employees. No one in government publicly refuted those accusations.

Two and half years had passed since the election campaign when Jason Kenney and the UCP assured Albertans that "a universal, comprehensive health-care system is a core part of UCP policy." The official party platform was labelled as the "Health Care Guarantee" and pledged to maintain or

increase government funding for the province's public health care system. Obviously, the UCP government did not anticipate that it would spend the first half of its mandate dealing with a pandemic that would hospitalize thousands and take the lives of just over 4,500 Albertans by the end of May 2022. Nevertheless, it's clear that the UCP had an agenda for public health care that wasn't fully revealed in their campaign platform. In fact, looking back on the events of the past two and half years it is easy to see that the UCP intended to weaken the collective associations of health care workers, including physicians and surgeons, so that they would have less power when it came to negotiating their salaries, benefits, and fees. It is also easy to see in hindsight that UCP had plans to dismantle the public health care system as we know it and make it more entrepreneurial, turn it into business opportunities for investors and health care corporations staking their future on a steady supply of money from the public purse.

For the most part their campaign against doctors, nurses, and other health care workers backfired. The UCP campaign didn't turn Albertans against them because they cost too much money, it made the public more sympathetic to health care workers especially in light of the pressure they were under due to the pandemic. The government backed down in negotiations with the UNA, and as of June 2022 had yet to finalize a contract with the AMA. The UCP have lost so much public support for their performance on the health care file that it's doubtful trust will soon be regained, particularly if expert and skilled health care practitioners leave the province or those outside Alberta don't see it as a place to advance their careers. As for the UCP push to privatize some surgical services; that might succeed because the pandemic created such a backlog of surgeries that it will need to be attended to and the UCP can say they have the perfect solution for people desperate for those surgeries.

But the UCP has changed the health care climate in Alberta and it is going to take a long time to recover. Alberta is no longer a province where the government aspires to create a medical mecca that attracts physicians and researchers from all over the world. Those days are over.

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